

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Cara Residential Service
<b>Centre ID:</b>	OSV-0003733
<b>Centre county:</b>	Dublin 15
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Daughters of Charity Disability Support Services Company Limited by Guarantee
<b>Provider Nominee:</b>	Lorraine Macken
<b>Lead inspector:</b>	Helen Thompson
<b>Support inspector(s):</b>	Conan O'Hara
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	14
<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 inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 13 June 2017 09:00 To: 13 June 2017 19:25

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 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 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

Background to the inspection

This was an announced inspection to assess the centre's compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. It was conducted as part of the provider's assessment of application to renew the registration of this centre. It was HIQA's fourth inspection of this centre and was completed over one day by two inspectors. The required actions from the centre's previous inspection in June 2016 were also followed up as part of this inspection.

How we gathered our evidence

The inspectors met with a number of the staff team which included nursing staff, care staff and household staff. The inspectors also met with the person in charge, provider nominee and with a clinical nurse specialist.

Additionally, in assessing the quality of care and support provided to residents, the inspectors met with a number of residents and spent time observing staff engagement and interactions with them. Feedback from residents' family

representatives was garnered from interview and from the completed family questionnaires.

As part of the inspection process the inspectors spoke with the aforementioned staff and reviewed various sources of documentation which included the statement of purpose, residents' files, centre data sets, self-monitoring documentation and a number of the centre's policy documents. The inspectors also completed a walk through the centre's redeveloped premises.

#### Description of the service

The centre was located within a campus setting in a suburban location. It comprised of three single storey bungalows which were adjacent to each other. Each bungalow had direct access to an enclosed patio area. There were a number of day service and recreational options available on the grounds with a restaurant facility that the residents could also access.

The service provider had produced a statement of purpose which outlined the service provided within this centre. This document stated that the centre provided 24 hour residential care. Residents' support needs included their individual moderate or severe intellectual disability needs, some residents additionally had an autistic spectrum disorder or particularly required a low arousal environment. Other support needs included specific medical conditions, physical disabilities, epilepsy and behaviours of concern.

With the redevelopment there was now capacity for 14 residents and on the day of inspection it was home to 13 ladies and one gentleman over 18 years of age.

#### Overall judgment of our findings

The inspectors observed an overall increase in the level of compliance in this centre since the previous inspection. Significantly, the planned building works for the centre had now been fully completed with the last of the three revamped bungalows reopened since April 2017. The inspectors acknowledged the planning work that had been undertaken within the centre to ensure that the most appropriate environmental fit was now achieved for all residents.

Twelve outcomes were inspected against and two outcomes were found to be of moderate non-compliance. Areas for improvement were identified with aspects of the centre's core outcomes. This included the assessment, supporting and further development of residents' social care needs. Additionally, some improvements were required with the centre's governance and management systems.

The inspectors found that residents' healthcare and medication needs were well supported. Additionally, residents' health, safety and risk, and safeguarding needs were supported. With the completion of the re-development project the centre's premises was found to be homely and appropriate to residents' needs. As the cited actions from the previous inspection were implemented, residents' rights, dignity and consultation was also found to be compliant.

These findings along with others are further detailed in the body of the report and the action plan at the end.

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

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

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

In general, the inspectors observed that residents complaints were processed in line with the regulatory requirements and that residents' contracts outlined charges incurred.

The inspectors reviewed the complaints log for the centre and found that all complaints were recorded, investigated promptly and appropriately responded to. The inspectors also reviewed a sample of contracts of care which had been updated to reflect additional costs and were signed by the resident or their representative.

Other aspects of this outcome were not reviewed as part of this inspection.

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

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

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

**Findings:**

Overall, the inspectors observed that the wellbeing and welfare of residents was supported with their needs outlined in their personal plan. However, improvements were required for some residents regarding the assessment, implementation, review and evaluation of their social goals. Some residents' opportunities to engage in meaningful activities, especially in the community needed to be further explored and developed. Improvement was also required with the accessibility of residents' documentation. Residents, family members and the multidisciplinary team (MDT) were found to be involved in the assessment and review of residents' needs. Also, residents were involved and supported at times of change and transition.

From a review of files the inspectors found that some assessments and plans were completed for residents. However, for some residents there was no clear concise assessment of their social care needs to inform and direct staff's daily supports and practices. It was acknowledged by the management team and in the provider's visit that further improvements were required in the delivery of some residents' social care supports.

