

**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 Sunbeam House Services Ltd
Centre ID:	OSV-0001704
Centre county:	Co. Dublin
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Sunbeam House Services Ltd
Provider Nominee:	John Hannigan
Lead inspector:	Deirdre Byrne
Support inspector(s):	Linda Moore
Type of inspection	Announced
Number of residents on the date of inspection:	5
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, Health Act 2007 (Registration of 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:
02 September 2014 09:00	02 September 2014 20:30
03 September 2014 08:00	03 September 2014 09:30

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 centre is run by Sunbeam House Services (the provider) which is a company registered as a charity. It is governed by a Board of Directors with Mr John Hannigan the Managing Director nominated to act on behalf of the provider.

The purpose of this inspection was to inform a decision for the registration of this designated centre in accordance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013 and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013. In addition, the non

compliances identified at a previous inspection of this designated centre were followed up and reported on.

Inspectors met and spoke with residents, staff and families during the inspection. Inspectors observed practice and reviewed documentation such as personal care plans, assessments, health plans, medical records, accident and incident records, audits, equipment service records, medication management documentation, staff training records and staff files. Five residents resided in this designated centre which was a detached house located in the community in a busy urban area.

Inspectors found that there was evidence of good practice in this designated centre. Staff treated residents respectfully and patiently. There was good access to the community and opportunities for residents to participate in education, employment and hobbies. However, inspectors found there were significant improvements required in order to be compliant with the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities 2013. Some of the areas requiring substantial improvement identified by this inspection included:

- Admission and Contract for the Provision of Services
- Social Care Needs
- Health and Safety and Risk Management
- Safeguarding and Safety
- General Welfare and Development
- The Statement of Purpose
- Governance and Management
- Workforce and Staffing

All areas for improvement are discussed in more detail later in the 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, Health Act 2007 (Registration of 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):

No actions were required from the previous inspection.

Findings:

Inspectors found the provider, person in charge and staff had systems in place to ensure residents were consulted with, and participated in decisions about their care and the organisation of the centre. However, some improvements were required in relation to facilitating residents to exercise choice and the management of complaints.

Inspectors found residents were facilitated to exercise personal autonomy and choice in their daily lives for example, residents completed a broad range of education, work, voluntary roles, and activities. However, due to the complex behavioral needs of residents, the ability of staff to support residents to exercise choice was restricted and this continually negatively impacting on other residents. For example, staff were required to supervise some residents with complex behavioral needs, therefore other residents were not enabled to complete activities and interests of their choosing. These matters are discussed further under Outcomes 5: Social Care, Outcome 8: Safeguarding and Safety and Outcome 17: Workforce.

There were systems in place to manage complaints. However, improvements were identified. There was a complaints procedure displayed in the centre however, it did not fully meet the requirements of the Regulation. For example, the named nominated complaints officer, the appeals process were not included. A pictorial version of the complaints process was seen by inspectors although it was not up-to-date. While a record of complaints was maintained, the action taken to bring about change and the satisfaction of the complainant was not documented. Where complaints were escalated to the complaints officer, there was no record of feedback. This was discussed with the provider nominee who was aware of the issue and outlined actions being taken to

improve these matters.

There were systems in place to protect and manage residents personal finances, however an area of improvement was identified. A new policy on the care of residents' property and finances was in place although it did not fully guide practice. the systems for safe keeping residents money was reviewed with staff. Inspectors found the management of transactions was not robust. For example, there was one staff signature per transaction, but no evidence of the resident or a second staff having witnessed and countersigned.

Inspectors found residents were regularly consulted with about how the centre was planned and run. A residents meeting took place every two weeks to elicit feedback. A sample of minutes were read, and a range of issues were discussed at meetings for example, the choice of food, activities, and incidents happening in the house.

Inspectors observed staff treated residents with dignity and respect. Interaction between staff and residents was respectful and carried out in a friendly, patient manner. Inspectors observed staff knocking and asking permission to enter residents bedrooms. Residents had a choice in how they spent their day and they were encourage to take part in activities such as going on day trips, to restaurants, the cinema, shopping centres, and events.

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:

Inspectors found systems were in place to assist and support residents to communicate however, improvements were identified to ensure these needs were met.

