

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Whitehills
<b>Centre ID:</b>	OSV-0002683
<b>Centre county:</b>	Galway
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	RehabCare
<b>Provider Nominee:</b>	Rachael Thurlby
<b>Lead inspector:</b>	Anne Marie Byrne
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	6
<b>Number of vacancies on the date of inspection:</b>	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: 16 January 2017 10:00 To: 16 January 2017 19:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

Background to the inspection:

The purpose of this unannounced inspection was to monitor the centre's on-going regulatory compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres' for Persons (Children and Adults with Disabilities) Regulations 2013.

How we gathered our evidence:

The inspector met with four residents, three staff members and the management team during the inspection process. The inspector reviewed practices and documentation including residents' personal plans, incident reports, policies and procedures, fire management related documents and various risk assessments.

Description of the service:

This centre is managed by RehabCare and is located on the outskirts of Galway city. The centre comprises of two residential houses, providing full time accommodation for six adults with Asperger's and autism. The centre can cater for male and female residents from 18-65 years of age. The person in charge (PIC) had the overall responsibility for the centre. The PIC is supported in her role by the persons

participating in management (PPIMs). The PPIMs work directly within the centre and have oversight of the day-to-day operations. Both residential houses are two-storey houses which have spacious communal areas for residents' use.

Overall judgment of our findings:

Overall, the inspector found that although this centre provided very individualised and person-centred care to the residents, a number of improvements were required. The quality of care delivered was found to be of a high standard in a number of areas. Residents rights, communication, privacy and consultation were well promoted in the centre. Staff were found to be very respectful of residents and were knowledgeable of each resident's needs. The inspector found a calm and homely environment on this inspection.

The findings of this ten outcome inspection identified three outcomes in substantial compliance, three outcomes in moderate non-compliance and one outcome, relating to health and safety and risk management in the centre, in major non-compliance with the regulations.

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

**Outcome 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

The inspector found residents were consulted with and participated in decisions about their care, and in the daily operations of the centre. Residents had access to advocacy services and care practices respected residents' privacy and dignity. However, the inspector observed that some improvements were required in relation to complaints management.

Staff were observed to address residents in a respectful manner. On the day of inspection, some residents attended the organisations' day-care service, while other residents were facilitated to attend their day-care service of choice. Staff were very familiar with each residents' preferred routines, and all efforts were made by the centre to ensure residents were consulted daily as to how they wanted to spend their day. Staff spoken to acknowledged the individuality of each resident residing in the centre. The inspector observed that the routines of the centre were based on facilitating these individual support needs. Residents were consulted with both in a formal and informal manner. Residents' meetings were held frequently and minutes were available to demonstrate residents' participation in these meetings.

Residents residing in the centre managed their own finances. Residents monies were not maintained or managed by the centre. However, the centre did manage the lodgement of residents' payments for household bills. Each week residents paid into a billing account for incoming household bills. The contribution to be made to this account was calculated and agreed with the resident as outlined in their written agreements. A sample of the records for this lodgement system was reviewed by the inspector, and no errors in the system were noted. Residents were given a receipt each week and these

were observed to be clearly written and provided details of the payment made. Receipts were also observed to have a reference number to facilitate residents to maintain an accurate account of all payments made towards household bills.

The inspector reviewed the centre's complaints policy. The policy identified nominated persons in the centre to deal with complaints. The policy was displayed in a prominent area within the centre for resident, visitor and staff reference. An easy read version of the policy was also in operation to guide and support residents on how to make a complaint. The inspector spoke with various staff members in relation to the recording and management of complaints. Staff spoken with were aware of their responsibility in the local management of complaints. However, gaps in the centres' recording of complaints were found. A record of all complaints, including details of the investigation, the outcome of a complaint, any action taken and whether or not the complainant was satisfied with the outcome was not consistently maintained. This was brought to the attention of the PIC at the time of inspection, who informed the inspector that it was common practice to operate two complaints recording systems within the centre. However, this recording practice was not in line with the centre's complaints policy.