The inspectors observed that some residents self-directed their day and appeared to independently engage in activities of their choice. Activity and recreational options were available to residents on the campus. The inspectors also noted that some residents were supported to attend by staff from the day services. However, other residents were noted to experience a lot of unoccupied and unstructured time within their bungalow. In general, the inspectors found that residents' plans were not being systematically reviewed and evaluated in a manner that ensured improved outcomes.

Additionally, reviews of documentation and interviews demonstrated that community access and participation was very limited for some residents. Improvements were also required with the facilitation of accessible plans for all residents as some viewed by the inspectors were found to be very narrative in nature.

The inspectors observed that members of the service's MDT were involved in residents' assessments and reviews of their needs. Residents' relationships with their families were supported and maintained with evidence of their involvement in the assessment and review of their relative's needs observed.

Also, the inspectors observed good evidence that residents were supported at times of change and transition. This finding was endorsed in the family members' feedback.

In this inspection, the identified relevant actions under outcomes two, three and ten from the last inspection were subsumed under outcome five.

**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):**

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

**Findings:**

The centre's premises was suitable for its stated purpose and was in line with residents' needs. The centre's building project and premises refurbishment was completed. All residents were, since April 2017, noted to be living back in their respective bungalows. Over the time span of the project the centre management team had regularly forwarded progress updates to HIQA.

The inspectors observed that the premises redevelopment was additionally utilised to review residents' optimal living environment requirements and corresponding transitions/moves were subsequently supported. This review also resulted in a reduction in the number of residents, with subsequent benefits noted particularly with regard to residents' communal living space.

Additionally, all residents now had their own separate bedroom with plans for the final personalisation observed by inspectors.

**Judgment:**

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):**

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

**Findings:**

Overall, the inspectors found that there were systems in place to promote the health and safety of residents, visitors and staff.

The centre had a health and safety statement in place and carried out weekly health and safety walkabouts.

There was a policy on the management of risk in place in the centre. The inspectors reviewed the centre's risk register which outlined the risks in the centre and the controls in place to manage the risks. The risks outlined in the risk register included slips, trips & falls, medications, absconding and moving and handling. In addition, there were individualised risk assessments in place for smoking, challenging behaviour and fire.

The inspectors reviewed a sample of incidents and found that there was clear follow up and learning from incidents. The incident reports were reviewed and audited on a monthly basis.

There were systems in place for the prevention and management of fire. There was a prominently displayed procedure for the safe evacuation of residents and staff in the event of a fire. Suitable fire equipment was provided including extinguishers, an alarm and emergency lighting. There was certification to show that the fire equipment was serviced on a regular basis. The centre carried out regular fire drills and Personal Emergency Evacuation Plans (PEEPS) were in place for each resident. Staff and residents spoken with were able to tell inspectors what to do in the event of a fire.

The centre had prevention, and control of infection procedures in place and had household staff employed in the centre. Overall, the inspectors found the premises to be clean and maintained to a good standard. Inspectors also observed that personal protective equipment and hand gels were available in the centre.

**Judgment:**

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:**

Overall, the inspectors found that there were measures in place in the centre to protect residents from being harmed or suffering abuse. There was a positive behaviour support approach evident for residents that engaged in behaviour that was challenging. The centre promoted a restrictive free environment for residents.

The inspectors found that there were systems in operation for responding to incidents, allegations and suspicions of abuse and that these were being appropriately utilised to ensure that residents were protected. Incidents were screened and followed up with safeguarding plans developed where required. Staff were knowledgeable regarding possible abuse and were aware of their responsibilities and reporting requirements.

Residents appeared contented, with both them and their representatives reporting that they felt safe. Staff engagement and interactions with residents were warm, dignified and person centred.

The inspectors found that residents' emotional and positive behaviour support needs were being supported. Residents were supported by the multidisciplinary team which included a clinical nurse specialist in behaviour, social work and psychiatry. A review of residents' mental health needs was scheduled for the day post inspection.

Plans were present to inform and guide staff practices. Additionally, the recent premises refurbishment had been utilised as an opportunity to improve and achieve a more appropriate environmental fit for some residents' complex needs. Further work to enhance this was being explored.

The inspectors found that staff knowledge of residents' behavioural support needs was good. Additional training as relevant to residents' needs had been rolled out since the last inspection and further specialist education, for example, in autism was planned.

The inspectors noted that a restrictive and restraint free environment was promoted and resident's restrictive practices were put through a due process mechanism. The policies as required by regulation were available.