Inspectors spoke to the residents in the designated centre who all communicated verbally. Each resident had a communication passport on their file. Pictorial plans had been developed for residents who had difficulties reading and understanding instructions. However, there were insufficient pictorial images or signs for residents, and where these were in place they did not guide practice. For example, the images used to describe medications for residents were the same. In addition, where a communication plan was highlighted as needed in a residents personal plan it had not been developed.

Inspectors were informed by some residents they had attended counseling services in the past but when it was stopped, they were not given any reason why and would like to attend again. This was discussed with the provider and staff who outlined the rationale for this delay and that it would be addressed.

Inspectors observed the centre was part of the local community, and residents had access to television, books and magazines and appropriate communication mediums.

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:

Inspectors found residents were supported to develop and maintain personal relationships and links with the wider community. Their families were encouraged and welcomed to be involved in the lives of residents.

Inspectors met with relatives who were visiting a family member and saw good rapport and communication between family members and staff. Residents told inspectors that family members and friends could visit at any time and some residents said that they visited their family home regularly.

Inspectors received completed questionnaires from some family members which were complementary of the service and opportunities being provided. Although some comments regarding the over use of agency staff were made, and this is discussed under Outcome 17.

Both residents and staff confirmed that if they wished to meet a visitor in private, they could use the sitting room or their bedrooms.

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):

No actions were required from the previous inspection.

Findings:

Inspectors were not satisfied the admission criteria considered the needs and safety of residents currently living in the centre.

Inspectors found admission practices in this designated centre did not take into account the need to protect residents from harm by their peers. These matters are discussed in more detail under Outcome 8.

There were a small number (five) of residents living in the centre however, the current resident mix included residents with complex behaviours and posed a risk to others. Furthermore, on-going physical and verbal incidents between certain residents resulted in a tense atmosphere for other residents living in the house. From reviewing incident reports, complaints and minutes of various meetings, inspectors found the inappropriate mix of residents featured as a concern for residents, staff and some family members.

There was no written agreed agreements in place with residents regarding the terms of the provision of services as required by Regulations. It was noted certain practices carried out were not fully documented and in agreement with residents. For example, residents provided payment for support staff expenses on social occasions or on holidays. Records read stated some staff expenses were covered by the provider, yet there was evidence the expenses had been paid by the resident. This was discussed with the provider nominee, and inspectors were shown a new draft of a tenancy agreement for residents at feedback.

Judgment:

Non Compliant - Major

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:

Inspectors found residents had opportunities to participate in meaningful activities appropriate to their interests and likes. However, the assessment process, documentation, and review of personal plans required improvement.

Each resident had a personal plan in place and inspectors reviewed three of the five residents personal plans. The plans were based on the individual support needs of the residents and there was evidence of who was involved in the development of the plans. There was detailed information of residents likes, wishes, aspirations and interests and a wide range of activities took place. While the individual goals of residents were set out the layout of the personal plans was confusing and it could not be ascertained which goals were current and up-to-date.

While there was detailed evidence of reviews of personal plans, these required improvement. For example, there was no evidence of a multidisciplinary input. This had been an issue at the previous inspection and was not fully addressed. In addition, there was no date and link to goals being reviewed. Some reviews stated goals could not be completed due to insufficient staffing levels. Inspectors found there was very good access to social care however, due to some residents behaviors impacting on access to the community, not all residents social care needs could be met.

There were care plans developed for residents identified health care needs. However, the plans reviewed did not consistently guide practice. This is discussed under Outcome 11: healthcare needs.

There were individualised risk assessments in place however, these were not detailed and would not ensure residents continued safety. For example, one resident returned to the centre after work unaccompanied and remained alone for up to two hours till staff commenced duty. The assessment did not outline the potential risks involved. See outcome 7 and 11 for more detail.

Inspectors found the living arrangements for some residents did not meet their assessed needs and preferences. For example, reports were read, and staff spoke about ongoing conflicts between residents, which was having a negative impact on other residents living in the centre. Some residents stated they were unhappy living in the centre. However, no action had been taken to date to support residents to move to alternative accommodation. This was discussed with the provider nominee at the end of the inspection, who outlined the meetings and discussion held to address this matter and that is was for consideration. This is discussed under more detail under Outcome 8.