**Judgment:**

Substantially 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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found each resident's wellbeing and welfare was maintained to a high standard. Each resident had opportunities to participate in meaningful activities that they were interested to participate in. Arrangements to meet each resident's assessed needs were set out in personal plans that reflected each resident's needs, interests and capacities. Residents were involved in the development of their own personal plans. However, the inspector found some improvements were required in relation to the updating of personal plans to reflect the status of residents' personal goals.

On the day of inspection, some residents were being prepared for and supported to

transition back into the community. The inspector observed that multi-disciplinary input had been sought to aid in the planning of transitional plans. The centre had identified various additional supports and skill based activities required to support residents undergoing transition. Action plans were in place which the centre utilised to oversee residents' progression and performance level on activities completed. These action plans were observed by the inspector to be reviewed on a regular basis.

Residents were encouraged and facilitated to access local community based services on a daily basis. The centre had full-time access to a vehicle and this was used to transport residents to and from various services. Residents also had access to public transport close to the centre. Residents were observed to have choice in accessing local attractions such as walking routes, hotels, shops and restaurants. Arrangements were in place to facilitate residents to visit their families as they wished. The inspector observed all efforts were made by the centre to support residents to schedule overnight stays in their families homes on a regular basis.

Residents' personal goals were found to be person-centred and resident led. Residents' personal goals had action plans in place which outlined the nature of each goal, the person responsible to support the resident to achieve their goals and the timeframe for review. Personal plans were routinely reviewed by the centre on, at a minimum, an annual basis. These reviews were completed by the resident and their key worker. A sample of personal plans was reviewed by the inspector. It was observed that each individualised goal had an identified timeframe for achievement. However, the inspector found personal plans were not updated to reflect the progression made towards the achievement of these goals.

**Judgment:**

Substantially Compliant

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

Overall, the health and safety of residents, visitors and staff was promoted and protected. There were policies and procedures in place for risk management and in relation to health and safety. However, improvements were identified in relation to fire management and risk management.

An electronic database for the recording of accidents and incidents was in operation by the centre. Accidents and incidents were reviewed on a regular basis by the PIC, and

the trends in the findings were used to inform risk management activities. The PIC demonstrated good knowledge of this system and how it informed practice within the centre. Regular team meetings were facilitated to allow for staff discussion on incident trending and various risk management activities.

The centre had systems in place for the assessment of resident and organisational specific risks. The risk management processes within the centre were guided by the risk management policy. The centre had an organisational specific risk register. This register outlined various risk categories specific to the centre and included the current risk rating of each risk category. The register also detailed the current controls in place to mitigate risks, further controls that were required and those responsible for responding to the risks identified. Staff spoken with provided the inspector with a clear understanding of the control measures in place to manage specific organisational risks. However, the inspector found risks associated with smoking in and around the centre had not been effectively risk assessed, and controls to manage the risk of fire, as a result of smoking were not in place.

Records of fire drills were available on the day of inspection. Staff spoken with informed the inspector of their involvement in fire drills and demonstrated a clear understanding on how to evacuate residents from the centre. Upon review of recently conducted fire drills, the centre demonstrated a maximum evacuation time of 46 seconds. A sample of resident personal emergency evacuation plans (PEEPs) were also reviewed by the inspector and were found to give clear guidance on how to evacuate each resident in the event of a fire. However, some gaps in the information provided in PEEPs were observed by the inspector. For example, PEEPs did not guide staff on:

- the management of behaviours that challenge in the event of an evacuation.
- the evacuation of residents residing in upstairs accommodation

The inspector found that suitable fire equipment was provided. Fire exits were noted to be unobstructed at the time of inspection. Scheduled monthly, weekly and daily fire checks were maintained by the centre. The fire alarm system was maintained in line with the manufacturer's guidelines. Designated fire points for fire equipment were allocated throughout the centre, and fire equipment was observed to be serviced on an annual basis. Provision of intumescent strips had been made to fire doors within the centre. However, further improvements were required in relation to fire precautions. The inspector found adequate emergency lighting had not been provided to the exterior of the centre. Staff informed the inspector that the fire assembly point was located across the road from the centre. However, directional signage was not in place to guide from all fire exits to this fire assembly point. Furthermore, although floor plans were displayed, the inspector observed these plans had not identified all fire exits within the centre.

