

**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 St John of God Community Services Limited
Centre ID:	OSV-0003989
Centre county:	Louth
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Limited
Provider Nominee:	Clare Dempsey
Lead inspector:	Sheila McKeivitt
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	2
Number of vacancies on the date of inspection:	5

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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 11 September 2015 09:30 To: 11 September 2015 16:00

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

Outcome 01: Residents Rights, Dignity and Consultation
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 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

The designated centre can now accommodate 7 residents for respite care. The number had reduced by 1 since the last inspection. The allocation alternates between adults and children. This was the second inspection of the centre when adults were resident. The inspector was informed that the centre had closed for a number of weeks in April to allow staff time for training, rooms to be redecorated and new documents to be introduced to staff. During this time residents relatives were invited into the centre to communicate with staff.

The inspector was informed that five residents had been discharged home and another four were being admitted in the afternoon. The inspector met the two residents who were in the centre at the time of this inspection. One resident spoke with inspectors and he confirmed his satisfaction with the respite experience. He appeared happy and relaxed with the attention he was receiving from staff.

The inspector found that the privacy and dignity of residents was respected. Communication between staff and residents was good and staff had developed a relationship with the resident. There was now a formal system which enabled residents an opportunity to make decisions about their care and routines during their

stay.

Staff members emphasised the importance of communicating with residents' family members in order to gain knowledge of residents' preferences and lifestyles so that each resident could be enabled to exercise control over their lives in accordance with their wishes and choices. The inspector noted that there was input from a multidisciplinary team and that detailed assessments and care plans reflected residents needs. However, an individual behavioural support plan was not in place for one resident. There were appropriate staff members and skill mix to meet the assessed needs of residents and all staff now had mandatory training in place, together with training on topics relevant to the care they were providing. However, staffing arrangements on night duty required review. The standard of record keeping had improved since the last inspection, with a minimum number of policies and procedures not in compliance with the regulations.

In the main, the design and layout of the premises, was not suitable for residents use, as there was insufficient space in residents' bedrooms. The health and safety of residents, visitors and staff was not fully promoted and protected as the inspector identified a number of risks.

The action plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013.

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):

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

Findings:

Improvements regarding residents rights, dignity and consultation had occurred since the last inspection.

The inspector observed that each of the residents bedroom doors had been fitted with a privacy lock. Staff ensured this lock was put in place when providing intimate care to residents. In addition, there was a sign on each bedroom door to remind both staff and residents to knock prior to entering residents bedrooms.

Signage throughout the centre had improved. The door of the bathroom and leading into both toilets contained signage which was at eye level for non wheelchair dependent residents. The two bedrooms occupied at the time of the inspection contained signage displaying the residents name.

The inspector saw that records were maintained of residents' belongings and personal possessions and an adequate amount of storage space together with a wash hand basin had been fitted in each of the 7 bedrooms.

The inspector reviewed a number of different versions of the complaints policy and procedure, none of which were in full compliance with the legislation. Although, the inspector was informed that the person in charge was the nominated person to manage complaints this was not reflected on the format accessible to residents. This accessible pictorial format identified three different complaints personnel none of whom were known to residents.

The inspector reviewed complaints received since the last inspection they appeared to

be managed appropriately. They had been addressed promptly by the person in charge, records available were detailed and met the legislative requirements. They included the outcome of the complaint and the level of satisfaction of the complainant.

The telephone (located in the office) no longer sounded in the residents' communal sitting room. Staff informed the inspector that had been disconnected shortly after the last inspection.

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):

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

Findings:

The admission process had been reviewed since the last inspection. The person in charge now managed the admission process and a policy and procedure regarding the admission discharge and transfer of residents had been developed and implemented.

The inspector was given a copy of a respite agreement which contains information in relation to the roles, duties and responsibilities of each party. The fees for the service provided are not detailed as it is not practicable to do so due to the funding arrangements.

Judgment:

Compliant

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:

The inspector found that there were care plans and assessments available for residents. These now reflected their health and social care needs and now reflected the needs of residents who were being accommodated for respite care. For example, residents had up to three personal social care goals identified, these had been reviewed in the past year and it was clear that the residents key-worker was assisting the resident to achieve his goals when in the centre on respite. The care plans were not yet available in a format accessible to residents.

Developments in the identification and recording of potential risks had been progressed. Risk assessments were now available to reflect residents potential risks. These were detailed and included risk assessments for the use of restraint and risk associated with eating and drinking.