Judgment:

Non Compliant - Moderate

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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:

Inspectors were satisfied that the centre in terms of the physical design and layout provided residents with a comfortable atmosphere to meet individual and collective needs.

Inspectors found residents had adequate room, communal areas and private space to reside and keep personal belongings. The designated centre comprised of a detached two storey house. Inspectors found the premises had appropriate light, heating and ventilation. All rooms were decorated to a high standard and one resident had their own en-suite bathroom. There were communal toilets, one with a shower and the other with a bath. Residents informed inspectors they were happy with the design and layout of their bedrooms. One residents showed inspectors around their bedroom. There was adequate laundry facilities provided and arrangements in place regarding the disposal of general and clinical waste. However, some areas of potential risk were identified, and discussed in more detail under outcome 7.

The designated centre was maintained to a good standard of cleanliness and repair. A maintenance person was available to carry out maintenance works on the centre.

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):

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

Findings:

Inspectors found the provider ensured systems were in place to protect and promote the health and safety of residents, staff and visitors safety. However, further improvements were identified in relation to the ongoing assessment and management of risk. In addition, improvements were identified in relation to the policy.

A new risk management policy was read by inspectors. However, it did not fully meet the requirement of the Regulations. For example, the assessment and monitoring of risk in the designated centre. While there were links to policies in relation to specified risk such as self harm and aggression and violence, these policies did not outline the procedures to prevent the risk of their occurrence. This is discussed under Outcome 18: Records and Documentation.

A local risk register had been developed since the last inspection. The staff were familiar with the register and discussed the risks outlined with inspectors. However, the risks outlined related to clinical risks and did not outline environmental risk. Where risk had been assessed the control measures did not guide practice. For example, the management of sexually inappropriate behaviours. This is discussed in more detail in Outcome 8.

Furthermore, a number of risks identified by inspectors that had not been identified or assessed in the risk register included:

- resident toilet located in the laundry room
- unrestrictive window openings on first floor
- step out of fire escape exit first floor
- kitchen cooking equipment.

Accident and incidents reports for 2014 were read. The majority of the incidents involved residents hitting out at other residents or staff and displaying behaviours that challenged. However, there was no evidence of what action was to be taken or the preventative measures to mitigate further incidents occurring. There was some evidence that risks were being discussed at the management meetings however, there was no formal system to review of incidents with a view to learning from them and reducing the risk of recurrence. This was discussed with senior management and provider nominee, who outlined plans to address this and a system to assess incidents to identify trends was in the process of being finalised. The process would include a review of all minor incident per centre and resident.

There was a safety statement in place that was dated Augusts 2013.

An emergency plan that provided detailed guidance was read. Staff were able to tell inspectors what they would do and the location of the alternative accommodation if an evacuation was required.

Overall, there were suitable systems in place for the management of fire safety. Inspectors spoke to staff who were knowledgeable of the fire prevention and evacuation procedures in place. While some staff had received training in fire prevention and the

use of extinguishers, it was not up-to-date for all staff. This was in process of being addressed by the provider and further training had been scheduled.

There was documented evidence of frequent fire drills that staff and residents participated. Residents and staff were able to tell the inspector what they would do if the fire alarm went off. The records of the fire drills, included vehicle evacuation drills, checks of safety equipment and alarms and exits. The fire fighting equipment was serviced regularly at frequent intervals. Fire orders were displayed prominently throughout the centre.

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:

Inspectors found that provider and person in charge had measures in place to safeguard and protect residents from abuse, however, these systems were not robust and required improvement.

Inspectors were not satisfied that allegations and incidents of residents harming other residents were appropriately managed. These incidents were on-going between the same residents. The Chief Inspector was notified of the incidents and an update was provided by the senior social worker for the service during the inspection. Investigations were carried out, and there was ongoing meetings regarding the incidents, however, there was lack of appropriate action being taken to prevent these from recurring. Both residents and staff informed inspectors they felt frightened as a result of the ongoing incidents and tensions in the centre. This was discussed with the provider nominee and senior management who were aware of the issue and informed inspectors they were actively looking into appropriate solutions to the issues.

