

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Sonas Services
Centre ID:	OSV-0004073
Centre county:	Galway
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Ability West
Provider Nominee:	Frances Murphy
Lead inspector:	Thelma O'Neill
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
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 compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 06 September 2016 08:30 To: 06 September 2016 17:30

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 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This follow-up inspection was carried out to monitor compliance with specific outcomes and to review the actions taken to address the non-compliances identified on the previous registration inspection. This was the second inspection of this designed centre.

How we gather our evidence:

The inspector spent time with the four residents living in this centre. The residents told the inspector about their views of the quality of the service and said that they had found improvements in the service since the last inspection. They told the inspector that they were very happy and felt safe living in the centre. The inspector also spoke with the managers and the staff working in the centre and they reported that they had positive feedback from the residents since the last inspection regarding some of the changes that have taken place.

The inspector met with the Person in Charge and the new acting area manager and reviewed documentation such as personal plans, fire records, risk management documentation, policies and procedures, health and medication records. The majority of records reviewed were complete and up to-date and well maintained; however, there were some non-compliances identified and these are discussed in the overall

judgment and findings.

Description of the service:

The centre was home to four residents. The individuals had a daily routine Monday to Friday that involved attending day services or work placements. The residents all had a separate bedroom and had keys to their bedroom doors which ensured their privacy and dignity. Furthermore, additional communal rooms were made available to promote privacy and dignity for the residents and this had had a positive impact on the residents' quality of life. The residents participated in social activities and goals as they wished and were well supported by day and residential staff. However, some personal plans required review. This is discussed further under outcome five.

Overall Judgment of our findings:

The inspector reviewed the sixteen actions from the last inspection and found that seven of the actions were complete and nine were partially complete or not complete. These actions have been re-actioned in this report, as well as an additional action to review social and intimate care assessments for some residents.

The inspector found that there was good support provided to residents in this centre by the staff and management and the allied health professionals such as; the senior psychologist, Speech and Language Therapist, and social worker. This support was important to residents in making choices and helping them feel safe in the centre.

Residents and staff told the inspector that they were looking forward to the construction of a new utility room, as this room would improve the laundry facilities in the centre. Furthermore, a new fire door was to be installed upstairs to improve fire safety in the centre. These works were scheduled to commence in a few weeks and were an action plan response from the registration inspection dated 7 January 2016.

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 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):

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

Findings:

There were five non-compliances identified following the last inspection dated 7 January 2016. These related to protecting residents rights, dignity and consultation, the management of complaints and residents' finances. Three actions were complete and two were still in progress. The outstanding actions related to the management of residents' finances, and inadequate assessment of laundry facilities.

Changes in the communal space in the centre had ensured that all residents' privacy and dignity was now respected. This had occurred as there had been a reduction in the number of residents residing in the centre. For example, a downstairs bedroom was now redecorated into a second sitting room for residents. Residents and staff told the inspector that this additional communal space was very beneficial and the reduction in residents living in the centre had created a more relaxed atmosphere in the house.

Residents were enabled to make choices about how they lived their lives in a way that reflected their individual preferences and diverse needs. For example, residents told the inspector that they were consulted about how the centre was planned and run, and their opinions on social activities and meal choices were regularly discussed. There was evidence of these discussions in the minutes of the residents meeting kept in the centre.

The four residents living in the centre told the inspector that the staff were very supportive and kind to them and that they were very happy living in this centre.

The management of complaints had improved since the last inspection. On the day of inspection, there were two open complaints and both complaints were about the same issue, a leaking shower. The inspector saw that repair works were on-going to rectify this issue at the time of the inspection.

The inspector found that the centre promoted the role of a "complaints champion". The complaints champion was an identified staff member that residents could report complaints or concerns to. This role was rotated between staff on a monthly basis. However, the organisational policy or procedure did not identify the role or responsibilities of a "complaints champion" and the staff members identified as "complaint champions" had not received specialised training in complaints management. Therefore there was no rationale for having a "complaints champion" as this could cause confusion for residents. Furthermore, the organisational policy on managing complaints had been updated on 8 July 2016. However, on the day of inspection the two managers were not aware that the policy had been updated. This was rectified by the end of the inspection and a new copy of the complaints policy was put in place in the centre.

On the last inspection, inspectors found that a resident's money was lodged into a bank account owned by the organisation, and there was no documentation to clearly identify who owned the money. The ownership of the resident's money is now clearly documented in the resident's notes. However, it still remained in the organisation's bank account. The inspector was told by the manager that they are continuing to work on opening individual bank accounts for residents to address this issue and that they expect to have it resolved in the coming months. This has been re-acted in this report.

