Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Fiona House
Centre ID:	OSV-0003924
Centre county:	Donegal
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Little Angels Association Letterkenny
Provider Nominee:	Geraldine Doherty
Lead inspector:	Thelma O'Neill
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	1

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 decision. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
12 December 2016 08:30	12 December 2016 19:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:
This was the third inspection of this centre by the Health Information and Quality Authority (HIQA). This was a follow-up inspection to inform a registration decision. The actions issued on the previous registration inspection were also assessed for 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:
As part of the inspection, the inspector met with the six residents living in this centre. The inspector spoke with the residents and they told the inspector that they were happy living in this centre. They also described their daily activity scheduled for the day of the inspection which involved going to various day centres or supported employment.

The inspector gathered evidence by speaking with staff members about the management and operation of the centre, as well as observing care practices. In

addition, the inspector reviewed documentation such as personal care plans, medical records, risk assessments and policies and procedures. Furthermore, the inspector met the person in charge and discussed their role and responsibilities in relation to meeting the needs of residents, and the current management arrangements of the centre. The inspector observed staff during the inspection supporting residents in a respectful and dignified manner.

Description of the service:
The centre comprised of one community house in Co Donegal. It provided residential services to six adults with an intellectual disability. The provider had produced a document called the statement of purpose, as required by the regulations, which described details of the service provided in the centre. Each resident had their own bedroom, which allowed them privacy and dignity. Residents were supported by staff to lead active and meaningful lives.

Overall Findings:
At the last inspection, significant risks were identified in this centre, in areas such as; health and safety and risk management, safeguarding and safety, healthcare needs, governance and management, and resources. Following this 21 actions were issued to address the non-compliances identified. The provider was also called to a meeting with HIQA to discuss the non- compliances identified on inspection. The provider was made aware of their responsibilities under the Health Act 2007 and a regulatory plan was put in place for the provider to address the serious failings identified.

On this inspection, the inspector found a significant improvement in the compliance with the regulation in this centre. The inspector inspected 13 outcomes and reviewed the 21 actions from the previous inspection, 8 of the 13 outcomes inspected were compliant or substantially compliant and five outcomes were moderately non-compliant.

There were four areas of major non-compliance identified in the previous inspection relating to health and safety and risk management, safeguarding and safety, governance and management and resource management. Improvements had occurred in all of the outcomes and some of the identified actions were in the process of being resolved.

The main findings of the inspection are explained under each outcome in the report and the regulations that are not being met are included in 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:
The inspector found that the management of complaints had improved since the last inspection. Each resident, family representative or visitors concern was listened to and acted upon, and there was an effective appeals procedure in place. There were two actions issued on the last inspection regarding the investigation and management of complaints. Both actions were addressed on this inspection.

Residents were consulted with, and participated in decisions about their lives. Residents meetings were held to provide residents with the opportunity to make choices and to discuss their opinions and preferences regarding the day-to-day management at the centre.

Residents' financial affairs were managed with the support of staff and their families. Since the last inspection, the management of residents' finances was reviewed by the provider. Each resident's financial records were checked regularly, and an up-to-date ledger maintained with receipts for all purchases.

Residents' activities were agreed at house meetings and at residents' individual personal planning meetings. An itinerary of activities was available for residents to choose from, based on their interests and preferences. For example, sports activities, shopping, concerts and holidays. Residents had the opportunities to meet visitors in private, if they wished and were facilitated to visit family and friends.

Judgment:

Compliant

Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

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

Findings:
Improvements had been made at the centre in relation to the assessment of communication needs for residents. However improvements were required to ensure that all residents assessed communication needs were being met.

Most residents in the centre were able to communicate through speech. At the last inspection, it was found that some residents required a communication assessment by a speech and language therapist (SALT). This had been completed. The therapist had recommended the use of sign language for one resident. However, communication through sign language was not always used as staff did not have the skills required to communicate through the use of sign language.

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:
Each residents' health, wellbeing and welfare were maintained in the centre.

