

**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 Health Service Executive
Centre ID:	OSV-0003365
Centre county:	Sligo
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Teresa Dykes
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	7
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 monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 13 July 2015 10:30 To: 13 July 2015 20:00

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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the first inspection of this centre by the Health Information and Quality Authority (the Authority). The purpose of the inspection was to assess compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

The centre is part of Sligo Group Homes Services. The centre comprises of a large two storey house which was originally built as two houses. This centre provides residential accommodation and support services to seven residents on the day of inspection.

The residents gave their consent to the inspector to enter their home and review

their documentation. The designated centre was clean and reasonably well maintained. At this inspection, the inspector met with residents, the staff member on duty and the person in charge. Documentation such as personal plans, medical records, policies and procedures and staff files were reviewed as part of the inspection.

The inspector found there were inadequate staffing levels to ensure the appropriate allocation of staff to meet the needs of all residents living in the centre and to ensure person centred care was carried out. In addition, there were further areas of non-compliance with the Regulations which included, provision of personal evacuation plans for each resident, ensuring the environment is domestic style in nature and protects the privacy and dignity of residents, ongoing and annual review of the safety and quality of care provided to residents.

The evidence found on inspection that supported the inspector's judgments was discussed with the person in charge at the end of the inspection. The action plan at the end of the report identifies areas where improvements were needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities.

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

There were systems in place for the management of complaints, however, improvements were identified. A policy on the management of complaints was available but it failed to identify a second person to be available to ensure that all complaints are appropriately responded to and that the primary person identified to deal with complaints maintains appropriate records. All residents could verbally express their view and told the inspector they would talk to the staff if they had a complaint.

As there was one staff on duty from 16:30 hrs to 24:00hrs it was not possible for the staff member to provide meaningful person centred activities. Additionally, when the staff member was assisting some residents to get ready for and retire to bed there was no staff available to supervise the other residents. Some Residents seldom accessed the local community during the week.

There was policy on the care of residents' property and finances, as required by the Regulations. The centre was involved in the management of residents' finances. Satisfactory arrangements were in place to protect the property and the finances of residents with a signature of staff for all transactions and a log of all monies maintained and receipts available. Residents' finances were reviewed weekly by senior staff and a random sample was audited independently each year.

Judgment:

Non Compliant - Moderate

<p>Outcome 02: Communication <i>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.</i></p>
<p>Theme: Individualised Supports and Care</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: All residents could clearly articulate their views. Some residents had their own mobile phone. Residents had access to radio, TV and the internet.</p> <p>A hospital passport was available for residents who required same and this provided valuable assistance if residents had to attend or be admitted to the local acute hospital.</p>
<p>Judgment: Compliant</p>

<p>Outcome 03: Family and personal relationships and links with the community <i>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.</i></p>
<p>Theme: Individualised Supports and Care</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: There was an open visiting policy where visitors were welcome to visit. Family members were encouraged and welcomed to be involved in the lives of residents. There was no visitor's room but residents told the inspector they met their visitors in the dining room. However, as evidenced in other outcomes, there were few opportunities for residents to develop and sustain links with the local community.</p>
<p>Judgment: Non Compliant - Moderate</p>

<p>Outcome 04: Admissions and Contract for the Provision of Services <i>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.</i></p>
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Theme:

Effective Services

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

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

Findings:

There was a contract of care in place, which outlined the services to be provided and the fee to be charged. No additional charges were payable. A resident's guide was in place. This was pictorial in nature and was person centred, entitled 'My Guide'

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):

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

Findings:

All residents living in the centre had personal plans in place. The Inspector spoke to residents who confirmed their involvement in the development of their support plans. These plans included information relating to residents' health care needs, communication needs and goals identified. While goals were set, there was no commencement date so it was not possible to see when the goal was identified and in some instances, if the goal was current. There was poor documentary evidence of regular reviews or a system to assess the effectiveness of the plans. The overall template with regard to the personal plan did not lend itself to assisting staff with planning and reviewing the personal plans.

