**Health Information and Quality Authority**
**Regulation Directorate**

**Compliance Monitoring Inspection report**
**Designated Centres under Health Act 2007, as amended**

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

| | |
|---|---|
| **Centre name:** | A designated centre for people with disabilities operated by Prosper Fingal Ltd |
| **Centre ID:** | ORG-0011293 |
| **Centre county:** | Co. Dublin |
| **Email address:** | anneenglish@prosperfingal.ie |
| **Type of centre:** | Health Act 2004 Section 39 Assistance |
| **Registered provider:** | Prosper Fingal Ltd |
| **Provider Nominee:** | Pat Reen |
| **Person in charge:** | Anne English |
| **Lead inspector:** | Michael Keating |
| **Support inspector(s):** | Nuala Rafferty |
| **Type of inspection** | Announced |
| **Number of residents on the date of inspection:** | 9 |
| **Number of vacancies on the date of inspection:** | 1 |

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

| From: | To: |
|---|---|
| 20 February 2014 11:00 | 20 February 2014 18:00 |
| 21 February 2014 13:00 | 21 February 2014 17:00 |

The table below sets out the outcomes that were inspected against on this inspection.

| |
|---|
| Outcome 05: Social Care Needs |
| Outcome 07: Health and Safety and Risk Management |
| Outcome 08: Safeguarding and Safety |
| Outcome 11. Healthcare Needs |
| Outcome 12. Medication Management |
| Outcome 13: Statement of Purpose |
| Outcome 14: Governance and Management |
| Outcome 17: Workforce |

**Summary of findings from this inspection**

This monitoring inspection of this centre was the first inspection by the Health Information and Quality Authority (the Authority). As part of the inspection, inspectors met with residents and staff members. The centre is part of Prosper Fingal Ltd. and as part of this inspection process, inspectors met the nominated person on behalf of the provider as well as other members of the management team at the Prosper Fingal Ltd. Head Office in Skerries, North Co. Dublin.

Prosper Fingal Ltd. is governed by a board of directors consisting of eight members, with Mr. Pat Reen as Director of Services. Mr. Reen is also the person nominated on behalf of the provider and will be referred to as provider throughout the report. Mr. Reen is supported in his role by the operations manager and other senior members of management. During discussions, the provider and management team demonstrated a commitment to providing a good quality service with clear reporting systems in place. However, some improvements were required to ensure that corporate policies were implemented at local level, for example local risk management policies and fire evacuation procedures.

Generally, inspectors found that residents received a good quality of service in the centre. Staff supported residents in making decisions and choices about their lives. The centre had a warm atmosphere and inspectors found that residents were

comfortable and confident in telling the inspector about their home. The service is provided across two separate houses.

While there was evidence of good practice found across all outcomes, areas of non-compliance with the regulations were identified across the eight outcomes inspected against. Improvements were required across all outcomes.

These non-compliances are discussed in the body of the report and included in the Action Plan at the end of this report.

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**
Effective Services

**Judgement:**
Non Compliant - Moderate

**Findings:**
In general, inspectors found that residents were involved in the development of their personal plans and that staff provided a good quality of social supports to residents. However, some improvements were required to ensure personal plans were outcome focused rather than solely activity based.

Each resident had a personal plan in place and inspectors reviewed three of the plans with staff. They were based on the individual support needs of the resident and there was evidence of regular review and participation of the residents in the development of their personal plans. Subsequent to the documentation review inspectors discussed the plans with residents and found that the residents were aware of the content in relation to the goals set for the coming months as well as previous achievements. Personal plans were provided in pictorial as well as narrative formats to meet the individual support needs of residents.

The personal plans contained important information about the residents' backgrounds, including details of family members and other people who are important in their lives. They also contained information about residents' interests. Individualised risk assessments were being used to ensure residents could participate in activities with appropriate levels of risk in place. For example, a number of residents were being supported to use public transport independently. While the risks associated with using a bus stop along a busy road with no footpath was risk assessed by staff, residents' preference to do so were recognised and encouraged.

While the personal plans included planned activities such as going on holiday or restarting swimming sessions, they were not focused on outcomes for residents, and it was not possible to use the plans to evaluate whether the activities enhanced the quality

of life for residents. Also, staff were not effectively assessing whether goals had been achieved.