Upon review of the centre's training matrix, the inspector found not all staff had received fire training at the time of inspection.

**Judgment:**

Non Compliant - Major



**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):**

No actions were required from the previous inspection.

**Findings:**

The rights of residents were protected in the use of restrictive practices. There was a policy on, and procedures in place for, the prevention, detection and response to abuse. However, improvements were required to ensure timely completion of safeguarding and behavioural plans within the centre.

Restrictive practices were in place at the time of inspection. Some residents were prescribed chemical restraint on an as required basis. Alternative measures were considered by the centre before the implementation of a restrictive procedure. The use of restrictive practices was found to be reviewed on a regular basis.

A sample of residents' behavioural support plans were reviewed by the inspector. These were found to provide clear guidance on residents' behaviour types, specific triggers and de-escalation techniques. The centre had the support and guidance of an organisational behavioural support therapist in the management of behaviours that challenge. However, the inspector found gaps in the centres' identification and management of all incidents of behaviours that challenge. On the day of inspection, staff informed the inspector that some residents were currently experiencing specific behaviours that were challenging. The inspector found that there was no supporting documentation to identify trends in this behaviour, evidence of multidisciplinary involvement or behavioural plans in place to guide staff practice. Staff spoken with informed the inspector of the efforts currently being undertaken by the centre to manage this specific behaviour; however, these efforts could not be evidenced on the day of inspection.

Staff spoken with were knowledgeable of the centres' safeguarding policies and could demonstrate clearly to the inspector their understanding of their role in the protection of vulnerable residents. At the time of inspection, the PIC had received concerns regarding the vulnerability of some residents following recent incidents reported to her. The PIC was in the process of liaising with the centre's designated safeguarding officer, to determine if these incidents warranted safeguarding interventions. Upon review of residents' daily notes, the inspector identified a further incident of concern, which was brought to the attention of the PIC. For these two incidents of concern, no documented plan was in place to guide staff on the interim safeguarding plan to be implemented,

until a full review of these incidents had been completed. In addition, the PIC was unable to tell the inspector when the review of these incidents would be completed.

Upon review of the centres' training matrix, the inspector found not all staff had received safeguarding training at the time of inspection.

**Judgment:**

Non Compliant - Moderate

**Outcome 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

Residents had opportunities for new experiences and social participation. Education, training and employment was facilitated and supported. Residents were observed to be engaged daily in social activities, internal and external to the centre. Residents' independence was encouraged and facilitated daily by the centre.

Residents had access to educational and employment services. Residents were also observed to be enrolled in various personal development programmes. Residents' files reviewed included a plan for their educational goals, and some residents had plans in place to develop skills in preparation of their transition into the community. Residents were able to participate in a variety of activities both within day services and within local educational services. These activities and courses were regularly reviewed and adjusted, based on the evaluations of key worker meetings.

The inspector observed that some residents were also in employment through a local employment scheme. Residents were appropriately assessed for this scheme and had a structured working week in place suitable to their capabilities.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that each resident was supported to achieve and enjoy the best possible health. Residents' healthcare needs were met in line with their personal plans and through timely access to healthcare services. Residents had access to allied healthcare services, which reflected their varied healthcare needs.

The inspector found residents had access to various allied health professionals such as nutritional specialists and behavioural support specialists. Residents had access to a general practitioner (GP) service. A record of all correspondences from these health professionals was maintained by the centre. Residents' needs were observed to be reviewed on a regular basis; personal plans had clear guidelines in place on the management of residents' specific healthcare needs. A sample of personal plans were reviewed by the inspector and were found to contain clear guidance to staff on the monitoring for, response to and treatment of the specific conditions. Staff spoken to were very familiar with each resident's healthcare needs and demonstrated a clear understanding of their daily role in caring for each resident, the residents specific nutritional needs and if any nutritional supplements were required for residents.