One resident that required assistance in managing personal hygiene did not have an appropriate intimate care assessment. This will be discussed in more detail under outcome 5.

Judgment:
Non Compliant - Moderate

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:
Effective Services

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

Findings:

There was one action from the last inspection that had not been addressed.

Residents had agreed contracts of care with the provider that outlined the support, care and accommodation to be provided to residents living in the designated centre. For example, contracts of care specified the name of the resident, where they lived and the number of days services they were to receive on a weekly basis. Such as, a five or a seven day service. However, the inspector found residents were not receiving their service in their home as agreed. For example, the centre closed four or five weekends per year and this resulted in one resident going home to their family members and three residents relocated to respite designated centres for the weekends. On the last inspection, this was found to be a breach of their contracts of care.

On this inspection, the inspector reviewed the action from the last inspection and found that this issue was not adequately addressed. Although the inspector was told by the person in charge that this issue was addressed since the last inspection, the inspector saw evidence of a complaint on 3 September 2016 from a resident stating dissatisfaction with this arrangement.

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):

No actions were required from the previous inspection.

Findings:

The inspector met with all residents and discussed their social activities. Residents told the inspector that they were generally happy living in the centre. However, one resident told the inspector that they did not like their day activities and wanted to move to another job. The resident advised the inspector that they had discussed this goal with staff members, however, on review there was no record of the resident's preference to move to another day service recorded in the residents social care goals. Furthermore, there was no record of what goals were achieved for the resident in their personal plan since their individual plan was commenced in September 2015.

On the last inspection the inspector had found that the residents' healthcare needs were well assessed and monitored by staff and there was good access to allied healthcare professionals. However, on this occasion, the inspector found that there was an inadequate healthcare assessment and care plan in place to manage a resident's specific intimate care needs at night. This house only had sleepover staff on duty at night and there was evidence shown to the inspector that some residents required more support and supervision at night. Staffing need assessments was not in place to ensure that all resident's were receiving the required staff support to adequately meet their needs.

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):

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

Findings:

There were two actions to be addressed following the last inspection. One action was complete and the other action related to the premises was still in progress and therefore will be re-actioned again following this inspection.

On the last inspection, dated 7 January 2016, the premise was found not to meet the needs of the residents. There were inadequate communal and kitchen space, and the laundry facilities created an infection control risk for the residents living in the centre. The inspector found on this inspection that renovation works were planned for September 2016 and the manager provided the inspector with documentation that identified the work schedule and advised the inspector that the works would be completed by January 2017. This failing is re-actioned as the works have not yet commenced.

In addition, since the last inspection, one resident was discharged to another designated centre which was more suitable to meet their needs. As a result the capacity of the centre had reduced from five to four residents. This has resulted in additional communal space for residents and at the time of inspection there were two sitting room areas for residents to access. This additional room provided privacy and dignity for residents to have quite time alone or receive visitors in private.

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:

The health and safety and risk management had improved since the last inspection. Previous risks identified had been mitigated since the reduction in capacity of the centre. Residents told the inspector that they felt safer and were now very happy living in the centre.

Staff had received training in some aspects of risk management and the risk assessment tool was reviewed and updated. Staff told the inspector that they found that this tool assisted them in assessing the level of risks in the centre and found it beneficial in managing risks.

Regular fire drills had been carried out in the past six months and there was an up-to-date record of fire drills. Residents with specific needs had an individualised fire evacuation plan documenting the type of assistance they required during an evacuation of the centre. The fire alarm system had been serviced, no faults were detected. The inspector was told that an additional fire door was to be installed upstairs in the landing to improve the fire safety management in the house. All staff had attended the required fire safety training and this was repeated every three years.

Inspectors reviewed the management of infection control in the centre. Some measures were taken to control the risks of infection by ensuring the tasks of laundry and cooking in the kitchen were kept completely separate and staff had received training in these control measures and in hand hygiene. However, staff had not received training in managing the risks of infection in a residential unit and this was an issue due to the risks associated with some of the individuals' healthcare needs.

Judgment:

Substantially Compliant

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:

At the last inspection, three residents told the inspector that they were not happy living in the centre and on this occasion all of the residents told the inspector that they were very happy and felt safe. There were no reported allegations of abuse in the centre at the time of this inspection.

There were two actions to be addressed from the last inspection, one action was complete and the other was partially complete. At the time of the last inspection the inspector had found that inadequate measures were taken to protect residents from peer on peer abuse. Since then one resident was discharged from the centre to a more appropriate centre to meet their needs. This action had addressed the issues of concern; the action was now complete.

