Health Information and Quality Authority
Regulation Directorate

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

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

Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Limited
Centre ID:	OSV-0003921
Centre county:	Dublin 24
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Limited
Provider Nominee:	Sharon Balmaine
Lead inspector:	Linda Moore
Support inspector(s):	Shane Walsh
Type of inspection	Announced
Number of residents on the date of inspection:	16
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:
05 May 2015 11:00	05 May 2015 19:00
06 May 2015 07:45	06 May 2015 13:30

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

Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Inspectors received questionnaires from residents which were complimentary of the service being provided at the centre. However, improvements suggested related to premises issues, access to a bigger vehicle.

Inspectors visited three locations where residents resided. They met with residents and staff in these locations. Inspectors also met the management of the service.

As many of the residents are out during the day, part of the inspection took place in the late afternoon and evening, when residents had returned from their day activities. All residents had an intellectual disability.

Overall, inspectors found that residents received a good quality service in the centre whereby staff supported and encouraged them to participate in the running of the house and to make choices about their lives. There were regular meetings for residents, and residents' communication support needs were met effectively. Inspectors found that residents' healthcare needs were met. Residents were supported to develop and maintain personal relationships and links with the wider community. However staffing levels in one unit impacted on the activity provision and access to the community.

The houses were clean and had a warm, hospitable atmosphere and inspectors found that the residents were comfortable and confident in telling the inspectors about their home. However, not all of the premises met the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities 2013. There was currently no plan to address the deficits in the premises.

While evidence of good practice was found across all outcomes, some areas of non compliance with the Regulations were identified.

These included the arrangements for the management of residents' finances in line with the policy, aspects of fire safety, care planning, aspects of medication management. Other areas for improvement included the development and implementation of residents' personal plans, implementation of the risk management policies to guide staff practices, the complaints procedures, the contract for provision of services and the statement of purpose. The non compliances are discussed in the body of the report and included in the action plan at the end of this report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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):
This was the centre's first inspection by the Authority.

Findings:
Inspectors found that resident's rights, dignity and consultation were well maintained. There was evidence that residents have an opportunity to contribute in how the centre is planned and run. However the opportunities for residents to participate in activities that are meaningful and purposeful and reflected their interests and capacities required improvement.

Residents gave numerous examples of how they were involved in the running of the centre for example, deciding on their own meals, trips out, quiet time and assisting to keep their bedrooms clean.

One resident showed inspectors their life story books, which they keep in their own rooms. Being based on picture formats they were user friendly and informed staff about the resident's life. Residents displayed familiarity with, and understanding of, the contents. Staff described how they planned to roll this out to all residents.

Residents told inspectors about their involvement with their local community, including trips to the supermarket, visiting family members, going to the barbers and local shops and going out for a meal and a drink. There were also some links made with the local neighbors. Some of the residents used public transport to their jobs.

Inspectors reviewed the complaints recorded, a complaints log was in place which showed that complaints were being addressed. The complaints procedure was not fully available in an accessible format. The Person in Charge was knowledgeable of her role within the procedure. However the policy did not fully meet with the requirements of the

Regulations. See outcome 18 regarding policies. Residents expressed familiarity with who they could make a complaint to, and they described how the staff were available if needed. Meetings were held with an external advocate if required.

Inspectors reviewed resident's personal plans. They informed residents on issues such as rights, diet and their goals. Residents rights were set out in an accessible format for residents use. Residents described how their rights that were protected in the houses, such as right to meet with family and have some quiet time.

Overall, staff were seen to treat residents with dignity and respect, facilitating individual routines and practice in a manner maximising residents' independence. Residents plans showed that staff facilitated residents to exercise civil, political and religious rights. Residents were supported to access mass in the local church. One resident volunteered in the local church.

There were opportunities for many of the residents to participate in activities that are meaningful and purposeful and reflected their interests and capacities, however this could be further developed. Activities are planned with the residents. However in one of the locations there were insufficient staffing levels on duty at times to provide meaningful activation for residents. For example, staff said they were frightened to bring three residents out together, there was no risk assessment or control measures documented.

In addition, inspectors also noted that only one of the part time staff in one of the houses had a driving license, therefore residents spent money on taxi's when transport was unavailable. This also restricted where residents could go to in the community due to the cost factors involved.

The residents in one location went out to group activity as there was not the staff to take them for an individual activity they enjoyed. Some residents had to cancel activities if some of the other residents did not want to go out in one of the locations. This did not meet the individual needs of residents in line with their age range and needs.

There were many examples of where residents were supported to be independent and develop skills within the home or learn leisure skills. Inspectors found that the way in which staff supported residents showed their understanding of each person and the unique way that their disability impacts on them individually.