A weekly cooking programme is in operation within the centre to support residents to become more involved in the preparation and cooking of their meals. Weekly shopping lists are developed in accordance with residents choice and staff offer support to residents in recipe planning for their meals. Staff informed the inspector that not all residents were availing of the weekly cooking programme. These residents were observed by the inspector to independently plan, shop for and prepare their own meals with minimal supervision of staff. Adequate storage space was provided in the centres' kitchen for the storage of residents' foods. The inspector observed residents freely accessing snacks and beverages from the kitchen during the inspection.

**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):**

No actions were required from the previous inspection.

**Findings:**

Inspectors noted that there were written operational policies and procedures relating to the ordering, prescribing, storage and administration of medications to residents. However, areas for improvement were identified in relation to the disposal of expired medicinal products within the centre.

All medications were observed to be stored in a locked cupboard. Medications were dispensed in blister packs which were clearly labelled with residents' details. A daily check of the centre's medication stock and recording system was completed by staff. A number of prescription sheets were reviewed by the inspector, and these were found to provide details on the identity of the resident, what the medication was prescribed for, the name of the medication prescribed, and the dosage, route and time of administration. The records were found to be in good condition and provided separate sections for the administration of regular medication and for as required medications. A sample of medication administration records were reviewed by the inspector, and no gaps in the documentation of medication administration were found.

Some residents were self administering their own medications at the time of inspection. The inspector found these residents had been appropriately risk assessed and adequate arrangements were put in place for the safe storage of their medications. A number of staff members had completed safe medication administration training at the time of inspection. Staff spoken with were knowledgeable on the centre's medication management policies and procedures. Furthermore, staff demonstrated a clear understanding of medication related incidents which required reporting.

Upon reviewing the contents of the centres' first aid box, the inspector found the first aid box contained medical supplies for use in the centre; however some of these had expired and required replacement. This was completed prior to the end of the inspection.

**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 quality of care and experience of the residents was monitored on an on-going basis. Moreover, there is a clearly defined management structure that identifies the lines of authority and accountability.

The annual review of the centre had been completed by the provider. Unannounced visits of the service were also completed at the time of inspection. The PIC had arrangements in place for the supervision of staff.

The PIC was found to be knowledgeable of the operations of the centre and of her responsibilities as part of the senior management. The PIC was supported by PPIMs, one of whom was present in the centre on the day of inspection. The inspector observed that staff meetings were held on a regular basis within the centre, and these were attended by the PIC. These meetings were observed to occur on a consistent basis and incorporated a review of the centre's accidents and incidents, complaints, resident care and organisational related topics.

**Judgment:**

Compliant

**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):**

No actions were required from the previous inspection.

**Findings:**

On the day of inspection, the inspector found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents.

The inspector observed there was a planned and actual roster for the centre. This roster indicated the name and role of the staff members rostered for duty. Staff spoken with demonstrated a clear understanding of their role in the delivery of care and support to residents. The inspector reviewed the centres' staff training matrix. Training was available to staff on areas such as occupational first aid, safe administration of

medication and health and safety. However, the inspector observed not all staff had received mandatory manual handling training at the time of inspection. Furthermore, the PIC informed the inspector that there were no specific timescales set out by the centre to facilitate refresher training. The PIC further informed the inspector that where refresher training was provided to staff, this was completed at the discretion of management.

The inspector reviewed a sample of staff files and found them to contain the requirements of schedule 2.

**Judgment:**

Non Compliant - Moderate

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

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

No actions were required from the previous inspection.

**Findings:**

The centre had effective systems in place for the recording of residents' information. Personal plans and assessments were accessible and well documented. While policies and procedures were available within the centre, some of these required review to ensure they were reflective of the practices within the centre. Further improvements were also required in relation to the information required of schedule 3 of the regulations.