The second action related to staff and managers failing to follow the organisation's policy and procedures in protecting vulnerable adults and required further training. This issue had not been fully addressed. On this occasion, the inspector found that there was one safeguarding issue that was recently identified by staff members that potentially put other individuals at risk of abuse. Although there was appropriate staff observation and supervision in place to ensure all residents safety, the safeguarding measures were not recorded in the individuals safeguarding plan.

There were no significant incidents of behaviours that challenge reported to the inspector on this occasion.

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):

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

Findings:

The level of satisfaction for the residents living in this service had improved since the last inspection. A change in senior management had been put in place to support and promote the delivery of safe, quality of care service. There was now a clearly defined management structure including an out-of-hours on call system. The inspector found this improved the management support provided to residents and staff in the evenings and at weekends.

Since July 2016 a new acting person participating in the management (PPIM) of the centre was in post. This person was responsible for 11 designated centres and was also a person in charge of one centre. Ten persons in charge reported to this PPIM. The governance arrangements in place included three face-to-face support meetings with the person in charge yearly, as well as person in charge team meetings with the all of the managers every two months. In addition, there was regular telephone and electronic communication between managers as required.

There were two actions issued following the last inspection. These actions were not fully complete. A renovation plan was in place to address the structural issues in the premise and the inspector found that there were still some issues of concern not managed effectively. For example, safeguarding issues, health and social care assessments, residents' rights dignity and choice, contracts of care and staff training. These issues have all been discussed and actioned throughout the report.

Furthermore, the inspector reviewed the findings of a six monthly provider led review, which identified an environmental health and safety issue relating to one individual, but failed to identify actual and potential risks to the residents' health and lack of appropriate or completed assessments. Therefore, the inspector found the provider failed in their responsibility to ensure that the safety and quality of care and support provided in the centre was appropriate and failed to put a plan in place to address any concerns or risks regarding the standard of care and support provided.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

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

Findings:

The inspector found that there was a lack of an appropriate staffing needs assessment, particularly at night to ensure adequate staff support was available to support residents' healthcare needs. There was one staff rostered in the morning and two staff on duty in the evenings and a staff member slept in the centre at night time. However, the inspector found evidence that one individual required support during the night and this level of support was not identified.

The manager told the inspector that there was sufficient staff numbers in place to ensure there was adequate support and supervision for residents to maintain their individual safeguarding plans.

At the last inspection robust recruitment procedures were not in place, however on this occasion, the inspector reviewed a sample of four staff files as part of the inspection and the requirements of Schedule 2 of the Regulations were complete.

The inspector was told that all staff had up-to-date mandatory training. However, following review of the findings of the inspection, staff required up-date training in safeguarding and safety, intimate care assessments, complaints management and infection control. Furthermore, staff required training in reviewing and updating social care assessments and plans.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Thelma O'Neill
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:	Sonas Services
Centre ID:	OSV-0004073
Date of Inspection:	06 September 2016
Date of response:	18 October 2016

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:

The management of one resident's personal finances was not in compliance with organisational policies or regulation 12 (4).

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 12 (4) (a) and (b) you are required to: Ensure that the registered provider or any member of staff, does not pay money belonging to any resident into an account held in a financial institution, unless the consent of the resident has been obtained and the account is in the name of the resident to which the money belongs.

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

This action is in progress. Advice was received from the Ward of Court Case holder on 26/02/2016 and permission received to proceed with trying to set up a bank account in the resident's name.

Written permission has been sought and only recently received from the Ward of Court committee members (September 2016) as requested by the bank, and these documents are being processed by the bank at present.

Proposed Timescale: 31/12/2016**Theme:** Individualised Supports and Care**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

One resident's intimate care plan failed to identify the daily support required in relation to managing their laundry.

2. Action Required:

Under Regulation 12 (3) (b) you are required to: Ensure that each resident is supported to manage his or her laundry in accordance with his or her needs and wishes.

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

The Intimate Care Plan has been updated to specify resident's daily bathing needs. The Intimate Care plan did outline some laundry support required, however, a more comprehensive and detailed attachment was added to the Intimate Care Plan on 09/10/2016.

Proposed Timescale: 09/10/2016**Theme:** Individualised Supports and Care**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Some of the procedures in place for reporting complaints were not in compliance with the organisational policies and procedures.

3. Action Required:

Under Regulation 34 (2) (c) you are required to: Ensure that complainants are assisted to understand the complaints procedure.

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

The use of the term 'Complaints Champion' has been dismantled and the related appendix removed from the organisational policies and procedures and this information has been disseminated to all centres on 12/09/2016 by the Quality and Compliance Manager.

A revised, user friendly local complaints procedure, which is in line with the organisation's policies and procedures, was put in place in the designated centre and this was explained to the residents at a house meeting held on 14/09/2016.