Inspectors read a new policy on and procedures in place for the prevention, detection and response to abuse, however, it did not fully guide practice. For example, the

procedures to investigate allegations of abuse were not outlined. This was an action at the previous inspection and not fully addressed. Staff spoken to were not familiar with how they would respond if an allegation of abuse was made. Training records read indicated not all staff had completed training in this area. A training programme was in place, which included planned dates for training in safeguarding and safety of residents.

The management and monitoring of restrictive practices required improvement. Inspectors reviewed a rights register that outlined the restrictive practices in place. However, some restrictions had no planned review date and others had not been reviewed since 2012. There was no evidence of an up-to-date assessment, rationale or alternatives considered. This had been an action at the previous inspection and had not been fully addressed. Furthermore, some restrictive practices such as the use of door alarms, impinged on other residents rights, yet there was no review of these residents needs. A rights committee met every month. However, there was no record that these residents rights had been reviewed. Staff have not been trained in the use and implication of restrictive procedures.

Inspectors found a number of residents who were of potential risk to others. This risk was primarily associated with behaviours residents displayed such as sexualised, aggressive and threatening behaviours. Since the last inspection, the provider had put measures in place to manage and prevent these risks, such as behavioral support plans and guidelines. However, the plans did not guide practice. Furthermore where interventions were outlined these were not followed for example, the requirement for male staff with a residents. There was no record of evidence based tools used to assess behaviours, and while there was access to psychology and psychiatry services staff had not been provided with support.

As discussed under Outcome 4, inspectors found these risks were directly related to an inappropriate mix of residents living together. Specific staff training was provided in this area. It was noted from minutes of staff meetings and supervision records that requests for specific training regarding the complex and specific behaviours prevalent was a feature in this documentation.

Judgment:

Non Compliant - Major

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:

Inspectors found all incidents were recorded and where required, notified to the Chief Inspector within the mandatory time frame.

A record of all incidents occurring in the designated centre was maintained in electronic format, and to date and to the knowledge of inspectors, all relevant incidents had been notified to the Chief Inspector by the person in charge.

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:

Inspectors found that residents' general welfare and development was being facilitated. Residents had continuous opportunities to participate in social activities, work, education and voluntary work.

Many of the residents attended a day service in the locality that was ran by the provider and provided a range of activities. Residents told inspectors that they enjoyed attending the day service as it gave them an opportunity to meet with their friends and chat with the staff who work there. Some of the residents also told inspectors about their day and the work they did. Through a group, these residents were supported to participate in employment. For example, one resident had a job in the locality and another carried out voluntary work.

The residents told inspectors that they were supported by staff to pursue a variety of interests, including walking, swimming and taking language classes. Some residents went on a day equine course. The residents spoke very highly of their experiences at these events and how much they enjoyed them.

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):

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

Findings:

Overall, inspectors found residents were supported to access health care services relevant to their needs. However, improvements were required in the development of care plans for residents identified needs.

Since the last inspection, care plans had been put in place for health related issues. While these care plans were up to date, they were not comprehensive enough to direct staff or guide practice. For example, the management of epilepsy, diabetes and dementia. This is discussed under Outcome 5: Social care needs.

There was good access to a general practitioner (GP), and to a range of allied health professionals such as dietician, chiropody, dental services with evidence of this in personal health plans. Inspectors saw evidence of access to psychology and psychiatry services on residents plans.

Each resident had an annual health and wellbeing plan undertaken, and staff completed this review. There was detailed information contained on residents files of their health status, any underlying conditions or diagnosis. This had been an action from the previous inspection and was completed.