Many of the residents were seen to be facilitated with day services which they said they enjoyed. Others chose to go to part time jobs or remain at home and their choice was facilitated.

There was a policy protecting residents' property and monies. Many of the residents retained control over their property and where monies are held by the centre there is transparent procedures around this to protect both residents and staff. However they were not followed.

The provider had developed a policy to provide guidance to staff on the care of residents' property and finances, as required by the Regulations. However, inspectors

found that resident's finances were not fully managed in accordance with their own policy. Balances were checked and were correct; however, all entries were not always signed by two staff members or the resident. See outcome 18. One residents records showed that residents money was used for an activity that was not specific to this resident, while the money was returned this was not in line with the policy.

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

Findings:
Inspectors found that the person in charge and staff responded very effectively to the communication support needs of residents.

Relevant information was available throughout the centre in accessible formats. For example, menu choices were available in picture format to support residents making a choice. The rosters were also available in picture format.

Inspectors reviewed minutes of the weekly residents' meetings which showed that residents have input into their menu and house activities, as well as the opportunity to express any issues, shopping needs or individual activities that they would like to plan for that week.
Staff were aware of the communication needs of residents and these were clearly described in the communication passport on file for each resident.

Residents told inspectors that they had access to magazines, radio, TV, and telephone. Internet access was provided to residents to enhance their communication needs and promote their full potential. Many of the residents used assistive technology to support them communicating with staff.

Judgment:
Compliant

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

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

There were no relatives visiting at the time of the inspection. Residents told inspectors that family members and friends could visit at any time and some residents said that they visited their family home regularly. Residents were supported to maintain friendship and their friends were invited to their house.

Inspectors noted that family were very involved in the residents' annual assessment goal setting, and there was evidence of this participation.

Both residents and staff confirmed that there was limited space available to meet a visitor in private, they could use the residents bedroom, the office or the sitting room if this was free at the time. See outcome 6.

Judgment:
Substantially 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):
This was the centre's first inspection by the Authority.

Findings:
Inspectors reviewed and found that the admissions policy set out the arrangements and guided practice regarding admitting new residents to the centre. The admission process considered the wishes, needs and the safety of all residents in the centre.

A draft contract of care template was available, this had not been provided to residents

as yet. The contract when completed would detail the supports, care and welfare of the residents in the designated centre and include details of the services to be provided for that resident.

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

Findings:
Each resident had a personal plan and inspectors reviewed 7 of the plans. The assessment had multidisciplinary input and informed the personal plans.

There was not a consistent approach to the development of the plans. The current model of personal plans did not support the development of current needs and choices of all residents. The personal plans were not available in an accessible format.

The records of the goal setting and evaluation of the plans did not demonstrate the good practices delivered. There was evidence of regular review and participation of residents in the development of their plans, these were reviewed at the weekly team meeting and monthly by the key worker. The reviews were inconsistent and it was not always apparent if the goals set had been realised. Two of the resident's goals were rolling from year to year.

The personal plans contained important information such as the circle of support , people who are important in their lives, wishes and aspirations and information regarding residents' interests. While there were individualised risk assessments completed for some residents to ensure continued safety of residents, these were not consistently completed for all residents and did not detail the actual risk and additional control measures required to minimise the risk of future occurrences.

Judgment:
Substantially Compliant

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

Findings:
The physical environment in the centre does not meet the requirements of the Regulations. Adequate private and communal accommodation including adequate social, recreational, dining and private accommodation was not provided in all service units.

There were an insufficient number of accessible baths, showers and toilets available for residents. There was no plan available to address the deficits in the premises.

The centre consisted of three service units. One of the social care leaders was responsible for two of the units and another social care leader was responsible for one of the units in addition to a respite service in another designated centre.

One service unit contained seven single bedrooms, five of the bedrooms were used by residents and the other bedroom was used by the sleepover staff, there was also an office space for staff use. One of these bedrooms was ensuite and was located on the ground floor. Other facilities included a separate kitchen with dining area, separate sitting room. Due to the design of the back garden area, it had limited accessibility to the residents unless they were supervised by staff. An allotment was purchased off site to facilitate residents to enjoy outdoor space. There were one bathroom on the first floor, which contained a shower, toilet and sink. There was another bathroom on the ground floor, which contained a shower, toilet and sink. The shower had a step into it and was small therefore, it posed challenges for staff supporting residents with a shower. Residents dignity could not always be maintained as they used the shower off the living area. There was also a separate adjoining apartment where one resident resided. This included a kitchen cum dining area, bedroom with ensuite toilet, sink and shower.