**Outcome 07: Health and Safety and Risk Management**
*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**
Effective Services

**Judgement:**
Non Compliant - Major

**Findings:**
While there were arrangements in place to manage risk, non-compliances were identified in the risk management arrangements, emergency planning and fire precautions.

The inspectors read the company Health and Safety Statement as well as the local Safety Statement which had both been reviewed by the provider in recent months. There were three separate risk management policies, namely a Corporate Policy on Risk Management, the Procedure for Assessing Risk in Service Provision and the Procedure for Assessing Risk in the Workplace which had been approved by the provider and Board of Management on the 11 February 2014. These contained all of the information as required in the Regulations. However, the information was difficult to find across the policies, with a lot of repetition of information.

Some individual assessments had been carried out for residents to ensure that risks were identified and proportionately managed. The inspectors reviewed a number of these assessments and found that they were being used to support residents to undertake activities with appropriate support, in a manner that promoted independence in day-to-day living activities. For example, residents' wishes in relation to travelling independently on public transport had been appropriately assessed and managed.

Accidents, incidents and near misses were being recorded in detail and a copy of the reports were submitted and reviewed by the organisation's safety officer. Annual Health & Safety audits in areas such as security, cleanliness, food safety and pest control were carried out by an external consultant which were read by inspectors. There was evidence that recommendations in these areas had been addressed. This external audit process also considers issues of fire safety. However, evidence on inspection highlighted immediate concerns in the area of fire safety that were not highlighted in the audit findings.

On Day 1 of the inspection inspectors identified areas of non-compliance in relation to the fire safety controls in one house. Inspectors found that not all staff were appropriately trained in fire safety in the centre and all staff spoken with were not familiar with the evacuation procedures, especially in relation to evacuating the premises at night time, when residents were in bed, and staff were working alone from 8pm to

8am (on sleepover). While there were regular monthly fire drills documented, all drills had taken place during the day when residents were awake. Fire drills where residents were sleeping had not been carried out since 2011. The last such drill recorded on 12 July 2011 documented concerns in relation to the response of one resident who refused to get out of bed.

Additionally, emergency evacuation procedures were not prominently displayed and staff spoken with were not aware of the existence of any personal evacuation plans for residents. There was no evacuation procedures in place should the stairway be blocked off by fire. The centre had no emergency lighting in place and relied upon domestic smoke alarms to alert residents and staff.

Due to the non-compliances identified inspectors formed the view that there was a significant immediate risk to residents and staff and this was brought to the attention of the person on charge who was requested to address the issue as a matter of urgency. The person in charge responded promptly to mitigate the major areas of non-compliance and inspectors were satisfied that appropriate measures were put in place to protect residents from immediate risk. An external fire consultant was brought in to provide training to staff who had not completed fire safety training and were on duty in the centre on the nights of the inspection. The person in charge also told inspectors that should the staff members be assessed as not being competent following the training, they would not be left alone on sleepover duty. Additionally, the fire consultant was to risk assess the centre and to focus on the evacuation of the first floor rooms.

In relation to the second house, there were appropriate and detailed personal evacuation plans available and known to staff members. For example, one plan highlighted a resident's hearing impairment and provided an emergency light in this resident's room, the plan instructed staff to attend this resident's room first. To ensure ease of evacuation this resident's room was positioned closest to the staff sleepover room, and was also the closest room to an exit. However, similar issues were identified in this house in that night time drills had not taken place since 2011, staff identified the documented refusal of a resident to get out of bed as the reason for discontinuing these drills also.

The inspectors were provided with written confirmation that these actions would be completed before the end of the first day of inspection. On the second day of inspection the lead inspector was provided with training records for the staff members who had completed training the previous night, as well as a copy of the risk assessment undertaken by the fire consultant. This assessment provided specific control measures to be put in place including night time fire evacuation drills on a quarterly basis and ensuring there were no ignition sources near or in the stairwell. One staff member who had completed fire safety training the previous night, was also interviewed by inspectors and was very knowledgeable in relation to all fire management procedures within the centre.

**Outcome 08: Safeguarding and Safety**
*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.*

*Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**
Safe Services

**Judgement:**
Non Compliant - Moderate

**Findings:**
Generally inspectors found that there were arrangements in place to safeguard residents and protect them from the risk of abuse. Some improvements were required in the policy and while staff were knowledgeable about what constituted abuse and how they would respond to any suspicions of abuse, not all staff had been provided with training on the protection of vulnerable adults.