Residents were provided opportunities to participate in meaningful activities. However, the arrangements to meet each resident's individual social goals and preferences were not always set out in their personal plan. The inspector was told that residents' personal plans were developed in their day services, but they did not reflect the residents goals while in the centre. The inspector found that many of the goals were activities that the residents were already receiving on a day-to-day basis. They were not educational or aspirational. For example, some residents' goals were to spend 1:1 time with staff, to visit family and friends.

One resident was discharged from the centre since the last inspection. They were supported in transitioning between services following discharge and the resident was able to maintain links with the centre and continue to regularly meet the friends in the house.

Assessments of residents positive behaviour support plans were completed, however, some of the plans included restrictive practices, but the restrictions were not prescribed or reviewed by the appropriate members of the multidisciplinary team.

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

Findings:
There were five actions identified in this outcome at the last inspection. Three actions were complete and two actions were not complete.

The centre had a risk management policy in place, however, the policy did not include guidance on the arrangements to effectively assess and control risks within the centre. For example, there was no guidance for staff as how to manage an unexplained absence of a resident, accidental injury to residents, or the management of aggression and violence and self harm. Furthermore, the policy did not accurately reflect the current name of the provider or the person participating in the management of the centre.

During the inspection the inspector reviewed the infection control measures in place and found these were adequate. At the last inspection, there was no infection control policy in place. This was addressed since September 2016, however, the policy was not ratified

by the provider.

Since the last inspection, the management of fire safety in the centre had improved. All staff had fire training completed, evacuation procedures were reviewed by management, and fire drills were completed. There was evidence that learning from the fire drills had improved the evacuation procedures in the centre. However, a door wedge was in use in the centre and this was a risk as they would stop the effectiveness of the fire door in the event of a fire.

Judgment:
Non Compliant - Moderate

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

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

Findings:
Overall, the inspector found that there had been significant improvements in the safeguarding of residents, governance and management of the centre and allocation of resources to the centre since the last inspection. There were four actions issued following the last inspection. Three actions were complete and one action was not complete. The outstanding action related to the management of behaviours that challenge.

The inspector found that the provider had taken action to improve the protection and safeguarding of residents from risk of abuse. There was a policy and procedure in place for the prevention, detection and response to abuse. Staff members were aware of what constituted abuse and were aware of what to do in the event of an allegation, suspicion or disclosure of abuse; including who to report any incidents to. The provider and person in charge monitored the systems in place, to ensure that there were no barriers for staff or residents to disclose any concerns of abuse.

The inspector spoke to staff on duty during the inspection and found that they were aware of their responsibility to report any safeguarding concerns, and that they would be supported by management in this process. Staff members were observed treating

residents with respect and warmth. All staff had up-to-date safeguarding training completed or scheduled to be completed. The management team and some members of the board of management had completed training as designated officers.

Since the last inspection, one resident was discharged to a more individualised service, the reduction in individuals living in the centre had improved the overall atmosphere in the house. Residents told the inspector they felt safer in the house since the last inspection.

Residents that displayed behaviours that challenge had assessments in place, completed by the person in charge. However, some of the practices recommended in the behaviour support plans were restrictive in nature and the resident that it affected was not happy about the restrictions. Furthermore, the behaviour support plans in use were not reviewed by a behaviour support specialist or psychologist, to ensure the restrictions were appropriate to the level of risk displayed by residents, and to ensure that their rights were maintained. For example, the inspector was told that when a resident requested to speak to inspector there had to be a staff present, as the resident had a history of making false accusations. The resident was not happy about this level of supervision being in place, every time they wished to speak to a visitor or another staff member.

The inspector observed some residents did not get on well together and regularly had "cross words" with each other. Staff tried to intervene and reduce the conflict between residents as much as possible, however, they said it was difficult due to personality clashes. At the time of the inspection, the service did not have access to the support of a clinical psychologist or behaviour support specialist to help in managing these issues. Furthermore, four staff members did not have training in managing behaviours that challenge.