**Judgment:**

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):**

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

**Findings:**

The inspectors found that a record of incidents was maintained in the centre. The chief inspector was notified as required.

**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):**

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

**Findings:**

The inspectors found that residents were supported on an individual basis to achieve and enjoy the best possible health.

Residents' healthcare needs were observed to be promptly identified, assessed, supported and reviewed. The inspectors reviewed files and noted that a number of assessment tools were utilised with healthcare plans subsequently available to inform and guide staff practices. Staff members on duty were found to be knowledgeable regarding residents' healthcare needs. These observations were strongly endorsed by some residents and by their family representatives.

Residents were supported by a general practitioner of their choice who regularly visited the centre and through a community service if residents required out of hours support. Residents had access to a suite of multidisciplinary team personnel who were noted to be involved in the resident's assessment and review of needs processes. This included physiotherapy, occupational therapy, clinical nurse specialists and psychiatry. Referral and access to allied health professionals was also supported for residents. This included chiropody, dental services and other medical consultations.

As required, residents were observed to be appropriately supported at times of illness and with associated palliative care needs.

The inspectors found that residents' food and nutrition needs were assessed, supported and documented. Speech and language therapy and a dietician were involved as required. Healthy eating was promoted and residents' weights were monitored.

Residents' choice and preferences was observed to be explored and honoured. Main meals were supplied from the central kitchen on campus and other options were also available in the individual bungalows. Drinks and snacks were noted to be available to residents outside of mealtimes.

Inspectors were present for both a dinner and teatime meal experience and noted that these were a relaxed and social occasion. Residents informed the inspectors that they were happy with the food provided.

Residents were involved in the mealtime preparation and tables were set out in a homely manner. Staff noted to inspectors that they plan to increase residents' involvement in food preparation.

**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:**

Overall, the inspectors found that residents were protected by the centre's policies and procedures for medication management.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

The inspectors reviewed the medication prescription and administration record (MPARs) for a sample of residents. This documentation was observed to be complete. Residents' medication records were kept in a safe and accessible place. Medication in this centre was administered by nursing staff and no residents were self administering their medications.

Inspectors observed that medication stored in the centre, which on the day of inspection included controlled drugs was stored securely. The inspectors observed the centre's register of controlled drugs. A pharmacist was available on site and there was evidence of good linkages/systems for the disposal of unused and out-of-date medicines.

The centre had a system of auditing the MPARs weekly and quarterly basis in place. This facilitated the identification and reviewing of any medication errors.

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The inspectors reviewed the centres Statement of Purpose and found that it did not contain all of the information required by Schedule 1. The floor plan of the designated centre demonstrated the main function of the rooms but did not outline the actual size of the room in either the floor plan or an accompanying description.

**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):**

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

**Findings:**

Overall, the inspectors found that the management systems in place in the centre supported and promoted the delivery of a safe and quality service. However, improvements were required to ensure that the service provided is monitored in line with the regulatory requirements and to ensure that arrangements are in place to fully facilitate all members of the workforce in their responsibility for the delivery of residents'

care and support.

There was evidence of the centre completing self-assessment through auditing and the completion of the provider's six monthly unannounced visit process. However, there was no annual review of the quality and safety of care in the centre for 2016 completed and available as required for the inspectors to review.

Of note, some of the areas for improvement identified on the most recent provider visit in early June 2017 correlated with regulatory non-compliances observed on this inspection.

The inspectors observed that members of the staff team had not been facilitated through a formal supervision and appraisal process.

The inspectors were subsequently informed that the management team envisage that going forward, with the recent increase in the workforce, including a new staff nurse post, the person in charge will be freed up to address this matter.

Inspectors found that there was a clearly defined management structure in place with clear lines of authority and accountability. The person in charge (PIC) had been in the role since late 2016 and was supported by a CNM3/service manager. There were established meeting structures locally and at service level which encompassed a number of operational areas.

The PIC demonstrated knowledge of the legislation and of her statutory responsibilities. She was committed to her professional development and was clearly recognisable to the residents.

**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:**

Overall, the inspectors found there was sufficient staff to meet the needs of the residents. This was primarily related to the recent increase in the staffing complement. Continuity of care for residents was promoted. However, some improvement was

required in staff training.