The policy for 'the protection of abuse, neglect, mistreatment and exploitation of service users, including the management of allegations of abuse, neglect, mistreatment and exploitation of service users' had been revised on the 6 February 2014. The provider has appointed a senior manager in the organisation as a designated adult protection officer. Contact details for this officer were not displayed for staff or residents, and staff were not familiar with this role.

Staff spoke mindfully of the importance of promoting the safety and respect for each resident. The inspectors observed staff interacting with residents in a respectful and friendly manner. Staff had developed an intimate care plan for each resident who required one to ensure privacy was respected, independence was promoted, and to protect the residents from any risk during the delivery of intimate care.

Residents told inspectors they felt safe. The inspectors found that staff supported residents to develop skills needed for self care and protection. Residents were able to tell inspectors about a number of staff whom they could talk to if they felt unhappy. Residents were conscious of safety in the centre, and the inspectors observed residents using a trolley to transport hot tea safely, and also assisting one another with tasks.

At the time of inspection, there were no residents who required behavioural support interventions.

**Outcome 11. Healthcare Needs**
*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**
Health and Development

**Judgement:**
Non Compliant - Moderate

**Findings:**
The inspectors found that residents were supported to access healthcare services relevant to their needs. However, some improvement was required in relation to demonstrating how involved residents were in their plan, and in the ongoing review of healthcare plans to monitor their effectiveness. It was also identified that not all healthcare needs identified had been adequately assessed.

The inspectors reviewed the personal plans and healthcare plans for three residents and found that they had accessed a general practitioner in the community, with evidence of annual checks ups provided as a minimum. There was evidence that residents accessed other health professionals such as dentists, opticians, speech and language therapy and occupational therapy. Some of the residents had health issues such as diabetes and epilepsy, and their files contained reviews by medical specialists. Effort had been made to provide information on healthcare to residents in an accessible format, leaflets on common health conditions were provided, as well as information on specific healthcare issues of disability related syndromes provided in pictorial and written format. However, appropriate healthcare assessments had not been carried out in a number of cases relating to back pain management and in reviewing the effectiveness of medication increases for residents.

All residents were involved in creating a weekly menu, and many used pictures of meals to assist them in their decision making. The menu was on display in the kitchen(s) in a pictorial format. Residents were encouraged to be involved in the preparation of evening meals in the centre as appropriate to their ability and preference, and were observed doing this on the first day of inspection. This meal time preparation was also a positive and social event with lots of conversation and laughter. If residents did not like what had been prepared, there was a range of alternatives available. Residents were also supported to enjoy evening meals out in a choice of local restaurants.

The inspectors found there was ample supply of fresh and frozen food available, and residents could enjoy snacks at any time. Staff have also had training in food safety, and while the environmental health officers had not inspected the premises since 2010, the provider ensured an external company provides a full health and safety audit on the premises which includes audits of cleaning records, food safety and storage, and food temperature records. Recommendations and subsequent actions resulting from these audits were read by inspectors.

**Outcome 12. Medication Management**
*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**
Health and Development

**Judgement:**
Non Compliant - Moderate

**Findings:**
Generally, the inspectors found that the provider had put arrangements in place to support the person in charge in protecting residents in relation to medication management. While there was a mixture of nursing staff, social care staff and care assistants working in the centre, a qualified nurse was identified to oversee ordering and medication practice in general. The provider had developed a detailed and informative policy on the management of medication. The policy requires all staff to undertake training before being allowed to administer medication.

While the policy was very detailed and provided good direction for staff, it did not adequately reflect all of the arrangement around the management of medication. For example, it did not contain sufficient information on the use of blister packs in the administration of medication. In addition, aspects of the policy had not been fully implemented which reflected non-compliance with the regulations. There was no maximum dosage prescribed for all as required (PRN) medication, the stated dose was not provided on the prescription sheet for all medications, and the general practitioners name was not clearly provided on the prescribing sheet.

The person in charge and staff had put measure in place to involve residents in the management of their own medication. Residents were being supported to self-administer in line with their wishes and capacity, with clear evidence of ongoing assessment to support this practice. Two residents self-administering guidelines were read by inspectors, with reducing levels of supervision and support being provided by staff, clearly documented and assessed.

