

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Stewarts Care Ltd
Centre ID:	OSV-0003899
Centre county:	Dublin 20
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Stewarts Care Ltd
Provider Nominee:	Gerry Mulholland
Lead inspector:	Noelene Dowling
Support inspector(s):	Helen Lindsey;
Type of inspection	Announced
Number of residents on the date of inspection:	30
Number of vacancies on the date of inspection:	0

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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
28 September 2014 10:00	28 September 2014 20:00
29 September 2014 08:00	29 September 2014 14:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This inspection was in response to an application to register this centre in accordance with the Health Act 2007 as amended and was the second inspection of the centre which forms part of Stewarts Care Ltd. Since the inspection the provider has reorganised the campus, referred to as the 'residential service'. It is now comprised of eight separate designated centres, one of which is this centre. In accordance with the Statement of Purpose this centre is specially to provide care for residents with intellectual disability, challenging behaviours and physical and sensory disabilities over 18 yrs old.

As part of this inspection, the inspectors met with residents and staff members. Inspectors spoke with relatives and received six completed questionnaires in respect of the service and questionnaires completed by staff on behalf of service users. Inspectors observed practices and reviewed the documentation including personal plans, medical records, accident and incident reports, policies procedures and staff files.

The inspection also reviewed the progress by the provider in addressing the actions required following the previous inspection which was undertaken prior to the reorganisation of the service. As the previous report was a compilation of the findings of all of the residential houses a number of actions did not specifically relate to the houses now configured as part of this designated centre. However, the findings indicate that the provider had made considerable progress and had commenced actions in all cases.

Actions satisfactory resolved included health care assessment and monitoring, governance structures and adequate monitoring systems, complaint procedures and systems for the protection of residents and the use of restrictive practices.

Issues where actions remain outstanding for completion included;

- Mandatory training including fire training for staff,
- review of behaviour support plans,
- risk management procedures,
- intimate care procedures,
- medication management,
- meaningful activities,
- personal plans for residents.

The findings however were significantly influenced by insufficient staffing levels which impacted on the quality and ultimately the safety of care.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities)

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 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Inspectors were satisfied, through review of documentation and observation, that residents had choice in basic daily routines such as getting up and activities. There was evidence that residents who could developed interests outside the centre such as, swimming or involvement in the Special Olympics. Staff knew the individual preferences of residents for example, the food they preferred and where possible they can choose and purchase their own clothing. Staff were observed asking residents what they wanted and giving them choice. There was also consultation regarding choice of accommodation with a resident being supported to move into semi independent accommodation as that was his preference.

While a residents' council meeting took place monthly no resident from this designated participated in this forum primarily due to the extent of the residents' intellectual disabilities. The inspector saw evidence, however, that the provider had now finalised the arrangements for an advocate to be made available. Training for staff in how to access the service had been planned. Staff do advocate on resident's behalf. For example, representations have been made in regard to staffing levels which impact on resident's activities and opportunities. The manner in which residents were addressed by staff was heard to be appropriate and respectful.

The majority of the bedrooms with the exception of two were single and they were personalized with photos and mementoes. There was evidence that staff maintained resident's dignity and respect when carrying out personal care with doors closed. There were suitable locking mechanisms on doors which enabled staff to ensure that other residents did not interrupt this care. However, the shared rooms did not have any screening to ensure privacy.

As required by the previous inspection the policy on intimate care had been revised and directions in relation to this was evident on personal plans were provided. The policy was not fully implemented in practice. In cases where the residents could articulate a preference for the gender of staff to support them with intimate care this was respected. However, there was no evidence that a mechanism had explored to find out the wishes of residents who could not themselves indicate their preference. There was insufficient evidence from documentation and from information received from relatives that they were involved in conjunction with the resident in the development of personal plans.

inspectors were satisfied that the systems in place for safekeeping of residents belonging were adequate. For example, valuables held on behalf of residents for safe keeping were recorded and the signatures of two staff were evident. Residents' clothing was laundered in a central laundry in most instances other than where residents have capacity to undertake this themselves. This system appeared to be working well. There was ample space in each bedroom to hold clothing and other personal belongings.

A complaint policy, including an appeals process had been introduced. Inspectors reviewed the documentation in relation to a historical complaint which had yet to be resolved. This was initiated prior to the policy being implemented. It was evident that, while the initial investigation was not robust, the current position was satisfactory and in accordance with the revised process. The inspectors also reviewed a current complaint investigation and found that it was being managed in line with the newly revised policy. The policy in easy read format was posted in each of the houses.