The personal plans did not reflect any planning for the future for a change in circumstances and there was no transition plan drawn up to support residents should their needs change for example deterioration in mobility or physical health.

All residents had been supported to go on holiday. They told the inspector they enjoyed

this immensely and "got on great".

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The designated centre comprised of a two storey large house that was originally build as two houses. Alterations have been made but the house is not of a domestic style. There are four exit doors on the house and what was originally the front door is now termed the back door, and this is the usual point of entry. On entry, you immediately step into the residents' sitting room. The kitchen was well furnished with a fridge, cooker, microwave and dish washer. Bedrooms were person centred and residents told the inspector they had control over the décor of their bedrooms.

All residents have their own bedroom. One resident has her own sitting room, bedroom, laundry area shower and toilet. While she wishes to prepare for independent living she does not have her own kitchen and consequently does not take responsibility for budgeting and shopping for her own foods. She does access the kitchen and cooks meals on occasions. One resident has an en suite bedroom. Two residents share an en suite which is located adjacent to both their bedrooms. Three residents share a bathroom and also have access to a shower.

A garden area is available to the back and one to the front of the building. Both of these require landscaping. The back garden wall is plastered block but has never been painted and the front garden was absent of any flowers. There was no garden furniture on the patio area available for residents.

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:

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

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

Findings:

There were some systems in place to manage risk. A risk management policy was in place. A health and safety statement was in place but this had not been reviewed in the last year. A policy was available on the prevention and control of infection and all staff had completed hand hygiene training.

An overall environmental audit or risks had not been completed to take into consideration any risks posed to residents using the centre, for example the opening and closing of doors and the use of the stairs. An emergency plan was in place that specified responses by the staff of the centre in relation to possible emergencies.

Systems were in place on the prevention and management of fire. Fire fighting equipment was provided and serviced regularly. Documentation was available to support that the fire alarm system had been serviced recently. Fire exits were noted to be unobstructed. A fire drill had recently been carried out and these were occurring regularly, however fire drill records were not comprehensively completed to ensure any impediments to safe evacuation for example length of time to evacuate or any environmental factors were recorded and deficits addressed in subsequent drills. There was evidence available that the emergency lighting was checked quarterly.

All staff had completed training in fire safety. One service user used a rollator to assist with mobility. It was not clear how much assistance he required with completion of daily task such as getting up or going to bed as information recorded in assessments was contradictory. There was no manual handling assessment in place for this resident and staff had not completed training in safe moving and handling of residents. Fire drill records recorded, with regard to mobility he could evacuate swiftly, however, it was difficult to see how this assessment was made in the absence of an up to date manual handling assessment or a PEEP (personal emergency evacuation plan).

The person in charge was in the process of developing personal evacuation plans (PEEP's) for each resident. Training for staff in this area was scheduled for the 15 July 2015. These are required so that all staff would be aware of the residents personal evacuation needs that maybe required in the event of an emergency evacuation. The inspector spoke with the staff who were able to tell the inspector what they would do if the fire alarm was activated and how they would evacuate residents and described the sequence of steps to follow in an emergency and what residents would require assistance. All residents who required assistance were accommodated on the ground floor. The inspector also spoke with residents and found they were clear that they would immediately evacuate night or day if they heard to fire alarm sound.

A system was in place to manage adverse events. An accident/incident report was completed for all incidents and these were reported to senior personnel. There had been no recent incidents or near misses recorded.

<p>Judgment: Non Compliant - Moderate</p>

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:
The inspector found there were systems in place to protect residents from the risk of abuse. Staff spoken to was knowledgeable with regard to what constituted abuse and stated they would report any suspicion or allegation of abuse immediately to their manager or senior person on call. Staff had received training in safeguarding vulnerable adults. The person in charge confirmed that they had a copy of the revised HSE safeguarding vulnerable person’s policy, but staff had not been trained in this policy.