Inspectors were satisfied that food was nutritious, appetizing, and available in sufficient quantities. The evening meal took place in the kitchen during the inspection, and inspectors observed a wholesome meal being provided. Residents could choose when to eat. During the day inspectors observed residents in the kitchen preparing their own food. There was evidence of consultation with residents regarding the menu, as outlined earlier in the report, a bi-monthly meeting was held with residents, where the choice of meals for the following weeks was discussed. A menu was decided and displayed on the kitchen noticeboard. A small number of residents attended a dietician and had a weight management plan in place. There was active encouragement of residents to maintain a healthy lifestyle and some attended weight management classes. There was adequate and appropriate provision for storage of food, and overall there was a high standard of hygiene maintained throughout the centres kitchens. Staff had attended food hygiene training and were familiar with good hygiene practices.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p>Findings: Inspectors found the arrangements in place regarding medication management were adequate. However, improvements was identified in relation to audits and procedures for MDA medications.</p> <p>There were written operational procedures and policies on the ordering, prescribing and disposal of medications. Since the last inspection a procedures on the administration of medications that required strict controls (MDAs) was developed. However, the procedure related to one type of medication only, and did not provide general guidance on the management of MDAs. Additionally, there was a process of administration and stock check of MDA medications, however, the same book was used for this purpose which may lead to confusion or risk.</p> <p>There was three monthly GP reviews of the residents medications. A pharmacist provided training to staff however, it was not evident if all staff had up-to-date training. Furthermore, the system of monitoring and reviewing safe medication practices required improvement, for example, no audit had taken place. Inspectors were informed by senior management an audit was planned for the end of the year.</p> <p>All staff employed in the centre were nursing qualified. Staff adhered to best practice guidelines in the administration of medications. There were no residents self medicating at the time of the inspection.</p>
<p>Judgment: Non Compliant - Moderate</p>

<p>Outcome 13: Statement of Purpose <i>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.</i></p>
<p>Theme: Leadership, Governance and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings:</p>

Inspectors found the Statement of Purpose did not accurately describe the service provided in the centre.

Inspectors found that the day to day operation of the service did not reflect what was stated in the Statement of Purpose. While the statement of purpose stated the centre provided care to men and women who exhibited behaviours that challenge, the centre is not equipped to deal with this. For example, two female staff on duty had to deal with males with challenging behaviour; agency staff are employed to cover the rosters due to staff turnover and a high number of incidents were occurring between residents. This is further evident in Outcomes 1, 5 and 8.

Judgment:

Non Compliant - Major

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 was not satisfied with the governance and management arrangements in place regarding this designated centre.

As discussed under Outcome 1 a number of residents had complex needs. In light of the complex needs of residents the inspectors were not satisfied that the person in charge managing more than one centre provided sufficient and robust governance in this centre. The person in charge was also responsible for another designated centre and was therefore only available 1-2 days per week to manage this designated centre. In addition the inspectors were not satisfied with the arrangements for the management of the centre on the days when the person in charge was not present.

Actions from the previous inspection that were the responsibility of the person in charge were followed up. While some improvements were identified, the majority were not completed and remained in non compliance with the Regulations. The non-compliances were over a number of core outcomes on this inspection: Outcome 5, Outcome 8, Outcome 9: Medication Management and Outcome 18.

Furthermore, the arrangements in place did not facilitate the effective governance and operational management of this designated centre. Inspectors found that given the profile, and assessed needs of residents in this designated centre, the post of person in charge managing two centres did not provide sufficient governance. This was discussed with the provider nominee and senior management at feedback.

Inspectors viewed the roster in place that reflected the staff on duty over the course of inspection. Although the designated centre was part of a larger organisation with a defined management structure there were a number of issues that were not satisfactory from a governance and management perspective, some of which were highlighted to the provider from a previous inspection. For example, concerns around:

- Lack of suitable training/clinical guidance and direction regarding the management of complex behaviours such as sexualised behaviours.
- Concerns around the welfare and protection of other residents.
- Individualised assessment led practice.
- Suitability of resident placements.
- Staffing.

There was evidence of deficits in all of these areas on this inspection through interactions with staff, residents and reviewing related documentation. Inspectors found that the governance and management arrangements of the designated centre required substantive improvements to meet the requirements of the Regulations.

Judgment:

Non Compliant - Major

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):

This was the centre's first inspection by the Authority.

Findings:

Inspectors found the provider was aware of the requirement to notify the Chief Inspector when the person in charge is absent for greater than 28 days. However, the deputising arrangements in the absence of the person in charge required improvement.

The senior service manager would assume responsibility for the designated centre

whereby the person in charge was absent for 28 days or more. However, this related to emergency situations and was an on call cover only.