Judgment:
Non Compliant - Moderate

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:
There was one action issued following the last inspection, this was now complete. The inspector reviewed a record of all incidents occurring in the designated centre and found that all notifications, where required, were notified to the Chief Inspector.

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:
There were two actions issued under this outcome following the last inspection. These actions were now complete.

Since the last inspection, significant improvements were made to the assessment, review and planning of residents' health care needs within the centre. Each resident had a comprehensive healthcare plan in place, which was regularly reviewed. For example, intimate and epilepsy care plans reflected residents' current healthcare needs. In addition, there was a procedure in place to ensure that all staff had read, and were familiar with, the residents care plans.

Accesses to healthcare services such as a general practitioner (GP) psychiatrist, dietician, and speech and language therapist were clearly documented. Residents had been referred to specialist screening services such as dementia care specialists and appropriate plans of care were in place to meet the needs of the residents.

The management of epilepsy was well-managed in the centre. Residents' medications were regularly reviewed by the psychiatrist, and their G.P. Epilepsy care plans were in place and a record of seizures was maintained. Epilepsy aids, such as alarm mats were available to alert staff in the event of a resident having a seizure at night.

The care delivered encouraged and enabled residents to make healthy living choices. Residents' weights were regularly reviewed within the centre, in keeping with their individual care plans.

Residents' nutritional choices and preferences were individually assessed. Food was nutritious and available in sufficient quantities as required. Residents were supported to choose what they would like for dinner and participated in cooking their own meals.

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:
There are written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. However, the medication policy was in draft form since September 2016 but it was not finalised.

Individual medication plans were appropriately implemented and reviewed as part of the individual personal plans, however, the inspector found evidence of a number of serious medication errors in the centre. As a result, a system was put in place by the person in charge to review and monitor safe medication management practices. Two staff were required to be present to check the dosage, when administering medication to residents, to ensure that no further medication errors could occur in the centre.

Judgment:
Non Compliant - Moderate

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

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

Findings:
There was a written statement of purpose that accurately described the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care was provided, reflected the diverse needs of residents. This was an action since the last inspection that was adequately addressed.

Judgment:
Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

Findings:
There were two actions issued following the last inspection. One action was complete and one not fully complete.

At the last inspection, the governance and management of the centre was not found to be effective. Serious concerns were previously identified relating to how the provider safeguarded residents, managed behaviours that challenge and managed the resources available to the centre. Following that inspection, the provider nominee and a member of the board of directors met with the inspector and deputy chief inspector to discuss the serious findings on inspection. An action plan was required to be submitted to HIQA in September 2016 providing assurance that they had appropriate governance and management arrangements in place and that they had sufficient funding to continue the provide the service.

Prior to the inspection, the inspector had received assurances from the provider of their commitment to their role. They had also submitted confirmation that they had requested additional resources from their funding provider and on the day of inspection confirmation was received from their funder that the organisation would be supported to fund the service for 2017. These issues will form part of the discussion to register this centre with HIQA.

The provider showed evidence that they had received training in the management of a designated centre for people with a disability since the last inspection. They were able to demonstrate to the inspector that they were aware of their legal responsibility in managing a designated centre, and had the required skills for the post. In addition, the board of directors has changed since the last inspection, some board members had retired and one new board member had joined the board. The provider advised the inspector that the board of directors had met frequently over the previous few months, and were very supportive of the staff and the provider in their role.

There was no evidence that the provider had completed the annual report for the centre, to ensure that the services provided were effective and meeting the needs of the residents.

Judgment:
Substantially Compliant

Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

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

Findings:
During the last inspection, the provider confirmed to the inspector that they had a funding deficit and did not have adequate arrangements in place, to ensure that they would have the required resources going forward, to meet the assessed needs of the residents. As a result the provider was called to a meeting with HIQA to discuss their plans to resource this centre adequately. The provider has since met with their funders and alternative arrangements are in place to fund the service going forward. Furthermore, HIQA has received written assurances by the provider's funder that they would provide the resources necessary to deliver the services.

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

implemented.