There were no restraints in place at the time of this inspection. There was currently one resident with behaviours that challenge accommodated in the centre. Staff described good access to mental health services, but the inspector noted that there was a significant delay with regard to accessing the behaviour therapist.

Judgment:
Substantially Compliant

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents, within three working days. As this centre had recently been reconfigured to become a different designated centre, there have been no notifications to date from this centre.

The current person in charge is assuming the role as person in charge as a temporary measure as the person in charge is on secondment to a sister centre. This arrangement is due to be in operation for a six month period. No notification with regard to this arrangement has been received to date by the authority.

Judgment:

Substantially 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:

Residents' health care needs were met with appropriate input from medical services and allied health professionals. Staff reported that all residents were healthy at the time of inspection. Staff described a good working relationship with the local general practitioners and an out of hour's service was also available. Services to include physiotherapy, speech and language therapy, occupational therapy, dental, chiropody, mental health and dietetics are available via referral to the HSE.

Staff supports residents to access community health services as/when required. Families are engaged in this process in line with individuals/family's wishes. Health promotion initiatives were also in place.

Residents' nutritional needs were met. Regular weights were recorded and reviewed monthly to ensure weight loss or gain was noted. Residents cooked their meals with the assistance of staff. Residents told the inspector that they regularly went out for tea and often enjoyed Sunday lunch in local restaurants as part of a social outing. Snacks and drinks were freely available.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

All medications were administered by care staff but no care staff had completed safe medication management training or completed any practical competency assessments with regard to medication administration. Each resident's medication was supplied in a blister pack. These were stored in a locked filing cabinet. No resident was self-administering their medication at the time of this inspection.

A medication management policy was in place, but this was not centre specific and did not detail local procedures in place for the administration of medication or arrangements for storing or obtaining medication for residents. The inspector reviewed the prescriptions and medication administration records and found that they were clearly written and complied with best practice with a signature of the prescribing doctor for all medication administered and a date and signature for any medication discontinued. The maximum dose prescribed for as required (PRN) medications was stated on the medication charts.

Judgment:

Non Compliant - Moderate

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:

The statement of purpose had recently been reviewed and set out the services and facilities provided in the designated centre and was found to be compliant with current legislation.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The person in charge is a registered Nurse – Intellectual Disability (RNID) having qualified in 1985 and has always worked in disability services post qualification. She is supported in her role by two experienced qualified nurses. Staffing levels to ensure the assessed needs of the residents are met requires review as is detailed under Outcome 16.

The post involves the management of nine houses, a resource centre and the day service. As she has worked as nurse in this centre for many years she displayed good knowledge of residents. Residents and staff were familiar with the person in charge. There was a clearly defined management structure that identified the lines of authority and accountability. Residents were familiar with the person in charge and confirmed they saw her regularly.

The provider was aware of her responsibility to carry out a bi-annual unannounced visit and to prepare a written report on the safety and quality of care and support provided in the centre. While unannounced visits by persons nominated by the provider had occurred in the centre, no report was available of these visits.

Judgment:

Substantially 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:

The centre was not suitably resourced to meet the needs of current residents. There was inadequate staffing to support residents' social care, employment and integration into the wider community. As there was normally one staff member on duty in the evening with seven residents, no person centred activities were able to be undertaken. As there was only one staff on duty from 16:00hrs until 24:00 hrs each evening. A staff member was available to accompany residents to medical appointments.

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:

This centre is insufficiently staffed to support residents achieving their individual preferences or making individual choices about their lives. The inspector found that some residents participated in or attended social activities they did not choose, as they could not be left unsupervised at home for safety reasons. One resident expressed a wish to go to Mass on a Saturday/Sunday. While this was occurring, it involved bringing other residents to Mass. Staff informed the inspector that they did not have adequate time to spend with the residents, to chat with them about their day and when they did this, residents really enjoyed it. There was no opportunity for individual social programmes to be carried out in the evenings.