Activities took account of the residents stated or known preferences. In some instances there is considerable opportunity to participate in interesting activities and outings. For some of the residents however, this was impacted upon by the availability of staff and the need for additional supervision for residents. This is actioned and outlined further in Outcome 5 Social Care and Outcome 17 Staffing.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The development of systems to help residents communicate and staff understand the resident's communication required some improvements. By virtue of long standing relationships the staff understood the resident's preferences and the meaning behind their non verbal communication. Residents had access to televisions and staff were aware of, for example, their favourite television programs, music, activity or preferred clothing. However, the individual communication requirements of residents were not evident from the personal support plans available.

Pictorial images to aid communication were only evident in relation to food in one of the units and this was not consistently used to support residents. There was no evidence that families, who may have considerable knowledge of the residents had been consulted with in regard to this. There was limited evidence of referral to speech and language therapy but this was not a consistent finding with reference to residents with a severe level of disability. The personal plans were not synopsised in any suitable pictorial format for the residents regardless of their cognitive ability.

One resident could use sign language but staff informed inspectors that they themselves had no knowledge of this and therefore could communicate with the resident in this way.

Inspectors were not satisfied that all staff were aware of how to communicate with residents. The use of agency or staff from other units was frequent. Evidence demonstrated that some of these staff members were not familiar with the residents. For example, relatives gave examples such as staff not understating the meaning of either sounds or facial expressions. In a small number of instances communication logs were used between the day and residential service. However, unfamiliar staff were not in all cases aware of these tools.

Community links were maintained. For example residents went to outside activities and the organization has a range for services including restaurants some of which are open to the public which residents can attend.

Judgment:

Non Compliant - Moderate

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was evidence from records reviewed, questionnaires forwarded to the Authority and from speaking with those residents who could communicate with inspectors that family relationships were supported and encouraged. Visits to the centre took place and visits home were also supported by staff. There was evidence that families were informed of accidents or illness, medical appointments or changes to care practices. Where it was feasible taking the residents needs into account friends can visit and there is access via day services for a number of residents to companionship outside of the centre.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Inspectors read the policy on admission which was detailed. Although no new admissions had taken place for a significant period of time, referrals through the Health Service Executive (HSE) services or social work services are reviewed initially by the head of adult services and agreed by the admissions committee. By virtue of their care needs and assessment, admissions and the care practices as observed were congruent with the statement of purpose. There was evidence of transition plans including life skills training taking place where this was appropriate for some residents to move to a less structured environment within the campus. Individual passports with all relevant information were available in the event of admission to hospitals or other services.

A pictorial reference had been added to the resident's guide which briefly outlined the services and facilities to be provided to residents. This document also referenced some additional costs which could be levied for example, for holidays or furnishings and fittings. However, the detail of both core and additional costs were ambiguous, not detailed and were not outlined in a format which relatives could sign on behalf of residents. The provider based the costs on the schedule for long stay care residents. The provider's policy on costs and charges stated that Stewarts Care will provide basic furnishings and fittings. The process for decision making included an assessment of the capacity to consent for the release of such funds.

The provider informed inspectors that additional costs were only levied if items over and above basic quality furnishings are requested. However, records seen by inspectors showed that some residents have paid considerable amounts of monies to replace basic furnishings including communal furnishings and to paint bedrooms as opposed to making a contribution to these costs as outlined in the policy.

Judgment:

Non Compliant - Moderate

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

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

As required by the action plan from the previous inspection the provider had started the process of revising the methodology and implementation of personal care plans and consultation with residents or relatives in regard to them. The changeover to computerised care/personal planning and recording systems had been completed. This facilitated the sharing of a range of up-to-date information between relevant individuals and clinicians.

There was evidence of appropriate multidisciplinary involvement in resident's personal plans which were guided by the clinicians' assessment of need, staff knowledge, behaviours and assessed risk factors. There were assessments evident on health care needs, manual handling and nutrition as required by the resident needs. The personal plans were reviewed annually and contained individual sections on a range of needs including health care, social care, family contacts, dietary requirements and restrictive practices. Goals in relation to these were in some instances clearly identified and the outcome was apparent. One resident had been supported to move to the supported living apartment as part of this long-term assessment planning and intervention process. He informed inspectors that he was very satisfied with this move.