The second service unit, a semi detached bungalow which had five bedrooms, one of these bedroom was used by the sleepover staff and there was also an office space in the house. There was a separate kitchen area cum dining room. There was also a large separate sitting room. There was two bathrooms on the first floor, one which contained

a shower, toilet and sink and another which contained a bath and toilet. Due to a raised join on the floor board on the corridor one of the residents with a visual impairment could not access their bedroom without the support of staff. The person in charge said this would be addressed within two weeks.

The third service unit was a detached two story house for six residents which contained one bedroom on the ground floor, which had an ensuite. There are five single bedrooms on the first floor. One of these is an office and sleep over room. There are two bathroom on the first floor, one which contained a bath, sink and toilet. Staff told inspectors that due to mobility issues none of the residents use the bath. There is a second bathroom on the first floor, which contained a toilet, sink and shower. Due to the size of the shower it was only used by one independent resident. All other residents used the bathroom which was located off the kitchen on the ground floor, which may impact on the dignity of residents.

Communal space was limited, it included a sitting/dining area. There was space for six residents to sit in the dining area. Inspectors observed that in order for all residents to sit at the table, three residents sat together at the inside of the table. Staff told inspectors and they observed that the lack of communal space was exacerbating residents behaviour that was challenging. This was confirmed from a review of incident reports.

Inspectors found that the service units were clean, warm and homely.

All residents had their own bedroom. Inspectors found that there was sufficient communal space in one of the service units, this was not the case in two of the location where up to six residents and up to two staff lived. The table in two of the houses blocked access to the exit at the back of the house.

There were an inappropriate numbers of accessible bathrooms, showers and toilets to meet the resident's needs. Bathrooms on the first floor in one of the houses were not suitable for the residents and in two locations they were located off the living area which may not promote the dignity of residents.

Inspectors were invited by some residents to visit their bedrooms which were well kept and in most cases of suitable size to meet their individual needs. However there were two bedrooms in one of the units that were small and did not meet the needs of residents. One resident sent home furniture and a mirror as it could not fit in the bedroom. Rooms were decorated in accordance with the wishes of the resident and contained personal items such as family photographs, posters, their own art work and various other belongings.

The entrance to the units was sufficiently accessible for all the current residents who lived there, this was not the case from the rear of the house in two of the locations due to the steps from the houses. The garden in all locations required significant improvement, as stated one of the gardens was inaccessible to residents. In another unit, there were parts of the garden that were inaccessible for a resident with a visual impairment.

The back of the house was accessible from the side of the house as there was a gap in the gate, which posed a risk to residents and staff. There were sheds which housed, the laundry facilities and another which housed broken and used equipment, this was accessible and may be a risk to residents. The garden in another house contained a shed with the window replaced with a broken mirror and the door to the shed was loose. This also contained used and broken equipment which may be a risk to residents.

Inspectors saw invoices of regular maintenance in the house and there were records that maintenance requirements were attended too. However, staff stated that due to the limited number of maintenance staff and funding available, many of the items were re entered onto the log and there was no date determined for completion.

There was sufficient storage in residents' all except two bedrooms for their clothes and other personal items.

There was a kitchen/dining and sitting room in each house. Residents had unrestricted access to their kitchen.

Judgment:
Non Compliant - Moderate

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

Findings:
Inspectors generally found that the provider had put risk management measures in place; however, they needed to be improved. For example, risks associated with fire safety and the premises. The systems for the identification, assessment and management of risk required improvement and measures put in place following adverse incidents to prevent them recurring required improvement. The centre has policies and procedures relating to health and safety and these were seen in practice. There was however no policy for infection control.

Inspectors found that there were Health and Safety Statements for each location.

There was a risk management policy in place. This was in the process of being rolled out. Staff had not received any training on the policy. While staff had started to populate a local risk document which was reviewed monthly, it did not include all risks associated with the residents or the premises. The risk management policy was not being implemented in practice in relation to the identification, assessment and

management of risk.

Inspectors observed a number of potential risks that needed to be addressed.

The hot water in one location was 48.4 degrees Celsius, this exceeded the required temperature and may place residents at risk.

There was poor lighting on the landing in one of the locations. The provider informed the Authority that these two issues were addressed following the inspection.

The stairs in one location appeared steep, one of the residents who resided on the first floor was at risk of falls, there was no risk assessment completed or care plan to guide staff.

Risk assessments were not completed following an incident with an iron.

Risk assessments for smoking were not comprehensive ad their was no plan to guide staff.

The dining table in two of the location blocked access to the exit at the back door.

The falls alarm in place for one resident was not working at the time of the inspection. The provider informed the Authority that this was addressed.