The inspector reviewed a sample of policies and procedures held in the centre. While all of these were available, a number of the policies required amendment:

- the policy and procedures on fire management did not include the arrangements in place for the evacuation of residents residing in upstairs accommodation
- the policy and procedures on staff training and development did not outline the arrangements in place for staff refresher training

Furthermore, there was no policy and procedures available to guide on the use of CCTV within the centre

<b>Judgment:</b> 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:***

Anne Marie Byrne  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

# Health Information and Quality Authority Regulation Directorate

## Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by RehabCare
<b>Centre ID:</b>	OSV-0002683
<b>Date of Inspection:</b>	16 January 2017
<b>Date of response:</b>	22 February 2017

### 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 provider failed to ensure that a record of all complaints was maintained including details of any investigation into a complaint, the outcome of a complaint, any action taken as a result of a complaint and whether or not the resident was satisfied.

**1. Action Required:**

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



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

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

- All Complaints and Compliments are now recorded on the organisations online Compliments and Complaints database; this is the only system in place in the service.
- The process ensures that all compliments and complaints are recorded, with details of all actions taken and a record of the satisfaction of the complainant.
- The Team Leaders update weekly and Manager oversees and sign off when action is completed.
- Discussed at staff meeting 8/2/2017

Proposed Timescale: 8/2/2017 - Complete

**Proposed Timescale:** 08/02/2017

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

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

The provider failed to ensure personal plans were updated to reflect the progression of residents' personal goals.

**2. Action Required:**

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

- Action plans have been updated to reflect the progress made by Residents, completed on 20/1/17
- The practice of updating action plans will be maintained in the service going forward.
- This was discussed at the staff meeting on 8th February.

Proposed Timescale: 8/2/2017 - Complete

**Proposed Timescale:** 08/02/2017

**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:**

The provider failed to ensure the following were in place to manage risk within the centre:

- Provision of residents' smoking risk assessments
- Adequate provision of cigarette ash trays to designated smoking areas
- Adequate arrangements to ensure designated smoking areas are free of waste
- Safe location of the centres' waste disposal bins.

**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:**

- Smoking risk assessment has been put in place, with required control measures identified. Completed on 7/2/17
- Sand buckets are now in place around the smoking area for residents who choose not use the designated smoking area. Completed on 7/2/17
- Residents are prompted to ensure designated smoking area is kept free of waste, staff will have oversight and assure compliance with same.
- Waste disposal bins have been relocated away from smoking area. Completed on 7/2/17
- Discussed at staff meeting, all staff have signed off on the risk assessment to indicate that they have read and understood it. Completed on 8/02/2017.

Proposed Timescale: 8/2/2017 Complete

**Proposed Timescale:** 08/02/2017

**Theme:** Effective Services

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

The provider failed to ensure adequate emergency lighting was provided to the exterior of the centre.

**4. Action Required:**

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

- Contractor has been contacted and has visited the service to identify work required to be completed.
- Emergency lighting to the rear and side entrance of each house will be installed.

**Proposed Timescale:** 01/03/2017

**Theme:** Effective Services

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

The provider failed to ensure all staff had received up-to-date training in fire safety.

**5. Action Required:**

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

- The staff member requiring training is scheduled to attend 29/3/2017.
- PIC will continue to ensure all staff are trained annually thereafter.

**Proposed Timescale:** 29/03/2017

**Theme:** Effective Services

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

The provider failed to ensure adequate directional signage was in place to guide to the centres' fire assembly points.

**6. Action Required:**

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

- The staff member requiring training is scheduled to attend 29/3/2017.
- PIC will continue to ensure all staff are trained annually thereafter.

**Proposed Timescale:** 29/03/2017

**Theme:** Effective Services

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

The provider failed to ensure residents' Personal Emergency Evacuation Plans (PEEPs) guided on the following:

- Evacuation of residents residing in upstairs accommodation
- Management of behaviours that challenge during an evacuation

**7. Action Required:**

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

- PEEPs for each resident have been up dated with clear information for evacuation if a fire starts upstairs. Completed on 2/2/17.
- The organisations guidance on completion of PEEPs has been updated to provide additional guidance to staff on areas to be addressed in PEEPs.
- Local procedures detailing immediate actions to be taken in the event of fire have been drawn up and are now on display in the service. Completed on 2/2/17
- The updated PEEPs have been discussed with and signed by all staff to indicate they have read and understood them. Completed on 8/02/2017.