Residents' daily routines were clearly identified and primary care needs could be seen to be well managed. However, there was a significant deficit in the social and personal care aspect of the plans and in the implementation of them. For a number of residents, the goals were either not identified, were not realistic or no action had been taken to implement them. This was especially evident for those residents with moderate to severe intellectual disability.

Examples of impractical or not implemented goals seen by the inspectors included:

- Two residents' plans shared the same goal of maintaining family contact with siblings. In order to do this the plan identified was to seek the birthdates of the resident's siblings and help the resident purchase a card and send it. No actions had been taken to implement this since the goal was set in January 2014.
- A resident was to go swimming regularly as part of social activity. This had not occurred since May 2014.
- Daily walks were also identified however, the evidence did not support that this was happening on a regular basis.
- A holiday had been identified for one resident but the staff stated that this would not occur due to behaviour issues and was not a realistic goal.

The content of the personal plans indicated that further training and monitoring of practice was needed to fully ensure staff implemented social as well as health care plans for residents suitable to the complexity of the resident needs. For example, in one instance the social plan simply stated the need to identify interesting and stimulating activities for the resident but no activities were identified. Residents who could communicate with inspectors did not know the plans existed and there was no pictorial or easy read version even for those residents who could use this. There was also insufficient evidence that for the most vulnerable residents their representatives were actually involved in either the reviews or development of the plans.

The implementation of these plans was also impacted by lack of governance and supervision over the summer period. During this period it was evident that agency staff were being used and staff were being moved between units. These staffing arrangements resulted in a reduction in staffing levels and negatives outcomes for residents. For example, meeting residents individual goals and the provision of meaningful activities for residents. This is actioned under Outcome 14.

Inspectors found that not all residents had access to the day care service on campus. Inspectors were informed that access to the day care service was removed in order to provide more focused stimulation at unit level for the residents. The plan was that dedicated activity staff would be allocated to the individual houses. This did result in residents having an individual weekly or ten day trip outside of the centre to interesting places such as the zoo. However, the inspectors were not satisfied that the provision of meaningful things for residents to do was holistic and in keeping with their assessed needs outside of these trips.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Designated Centre 2 is comprised of five separate houses accommodating between one and nine residents. The units were found to be suitable and safe for the residents use. Four of the houses are located within the Stewarts Care campus with one located just outside of this. There were four single story dwellings and one two story unit. There are single bedrooms in all houses with the exception of two which had two suitably sized double bedrooms. All units contained living and dining areas and in two instances a small music or sun room. The house accommodating three individuals has three en suite shower rooms. The individual apartment has a single bedroom with en suite shower and toilet, sitting room, dining room and kitchen. There are a sufficient number of suitably adapted bathrooms showers and toilets for residents use in the remaining units. Suitable furnishings were provided and rooms were nicely decorated with personal items.

Overall the premises were very clean and well maintained with flooring, lighting and heating in the houses satisfactory. Small kitchens are provided with suitable equipment for heating, cooking and storing of food and crockery. Apart from light meals, snacks and breakfast all catering is done in a central and suitably equipped location. Laundry was also undertaken in a central location with the exception of the supported apartment. However, this is appropriate to the assessed needs of the residents. Both of these facilities were reviewed in February 2014 and found to be satisfactory. Food safety procedures were implemented in the individual units.

The houses all had a small enclosed level access garden area outside with flowers and shrubs and suitable seating. Minimum assistive equipment was required for mobility but records demonstrated that such equipment including a hoist and specialist chair was serviced regularly. A maintenance log was available and issues were identified and managed promptly. Vehicles used to transport residents had evidence of road worthiness.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspectors reviewed the systems in place for health and safety and found that some improvements were required.

The inspectors read the emergency plan which was detailed and contained all of the required information including; arrangements for the interim accommodation of residents should this be required. An integrated generator was available for use and emergency phone numbers were readily available to staff. A system of emergency response to events such as aggression, violence or the unauthorised absence of a resident had been instigated. Specific staff in nominated houses were identified to respond immediately to any alarms raised. Staff had been issued with emergency alarms for use at night time.

The policy on infection control was detailed and staff articulated good practice in relation to this. Staff were observed taking appropriate precautions and protective equipment including gloves, aprons and sanitizers were evident.

