

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	SVC - MH
Centre ID:	OSV-0004028
Centre county:	Dublin 7
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Provider Nominee:	Mary Reynolds
Lead inspector:	Helen Thompson
Support inspector(s):	Conan O'Hara
Type of inspection	Unannounced
Number of residents on the date of inspection:	14
Number of vacancies on the date of inspection:	3

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 30 November 2016 09:55 To: 30 November 2016 20:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 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:

This was an unannounced inspection that was conducted in line with HIQA's remit to monitor ongoing compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The required actions from the centre's registration inspection in February 2016 were also followed up as part of this inspection. This was HIQA's second inspection in this centre. The findings would further inform the registration decision for this centre.

How we gathered our evidence:

The inspectors met with a number of the staff team which included nursing staff, care staff, household staff and a clinical nurse manager (CNM) 3 who was a person participating in management for this centre. Additionally, in assessing the quality of care and support provided to residents, the inspectors spent time observing staff engagement with residents. The inspectors noted that residents appeared happy and contented in their home with staff interactions observed to be person centred and respectful.

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 and a number of the centre's policy documents. The inspector also completed a walk through all of the centre's three units.

Description of the service:

The provider had produced a statement of purpose which outlined the service provided within this centre. Two of the centre's units were located within a city based campus setting and the third smallest unit was located on the grounds of a suburban based campus. The majority of residents lived permanently in the centre, some accessed the centre on a "timeshare" or respite basis and others utilised their placement as suited their individual needs and wishes.

The statement of purpose stated that the centre worked in partnership with families and the interdisciplinary team to provide for residents' needs through a person centred approach. Residents' support needs included varying levels of intellectual disability and associated medical conditions including epilepsy, cerebral palsy and pica. Additionally, some residents required support with their autism and mental health needs. On the day of inspection the centre was home to 14 male residents over 18 years of age.

Overall judgment of our findings:

Eleven outcomes were inspected against and five outcomes were found to be of moderate non-compliance. Residents' healthcare and medication needs were found compliant with the regulations. Health and safety and risk management was also found to be compliant. As the required action from the previous inspection was now implemented, admissions and contract for the provision of services was observed to be compliant. Records and documentation, and the centre's governance and management were found to be substantially compliant with the regulations.

Areas for improvement were identified in the core outcomes of social care needs and safeguarding and safety. These included improvements in the assessment and supporting of residents' social care needs and the timely review of and consent for the usage of restrictive practices. Also, with regard to the workforce some training gaps needed to be addressed to ensure that staff had all the appropriate competencies to support residents' needs. Improvements as previously identified under residents' rights, dignity and consultation were still outstanding. Additionally, a number of previously identified actions needed to be addressed to ensure that the centre's premises comprehensively met some residents' needs.

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):

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

Findings:

The inspectors found that some of the actions from the previous inspection were still in progress and some residents' right to privacy and dignity was found to be still compromised.

In the last inspection, the inspectors found areas and practices whereby residents' right to privacy and dignity was compromised. The centre had reviewed the use of camera monitoring devices and removed one of the devices. However, inspectors found that the privacy and dignity of residents' was still compromised as the other actions to address the regulatory deficits were not completed. For example, the additional fencing was not in place, the service engineer survey was not completed and one way glass was not installed. The clinical nurse manager (CNM) 3 noted that the centre's management team had drafted a transition plan which would address some residents' privacy and dignity needs. However, there was no clear timeframe for this transition and it was interdependent on the completion of plans in other campus centres.

Some residents in one of the units accessed their room on a 'timeshare' arrangement. Thus, residents would use a bedroom for 14 nights a month, on a week on and week off basis. However, as in the previous inspection, inspectors found that the storage option for residents' possessions and clothes was not adequate. Inspectors observed that when a resident is not using the bedroom, their clothes and possessions were being packed in a suitcase and stored in an outside unsecured storage area. This was discussed with staff and it was not evident that the residents' representatives were informed of this practice.

Judgment: Non Compliant - Moderate

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

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

Findings:
Inspectors reviewed a sample of residents' contracts and found that they outlined the fees that were being charged.

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 found that the wellbeing and welfare of residents was supported with their needs outlined in their personal plan. However, some residents' social care goals required improvement regarding their identification, planning review and integration into their plans. Residents and their representatives were involved in the

planning process. Multidisciplinary (MDT) support was available to residents. Management were aware of the need to support residents at times of transition.

The inspectors found that residents' needs were in general assessed, supported and reviewed. This included their activities of daily living, personal care needs, health care, communication, sensory and spirituality needs. A number of tools, including skin assessments, pain assessments and risk assessments were utilised. Care plans were subsequently developed to inform staff practices and supports to the resident. Review of some of the residents' plans demonstrated the rationale and underpinning guidance documents for their care delivery and did provide linkage with other relevant documentation.