While some residents went home the weekends, on a Saturday there was a second staff member allocated but the priority for this was to assist residents to clean the house thoroughly. On a Sunday there was a second staff for six hours. Residents commented how positive they found this arrangement as it enabled them to exercise choice with regard to social activities.

A rota was available detailing staff on duty. A planned and actual roster was maintained. Where staff were on annual leave or absent regular relief staff replaced them. The

Person in Charge dropped into the residential houses on an ad hoc basis to see staff and residents. An on call out of hours rota was in place and staff told the inspector that any time they required support it was available.

Mandatory fire and safeguarding training for all staff was up to date. Staff had also completed hand hygiene training.

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:

A policy on the management of complaints was available but it failed to identify a second person to be available to ensure that all complaints are appropriately responded to and the primary person identified to deal with complaints maintains appropriate records.

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:

Mary McCann
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 Health Service Executive
Centre ID:	OSV-0003365
Date of Inspection:	13 July 2015
Date of response:	02 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 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:

As there was one staff on duty from 16:30 hrs to 24:00hrs it was not possible for the staff member to provided meaningful person centred activities. Additionally when the staff member was assisting some residents to get ready for and retire to bed there was no staff available to supervise the other residents. Some Residents seldom accessed the local community during the week.

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

1. Action Required:

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

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

- A business case will be submitted by the PIC to the Learning Disability Service Manager by 4th September 2015 detailing staffing requirements.
- The additional staff, when approved and recruited, will complement the staff already employed to support residents to engage in meaningful person centred activities in accordance with their preferences, interests, capacities and developmental needs.
- This practice will be audited and verified by the Community Group Homes Manager.
Person responsible: PIC

Proposed Timescale: 4th September 2015 for submission of Business Case

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

Theme: Individualised Supports and Care

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

Not all residents were supported to maintain links with the wider community.

2. Action Required:

Under Regulation 13 (2) (c) you are required to: Provide for residents, supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

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

- A business case will be submitted by the PIC to the Learning Disability Service Manager by 4th September 2015 detailing staffing requirements.
- The additional staff, when approved and recruited, will complement the staff already employed to support residents to engage in meaningful person centred activities in accordance with their preferences, interests, capacities and developmental needs.
- This practice will be audited and verified by the Community Group Homes Manager.
Person responsible: PIC

Proposed Timescale: 4th September 2015 for submission of Business Case

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:

While goals were set there was no commencement date so it was not possible to see

when the goal was identified and in some instances if the goal was current. There was poor documentary evidence of regular reviews or a system to assess the effectiveness of the plans.

3. 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:

- Personal goals are currently being reviewed and will be clearly written with initial and review date.
- Personal goals will have an evidence base and rationale for their selection.
- Each resident has a named key worker responsible for ensuring that the goals are specific, measurable, achievable relevant and time framed.
- A review of documentation is currently taking place.
- The review process will clearly document and evaluate each goal set, taking into account changes in circumstances and new developments.
- Local team leaders will co-ordinate the above actions.

Person responsible: PIC

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

The personal plans did not reflect any planning for the future for a change in circumstances and there was no transition plan drawn up to support residents should their needs change for example deterioration in mobility or physical health.

4. Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

- The personal plans will now reflect planning for the future for a change in circumstances and transition plans will be developed to support residents should their needs change.
- Multidisciplinary meetings will be convened with all relevant stakeholders commencing on the 15th September.

Person responsible: PIC

Proposed Timescale: 15/09/2015

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 house is not of a domestic style. On entry through the main door in use, you immediately step into the residents' sitting room.

5. 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:

- A meeting has been scheduled with the Housing Agency to explore reconfiguration of house to a more domestic type living accommodation.

Person responsible: Provider

Proposed Timescale: 09/10/2015

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:

An overall environmental audit or risks had not been completed to take into consideration any risks posed to residents using the centre, for example the opening and closing of doors and the use of the stairs.