Inspectors reviewed the fire safety register and saw that fire drills had been carried out in each of the individual houses twice yearly and residents were included. These drills included evacuation procedures and also noted any risk factors or areas for improvement following the event. Staff were able to articulate the procedures to undertake in the event of fire and how the compartments and systems would work. Fire safety management equipment including emergency lighting and extinguishers had been serviced quarterly and annually as required. However, in three of the units there was no documentary evidence that the fire alarm had been serviced quarterly with the last service dated April 2014. In one instance a fire transport mat had been provided for use due to the resident's physical incapacity. Fire training was not up to date with 15 staff not having had this training. Inspectors were informed that the fire training as agreed was commencing with theoretical training to be followed by a series of practical training events. Inspectors were not satisfied with this and the provider revised the plan to provide practical training in a more realistic time frame. Fire doors in some instances were held open by objects. While the reasons for this action were valid in terms of resident's need to move freely in their homes this negated their value as fire doors. Inspectors were satisfied that evacuation plans were in place based on residents needs.

The inspector saw evidence of risk assessments and management plans for residents available for residents assessed needs including manual handling. There was evidence of multi disciplinary involvement in these assessments. However, the procedures for night time with particular reference to the evacuation of the two story house were not

detailed enough.

Some additional safety matters also required attention and follow through. For example, a resident with sight problems had a number of incidents where he sustained an injury by not been able to see the door frame when walking. Advice was taken from the appropriate service in relation to preventing further injury. However, the recommended actions had not been implemented at the time of the inspection.

Details on accidents and incidents were maintained centrally. A review of the accident and incident log indicated that these were monitored and inspectors were informed that the systems of comprehensively identifying trends such as time frames or staffing which may be contributing factors was in process.

Judgment:

Non Compliant - Moderate

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

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspectors reviewed policies and procedures for the prevention, detection and response to allegations of adult abuse and found that they were satisfactory and included a designated person to oversee any allegations of this nature.

The provider used the 'Trust in Care' policy to guide practice. Records demonstrated that all current staff in designated centre had received training in the prevention of and response to abuse between 2012 and 2013. Primarily, this was undertaken by the organisations social work service. Staff were able to articulate their understanding and responsibilities in relation to this and there was a designated line of accountability identified which was readily available and known by staff.

Since the inspections of December 2013 and February 2014 the provider received the final report of the independent investigation into allegations made concerning the service provision. In response to this report the provider initiated a detailed action plan

which took account of the issues raised regardless of whether the concern was founded or not. The procedures introduced included increased monitoring systems, supervision arrangements, audits of systems and care practises. Inspectors were informed that no allegations of this nature had been made since the previous inspection.

Inspectors found that the system for management of residents' money had improved. All monies given to or for residents' use was dated and the expenditure was recorded and receipted for the finance office. However the inspectors were not satisfied that proper policies and procedures guided practice where the provider acts as agent for residents. The provider informed the inspectors that the process of correcting this had commenced in conjunction with the Department of Social Protection. This is actioned under Outcome 18.

There was an up-to-date policy on the management of behaviour that is challenging and on the use of restrictive procedures which was in line with national policy. A number of systems were in place to direct/oversee and manage behaviours. There were two psychiatrists assigned to the centre and a behavioural support specialist nurse is also available. The recruitment process for the psychology department had commenced. The function of the behaviour support nurse was to provide individual assessment and intervention plans for residents and to provide ongoing training and support for staff. Records, observation and interviews indicated some challenging or self harming behaviours occurred. There were behavioural support plans available which outlined triggers, potential risk factors and symptoms which indicated stress. They provided guidance to staff on the most effective way of supporting the residents and maintaining the safety of all people. Staff were also able to state what interventions they found most helpful. For example using gift bags to calm a resident and ensuring that these were available.

Behaviours of concern were discussed at the multidisciplinary meeting. Some restrictive practices were used which included the use of medication, locked external doors and the discreet use of all in one suits either for reasons of self harm or infection control. Restraint assessment prescriptions were evident and in the main these were prescribed by the psychiatry department with a rationale evident. There was no evidence that they were overused or implemented randomly without due process and assessment. There was some evidence that families had been consulted in relation to the methods used but this was not consistent.