However, inspectors reviewed a sample of social care plans and found that they required improvement. The goals identified for residents in social care plans included trips home, holidays and holding a bank account. However, the goals were identified in 2015 and did not outline how the goals would be met, who was responsible and were not reviewed on a regular basis. In the previous inspection, consistency of social care planning was identified as an issue. The centre facilitated the training of two staff in Self Supportive Direct Living (SSDL) to roll out training internally and this was still in progress. In addition, an audit tool was developed for personal plans but on the day of inspection it was only completed for two of the plans. Additionally, the centre's most recent six monthly visit noted that there were some gaps with the residents' personal planning process.

The inspectors observed evidence of the resident and their representatives being consulted with and involved in the personal planning process. Where required this process was attended by the relevant MDT members including occupational therapy, physiotherapy and nurse specialists.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The inspectors found that the design and layout of the premises did not fully meet some residents' needs. Also, there was an issue with the maintenance and upkeep of the premises. Additionally, as the actions from the previous inspection had not been addressed, the inspectors observed that there were issues with the provision of adequate private and communal space for some residents.

The inspectors were informed that an external consultant was identified but that the planned environmental review of a particular area of the centre had yet to be completed. Also, planned specialised clinical reviews for some residents were outstanding.

The inspectors observed an overflowing watertank and found that some maintenance issues were not addressed in a timely manner. This issue was identified in the health and safety walkabouts and staff meetings and was reported to the centre's maintenance service in mid October. The centre noted that maintenance had reviewed the issue, however the issue were still present on the day of inspection six weeks later.

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):

No actions were required from the previous inspection.

Findings:

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

The centre carried out weekly health and safety audits which identified maintenance issues and health and safety hazards.

The centre had a policy in place for risk management which included the four risks specified in Regulation 26. The centre maintained a risk register which outlined the risks in the centre and the controls in place to control the risk. The risk register included slips, trips and falls, behaviour that challenged, chemicals, fire and medications. The centre also completed individual risk assessments for falls, bruising, epilepsy and manual handling.

Inspectors reviewed a sample of incidents and found that there was a clear system of recording and follow up. Incidents were reviewed on a monthly and quarterly basis.

There were arrangements in place for fire safety management. The fire evacuation map was on display in a prominent location in each unit. There was certification and documentation to show that the fire alarms, emergency lighting and fire equipment were serviced on a regular basis. The centre completed regular fire drills and inspectors reviewed the record of these drills. Personal Emergency Evacuation Plans (PEEPs) were in place for each resident which reflected the resident's mobility and cognitive understanding. Staff spoken with were clear on what to do in the event of a fire.

The centre had procedures in place for the prevention and control of infection. The centre had household staff in place in two of the units and staff were responsible for cleaning in the third unit. Inspectors found the premises to be clean and hygienic. Inspectors observed personal protective equipment and hand wash facilities located throughout 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):

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

Findings:

Overall, the inspectors found that there were measures in place 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 acknowledged the need for a restrictive free environment for residents but some improvement was required to ensure sufficient reviews of interventions were taking place for individual residents.

The inspectors observed that there were operational systems for responding to any incidents, allegations and suspicions of abuse. Staff member's knowledge was good. They could outline how they would respond to potentially abusive situations for residents and were clear regarding their reporting responsibilities. Staff interactions with residents were observed to be person centred, warm and respectful. Residents were noted to be relaxed and contented in their home.

The inspectors found that residents' positive behaviour support needs were recognised, assessed and supported. Residents were supported by the multidisciplinary team (MDT) which included clinical nurse specialists in behaviour and mental health in intellectual disability, a social worker and psychiatrist. There was evidence of regular MDT reviews of residents' care, supports and therapeutic interventions which family members were noted to attend.

Staff were observed to be facilitated with training as related to some residents' needs. This included behavioural support, restrictions and autistic spectrum disorders.

The inspectors found that the need for a restrictive free environment for residents was acknowledged and there was evidence of due process regarding the usage of restrictive procedures. Residents' restrictive practices were referred to the service's ethics committee for audit and review with some residents' restrictions subsequently discontinued. Individualised protocol documents were present to guide staff in the administration of psychotropic PRN with residents and the usage of this medication was monitored.

However, the inspectors noted that improvements were required with regard to the timeliness of the reviews of residents' restrictive practices and with clearly informing and gaining consent from some residents' families. Residents' restrictive practices were not reviewed within their stipulated three monthly timeframe. Also, tracking of the usage and implementation of restrictions with some residents was not clearly collated and utilised in reviews.