There was evidence of meetings with key significant personnel in the lives of residents including staff nurses, health care assistants, key workers and family members.

The inspector saw that the residents needs including their communication needs were identified on their admission assessment which had been updated within the past year.

The inspector was satisfied that residents were involved in a variety of activities including attending an activation programme, developing social relationships and attending a variety of social outings/occasions. Other activities included shopping, going out for an evening meal, seeing friends and re-establishing acquaintances.

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):

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

Findings:

The accommodation now consists of seven single bedrooms all with wash hand basins. The twin bedroom had been reduced to a single room and wash hand basins installed in all of the bedrooms.

There was an open plan sitting cum dining room-kitchen where breakfast is prepared and lunch and evening meals are served from heated trolleys provided by the main catering service. Sanitary facilities include one bathroom and 2 toilets. The one bathroom although wheelchair accessible and although contained two showers, it could be only used by one resident at a time. It was not adequate to meet the needs of seven residents.

The conservatory opened out to an enclosed garden accessible to an extensive external grounds to the front of the centre. It together with a corner of the residents communal area had been changed into a quite area where residents could receive visitors in private. However, staff explained that as residents were in the centre for respite, which usually corresponded with their family going on holidays they did not receive many visitors.

In general, the inspector found that the design and layout of the centre was not suitable to meet the assessed needs of residents as the bedroom accommodation was spatially insufficient for residents use particularly if residents were using modern wheelchairs and equipment. Only one of the seven bedrooms had a large doorway, however although they were small, all the bedrooms could just accommodate a wheelchair. Staff told the inspector that they accommodated up to five residents who used wheelchairs at any one time. The inspector was provided with a copy of the organisations development plans which included the relocation of the respite service to a more community based setting some time in the future.

Residents' vision of the television was now unobstructed. Staff informed the inspector that the wooden box which was obstructing residents view during the last inspection had now been removed.

The single glazed windows had all been replaced with new double glazed windows. All windows, including those in the conservatory had been fitted with restrictors and with

new curtains. The damaged flooring approaching the kitchen from the communal sitting area had been repaired, the kitchen cupboard doors had been replaced and the entire kitchen had been repainted. It appeared to be clean, tidy and in a good state of repair.

The centre appeared homely and the bedrooms, although sparsely furnished had been freshly painted and decorated with pictures in a manner that would meet the needs of both adults and children.

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):

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

Findings:

Risks identified on the last inspection had been addressed. However, the health and safety of residents, visitors and staff was not fully promoted and protected as a number of new risks were identified on this inspection.

The windows in the conservatory area had been fitted with restrictors. The fire door held open with a bar during the last inspection had now been attached to the fire alarm system and had an automatic fire release attached to it.

The hoist had been serviced within the past six months and there was now a locked cupboard for liquids in the bathroom.

Risks identified on this inspection included:

Liquid soap stored on a shelf in this unlocked toilet when a resident at risk of ingesting all liquids was in the centre.

Two mops and mop buckets, a Hoover and uncovered rolls of toilet paper and hand towels been stored in the toilet used by staff. The storage of cleaning equipment and materials in a toilet reflected poor infection control practices.

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):

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

Findings:

The designated centre has a policy and procedure in place relating to the prevention, detection and response to an allegation or suspicion of abuse. The name of the designated person responsible for the investigations of allegations and suspicion of abuse was prominently displayed on a notice board in a prominent position for residents. Staff who communicated with the inspector were knowledgeable of what to do in the event of an incident, allegation or suspicion of abuse. However, on review of the record of incidents the inspector noted that on two separate occasions staff had noted residents to have fresh bruising in place. Staff explained to the inspector that the residents who had been observed with fresh bruising had a history of self injurious behaviour and the bruising had been put down to this. Although staff reported both as an incident and the incident had been reported to the person responsible for investigating alleged abuse, there were no records available to say if these reported incidences of fresh bruising had been investigated to out rule potential alleged abuse.

Residents appeared safe and secure in the centre. The two doors linking the centre with an adjoining corridor were both locked and staff responded to them being knocked at by unlocking them with a key prior to anyone entering the centre.

The inspector reviewed the systems in place regarding the positive behavioural support plans and found that staff had access to specialist and therapeutic interventions. The inspector was informed a referral had been sent to the behavioural support team, however they had not reviewed the resident to date and therefore the resident who required a behavioural support plan did not have one in place.

Residents with restraint in use had a risk assessment and care plan in place to reflect their use. Both residents had a detailed intimate care plan in place reflecting their care needs.