Proposed Timescale: 14/09/2016

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

There was a breach of the contract of care agreed between the residents and the service provider. This was an action from the last inspection that was not addressed.

4. 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:

There is an addendum in residents' files stating that they may be accommodated in other designated centres at times, with their consent when the house closes. The Person Participating in Management and the Person in charge met with a resident on this matter. The resident's are happy with outcome of meeting and expressed satisfaction with outcome.

The residents continue to state that they like to get breaks from the group home and to go to other designated centres for some weekends. An agreement was made at this meeting that a consultation meeting will be held with residents in December of each year for residents to decide how many weekend breaks they would like for the following year, and to what centres they would like to go to. A record of this meeting has been placed on service users' files alongside their Contracts of Care.

Proposed Timescale: 04/10/2016

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:

Appropriate health assessments and reviews were not completed in the centre for residents.

5. 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:

Health Care Check's and Case Reviews are held annually for all residents.

Consultation with appropriate healthcare professionals was undertaken for resident with specific healthcare needs and the health care professional's advice is being followed. One new recommendation is currently being trialled.

A re-referral to Psychology services was made on 06/10/2016 for further follow up also.

An 'Assessment of Needs' template is implemented and has been circulated to all centres for use in reviewing resident's changing needs.

A referral has been made to the National Advocacy Service in October 2016 for resident.

Proposed Timescale: 14/10/2016

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 requirements of schedule 6 as per regulation 17.

6. 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:

A schedule of building and other works to address the issues was given to the inspector on the day of inspection, with completion date noted to be 14/01/2017. The building work commenced on 15/09/2016 and is progressing as per schedule.

Proposed Timescale: 14/01/2017

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:

There was no review of the on-going individual risks in the centre particularly in relation to residents' healthcare issues.

7. 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:

This healthcare risk has been added into the resident's individual Risk Assessment, and all staff have read and signed same.

The risks identified are also now included in the Designated Centre Risk registrar.

Proposed Timescale: 14/10/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

One residents safeguarding plan did not identify the specific risks and management strategies in place to protect peers from potential abuse.

8. 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:

The designated centre is following Safeguarding procedures.

A Safeguarding plan is in place for one resident which prevents abusing or neglect in the future. A Safeguarding plan is completed for the other resident.

Proposed Timescale: 23/11/2016

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:

Risks identified in the six monthly provider led audit did not identify significant care issues and failed to address the issues of concern.

9. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

An information session on relevant topics including Health Care Needs Awareness for members of the internal audit team is scheduled for 20-10-2016.

Proposed Timescale: 20/10/2016

Theme: Leadership, Governance and Management

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

There was an overall lack of oversight by management which failed to ensure the service was safe and effective.

10. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

An action plan meeting between the Person in Charge, Person Participating in Management, Quality and Compliance Manager and Director of Client Services has been put in place to oversee development and progress. The introduction of a scheduled system of conducting frequent support meetings has been put in place.

A review of audits and findings is done by the Quality & Safety Executive Committee.

The organisation has a system in place for reviewing the manner in which maintenance and capital works are processed.

Proposed Timescale: 14/10/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

There was no assessment of the residents support needs at night and the current sleepover staff support provision did not meet the changing healthcare needs of the residents.

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:

At the time of inspection a recommendation from a healthcare professional was being trialled, which aimed to maintain the independence of the resident and preserve dignity and privacy of the resident. This was scheduled to be reviewed on 22/09/2016.

An 'Assessment of Needs' template has been implemented and has been circulated to all centres for use in reviewing residents' changing needs. This was completed by the Person in Charge for this particular resident, and discussed at a meeting between the Person in Charge and Person Participating in Management on 14/10/2016 and will be reflected in the staffing assignment as required.

Proposed Timescale: 28/10/2016

Theme: Responsive Workforce

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

The training needs identified for the staff has not been completed. for example; managing infections in a residential centre. Furthermore, training in recording and reviewing residents healthcare assessments, and social care plans were not complete.

12. 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:

A Training Needs Analysis for the centre was completed in February 2016. Hand Hygiene training, which incorporates infection control, was completed by all staff. All staff have completed the mandatory Safeguarding Vulnerable Adults training on 03/03/2016.

The Person in charge is to complete, as part of a pilot project, an e-module training on safeguarding. The e-module training will be rolled out to the team and this will give

them an overview of the policy and procedure for Safeguarding Vulnerable adults. This e-module training has been developed in conjunction with the National Federation of Voluntary Bodies, Open Training college, and St. Michael's House.

Complaints Pathway training was completed by the team on 07/10/2016.

Proposed Timescale: 17/10/2016