The policies as required by regulation were available to inform staff practice and supports to residents.

Judgment:

Non Compliant - Moderate

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:

Overall, the inspectors found that residents in this centre were supported to achieve and enjoy the best possible health.

A review of residents' files and observations demonstrated that residents' healthcare needs were responded to in a timely manner. Assessments were completed with support plans subsequently developed, implemented and reviewed. Residents had access to and were supported by a multidisciplinary team which included physiotherapy, psychiatry and clinical nurse specialists. Residents were also facilitated in attending allied support professionals, for example, neurology and ophthalmology.

Residents had access to a general practitioner of their choice both on campus and whilst they resided at home.

The inspectors observed that residents' food and nutrition needs were supported. Meals were supplied from a centralised service with snacks and drinks available to residents outside of mealtimes. Choice was facilitated with residents both in the menu planning stage and on a daily basis. The mealtime experience was relaxed.

The centre now had it's own grocery budget and residents were encouraged to participate in shopping for food items. Healthy eating and lifestyle was promoted with residents.

There was evidence that residents were referred to and supported by a dietician where required.

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 was a suite of written operational policies and guidance documents relating to the ordering, prescribing, storing and administration of medicines to residents. This included a local policy to underpin practices regarding residents that utilised the centre on a "timeshare" basis. Medicines in the centre were stored as required and residents' medication records were kept in a safe and accessible place.

Residents were noted to be supported by a pharmacist of their choice, either from a pharmacist on site in the campus or from their local community pharmacy.

The inspectors observed evidence of residents' medication needs being regularly reviewed by both their general practitioner and by their psychiatrist. Protocol documents were present to support and guide staff in the administration of PRN medication to residents.

Medication in the centre was administered by nurses and care staff that had completed appropriate training. The inspectors observed the nurses' signature bank list with their correlating registration numbers. Also, the inspectors noted that non-nursing staff completed clinical assessments and further education.

There was a system in place for reviewing and monitoring safe medication management practices.

The inspectors noted that no residents in this centre were responsible for the administration of their own medication.

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):

No actions were required from the previous inspection.

Findings:

Overall, the inspectors found that the centre had systems in place to ensure that the service provided was safe, appropriate to residents' needs and monitored. The inspectors observed that the centre's systems and processes underpinned the care delivery, for example, through the health and safety structures. However, some improvement was required in relation to the process of annual review.

There was a clear management structure with lines of authority and accountability. The inspectors observed minutes of meetings between the CNM1 and the CNM3 who had particular responsibility for this centre. Staff spoken with were found to be clear regarding the reporting structures within the centre, including the out of office hours support arrangements.

The person in charge (PIC) post at the time of inspection was being covered by a person

participating in management/clinical nurse manager 1 whilst a recruitment campaign to permanently fill it was undertaken.

There was evidence of self assessment and monitoring with the six monthly unannounced visits completed by the provide nominee and implementation of the annual review process. The inspectors reviewed the 10 September 2015 annual review. The assessment was completed according to the themes, standards and regulations with correlating areas for improvement identified. However, this review did not have evidence of consultation with the residents and their representatives regarding the quality and safety of care and support in the centre.

An annual review for 2016 was planned for completion by the year end, as per the recommendation in the centre's most recent unannounced visit on 27 October 2016.

Inspectors observed that there were opportunities for staff to exercise their personal and professional responsibility for the quality and safety of care delivered to residents.

Judgment:

Substantially 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:

Overall, inspectors found that there was appropriate staffing levels to meet the assessed needs of the residents in the centre. However, improvements were required in relation to staff training.

The centre maintained a planned and actual roster. Inspectors reviewed a two week sample of the roster and found that there was appropriate staffing levels to meet the assessed needs of the residents in the centre.

Inspectors did not review staff files during this inspection as the previous inspection found that staff files met the requirements of Schedule 2.

Inspectors reviewed a sample of staff training and found that not all staff had up-to-date mandatory training in safeguarding vulnerable persons, manual handling and in

medicines management. This was discussed at the feedback meeting.

Inspectors observed evidence of regular staff meetings which had a clear agenda format. Staff spoken to felt supported by the management of the centre. Staff members' interactions with residents were observed to be person centred and positive. Residents appeared comfortable with staff over the course of the inspection.

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 a health and safety statement in place however, it was not up to date. The centre was in the process of updating this.

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 report¹

Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Company Limited by Guarantee
Centre ID:	OSV-0004028
Date of Inspection:	30 November 2016
Date of response:	07 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:

Inspectors found areas and practices whereby residents' right to privacy and dignity were compromised as detailed within the body of the report.