There was no manual handling assessment in place for residents and staff had not completed training in safe moving and handling of residents

6. 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:

- An environmental audit of risks and hazards will be completed 14th Sept 15 by the health and safety representative and local team leaders to take into consideration any risks posed to residents using the centre.
- Manual handling assessment will be completed by the occupational therapist for residents on the 04 09.15.
- Staff will complete training in safe moving and handling of residents by 30.09.15.

Person Responsible: PIC

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

Fire drill records were not comprehensively completed to ensure any impediments to safe evacuation for example length of time to evacuate or any environmental factors were recorded and deficits addressed in subsequent drills.

7. Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

- Fire drill records will be comprehensively completed by staff on duty to ensure any impediments to safe evacuation for example length of time to evacuate or any environmental factors will be recorded and deficits addressed. This process commenced week ending 01st August 2015
- The personal emergency evacuation plans will be updated and reviewed based on the learning from residents response to drills and evacuations.

Person Responsible: PIC

Proposed Timescale: 18/09/2015

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 a significant delay with regard to accessing the behaviour therapist when requested .

8. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

- The Resident involved no longer presents with behavioural issues. A full MDT meeting was held on 22nd July 15 where the resident involved expressed a desire to move to a group home with fewer residents. The change of residence took place immediately.
- Full Behaviour Therapist support is available to the service from the 1st Sept 15

Person responsible: PIC
Completed

Proposed Timescale: 02/09/2015

Outcome 09: Notification of Incidents

Theme: Safe Services

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

The current person in charge is assuming the role as person in charge as a temporary measure as the person in charge is on secondment to a sister centre. No notification with regard to this arrangement has been received to date by the authority.

9. Action Required:

Under Regulation 31 (4) you are required to: Where no incidents which require to be notified have taken place, notify the chief inspector of this fact on a six- monthly basis.

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

A change of PIC form NF30 has been notified to the authority on 21 August 2015.

Person responsible: PIC

Proposed Timescale: 02/09/2015

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:

All medications were administered by a care worker but no care staff had completed safe medication management training or completed any practical competency assessments with regard to medication administration.

10. 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:

•A company has been identified to provide training to staff in safe medication management.

Person responsible PIC

Proposed Timescale: 30/09/2015

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:

While unannounced visits by persons nominated by the provider had occurred in the centre no report was available of these visits.

11. Action Required:

Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

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

- A person nominated by provider or the provider will compile and make available a report after each unannounced visit commencing September 2015.
- A copy of the annual review of the quality and safety of care and support in the designated centre will be made available to residents and, if requested, to the chief inspector.

Person Responsible: Provider

Proposed Timescale: 29/10/2015

Outcome 16: Use of Resources

Theme: Use of Resources

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

The centre was not suitably resourced to meet the needs of current residents. There was inadequate staffing to support residents' social care, employment and integration into the wider community.

12. 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:

- A business case will be submitted by the PIC to the Learning Disability Service Manager by 4th September 2015, detailing staffing requirement to support residents social care, employment and integration into the wider community.

Person Responsible: PIC

Proposed Timescale: 4th September 2015 for submission of Business Case

Outcome 17: Workforce

Theme: Responsive Workforce

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

This centre is insufficiently staffed to support residents achieving their individual preferences or making individual choices about their lives.

13. 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:

- A business case will be submitted by the PIC to the Learning Disability Service Manager by 4th September 2015, detailing staff requirement to support residents achieving their individual preferences or making individual choices about their lives.

Person Responsible: PIC

Proposed Timescale: 4th September 2015 for submission of Business Case

Outcome 18: Records and documentation

Theme: Use of Information

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

A policy on the management of complaints was available but it failed to comply with current legislation.

14. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

- The policy on the management of complaints will be reviewed by the PPPG group by the 30th Oct 15.
- To comply with current legislation, the service will identify key staff to be available to ensure that all complaints are appropriately responded to. This will be completed by the 4th Sept 15

- The primary person identified to deal with complaints will maintain appropriate records.
- Person Responsible PIC

Proposed Timescale: 30/10/2015