**Outcome 13: Statement of Purpose**
*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**
Leadership, Governance and Management

**Judgement:**
Non Compliant - Minor

**Findings:**
While the statement of purpose contained most of the information required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons with Disabilities) Regulations 2013. It did not provide sufficient detail in relation to the specific care and support needs of residents, the criteria for admission and supervision arrangements for therapeutic or clinical supports provided in the residence.

Residents were not aware of the statement of purpose, and it is not available in a format that is accessible to the residents.

**Outcome 14: Governance and Management**
*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**
Leadership, Governance and Management

**Judgement:**
Non Compliant - Moderate

**Findings:**
The inspectors deemed the local management structure to be unclear, and there is lack of clarity in relation to the governance structure. The person in charge was responsible for three designated centres comprising of four separate premises. She spends most of her time in one of the two houses that make up this designated centre. However, it is not clear or known to staff and residents when she would be present in the other house. There were no staff identified as being in charge, or deputising arrangements in place when the person in charge was not present. In this regard the operational management process was not clear.

The person in charge told inspectors that she attended one of the houses for two hours, three times per week on average. Staff informed inspectors that while they feel well supported, they would like more formal supervision, as this did not currently take place. Staff were unclear of many policies and procedures across the centre, such as fire evacuation plans. Therefore there was an identifiable need for more supervision and guidance in the absence of a formal point of contact person in each centre.

The person in charge informed the inspectors that she was unsure of the future management plan for the centre(s) which were her responsibility, as she and all staff had been provided with information from the provider, stating there will be a change in the management structures, however, the information provided did not outline the nature of the change.

The person in charge was deemed to be suitably qualified and experienced. She demonstrated good knowledge of all the residents, and the residents could clearly identify with her, and were very relaxed and comfortable in her company. Monthly staff meetings take place, and weekly house meetings for residents also take place. Agency staff were not used, and the organisation use a bank of relief staff known to residents to promote consistency in the care provided for all residents.

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**
Responsive Workforce

**Judgement:**
Non Compliant - Moderate

**Findings:**
The provider had ensured that there were robust recruitment processes in place and that staff employed in the centre were suitable to work with vulnerable adults.

Four staff files were reviewed and contained all of the documentation as required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons with Disabilities) Regulations 2013.

A training programme was in place for staff however, some staff had not received mandatory training. Actual training provided in 2014 included personal planning. The inspectors identified areas of training which were required such as adult protection and fire safety. During the inspection a commitment was provided by the person in charge that this training would be provided as a matter of urgency, and training in fire safety was provided for two staff on the evening of Day 1 of the inspection process.

While there was supervision arrangements in place such as regular meetings between the provider and the person in charge and meetings between the person in charge and staff, much of these arrangements were informal and were not being documented. The infrequent visits made to each home within the designated centre by the person in charge, did not ensure adequate supervision of staff.

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

***Report Compiled by:***

Michael Keating
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

**Health Information and Quality Authority**
**Regulation Directorate**

**Action Plan**


**Provider's response to inspection report**[1]

| | |
|---|---|
| **Centre name:** | A designated centre for people with disabilities operated by Prosper Fingal Ltd |
| **Centre ID:** | ORG-0011293 |
| **Date of Inspection:** | 20 and 21 February 2014 |
| **Date of response:** | 27 March 2014 |

## Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

## Outcome 05: Social Care Needs

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Residents' personal plans tended to be activity based rather than outcome based and it was not possible to assess or demonstrate the effectiveness of each plan.

**Action Required:**
Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

**Please state the actions you have taken or are planning to take:**
The PIC will review our personal planning process and incorporate outcomes based measurement.

[1] The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

**Proposed Timescale:** 30/06/2014

**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no plan, procedure or risk assessment in place for evacuation of one of the premises in the event that the stairwell should be blocked off by fire.

**Action Required:**
Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

**Please state the actions you have taken or are planning to take:**
The Provider will develop and implement an operational procedure to manage fire risk at the stairwell in line with Fire Officer guidance.

**Proposed Timescale:** 28/03/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Not all staff were adequately trained in the area of fire safety and in the procedures for safely evacuating the premises.

**Action Required:**
Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

**Please state the actions you have taken or are planning to take:**
The Provider:
i) has arranged and provided fire safety training for all residential staff on an annual basis and at staff induction; 19/03/2014
ii) will develop standard operating procedures to manage and respond to fire risks; commencing 19/03/2014
iii) will put in place internal audits on fire safety awareness and procedures; commencing 30/06/2014
iv) has developed individual evacuation plans for each resident. completed on 14/03/2014

**Proposed Timescale:** 30/06/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no emergency lighting provided in one of the houses.