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 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

1. Written Report to be received from Director of Logistics by 28th February on type of fencing or alternative structure that can be used to promote increased privacy in one part of the designated centre.
2. Funding for the fencing or structure to be included in 2017 budget estimates by Service Manager by 30th January 2017.
3. Fencing or alternative structure to be in place by 30th April 2017

Proposed Timescale: 30/04/2017

Theme: Individualised Supports and Care

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

Inspectors found that storage of residents' clothes and possessions in an external unsecured storage area was not adequate.

2. Action Required:

Under Regulation 12 (3) (d) you are required to: Ensure that each resident has adequate space to store and maintain his or her clothes and personal property and possessions.

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

1. PIC will organise for each Resident who attends the centre under time share arrangements to have access to a cupboard in the designated centre to store belongings that do not go home on a weekly basis.

Proposed Timescale: 31/01/2017

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:

Residents' social care planning required improvement regarding assessment, goal identification, planning, review and integration of goals into their plans and daily supports.

3. Action Required:

Under Regulation 05 (1) (a) 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 prior to admission to the designated centre.

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

- (a) PIC will organise for an audit of each resident's personal plan and devise an action plan to address improvements required by the 30th April 2017.
- (b) Social Role Valorisation training will be provided to all direct support staff in the designated centre by 30th April 2017
- (c) PIC to set up 3 monthly meetings with residents and keyworkers to review progress of PCP goals and objectives. This will be an ongoing process.

Proposed Timescale: 30/04/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

As identified in the body of the report there was an issue with the upkeep and maintenance of the premises.

4. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

- (a) PIC and Maintenance Manager to ensure that repairs carried out by maintenance staff or external tradesmen are documented in the maintenance file.
- (b) PIC has contacted Service plumber and requested an alternative proposal to address the problem with overflow pipe. This to be addressed by 31st March 2017

Proposed Timescale: 31/03/2017

Theme: Effective Services

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

The premises were not designed and laid out to meet the needs of some residents.

5. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

- An external consultant with expertise in Autistic Spectrum Disorder has been

contracted by the organisation to complete a review of the environment within one area of the designated centre and make appropriate recommendations. Review to take place on the 10th February 2017.

Proposed Timescale: 28/02/2017

Theme: Effective Services

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

Some areas of the designated centre did not meet all the requirements of schedule 6. Adequate private and communal space was not available to some residents.

6. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

- An external consultant with expertise in Autistic Spectrum Disorder as been contracted by the organisation to complete a review of the environment within one area of the designated centre on the 10th February and make appropriate recommendations.
- The external consultant is participating in a full clinical review on the 10th February for one resident with Autistic Spectrum Disorder within the centre.

Proposed Timescale: 28/02/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Clear communication with family representatives of some residents' restrictions and of consent for their usage was not evident.

7. Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

(a) The PIC and CNS in Behaviour will devise user friendly information on restrictive practice for each resident outlining the restrictions in place relating to them by 31st March 2017

(b) Families are updated at annual MDT meeting in relation to restrictive practices in place for their family member. In addition PIC will speak with each resident and their

family representative outline the restrictive practices currently in place and the reason for same by 30th April 2017
(c) Template for 3 monthly review of restrictive practice meetings to be amended by PIC to ensure communication with resident/family representative regarding restrictive practices is clear.

Proposed Timescale: 30/04/2017

Theme: Safe Services

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

Residents' restrictive practices were not reviewed within the required three monthly timeframe.

8. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

PIC to ensure that restrictive practices are reviewed on a three monthly basis and that review dates are clearly highlighted in the centre diary. If a review is cancelled an alternative date to be agreed as soon as possible.

Proposed Timescale: 30/06/2017

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:

The annual review of the quality and safety of care and support in the centre did not facilitate consultation with residents and their representatives.

9. Action Required:

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

Annual review of quality and safety will be carried out by the Quality and Risk Officer by 31st May 2017. This review will include a sample consultation with family members of individuals supported in the service (2- 3 families). In addition to this the review will invite consultation from two residents supported in Maple House.

Proposed Timescale: 31/05/2017

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 training in manual handling, safeguarding and the safe administration of medication.

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:

- (a) PIC to review training records by 31st January to identify staff who require refresher mandatory training and allocate dates for training based on training calendar for 2017
- (b) Staff who required SAM training attended on 17th January 2017
- (c) Staff who required refresher manual handling training is due to attend training on 2nd March 2017.

Proposed Timescale: 31/03/2017

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 health and safety statement was not up to date.

11. Action Required:

Under Regulation 04 (2) you are required to: Make the written policies and procedures as 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 available to staff.

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

PIC to review and update the Health and Safety Statement

Proposed Timescale: 30/04/2017