Findings:
Since the last inspection, staffing in the centre had been reviewed. Additional staff resources were put in place to support and supervise residents in the centre. Furthermore, staffing hours that would previously been used for safeguarding residents, were now available for other tasks, since the discharge of one resident from the centre.

There was an actual and planned staff rota in place. The scheduling of staff was reflective of the individual needs of the residents. Staffing at night was rostered specifically to meet the supervision requirements by residents on a nightly basis.

There was one action from the last inspection regarding the completion of mandatory staff training. However, most of the training was now complete. All staff except one had received the safeguarding and safety training, and this staff member was scheduled to attend the training in February 2017. However, four staff did not have training in managing behaviours that challenge and five staff did not have medication management training completed.

All staff and volunteers were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Staff were supervised appropriate to their role. The support supervision provided to staff had improved since the last inspection, particularly at senior management level.

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 report[1]

Centre name:	A designated centre for people with disabilities operated by Little Angels Association Letterkenny
Centre ID:	OSV-0003924
Date of Inspection:	12 December 2016
Date of response:	20 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 02: Communication

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some staff did not have the appropriate skills to assist and support each resident at all times to communicate in accordance with the residents' needs and wishes. For example, through the use of sign language.

1. Action Required:

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

Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

Please state the actions you have taken or are planning to take:
Resident is supported to the level and speed that is required. Staff are awaiting Lamh training. Date to be confirmed.

Proposed Timescale: 30/03/2017

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:
Restrictions in residents' behaviour support plans were not reviewed by a member of the multi-disciplinary team, such as a psychologist or behaviour support specialist.

2. Action Required:
Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

Please state the actions you have taken or are planning to take:
Service is liaising with behaviour support specialists contractors to develop a contract of work.

Proposed Timescale: 30/03/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Resident's social activities did not reflect their personal social goals.

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:
Residents are in the process of developing their annual personal plan at present. It is due to be presented in their annual meetings by Mid March and will be implemented immediately.

Proposed Timescale: 19/03/2017

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 centre's risk management policy did not provide guidance to staff on the management of risks in the centre.

4. Action Required:
Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
Policy was reviewed and updated to reflect the 4 risks outlined in the Healthcare Act (367).

Proposed Timescale: 30/01/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The infection control policy was not ratified by the provider.

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

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

Proposed Timescale: 19/01/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The use of door wedges inhibited the containment of smoke or fire in the event of an emergency in the centre.

6. Action Required:
Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

Please state the actions you have taken or are planning to take:
The door wedge used for manual handling has been reviewed and removed as soon as it was identified in this report.

Proposed Timescale: 07/02/2017

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:
Staff did not have adequate training to support residents with positive behaviour support.

7. Action Required:
Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

Please state the actions you have taken or are planning to take:
Training complete 16.2.17

Proposed Timescale: 16/02/2017

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:
Medication was not administered to the correct residents as prescribed.

8. Action Required:
Under Regulation 29 (4) (b) 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 medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:
A meeting of the staff team to review the issue of concern that resulted in a drug error was reviewed. Supports sought by staff team were implemented. A meeting between PIC and Medication trainer took place. Following these consultations a protocol was developed to ensure safer administration practices.

Proposed Timescale: 13/12/2016

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:** There was no evidence that an annual review of the quality and safety of care and support in the designated centre had been completed by the provider. **9. 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:** Annual review has been completed by provider nominee and is due to be presented at next management committee meeting on 27.3.17. Next 6 monthly inspection to take place on 2.3.17 and this will also be presented on 27.3.17
Proposed Timescale: 27/03/2017

Outcome 17: Workforce
Theme: Responsive Workforce **The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:** Staff did not have the required mandatory training, such as managing behaviours that challenge or medication management training. **10. 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:** This training related to new hired staff only. All staff had received medication management training. Only those staff that had successfully passed their medication training is responsible for medication administration. Therefore staff without the training do not administer medication. Behaviours which challenge training took place on 16.2.17 for new hires.
Proposed Timescale: 16/02/2017