Staff had received training in an approved method of managing behaviour which includes physical interventions when this is deemed absolutely necessary. All such procedures were clearly documented and prescribed. On this inspection staff were clear and consistent on the specific techniques to be used if any such intervention was undertaken. These were also documented in an incident report. Due to the needs of the residents there was a significant level of staff support required for supervision and monitoring. Reviews of rosters resident records and interviews with staff indicated that on occasion the staffing was not maintained as it should be and the use of agency or unfamiliar staff impacted on the resident's behaviour. Implementation of such systems and consistent behaviour management supports require consistency of practice and staffing levels which was not apparent. This is actioned under outcome 17 Workforce.

Judgment:
Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A review of the accident and incident logs, resident's record and notifications forwarded to the Authority demonstrated the person in charge's compliance with the obligation to forward the required notifications to the Chief Inspector. There was also evidence that any incidents or accidents were reviewed for development and learning.

Judgment:
Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Where appropriate to the residents' capacity and needs there was evidence of life skill development. Assessments had been undertaken to ascertain the resident's capacity and decisions for interventions are made based on this assessment. Basic self-care skills and social skill development was supported by staff where the residents capacity allowed this. For example one resident did his own washing with support from staff. Some residents attended day care and skill development training and they said they enjoyed this. The staff could be seen to make efforts to ensure there was social participation and development for residents, for example going to shopping centres or for meals out.

Judgment:
Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The action required from the previous inspection had been satisfactorily addressed in this centre.

A local general practitioner (GP) service was responsible for the health care of residents and was available on the campus five mornings per week. Overall, the records reviewed demonstrated that there was regular access to this service and out-of-hours service if this is required. There was evidence from documents, interviews and observation that a range of allied health services is available and accessed. This included occupational therapy, dietician services, physiotherapy, psychiatric and psychological services. These services were integral to the organization, which arrangements were suitable to the diverse needs of the resident population.

Healthcare related treatments and interventions were detailed and staff were aware of these. Such interventions were revised annually as required. On this occasion there was a more cohesive approach to the monitoring of health care, evidence of timely response and correlation between the annual health check and the supporting documentation completed by staff. The documentation was also more detailed and indicated that all aspects of the resident's health care and complexity of need was noted and considered. Where necessary appropriate assessment tools including skin integrity were utilised and plans demonstrated adherence to treatments strategies. Families were kept informed of any external medical appointments and staff attended these with the residents.

Policy on end-of-life care had been developed. There was no resident who required this at the time of this inspection. The policy allows for advanced planning although this has not as yet been implemented. Nursing staff were available to support this.

Residents meals were prepared in the catering department and delivered chilled to the units each day to be heated prior to serving. The diverse needs of the residents were addressed in the dietary supports available. There was documentary evidence of advice from dieticians and speech and language therapist available and staff were knowledgeable on the residents' dietary needs. There were also aware of resident's preferences. Choices were available and inspectors saw that additional foods such as

fruit, cheese, salad, and eggs were available as snacks and various fruit juices at other times. Meals including modified meals were observed to be served appropriately in an unhurried and sensitive manner to residents. Assistive crockery was used where this was advised by the clinicians. Resident's weights were monitored regularly and more frequently if a concern was evident. Fluid intake was also monitored where this was required. All kitchens had kitchenettes which were equipped with food storage equipment, heaters, kettles and fridges. Currently the residents did not prepare food but did have supervised access to the kitchens.

Judgment:
Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspectors were satisfied that provider had made suitable changes to the medication dispensing arrangements to ensure that the medication was identified for the resident for whom it was intended. In addition an as required (PRN) protocol was due to be implemented once agreed by all prescribing clinicians.

Current policy on the management of medication was centre-specific and in line with legislation and guidelines. Systems for the receipt of, management, administration, storage and accounting for controlled drugs were satisfactory. There are appropriate documented procedures for the handling, disposal of and return of medication.

Medication was reviewed regularly by both the residents GP and the prescribing psychiatric service. No residents were assessed as being suitable for self administration of medication at the time of this inspection.

However, the protocol for the use of emergency medication for the management of seizures was not satisfactory and did not guide staff in its usage. The timing of the initial administration and repeat dosage was not clear on the protocols available. Nursing staff concurred with this finding and stated that they make their own assessment of the need to administer the dosage. The provider stated that he has currently initiated discussions with the relevant prescriber's to ensure this matter is rectified. This is actioned under Outcome 18.