At the time of inspection, there was no infection control policy available to inspectors. Inspectors found there was an absence of appropriate measures, such as hand sanitizer, within the units. While these were stored in the office they were not used by staff during the inspection.

Staff were not knowledgeable in the development of risk assessments, for example, the control measures recorded were not adequate to mitigate the risk. Many of the risk assessments did not include the additional control measures. They told inspectors they had requested this training.

All risks were also not included, such as the staff number and accompanying residents to the community, for example. The person in charge and regional director said that training was planned for later this month.

The social care leaders and person in charge undertook a review of all incidents and accidents and the findings were discussed with staff at the weekly house meetings and discussed at the quality and safety meetings. Inspectors reviewed the reports and noted that the information was not being fully analysed to improve the service and this was a missed opportunity to share any learning for the period.

Inspectors found that a number of the incident reports were incomplete, they did not fully include the date of the incident which occurred and the outcome to the resident. The preventative measures documented would not prevent a recurrence of this incident. Staff were provided with a report spreadsheet of the incidents, which they said did not provide meaningful information and they said that they did not have access to the

necessary information following an incident to effect change. Investigations were not always robust and did not ensure that the learning had taken place and improvements implemented as a result.

Inspectors found that there were centre specific emergency plans in place and staff were familiar with them. This detailed the procedure for evacuation, contact numbers and the location of mains valves for electricity, water and gas (where applicable). The plan also included the location of alternative accommodation and means of transport should these be needed.

Fire safety
Overall while fire safety was being managed, however, there were areas for improvement. Inspectors viewed the fire training records and found that all staff had received up-to-date mandatory fire safety training and this was confirmed by staff. All staff spoken to knew what to do in the event of a fire, however they were not fully familiar with the use of fire extinguishers. Regular fire drills were carried out by staff at suitable intervals as defined by the Regulations. However, the fire training did not include the use of fire fighting equipment, inspectors were informed that this was planned to be included in the next training.

The records of fire drills were detailed and included learning outcomes. However, there was no plan to address the area identified in one of the houses when a resident refused to leave the house during a fire drill.

There was evidence that fire equipment was serviced regularly. There was evidence that the fire extinguishers, fire alarms and emergency lighting were serviced. Inspectors found that all fire exits were unobstructed on the day of inspection. While there was adequate means of escape, Inspectors also noted that the provider had not ensured that there were adequate arrangements for containing fires. There were no fire doors in the houses. The regional manager said they were aware of this issue and were actively addressing it.

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

Findings:
Inspectors found that there were arrangements in place to safeguard residents and protect them from the risk of abuse. There were improvements required in residents finances as outlined in outcome one.

Staff were generally knowledgeable about what constituted abuse and how they would respond to any suspicions of abuse. All staff had received training on safeguarding vulnerable adults. Further training was planned to include the national policy.

The policy on safeguarding residents from abuse contained guidelines on how any allegations of abuse would be managed. The provider had appointed a designated adult protection officer. The responsibilities for this person were contained in the policy, and the officer was a resource to staff should they need to discuss any concerns they had. Residents were knowledgeable of who they could talk to if the need arises.

There was evidence that incidents of all allegations of abuse were appropriately investigated and managed in accordance with the centres policy.

Throughout the inspection, inspectors noted that staff interacted with residents in a kind, caring, respectful and patient manner. Discrete signage supported residents privacy during personal care. All residents had an intimate care plan in place which guided care. Overall residents confirmed that they felt safe and described the staff as being very kind and supportive.

There was a policy on the management of behaviours that challenged, which was being used to guide the care delivered. Training had been provided in this area. There was evidence that the General Practitioner (GP), psychology and Psychiatric services were involved in the care as required. Multi-element behaviour support plans were in place for all residents with behaviour that challenges. However, they did not guide practice for residents who displayed responsive behaviour at meal times and in the community. Overall restrictive practices were not used in the centre. However, not all staff had received training in restrictive practices. Due to the layout of one of the houses, one resident could not access their bedroom without support and therefore their rights were restricted. Inspectors found that this restriction was not being implemented in line with the Regulations. The person in charge said this would be addressed in the next two weeks.

Judgment:
Non Compliant - Moderate

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

Findings:
Inspectors found that the person in charge and staff had maintained records of all accidents and incidents that had occurred in the centre. These were reviewed by the person in charge and programme manager. However, the learning from incidents was not recorded or implemented. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. 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):
This was the centre's first inspection by the Authority.

Findings:
Inspectors found that residents' general welfare and development was being facilitated. Most of the residents attended a day service or a part time job for a period of time during the week which provided a range of activities. Residents told inspectors that they enjoyed attending the day service and their jobs and describe the friends they had met in their work. Residents also told inspectors that they were supported to pursue a variety of interests, including joining various clubs of interest in the local area. Some of the residents had participated in the Special Olympics and enjoyed this. They showed their medals to inspectors.