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:

Inspectors found from a review of residents needs that the designated centre was insufficiently resourced to support the needs of residents to achieve their individualised plans due to poor planning and deployment of staff.

The designated centre physically met the residents needs, and there was access to a car to facilitate trips, outings and appointments. However, there was insufficient planning and deployment of resources in the centre resulting in inconsistencies in terms of outcomes for residents. For example, insufficient staffing to bring residents out on trips as not enough staff, and some staff returned to work when off duty in a voluntary capacity to support residents attending social functions and activities.

Judgment:

Non Compliant - Moderate

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:

Overall, inspectors found that staff were committed to providing a quality service to residents. However, the staff did not have the skills and experience to meet residents assessed needs.

There were four areas of non compliance highlighted in the previous inspection and of these two were not fully addressed. These were:

- gaps in staff documentation to be maintained as per Regulations
- provision of mandatory training for staff.

Staff interacted with residents in a patient, respectful manner and were treated as adults. However, inspectors found staff were put in difficult situations that placed them at risk. While a detailed education and training programme was provided, it did not provide staff with the skills to meet residents needs. For example, training in managing behaviours that challenge and sexually inappropriate behaviours of residents.

Inspectors read records of mandatory training completed by staff. However, it was not up-to-date for all staff. For example, fire safety, movement and handling and prevention of abuse. There was evidence of training in the Regulations.

There were written policies relating to the selection, recruitment and vetting of staff. A selection of staff files were reviewed. However, not all documents required by Regulations were contained in files. For example, photographic identification and qualifications. A service level agreement was read for the two agencies who provided staff to the centre. However, one agreement did not outlined the staff documentation provided as per the Regulations

There were systems in place to supervise staff. Inspectors found formal supervision and performance management systems operational in the designated centre. A sample of these were read, and some comments by staff included the need for training in inappropriate behaviours by residents. See above.

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:

Inspectors found the records required by Regulations were maintained to ensure completeness, accuracy and ease of retrieval. However, centre policies did not fully guide practice or meet the Requirements of the Regulations.

All policies and procedures had been fully reviewed since the last inspection, and new suite of policies were rolled out on the first day of the inspection. Inspectors reviewed these on an electronic system during the inspection. All policies required by Regulations were in place. However, some policies did not fully guide practice. For example, the risk management and safe guarding and safety policies. At the time of inspection policies had yet to be rolled out and implemented. While inspectors acknowledge agency staff now had access to policies and procedures on the electronic system, these staff would not have the time to fully familiarise themselves prior to commencing work and hard copies had been printed off for staff to review.

Judgment:

Non Compliant - Moderate

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:

Deirdre Byrne
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 Sunbeam House Services Ltd
Centre ID:	OSV-0001704
Date of Inspection:	02 September 2014
Date of response:	28 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, Health Act 2007 (Registration of 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 were some restrictions to residents exercising choice and controls in their daily life.

Action Required:

Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the

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

freedom to exercise choice and control in his or her daily life.

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

Extra staff will be recruited to support residents choice in their lives. Four hours will be available on roster Monday to Friday and eight hours over Saturday and Sunday.

Proposed Timescale: 31/12/2014

Theme: Individualised Supports and Care

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

The management of the records of residents finances was not robust enough.

Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

All staff have been informed that two signatures for all resident financial transactions is necessary unless in very exceptional circumstances

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:

The complaints procedure required revision to meet the requirements of the Regulations.

Action Required:

Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

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

Complaints procedure in place for residents and updated in Location.

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:

The records of complaints did not contain sufficient information such as the action taken, outcome of a complaint and residents satisfaction.

Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

All complaints will be logged electronically with identifies variables such as action taken, outcome and satisfaction.

Proposed Timescale: 31/10/2014

Outcome 02: Communication

Theme: Individualised Supports and Care

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

The systems in place to ensure residents communication needs are met required improvement.

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:

A staff member has been assigned responsibility that all communication procedures are in place for all residents and communication plans are developed when required.

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:

The mix of residents in the centre is unsafe.