No medication errors had been reported but a system for monitoring and review had been undertaken. An audit of medication management practices had been undertaken and there was evidence that all medication was reviewed and its impact monitored.

Judgment:
Compliant

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

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The statement of purpose had been forwarded to the Authority as part of the application for registration. It was found to be in compliance with the regulatory requirements. Admissions to the centre and care practices implemented were congruent with the statement as a service for residents with mild but primarily severe and profound intellectual disabilities. Accommodation was suitable and appropriate decisions were made in relation to the suitability of residents to share accommodation.

Judgment:
Compliant

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

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors acknowledged the significant changes made and work still in process in the governance structure and procedures in order to create a more cohesive and effective governance system in a complex and diverse service. Governance was supported by a range of systems including corporate risk and development.

The board of management headed by the CEO held regular meetings and there was evidence of good reporting systems in place from all departments. Management structures included directors of clinical care programmes and facilities. The person nominated to act on behalf of the provider undertook unannounced visits to the centres to review specific issues and meet residents and staff. The provider met fortnightly on a formal basis with each of the programme managers for the various services. Weekly meetings of all the persons in charge were held. These were primarily used to support implementation plans for achieving compliance with the standards and regulations across the campus. Further compliance meetings are held twice weekly. An action plan for achieving compliance with the regulations for each centre had been developed.

The most significant change was the reconfiguration of the campus into 8 different designated centres and the appointment of a person in charge for each centre under the direction of the adult services manager. The person appointed as person in charge for the designated centre is a qualified intellectual disability nurse with extensive nursing and management experience at CNM 111 level. She had also undertaken additional training in positive behaviour management and assessment tools for persons with disabilities. Each house also had a house manager at clinical nurse manager grade although in one instance this position is part time. There was an appropriate day and night time on-call system in place.

This change to the structure can be seen to have impacted positively with increased supervision, lines of accountability, and follow up on issues identified. Staff spoke positively of this greater access to governance structures. Audits and spot checks have taken place on issues such as medication management; restraint practices, meals and restrictive practices. Aside from the residents forum meetings there are however no other mechanisms evident for reviewing the quality and safety of care as required by the Regulations. The compilation of the audited data including accident and incidents will support compliance with the annual review of quality and safety of care. Interim arrangements were made in the appointments of persons to support the person in charge on a daily basis in managing 10 units which comprise two centres. This process will be finalised following interview and permanent appointments made by the end of September. The findings of this inspection indicate that this is of significant importance to ensure that there is consistent practice across the centre in the implementation of resident personal care plans and meeting objectives for residents.

However, as discussed under Outcome 5, inspectors were not satisfied that there was appropriate oversight and supervision of personal plan implementation especially during the summer period. This resulted in residents not being supported to meet or exceed their goals.

Judgment:

Non Compliant - Moderate

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The person in charge was newly appointed to the post since March 2014. Inspectors were informed that there had been no periods of leave which required notification to the Authority over and above normal annual leave periods. The provider had made interim arrangements for periods of absence of the person in charge and was aware of the responsibility to report any such extended absence to the Authority. Key personnel had been identified and a recruitment process will be undertaken. It is envisaged that the person appointed will undertake the duties and roster of the person in charge on periods of normal annual leave and support the person in charge in the day-to-day management of the centre.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Sufficient resources for fundamental care such as food, health care, maintenance and upkeep of the premises and vehicles used are available and utilised. However, there was evidence of insufficient staff to ensure that resident's well being and access to activities could be maintained on a consistent basis as discussed under Outcomes 5, 14 and 17. A full review of staffing numbers and arrangements based on residents' dependency levels

had taken place and a process of recruitment was under way. This is actioned under Outcome 17.

Judgment:
Compliant

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

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

As discussed under outcomes 5, 14 and 16 Inspectors were not satisfied the numbers and skill mix of staff was sufficient to meet the assessed needs of residents.

From examination of rosters, review of residents schedules and interviews with staff, inspectors formed the view that the staffing levels were not adequate. This impacted on the care available to residents, the availability of staff to provide activation to residents during the day and to implement personal plans. The three largest houses were found to be constantly down one staff member or had an unfamiliar staff assigned. There was an actual and planned rota template available in each unit. However, this did not at all times detail who was planned to or who actually worked. This shortage was explained as being due to a range of factors including illness, career breaks and annual leave. Staff were consistently been moved from one unit to another. While this was appropriate where residents attended day care and staff were reassigned during the period it had a significant impact on the larger units where day care was not available.