Many of the residents were encouraged to be independent in the service units and the community as much as possible. Some of the residents travelled unassisted within the community with the appropriate supports others were supported to stay home alone and there were risk assessments in place.

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

Findings:
Inspectors found that there were appropriate arrangements in place to support residents' health care issues as they arose. The social care leaders were very familiar with residents needs and had responded when the need arose. Staff had created links with the health services in the community. While residents had some care plans in place for epilepsy and dysphgia, the epilepsy care plans did not guide practice. There was a lack of care plans in place to guide staff following the health assessments. This included residents at risk of falls and weigh loss. While one resident refused the care prescribed for them, there was no risk assessment or care plan to guide care. Evidenced based assessments such as a malnutrition universal screening tool was not completed for any residents, one resident had lost 5kg in one month and there was no care plan to guide care. While the resident was seen by the GP, the residents did not have access to a dietician.

Inspectors reviewed the personal plans and medical folders for six residents and found that they had access to a general practitioner (GP), including an out of hour's service. There was evidence that residents accessed other health professionals such as chiropodists, opticians and dentist. Health assessments provided valuable information for staff in the care of residents but were not consistently up to date for all residents. The health action plans contained a list of dates for appointments but were not care plans to guide the care.

Overall residents appeared to enjoy their evening meal when they returned to the centre. Residents decided what they wanted for their evening meal and if any resident did not like what had been prepared, there was a range of alternatives available. Residents were supported to have a snack at any time of the day or night if they preferred and this was supported. Residents in one of the locations said they enjoyed having a meal out and they participated in doing the shopping for the house.

Inspectors found that there was an ample supply of fresh and frozen food. Fresh fruit and juice was available during the day which residents could access

However inspectors observed that in two unit the staff endeavoured to ensure the meal time was meaningful, however due to the number of residents and staff in the house,

staff said that residents ate at different times to minimise the risk of responsive behaviours. In one unit, staff confirmed there may be eight adults in the house at one time and the table and space only accommodated seven persons. A review of incidents showed that residents responsive behaviour was triggered by the noise in the dining room at this time. See outcome six.

Judgment:
Substantially 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):
This was the centre's first inspection by the Authority.

Findings:
Inspectors were satisfied that each resident was protected by the designated centre's policies and procedures for medication management. There were a small number of improvements noted.

Inspectors read a sample of completed prescription and administration records and saw that overall they were in line with best practice guidelines. The pharmacist was involved in medication safety and provided support and advice as required. Information pertaining to each resident's medication was available in the resident's files. There was a system to check the balances of medication every week and a discrepancy report was completed if deficits were noted.

Staff had received training in this area and were familiar with the medications in use. There was no medications that required strict controls in place, but staff outlined the procedure they would follow.

There was no separate fridge in place for the safe storage of medication. Medication was stored in a food fridge in a locked box in the kitchen. The temperature in the fridge was not being monitored.

Staff knew about the procedures for reporting medication errors and inspectors noted that errors had been responded to and investigated by the social care leaders. The systems were in place to minimise the risk of future incidents.
Medication audits were completed in one house in 2013 to identify areas for improvement, but had not been completed in all houses; therefore there was a missed opportunity for learning.

Judgment:
Substantially 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):
This was the centre's first inspection by the Authority.

Findings:
Inspectors found that overall the statement of Purpose met the requirements of the regulations. It reflected the centre's aims and ethos. It did not fully describe the facilities and the care needs that the centre is designed to meet, as well as how those needs would be met. The complaints procedure did not meet the regulations.

Judgment:
Substantially 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):
This was the centre's first inspection by the Authority.

Findings:
The provider had undertaken a number of reviews of the safety and quality of the service. The person in charge and social care leaders were working through the action plans from the recent visits. The person in charge also reviewed a report of risks that they identified in the centre with the social care leaders.
The provider had established a management structure, the roles of managers and staff

were clearly set out, and were fully understood.

There was a management system in place on the day of the inspection which supported and promoted the delivery of quality services. The role of the person in charge was carried out by the residential coordinator who was supported by the programme manager who reports to the regional director of the service. The person in charge was responsible for a number of designated centres. There was a recent formal system in place for team leaders to meet the person in charge to discuss resident's needs. The person in charge met the programme manager regularly, this was being formalised.

The person in charge was appropriately qualified and had continued her professional development, she was full time in the role and met the requirements of the regulations. She was available to meet with residents and staff and they commented that she was supportive of the social care leaders.