Action Required:

Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

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

All options are currently being explored internally as a short term measure. These interim measure are:

- 1:1 supervision within current resources.
- Regular clinical reviews by Clinical Psychiatrist and Psychiatrist
- Four staff - two male and two female have been recruited to Residence with commencement dates from October 2014 to January 2015
- Actively looking for alternative accommodation for a particular resident

In addition the provider is currently attempting to secure long term alternative accommodation for one resident and as soon as this has been achieved will apply to HIQA for registration of a designated centre.

Proposed Timescale: 31/01/2015

Theme: Effective Services

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

Residents do not have written agreement of the terms of the service provided in the centre.

Certain practices carried out were not fully documented and in agreement with residents for example, payment of staff expenses on holiday.

Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

Service level provision documents will be sent to the individuals we support and/or their families on approval of the form by HIQA and the process to complete same will be undertaken and completed within three months of approval of the form by HIQA with full implementation by the end of March 2015

Proposed Timescale: 31/03/2015

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 and reviews are not based on a multidisciplinary review.

Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are

multidisciplinary.

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

All Personal Plans will have evidence of input from all disciplines that provide support to the residents. All plans will be up-dated once a review has taken place.

SHS Social Worker. Consultant Psychiatrist HSE and consultant Clinical Psychologist.

Keyworkers and family are the disciplines involved in the review of Personal Plans

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:

The effectiveness of personal plans was not reviewed.

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:

Each residents care plan will be reviewed regularly by keyworkers in conjunction with the resident on how their needs can be met. Key working sessions will aim to identify goals not being achieved because of the support needs of the resident and alternative options available will be explored and evidenced.

Personal plans will be reviewed by PIC every three months to monitor effectiveness.

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:

Aspirations and preferences are not fully realised due to adverse procedures.

Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

New support alternatives (recruitment and rostering) will be implemented to support the realisation of aspirations and preferences for residents.

Four new staff have been recruited to this Location two male and two female which will reduce the employment of agency staff. In addition 1:1 support is being provided to a resident.

Proposed Timescale: 31/01/2015

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:

The risk management policy did not outline how risks were identified and managed in the centre.

The controls in place to manage risk outlined in the risk register did not consistently guide practice.

A number of risks as outlined in the inspection report had not been identified and assessed.

Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

All risks currently identified in centre will be reviewed and up-dated.

Risks identified in inspection report will be assessed and included on risk register if risk rating is above 12 as per SHS policy.

The controls to manage risk will guide practice and all care and support plans up-dated accordingly.

Proposed Timescale: 31/01/2015

Theme: Effective Services

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

Not all staff had up-to-date training in fire safety.

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 outstanding will be trained in fire safety.

Proposed Timescale: 18/12/2014

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:

Staff had not received training in the management of complex behaviours.

Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

All staff are booked onto and will receive safeguarding training. There will be a specific course developed and delivered for this particular group of staff.

Proposed Timescale: 31/12/2014

Theme: Safe Services

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

Restrictive procedures in place were not consistently assessed and reviewed

Behaviour support plans in place did not guide practice

Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

All restrictive procedures will have an up to date review by the rights review committee and local register of restrictive practices will be up-dated accordingly.

Behavioural support plans will be developed in relation to specific high risk needs following staff training in this area and monitored to ensure that needs are met.

Proposed Timescale: 31/12/2014

Theme: Safe Services

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

Appropriate interventions were not put in place following investigations into allegations of abuse.

Action Required:

Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

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

Behavioural Support Plans will be up-dated with appropriate interventions guided by input from psychologist and outcome of any investigation into an allegation of abuse. All staff have been clearly informed of how to respond if an allegation of abuse was made. Specific suitable staff have been recruited to the residence.

Proposed Timescale: 31/01/2015

Theme: Safe Services

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

Staff were not sufficiently knowledgeable in the procedures on the protection of vulnerable adults

Not all staff had up-to-date training in the procedures to safeguard residents.

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:

All staff have attended and remainder will attend Protection and Safeguarding training. All new staff will be provided with this training. All staff will be facilitated to attend specific training in the protection of vulnerable adults provided by clinical psychologist.

Proposed Timescale: 28/02/2015

Theme: Safe Services

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

The systems in place to safeguard residents required improvement.

Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

Training has been sourced to provide specific targeted training for this staff group in this location.

Four new staff have been recruited to this Location with commencement dates from October to January 2015. To safeguard a particular resident 1:1 support is being provided until alternative accommodation is sourced. This specialising is currently in place.

Proposed Timescale: 31/01/2015 for commencement date of fourth new staff member.

Proposed Timescale: 31/01/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

The management of residents health care needs was not clearly outlined.

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:

All health care plans will be reviewed further and provide comprehensive detail in relation to the support a resident requires.

Proposed Timescale: 31/12/2014

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 procedures in place for the management of MDA medication required improvement.

Action Required:

Under Regulation 29 (4) (d) 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 storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

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

MDA procedure will provide general guidance in relation to use of MDAs.

A review of current MDA book is underway and will provide a separate process of

administration and stock check.

Proposed Timescale: 31/01/2015

Theme: Health and Development

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

The system to review and monitor safe medication management practices required improvement

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:

Internal audit will be carried out by 31/12/2014. Pharmacist will be consulted with re attending a staff meeting and providing specific training to staff team re on-line management of medication process.

Proposed Timescale: 28/02/2015

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:

The statement of purpose does not reflect the service provided by the centre.

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:

Statement of Purpose and Function will be up-dated

Proposed Timescale: 31/10/2014

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:

Effective governance is not being provided by the person in charge being the person in charge for more than one centre.

Action Required:

Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, 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:

Additional management supports will be assigned to this residence to support governance.

Sixteen hours a week has been agreed by SHS MD as a Deputy Manager post plus sixteen days annual leave cover.

Proposed Timescale: 31/12/2014

Theme: Leadership, Governance and Management

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

All staff members were not fully supported and developed to ensure the delivery of safe and quality services to all residents.

Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

Suitable training in relation to the complex needs of the residents will be provided to staff.

Specific guidelines will be drawn up in relation to these behaviours with clinical psychologist input.

The suitability of residential placements is currently under review and in consultation with HIQA re registration process.

Additional staff are being recruited to residence.

Proposed Timescale: 28/02/2015

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

Appropriate systems were not in place to ensure the service provided is safe, appropriate to residents needs, consistent and effectively monitored.

Arrangements for the management of the centre when the person in charge is not present is not robust.

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:

Additional management will be recruited to oversee local operations and work directly with the manager of this residence for consistent governance.

A review of the mix of residents currently living in centre is underway.

Sixteen hours per week has been allocated as a Deputy Manager to residence plus sixteen days annual leave cover.

Proposed Timescale: 31/12/2014

Outcome 16: Use of Resources

Theme: Use of Resources

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

Designated centre was not appropriately resourced to meet all residents assessed needs.

Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

More staff are being recruited to the residence.

SHS has recruited four additional staff to the residence four female and two male.

Fourth staff will commence in January 2014.

Extra staff will be recruited to support residents choice in their lives. Four hours will be available on roster Monday to Friday and eight hours over Saturday and Sunday.

Proposed Timescale: 31/01/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Agency service level agreements did not set out all the staff documentation required by Regulations.

Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

SHS ensures the required schedule 2 documents are obtained for all agency staff. SHS contacted one agency referred to and discussed the required insertion into the Service Level Agreement. This will be forwarded to SHS by end of October 2014. SHS has requested the agency validate these documents (under schedule 2) are in place and will secure this confirmation in writing every six months.

SHS will request agencies to ensure that all schedule 5 policies owned by SHS will be pre-read and confirmation of same will be requested by SHS before agency staff come to work on a shift

Proposed Timescale: 31/12/2014

Theme: Responsive Workforce

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

Staff did not have access to appropriate training to meet the needs of residents.

Staff did not have up-to-date refresher training in mandatory areas such as fire, prevention of abuse and manual handling

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:

Training deficits in the complex needs of the residents will be put in place. All mandatory training will be complied with.

Proposed Timescale: 31/01/2015

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

Not all policies in place were comprehensive enough to guide staff for example, the risk management policy and safeguarding and safety policy.

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:

A review of all policies has been undertaken and included all schedule 5 policies and first draft of reviewed policies has been disseminated to all staff

Proposed Timescale: 31/12/2014