Inspectors observed this taking place.

Staff stated that plans and activities other than primary care were dependent entirely on whether they had their quota of staff or not. In another unit the roster indicated that that no nurse had been on duty during the day over a weekend period. Single staff were present in each unit at night with the exception of the supported apartment where was an emergency call system which the resident knew how to operate.

A night nurse was available at night to offer medical care where this is required and overall this arrangement was found to be satisfactory and staff indicated that there was sufficient and timely support available at night. There was also a qualified night nurse

manager available for the campus. Staff allocated may or may not be familiar with the residents. Families had raised concerns regarding this and the impact it has on their relatives both quality of life. Inspectors found some inconsistencies in the deployment of staff in terms of where the greatest need was. A single occupancy apartment was staffed by one staff during the day and yet also had an activation staff who took the resident for outings four days per week. The rationale for this decision was not apparent. The provider stated and confirmed that a significant recruitment process was under way which included nursing and care assistant staff.

There was a centre-specific policy on recruitment and selection of staff. The person in charge had reviewed their practices in relation to procuring the relevant documentation for agency staff assigned to them and the required documentation was seen by the provider. No volunteers were being utilised at this time. Examination of a sample of three personnel files showed that progress was being made as agreed by the provider in sourcing missing documentation previously noted and all files had been reviewed by the human resources department to progress this issue. Evidence of registration with relevant bodies was available for all staff that required this.

There are 40 staff assigned to the designated centre with nine nurses. Examination of the training matrix demonstrated that all staff had completed and were in the process of updating accredited training in non violent therapeutic crisis intervention. There were deficits noted in mandatory training however, with fifteen staff overdue for fire safety training and six in moving and handling training. Disability awareness training has not been completed for 10 staff. Other training which had been completed and was ongoing included hand hygiene, waste management. The behaviour nurse specialist is rolling out a system of training in the management of challenging behaviours. Training is ongoing in the implementation of personal support plans and the computerised care documentation system. The provider had already undertaken a significant training gap analysis which had identified the deficits outlined above and a plan was in place to address these.

Monitoring and supervision systems have commenced with the person in charge receiving training in performance management, supervision and support. It is intended to implement this supervision process across the houses, cascading from the person in charge to nursing staff, care assistants and household staff.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspectors found that the records required by regulation in relation to residents, including medical records, nursing and general records were up to date, easily retrieved and maintained in a manner so as to ensure completeness. All of the required policies were in place and had been revised. Documents such as the residents guide and directory of residents were also available. The inspectors saw that insurance was current and in line with the regulations. Reports of other statutory bodies were also available. Written evidence of compliance with the statutory fire authority had been forwarded to the Chief Inspector as part of the application for registration.

As discussed under Outcome 8 improvements were required to financial policies and procedures.

As discussed under Outcome 12 the protocol for use of emergency medication did not provide clarity to guide staff in administering this.

Judgment:

Non Compliant - Minor

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Noelene Dowling
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 report¹

Centre name:	A designated centre for people with disabilities operated by Stewarts Care Ltd
Centre ID:	OSV-0003899
Date of Inspection:	28 September 2014
Date of response:	3 October 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was no screening in the shared rooms to ensure residents privacy and dignity was respected.

Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living

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

space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:

Screen will be in place in the shared room identified in the report. These screens will be in place by 3rd October 2014.

Proposed Timescale: 03/10/2014

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Systems for consultation with residents or where appropriate their representatives were not satisfactory, especially for residents who are unable to communicate their own wishes.

Action Required:

Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support

Please state the actions you have taken or are planning to take:

Where a service user cannot indicate his/her wishes in relation to the provision of intimate care, consultation will take place with his/her representative to determine the wishes and preferences of the service user. This consultation process will be completed by 31st October 2014.

Proposed Timescale: 31/10/2014

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Meaningful recreation and activities were not consistently provided for residents.

Action Required:

Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

Please state the actions you have taken or are planning to take:

A day activity staff has been assigned to the area identified at time of inspection and will commence 7th October 2014. This staff member will coordinate an activity programme to provide opportunities for service users to participate in meaningful activities.

Proposed Timescale: 07/10/2014

Outcome 02: Communication

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Residents were not supported by the implementation of personal plans in relation to the communication needs of residents.