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):

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

Findings:

The inspectors was not satisfied that all required notifications were being submitted to the Authority within the required timeframe. As mentioned under outcome 8, two incidents of bruising sustained by two residents had not been investigated and had not been reported as suspected abuse within the three day timeframe.

Judgment:

Non Compliant - Major

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):

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

Findings:

The statement of purpose had been reviewed post the last inspection and was made available to the inspector on inspection. However, it did not reflect the purpose and function of the service. For example, it stated that the centre was caring for residents' with an intellectual disability. However, residents being admitted had both a intellectual and physical disability.

Also, it did not contain all of the information that is required in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013. For example, stated the maximum number of residents to be accommodated was 8, however this had been reduced to 7.

The inspector was informed that all residents representatives had received a copy of the statement of purpose.

Judgment:

Non Compliant - Moderate

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:

The management structure was not clear. The structure explained to the inspector was not reflected in the statement of purpose. This is actioned under outcome 13. The centre was managed by a qualified nurse. The inspector did not have information about the person in charge as the application to register had not been submitted when this inspection was completed. In addition the person in charge was not on duty for this unannounced inspection, therefore his skills and experience could not be determined. However the fitness of the person in charge will be determined during the upcoming registration inspection.

The inspector observed that the senior staff nurse in charge in the absence of the person in charge was involved in the governance, operational management and administration of the centre. She had a good knowledge and understanding of the residents' and they appeared to know her well.

Two unannounced visits of the centre had been conducted by an internal auditing team. Here areas and issues were identified for improvement. The inspector noted that all issues had been risk rated and addressed by the person in charge. An annual review of the centre had not been completed to date.

Judgment:

Non Compliant - Major

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):

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

Findings:

The inspector saw that the number and skill mix of staff on duty on the day of inspection was adequate to meet the needs of residents. However, on review of the staff roster the inspector observed that there was only one staff nurse rostered to care for 7 residents at night time. The inspector was shown a walkie, talkie used by night staff on the campus to communicate with each other and was informed that there was a night supervisor on the campus and a health care assistant floated between the houses to assist as required. However, staff expressed concern with the current arrangement which involved the staff nurse going into the 8 bedded house next door for up to 3 times per night often for a period of up to 2 hrs. One of the 2 health care assistants would come into the house to care for the 7 residents when the staff nurse was in the 8 bedded house. Staff explained that their main concern with this arrangement was that the health care assistant was not familiar with the 7 residents a number of whom usually had complex medical needs. For example, three of the seven residents who were in the house the night prior to this inspection had a diagnosis of epilepsy, two having regular seizures.

The inspector was informed that when a fire alarm sounded all surplus went immediately to the house where the alarm sounded. A recent night time drill was practiced and all residents were evacuated within three minutes, however only 1 of the 7 residents in the house at this time were wheelchair bound.

The three staff on duty demonstrated that they had knowledge of residents' care needs and were aware of the necessity to have continuity of staff in the provision of care to residents.

Staff had opportunities to participate in training since the last inspection. The inspector was told the centre had been closed for a period of time to facilitate staff training for staff. This included training in infection control, report writing, epilepsy and positive behaviour support together with medication management and safeguarding vulnerable residents. Staff who required had received refresher training in moving and handling.

There was no evidence of inappropriate verbal or written language used during this inspection.

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):**Findings:**

The inspector was informed that the centre has the policies and procedures as per schedule 5 in place and currently some of these were still being reviewed and updated. However, as mentioned under outcome 4 the policy/procedures on the admission, discharge and temporary transfer of residents had been developed and implemented.

The directory of residents was in place and it reflected the legislative requirements.

Judgment:

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:

Sheila McKeivitt
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 St John of God Community Services Limited
Centre ID:	OSV-0003989
Date of Inspection:	11 September 2015
Date of response:	30 September 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 05: Social Care Needs

Theme: Effective Services

The Person Participating in Management (PPIM) is failing to comply with a regulatory requirement in the following respect:

Care plans were not in an accessible format for residents.

1. 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

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

representatives.

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

- 1.The PIC will source accessible documents
- 2.All key workers will review the Personal Plans assigned to them and will insert the accessible documents into each residents Personal Plan.

Proposed Timescale:

- 1.To be complete by 28th October 2015
- 2.52 Personal Plans to be completed by 30th November 2015

Proposed Timescale: 30/11/2015

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 premises did not meet the needs of residents as follows:

- *Bedroom accommodation was spatially insufficient for residents use particularly when residents were using modern mobility aids/assistive equipment.
- *There were not enough bathrooms to meet the needs of residents.