The provider had established monthly regional management meetings, quality and safety committee, residential quality improvement and the supervisor's forum meetings where the managers of services could meet to discuss common areas of interest and share their learning. While these had not all met of late, there was plans to establish these meetings further.

An audit on the service was completed by the quality and safety department within the organisation. These were un-announced visits and took place up to twice a year. Inspectors reviewed the audits and the action plans which included risk and quality and mandatory items. However, an overall report of the quality and safety of care and support in the designated centre was not in place, or available to residents. Inspectors found that there were appropriate deputising arrangements in place. There were robust on call arrangements in place.

Judgment:
Substantially Compliant

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 were satisfied that the person in charge had not been absent from the designated centre for more than 28 days. There were satisfactory arrangements in place

through the availability of the programme manager to cover any absences of the person in charge. The on call system was demonstrated to inspectors and appeared satisfactory.

The provider was aware of the requirements to notify the Authority in the event of the person in charge being absent.

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

Findings:
Inspectors found that there had been additional resources allocated to renovate the houses prior to inspection, this included repainting and replacing worn out furniture. However, insufficient resources had been provided at times to meet the needs of residents. There were insufficient staff on duty at times and the layout of the houses did not meet the resident's needs. See outcome 6 and 17.

While the houses were suitably furnished, the gardens were not well maintained and inaccessible and did not meet the needs of six residents in two service unit, see outcome six. Laundry facilities were stored in an unventilated shed in the garden in one unit, staff were fearful of going into the shed at night to do laundry.

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

Findings:
Inspectors found that there was a very committed and caring staff team who work well to ensure that the needs of residents are met. Staff were well supported by the social care leaders and the person in charge.

While there appeared to be sufficient staff on duty in two of the houses, the staff number was not sufficient in one house to meet the changing needs of residents and support them to access the community safely as outlined in outcome one. As previously stated, there were insufficient staffing levels on duty at times to provide meaningful activation for residents. A review of incident reports showed that on two occasions that one staff member on an outing with three residents could not maintain all residents safely.

Staff stated they were in fear of taking these residents on an outing together but there was no other staff available to them apart from on a Tuesday evening, therefore residents could not remain in the house if they did not wish to go on the outing. In addition, Inspectors noted that on occasion if one resident decided not to attend an activity then all residents would remain behind. Inspectors noted that the staff went outside to access the laundry facilities, therefore staff said that residents were unsupervised at this time.

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

Staff meetings took place weekly, the minutes were reviewed. Annual formal supervision of staff took place and the records were viewed.

Training records were held centrally which outlined the actual training for all staff. Actual training provided in 2014 and 2015 included areas such as, policy training, medication management, fire safety and safeguarding. Staff had not received training to care for residents with specific needs such as falls management, restrictive practices, risk management and infection control.

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

Findings:
The provider and person in charge had ensured that residents were provided with a residents' guide which was in an accessible format and included information in pictures, photographs and words. The residents' guide provided residents with information on the service, and included a section on how to make a complaint. However this did not clearly describe the process.

The provider had developed and implemented a range of policies and procedures to guide staff in the delivery of services to residents and the running of the centre in line with Schedule 5 of the Regulations. However, they were not being used to guide practice, for example, the policy on residents' personal property, finances and possessions. In addition, some of the policies that were in place did not provide sufficient direction to staff. For example, the policy on complaints as referred to in outcome one. This policy did not include the nominated person as referred to in Regulation 34 (3). There was no lone working policy available for review.

Inspectors viewed an insurance certificate which confirmed that there was up to date insurance cover in the centre.

The provider was maintaining records in a secure and safe manner. Inspectors noted an improvement in the layout of the resident's files, staff confirmed how they were more accessible. Staff records were kept centrally and residents' records were stored in a locked cabinet in the units. All records requested by inspectors were made available.

Judgment:
Substantially Compliant

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:

Linda Moore
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Limited
Centre ID:	OSV-0003921
Date of Inspection:	05 and 06 May 2015
Date of response:	29 June 2015

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:
All residents did not have access to meaningful activation.

Action Required:
Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to

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

participate in activities in accordance with their interests, capacities and developmental needs.

Please state the actions you have taken or are planning to take:
(1) Opportunities for all residents to partake in individual activities of their choice will be explored
(2) The Person in Charge will source additional staff to assist the residents to take part in individual activities of their choice
(3) Staff who hold a full drivers licence will be identified for this house.

Proposed Timescale:
(1) June 30th 2015
(2) July 31st 2015
(3) July 31st 2015

Proposed Timescale: 31/07/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints policy did not include the nominated person as referred to in Regulation 34 (3).