**Action Required:**
Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

**Please state the actions you have taken or are planning to take:**
The provider will arrange with the landlord for emergency lighting to be installed in the house.

**Proposed Timescale:** 30/04/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Fire drills at night time have not been completed since July 2011; as a result, staff and residents are not familiar with the procedures to be followed in the case of a fire.

**Action Required:**
Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

**Please state the actions you have taken or are planning to take:**
The Provider has developed operational procedures for night time fire drills and trained staff accordingly.
The Provider has arranged for these drills to be carried out on a monthly basis for the first six months and quarterly thereafter.

**Proposed Timescale:** 27/02/2014

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Appropriate training to be provided to staff in relation to the safeguarding of residents and the prevention, detection and response to abuse.

**Action Required:**
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

**Please state the actions you have taken or are planning to take:**
The PIC will ensure that all staff are trained on the prevention, detection and response to abuse.

**Proposed Timescale:** 30/04/2014

## Outcome 11. Healthcare Needs

**Theme:** Health and Development

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Not all health needs were properly recorded and assessed, with reviews in place to monitor the effectiveness of all healthcare interventions.

**Action Required:**
Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

**Please state the actions you have taken or are planning to take:**
The Provider will ensure that each resident will have a current support plan that is accessible around all their health needs.
The residents' health needs will be reviewed on a monthly basis or more frequently as appropriate.

**Proposed Timescale:** 30/04/2014

## Outcome 12. Medication Management

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The medication management policy was not being fully implemented in relation to the prescribing of all medication. The policy did not include all the arrangements around the use of blister packaged medication.

**Action Required:**
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

**Please state the actions you have taken or are planning to take:**
The PIC will review the Medication Management Policy and will:
i) reflect the recommendations to the prescription sheet; 28/03/2014
ii) include all the arrangements around the use of blister packaged medication. 30/04/2014

**Proposed Timescale:** 30/04/2014

**Outcome 13: Statement of Purpose**

**Theme:** Leadership Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
While the statement of purpose contained most of the information required by the Regulations, it did not contain all of the information required.

**Action Required:**
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
The Provider will review the Statement of Purpose to include information regarding:
- the services which are to be provided by the registered provider to meet care and support needs;
- the criteria used for admission;
- the supervision arrangements for therapeutic or clinical supports provided in the residence.

**Proposed Timescale:** 30/04/2014

**Theme:** Leadership Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The statement of purpose is not provided in an accessible format for residents.

**Action Required:**
Under Regulation 03 (3) you are required to: Make a copy of the statement of purpose available to residents and their representatives.

**Please state the actions you have taken or are planning to take:**
The Provider will arrange for the Statement of Purpose to be developed in an accessible format for residents.

**Proposed Timescale:** 30/06/2014

**Outcome 14: Governance and Management**

**Theme:** Leadership Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There were no deputising arrangements in place for when the person in charge is not present in the designated centre.

**Action Required:**
Under Regulation 14 (4) you are required to: Where a person is appointed as person in charge of more than one designated satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

**Please state the actions you have taken or are planning to take:**
The Provider will put deputising arrangements in place for when the PIC is not present.

**Proposed Timescale:** 31/05/2014

**Theme:** Leadership Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The registered provider has not ensured that there are effective management systems in place to ensure that the centre is ran in a safe and consistent fashion.

**Action Required:**
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

**Please state the actions you have taken or are planning to take:**
The Provider will put in place a management structure that ensures clarity and more effective local support and supervision.

**Proposed Timescale:** 30/06/2014

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement**

**in the following respect:**
A clear plan for training all staff, including refresher training, was not developed for all staff.

**Action Required:**
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

**Please state the actions you have taken or are planning to take:**
The PIC will identify and arrange on an annual basis the core training requirements of each staff member (including refresher training).
This will be set out in an annual training plan for the designated centre.

**Proposed Timescale:** 30/06/2014

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Staff are not appropriately supervised at all times.

**Action Required:**
Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

**Please state the actions you have taken or are planning to take:**
The PIC will put in place a management structure that ensures clarity and more effective local support and supervision in the designated centre.

**Proposed Timescale:** 30/06/2014