Proposed Timescale: 8/2/2017 – Complete

**Proposed Timescale:** 08/02/2017

**Theme:** Effective Services

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

The provider failed to ensure that floor plans displayed clearly guided on the location of fire exits within the centre.

**8. Action Required:**

Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the designated centre.

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

Floor plans with clear direction to fire exits are now on display in the service.

Proposed Timescale: 1/2/2017 - Complete

**Proposed Timescale:** 01/02/2017

**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:**

The provider failed to ensure all behaviours that challenge were appropriately managed within the centre.

**9. 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:**

Interim plan written with guidance for staff on how to support the resident in order to assure his safety on 20/1/2017, all staff have signed this to indicate that they have read and understood it.

Resident referred for Psychology support on 31/1/2017.

Resident's risk assessment was reviewed on 20/1/2017 to assure control measures in place are adequate and appropriate, all staff have signed this to indicate that they have read and understood it.

All staff trained in safeguarding 2/2/2017

Supports required were discussed at staff meeting 8/2/2017

PIC will continue to monitor.

Proposed Timescale: 8/2/2017 - Complete

**Proposed Timescale:** 08/02/2017

**Theme:** Safe Services

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

The provider failed to ensure all staff had received up-to-date training in the safeguarding of vulnerable adults.

**10. Action Required:**

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

- All staff attended safeguarding training on 02/02/2017.
- Mandatory refresher training will be provided by the organisation for staff every three years.
- PIC will request training if deemed appropriate to the service in the interim.

Proposed Timescale: 2/2/2017 - Complete

**Proposed Timescale:** 02/02/2017

**Theme:** Safe Services

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

The provider failed to ensure documented guidance was provided to staff on the interim safeguarding measures for vulnerable residents within the centre.

**11. 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:**

- Interim plan has been written up which provides guidance for staff to assure safety of resident.
- The plan has been signed by all staff to indicate that they have read and understood it.

Proposed Timescale: 20/1/2017 - Complete

**Proposed Timescale:** 20/01/2017

**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:**

Medical products for the use in first aid treatments in the centre had not been replaced prior to expiration.

**12. Action Required:**

Under Regulation 29 (4) (d) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

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

- First aid box contents updated on 16/01/2017.
- Monthly checks will continue to be completed to ensure contents are as required.

Proposed Timescale: 16/1/2017 – Complete

**Proposed Timescale:** 16/01/2017

## Outcome 17: Workforce

**Theme:** Responsive Workforce

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

The provider failed to ensure:

- All staff had received up to date training in manual handling
- Adequate arrangements are in place for staff refresher training.

### **13. 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:**

All staff that require manual handling training are scheduled to attend training on 14/3/2017.

Mandatory refresher training will be provided by the organisation every two years for all staff.

**Proposed Timescale:** 14/03/2017

## Outcome 18: Records and documentation

**Theme:** Use of Information

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

The provider failed to provide a policy and procedure to guide on the use of CCTV within the centre.

### **14. Action Required:**

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

- Organisation's CCTV policy is now in place in the service, and has been signed by all staff to indicate they have read and understood it.

Proposed Timescale: 6/2/2017 - Complete

**Proposed Timescale:** 06/02/2017

**Theme:** Use of Information

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

The provider failed to ensure the centres' policies and procedures provided guidance on:

- Fire management policy failed to outline arrangements in place for the evacuation of residents residing in upstairs accommodation
- Staff training and development policy failed to outline the arrangements in place for staff refresher training

**15. 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:**

PEEPs for each resident have been up dated with clear information for evacuation if a fire starts upstairs. Completed on 2/2/17.

- Local procedures detailing immediate actions to be taken in the event of fire have been drawn up and are now on display in the service. Completed on 2/2/17
- The updated PEEPs have been discussed with and signed by all staff to indicate they have read and understood them on 08/02/2017.
- The staff member requiring training is scheduled to attend 29/3/2017.
- PIC will continue to ensure all staff are trained annually thereafter.
- Staff training and development policy is been revised and updated presently.

**Proposed Timescale:** 29/03/2017