Action Required:

Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

Please state the actions you have taken or are planning to take:

The Personal Support plan is currently being reviewed to include a section specific to the communication needs of the individual service users. Consultation with families will take place as part of this review to identify the communication need of the individual service users. This updated personal support plan will be in place for the service users in this designated centre by 31st December 2014. Referral to Speech and language therapy will be made for any service users identified as requiring this service.

Proposed Timescale: 31/12/2014

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was no contract which adequately outlined all the services to be provided and all fees to be charged.

Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

Please state the actions you have taken or are planning to take:

The contract of care is currently being reviewed to include the specific details of the services to be provided and the fees to be charged. This reviewed contract will be in place by 31st October 2014

Proposed Timescale: 31/10/2014

Outcome 05: Social Care Needs

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Personal plan were not consistently implemented or developed in relation to resident social care needs.

Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

Please state the actions you have taken or are planning to take:

There will be a review of the personal plans to ensure that realistic goals are developed in relation to the social care needs of the service users. This review will be completed by 31st December 2014.

The implementation of these goals will be monitored through staff supervision and support.

Proposed Timescale: 31/12/2014

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Residents representatives involvement (where appropriate) in the development or review of personal plans was not always evident.

Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

Please state the actions you have taken or are planning to take:

There will be a review of the personal plans to ensure that realistic goals are developed in relation to the social care needs of the service users. Where appropriate the representatives of the service users will be involved in the review of the personal plan. This will be completed by 31st December 2014.

Proposed Timescale: 31/12/2014

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:

Some risks to residents safety had not been identified or acted upon including the strategies to protect residents from inadvertent injury.

Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:

The recommended action to protect the service user identified in the report from inadvertent injury will be implemented by the 17th October 2014.

Proposed Timescale: 17/10/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Fire alarms were not serviced in a satisfactory time frame.

Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

Please state the actions you have taken or are planning to take:

The quarterly services on the fire alarms identified at the time of the inspection have been carried out. The documentary evidence to support this are now available for inspection in the Designated Centre.

Proposed Timescale: 04/09/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Arrangements outlined for evacuation in the two story house were not satisfactory.

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:

Fire evacuation plan in the two story house identified in the report will be revised to ensure that it is sufficiently detailed to ensure evacuation of the service users. This will be completed by the 8th October 2014.

Proposed Timescale: 08/10/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some fire doors were propped open with objects which negated the capacity to contain fires.

Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

Please state the actions you have taken or are planning to take:

The practice of propping opening the fire doors has ceased with immediate effect.

Proposed Timescale: 01/10/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

All staff did not have current training in fire safety and management.

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:

All staff have completed the fire safety training. Documentary evidence forwarded to the Authority by 11th October 2014

Proposed Timescale: 30/09/2014

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:

The implementation of residents personal goals was not appropriately supervised over the summer period when staffing arrangements changed.

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:

Increased management support for the Person in Charge at Clinical Nurse Manager level will be in place by 20th October 2014. Consistency in the implementation of the service users' personal goals will be monitored and supervised on an on-going basis.

Proposed Timescale: 20/10/2014

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The number of staff and on occasions the skill mix was insufficient.

Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:

The number and skill mix of staff as identified in the dependency/support levels assessment conducted in April 2014 by an external company will be in place by 31st October 2014.

Proposed Timescale: 31/10/2014

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Continuity of care was impacted upon by virtue of staff shortages and changes.

Action Required:

Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

Please state the actions you have taken or are planning to take:

A recruitment process for both nursing and care staff is currently underway to ensure continuity of care for the service users.

Proposed Timescale: 31/10/2014

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Rosters did not show the names of persons on duty.

Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

Please state the actions you have taken or are planning to take:

A planned and actual staff rota showing staff on duty at any time during the day and night in all the houses in the designated centre is now in place.

Proposed Timescale: 30/09/2014

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was no policy or procedure to guide practice where the provider acted as agent for residents.

The protocol for the use of emergency medication for the management of seizures was not satisfactory and did not guide staff in its usage.

Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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 Financial Director will ensure that the arrangements for all residents for whom the provider acts as agent will be formalised by using the official documentation and procedure. This will be completed for all residents by 31st March 2015

The Consultant Psychiatrist in consultation with the PIC and the Director of Care has agreed that a systematic review of the Protocol for the use of emergency medication for the management of seizures will be undertaken by 30th November 2014

Proposed Timescale: 30/11/2014