Action Required:
Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

Please state the actions you have taken or are planning to take:
(1) The complaints policy will reviewed and a local procedure will be developed.
(2) The Statement of Purpose will be updated to include all recommendations including a clear guide to the complaints policy.

Proposed Timescale:

(1) 24th July 2015
(2) May 7th 2015

Proposed Timescale: 24/07/2015

Theme: Individualised Supports and Care

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

the following respect:
The complaints procedure was not fully available in an accessible format.

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:
An accessible version of the complaints document will be made available to all residents.

Proposed Timescale: 30/06/2015

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

Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was limited space available to meet a visitor in private.

Action Required:
Under Regulation 11 (3) (a) you are required to: Provide suitable communal facilities for each resident to receive visitors.

Please state the actions you have taken or are planning to take:
Additional space will be provided by redesigning/extending the premises including communal facilities for residents

Proposed Timescale: 30/09/2018

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 contract of care had not been provided to residents.

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:

(1)A contract of care will be provided for all residents in this designated centre in conjunction with families.

Proposed Timescale: 30/07/2015

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:
The personal plans were not available in an accessible format.

Action Required:
Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

Please state the actions you have taken or are planning to take:
(1) The Social care Leader will review all personal plans with the resident and their representatives to ensure a consistent approach to meeting the needs and choices of residents.

(2) The personal plans will be reviewed to ensure the personal plans are accessible

Proposed Timescale: 31/07/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The personal plan reviews did not did not assess the effectiveness of the plan.

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

Please state the actions you have taken or are planning to take:
All reviews will be discussed at the weekly staff team meetings to ensure communication with all staff and ensure the effective implementation of the plan.

Proposed Timescale: 30/06/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The physical environment in the centre does not meet the requirements of the Regulations or the residents' needs.

Action Required:
Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

Please state the actions you have taken or are planning to take:
(1) The Person in Charge will review the layout of the designated centre annually or more frequently if required.
(2) The raised join in the floor will be fixed so that the resident with a visual impairment can access their bedroom without the support of staff.
(3) The gap in the gate will be repaired.
(4) The door, window and roof will be fixed and the inside will be restored

Proposed Timescale:
(1) 31st December 2015
(2) 18th May 2015
(3) 15th June 2015
(4) 22nd May 2015

Proposed Timescale: 31/12/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The gardens were accessible to residents and may pose a risk to residents' safety.

Action Required:
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:
As part of the redesigning of the premises garden will be included in the overall development to increase the accessibility for all residents.

Proposed Timescale: 30/09/2018

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Adequate private and communal accommodation including adequate social, recreational, dining and private accommodation was not provided in all locations.

There were an insufficient number of accessible baths, showers and toilets available for residents.

Two of the bedrooms were small and did not meet the needs of residents.

Action Required:
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

Please state the actions you have taken or are planning to take:
The premises will be redesigned /extended to include additional and larger accommodation including accessible baths/showers and toilets to meet the needs of the residents.

Proposed Timescale: 30/09/2018

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 was not being implemented in practice in relation to the identification, assessment and management of risk.

Action Required:
Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

Please state the actions you have taken or are planning to take:
1.The Person in charge will review the risk management policy to identify and target the risks in relation to fire safety, smoking, using the iron and going up and down the steep stairs.
2. Risk assessments for these areas will be put in place that will identify, assess and establish adequate and clear control measures for the risks identified.
3. Refreshers training will be undertaken with staff on the risk management policy
4.Training will take place for staff in infection control
5. A review of the adverse incident system will be undertaken to identify an agreed method of shared learning and set a date for implementation of same.
6. Person in Charge will meet with social care Leader on a monthly basis basis for regular review and update adverse incidents including learning from these incidents
7. A temperature regulator will be put on all of the taps in this designated centre

8. A light bulb with a sensor will be installed on the corridor
9. The falls alarm will be fixed and reinstalled
Proposed Timescale:
(1) 12th May 2015
(2) 12th May 2015
(3) 30th July 2015
(4) 28th April 2015
(5) May 29th 2015
(6) May 29th 2015
(7) 12th May 2015
(8) 12th May 2015
(9) 12th May 2015

Proposed Timescale:

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staff were not familiar with the use of the fire extinguishers.

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:
(1) A schedule of training for staff in the use of fire extinguishers will be developed.
(2) All staff will receive training in the use of fire extinguishers

Proposed Timescale:

(1) June 15th 2015
(2) September 30th 2015

Proposed Timescale: 30/09/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no plan to address the learning identified from the fire drills in one location.