The centre maintained a planned and actual roster. The centre had recently established teams in each unit. A review of staffing had been completed and identified the need for an additional staffing to meet the assessed needs of the residents. The centre was in the process of implementing the actions identified by the review and had recently secured funding for this post. On the day of inspection, this post was being filled by relief and agency staff until the staff nurse commenced in the Autumn. In addition, a twilight shift was now extended and covered seven rather than four days a week .

Inspectors reviewed training records for staff and found that not all mandatory training was up-to-date for manual handling. The centre had identified this and was organising dates for training. In addition, the centre had completed a training needs analysis for 2017 which identified additional staff training needs. Staff meetings were observed to be facilitated in the centre.

Inspectors reviewed a sample of staff files prior to the inspection and found that the files contained all of the information required by Schedule 2 of the Regulations.

Volunteers were active in the centre. As above, volunteer documentation was reviewed prior to the inspection and found volunteers to have a job description and Garda vetting.

**Judgment:**

Substantially Compliant

**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 inspectors found that four of the centre's policies, regarding the provision of intimate care, provision of behavioural support, residents' finances and visitors had not been reviewed within the required regulatory timeframe. The inspectors were informed that

the behavioural support policy was currently under review.

Also, the inspectors noted that some improvement was required with the maintenance of residents' records as a number of documents did not contain dates of creation and a previous/outdated document was left in a resident's file. This was noted to staff at the time of inspection.

Other aspects of this outcome were not reviewed as part of this inspection.

**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:***

Helen Thompson  
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 Daughters of Charity Disability Support Services Company Limited by Guarantee
<b>Centre ID:</b>	OSV-0003733
<b>Date of Inspection:</b>	13 June 2017
<b>Date of response:</b>	06 July 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 05: Social Care Needs

**Theme:** Effective Services

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

A clear concise comprehensive assessment of social care needs was not available for some residents.

#### 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 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:**

A Support Intensity Scale Assessment will be completed for all service users and the outcome of this assessment will be reflected in their individualised Personal Care Plan.

**Proposed Timescale:** 30/11/2017

**Theme:** Effective Services

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

An accessible format of their plans was not available to some residents.

**2. Action Required:**

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

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

All service users will have an accessible format of their Personal Plan.

**Proposed Timescale:** 31/12/2017

**Theme:** Effective Services

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

Some residents' plans were not reviewed and evaluated in an effective manner.

**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:**

All service users activity programme will be evaluated to ensure they continue to be outcome focused and continue to meet their individual needs and choice. This will be achieved by auditing the daily records of activities on campus and off campus on a monthly basis. This will take into account changes in circumstances and new developments.

**Proposed Timescale:** 31/12/2017

### **Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The floor plan of the designated centre did not include the size of the room either in a narrative format or on the floor plan sketch.

**4. Action Required:**

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

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

Service Maintenance Manager contacted via email to source identified floor plan for centre.

**Proposed Timescale:** 31/07/2017

### **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:**

There was a lack of arrangements in place to facilitate the meeting of this regulatory requirement.

**5. Action Required:**

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

The P.I.C and P.P.I.M. have devised a written calendar for completion of annual performance reviews for the centre.

**Proposed Timescale:** 31/12/2017

**Theme:** Leadership, Governance and Management

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

No annual review of the quality and safety of the care provided in the centre was completed and available for 2016.

**6. Action Required:**

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

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

Quality and Risk Officer has scheduled a date – 20th of July 2017, for completion of annual review of the quality and safety of care in the centre.

**Proposed Timescale:** 21/07/2017

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Not all staff had up-to-date mandatory training as outlined in the body of the report.

**7. 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:**

Email has been sent by P.I.C to CNM3 responsible for training ,Quality and Risk Officer, Education Co-ordinator highlighting staff requiring up to date mandatory training. These staff will be prioritised in future training dates.

**Proposed Timescale:** 31/12/2017

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

As outlined in the body of the report some centre policies were not reviewed within the required three yearly timeframe.

**8. 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:**

C.E.O of the Service, Medical Director, Financial Officer, Director of Nursing, Quality and Risk Officer have been emailed by P.I.C in relation to out of date Service Policies as highlighted at inspection.

**Proposed Timescale:** 31/12/2017

**Theme:** Use of Information

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

As outlined in the body of the report some residents' records were not comprehensively maintained.

**9. Action Required:**

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

The P.I.C and P.P.I.M will audit service users records 6 monthly in order to ensure that all documentation is current and maintained in the correct order. Training to be provided for support staff around documentation by Clinical instructor. Email sent to Clinical Instructor 6/7/2017.

**Proposed Timescale:** 31/10/2017