2. 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:

- 1.An occupational therapist review of the number and needs of residents using the respite service will be completed to establish the residents who can safely be supported at any given time.
- 2.Follow-up communication with the relevant stakeholders will take place to progress an appropriate respite facility as per de-congregation plan.

Proposed Timescale: 31/12/2015

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:

Measures were not put in place to control all risks, as detailed in the report.

3. Action Required:

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

for responding to emergencies.

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

- 1.The person in charge ensures that all hand soaps to be contained in a locked press in the kitchen.
- 2.All household equipment is now stored in a designated shed to the rear of the designated centre.
- 3.The person in charge has reiterated to all staff the importance of the correct storage of these items in the designated area.
- 4.The person in charge has provided refresher infection control to staff at staff meetings and at local information sessions.

Proposed Timescale:

- 1.5th October 2015
- 2.Complete as at 25/09/2015
- 3.31st September 2015
- 4.5th October 2015

Proposed Timescale: 05/10/2015

Theme: Effective Services

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

The storage of mops and cleaning materials in a toilet did not reflect good infection control practices.

4. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

- 1.All household equipment is now stored in a designated shed to the rear of the designated centre.
- 2.The person in charge has reiterated to all staff the importance of the correct storage of these items in the designated area.
- 3.The person in charge has provided refresher infection control to staff at staff meetings and at local information sessions.

Proposed Timescale:

- 1.Complete as at 25/09/2015
- 2.31st September 2015
- 3.5th October 2015

Proposed Timescale: 05/10/2015

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:

There was no behavioural support plan in place for one resident who displayed behaviours that challenged.

5. 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:

- The person in charge has sent in a second referral to the Positive Behaviour Support Committee and has advised that this resident requires a BSP urgently.
- The PIC followed this referral with an email to the chair of the Positive Behaviour Support Committee to highlight the urgency of same.

Proposed Timescale: 30/09/2015

Theme: Safe Services

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

The inspector was not satisfied that all incidents, allegations, suspicions of abuse were being appropriately investigated in accordance with the centres policy, national guidance and legislation.

6. 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:

- 1.The person in charge will ensure all Safeguarding concerns are addressed in line with the national Policy document.
- 2.An incident which was highlighted during the inspection has been preliminary screened by the designated liaison person in line with local and national policy
- 3.The person in charge has discussed this policy and procedure at the staff meetings. The person in charge will use a flow chart to highlight the safeguarding process to all staff.
- 4.A system to track and monitor all safeguarding incidents and their outcomes will be implemented for this designated centre

Proposed Timescale:

- 1.With immediate effect
- 2.25.09.2015

3.01.10.2015
4.31.10.2015

Proposed Timescale: 31/10/2015

Outcome 09: Notification of Incidents

Theme: Safe Services

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

Bruising sustained by two residents had not been investigated and had not been reported as suspected abuse within three working days.

7. Action Required:

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

1. The person in charge will ensure all notifications required by the authority are submitted within the required timeframe.

Proposed Timescale: 30/09/2015

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 contain all 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.

8. 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 person in charge has made changes to this document in line with findings in Outcome 13, regarding purpose and function of the centre and the number of resident that can be accommodated at any one time.

Proposed Timescale: 24/09/2015

Theme: Leadership, Governance and Management

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

A copy of the statement of purpose was not available to residents.

9. Action Required:

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

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

A copy of the Statement of Purpose is available to all residents, and there is also a copy located both in the office and in the main hallway of this designated centre.

Proposed Timescale: 29/09/2015

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 review of the service had not been carried out to date.

10. 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 Annual review of Quality & Safety has commenced with a finish date of the 25th October 2015.

Proposed Timescale: 25/10/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

The staffing arrangements on night duty were not safe and not appropriate as detailed in the report.

11. 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:

1. An additional staff will be on the roster from 22.00-08.00 to support respite residents at night dependent on the assessed needs of residents who are availing of respite at that time (i.e. complex medical needs, assisted feeding)
2. The staff nurse on nights is solely responsible for this DC – they no longer provide support to a neighbouring DC
3. An occupational therapist review of the number and needs of residents using the respite service will be completed to establish the residents who can safely be supported at any given time.

Proposed Timescale:

1.31.10.2015

2.28.09.2015

3.31.12.2015

Proposed Timescale: 31/12/2015