Action Required:
Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety

management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
1. The person in charge will continue to ensure that quarterly fire evacuation drills are carried out and reports forwarded to the Health & Safety committee

2. After each fire drill the social care leader will identify with staff any learning that came from the fire drill. A risk assessment identifying learning from each drill will be completed. Each individual's personal evacuation plan will be updated and communicated to all staff.

3. The social care leader is to notify the person in charge if there are any issues in relation to the fire drill.

4. The learning from all fire evacuation drills will be discussed quarterly, after each fire drill, at the team meeting with staff.

Proposed Timescale: 30/06/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were a limited number of fire doors in the houses.

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:
(1) All fire doors where the intumescent strip has been painted over will be replaced
(2) Necessary additional fire doors will be identified and installed

Proposed Timescale: 30/06/2015

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:
Residents' multi-element behaviour support plans did not guide staff.

Action Required:
Under Regulation 07 (1) you are required to: Ensure that staff have up to date

knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

Please state the actions you have taken or are planning to take:
All multi-element behaviour support plans will be reviewed to reflect all behaviours and guide staff in the management of these behaviours

Proposed Timescale: 30/06/2015

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
One residents restriction was not managed in line with the national policy.

Action Required:
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

Please state the actions you have taken or are planning to take:
The layout of the house has been addressed and the lip has been repaired so that the resident can now access her bedroom unaided.

Proposed Timescale: 18/05/2015

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents finances were not protected as outlined in outcome one.

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:
All staff will be reinducted into the finance policy to ensure it is being adhered to.

Proposed Timescale: 30/06/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

The health action plans were not specific to guide the care to be delivered. There was a limited number of care plans to guide practice.

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:
1. All Outstanding Health Action Plans will be completed/updated.
2. A proactive action plan projecting the resident care into the future will be identified. An action, person responsible and completion date will be assigned to each action identified. This action plan will serve to guide the care of the residents in this designated centre.
3. The epilepsy care plans will be reviewed
4. Where appropriate the malnutrition universal screening tool will be completed for residents

Proposed Timescale:
(1) August 31st 2015
(2) August 31st 2015
(3) July 30th 2015
(4) July 30th 2015

Proposed Timescale: 31/08/2015

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:
Aspects of medication practices regarding storage of medication were not in line with the centres policy or best practice.

Action Required:
Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

Please state the actions you have taken or are planning to take:
(1) A fridge will be purchased to store medication in houses that store medication in the fridge. A procedure for the recording of temperature in this fridge will be put in place.
(2) A medication audit will be completed in this designated centre

Proposed Timescale:

(1) June 30th 2015
(2) November 30th 2015

Proposed Timescale: 30/11/2015

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 did not fully meet the requirements of the Regulations.

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

Please state the actions you have taken or are planning to take:
The statement of purpose will be amended to meet the requirements of the regulations. It will reflect the centres aims, ethos and facilities and describe the care the centre is designed to meet. The room sizes will also be included in the statement of purpose.

Proposed Timescale: 12/05/2015

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:
An annual report of the quality and safety of care and support in the designated centre was not available.

Action Required:
Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

Please state the actions you have taken or are planning to take:
The quality and safety committee will compile an annual report on the care and support on residents in the service. This will happen every year and will be released in January every year.

Proposed Timescale: 31/01/2015

Outcome 16: Use of Resources

Theme: Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Insufficient resources had been provided at times to meet the needs of residents.

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:
(1) Additional staff have been sourced to provide support to the residents to facilitate them accessing leisure and social facilities according to their individual needs and wishes.
(2) The laundry facilities will be moved into the kitchen in the house

Proposed Timescale:
(1) June 30th 2015
(2) July 31st 2015

Proposed Timescale: 31/07/2015

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The staffing levels were not based on the assessed needs of residents.

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:
Additional staff have been sourced to meet the individual social and leisure needs of the residents.

Proposed Timescale: 30/06/2015

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 training as outlined in outcome 17.

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:
1. An audit of all mandatory training for staff in this designated centre will be undertaken.
Additional training based on the needs of the residents will be provided:
2. All staff will receive training in restrictive practices
3. All staff will receive refresher training in the risk management policy
4. All staff will receive training in infection control
5. All staff will receive training in falls management

Proposed Timescale: 30/10/2015

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some of the polices did not guide practice.

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:
1. The person in charge will conduct a review of all local operational procedures to ensure they are up to date & available to the staff team.

2. Local procedures relating to residents finances and complaints will receive immediate priority for revision by the person in charge.

3. The orders policies will be reviewed at the staff meeting to ensure all staff are familiar with and implementing the policy.

Proposed Timescale:
(1) July 30th 2015

(2) July 15th 2015 (3) May 30th 2015
Proposed Timescale: 15/07/2015