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A designated centre for people with disabilities operated by Praxis Care, Westmeath

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**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Praxis Care
Centre ID:	OSV-0001915
Centre county:	Westmeath
Email address:	irenesloan@praxiscare.org.uk
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Praxis Care
Provider Nominee:	Irene Sloan
Lead inspector:	Ciara McShane
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
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 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: 25 July 2014 09:10 To: 25 July 2014 16:00

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 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This was the centre's first inspection carried out by the Authority. The centre catered for seven residents, two of whom shared a service through rotation. The service provided care, welfare and support to adults, both males and females, with a variety of complex physical, intellectual and health care needs. The centre was supported by staff 24 hours a day, a sleepover and waking night staff was on duty to meet the assessed needs of the residents. The centre forms part of the Praxis Care group.

As part of the visit, the inspector engaged with staff and residents, reviewed relevant documentation including personal plans, medical files, medication, policies and procedures in addition to staff files. The person in charge was present throughout the day.

It was evident that residents had a good quality of life and were sufficiently supported by staff to live a life of their choosing that was active enabling the residents to link with family members. The person in charge and staff members were knowledgeable of residents needs were observed respectfully engaging with residents.

The premises where residents lived were homely. Each resident had their own bedroom, majority of which had en suites. The units were clean and for the most

part well maintained. Areas of improvements were identified during the one day inspection, including but not limited to, deficits in risk management, medication management, care planning and meeting the assessed health care needs of residents.

Areas requiring improvement are identified in the action plan at the end of the report for action by the provider and person in charge in order to ensure compliance with Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Quality Standards for Residential Services for Children and Adults with Disabilities.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013 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):

This was the centre's first inspection by the Authority.

Findings:

For the most part residents had their rights and dignity respected and were consulted in the running of the centre, however improvements were identified to comply with the Regulations.

The inspector spoke with a resident who said they were treated well by the staff and enjoyed living in the centre. The residents told the inspector they attended resident's meetings where they could raise any items regarding the running of the house and give input for a preferred menu. The inspector reviewed the minutes from the resident's meetings, the last meeting was held June 2014 and they occurred each month. When and where possible residents also assisted with the grocery shop.

Resident's privacy was respected. Each resident had their own room and there were privacy locks on bathrooms. Staff were seen and heard knocking on resident's bedroom door and waiting for a response prior to entering. The centre had additional space where residents could meet with visitors in private. The inspector saw a number of resident's bedrooms; they were well maintained and personalised to reflect the resident's choices.

The inspector saw the complaints policy which was reviewed May 2013. The complaints policy was not displayed in the centre and was not in a format accessible to all residents. The inspector saw a leaflet that summarised the complaints procedure that was accessible to a small minority of residents. Residents told the inspector who they would make a complaint to should they have one, a resident confirmed that they had previously made a complaint and stated they were happy how it was dealt with. The inspector reviewed the complaints log and noted that complaints had been received from residents. It was unclear if feedback had been given to the complainant or if the

complainant was satisfied with the outcome, the option to include this was not available on the complaints form. Subsequent to the inspection the inspector was shown a complaints leaflet that was accessible to residents.

Judgment:
Non Compliant - Minor

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector reviewed a sample of contracts and information regarding admissions that was stored in residents files. The inspector saw that there was a pre admission assessment completed along with a move in action plan and an accompanying checklist. The resident along with their representative had the opportunity to visit the centre prior to moving in. Each file reviewed had a contract of service, in addition to a transport agreement and a tenancy agreement. The contract of services was not reflective of all services the resident could expect to receive and it failed to outline what the contribution covered. Services that were not covered and for which a resident may incur an additional charge was also not outlined. However, the transport agreement which outlined the organisation's expectation for contribution towards transport arrangements was clear and explicit. All contracts were not in a format accessible to all residents and required review.

Judgment:
Non Compliant - Minor

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector reviewed a sample of resident's files and for the most part it was evident that the care, welfare and complex support needs of the residents were being met. This was also evident from speaking with the person in charge. However all care, welfare and support provided was not always consistently documented or the care plans sufficiently detailed and developed to reflect how the actual needs of the residents were being met and what systems were in place to achieve this. From speaking with residents and documentation it was evident that residents, as far as possible, had meaningful lives, engaged with family and friends and partook in a variety of activities which staff supported them with. Improvements were required with regards to this outcome to comply with the Regulations.

Each resident living at the centre had a personal plan in addition to a working file where daily notes and a number of medical updates were recorded, which in time was transferred to their main personal plan. Personal plans identified seven outcome measures that residents, along with the support of staff, worked towards. The outcomes included, but were not limited to, quality of life, making a positive contribution, exercise of choice and control and improved health. The layout of the person plans and the outcomes that were measured against required development. It was unclear in all areas how each need was being met, by whom along with dates and time frames. It was clear in some personal plans that referrals had been made to specialists so that a specific need could be met, however this was not consistently completed for all aspects of residents needs.

Personal plans, monthly reviews and other documentation were not always connected. Monthly reviews were in place; these were completed and were informative. However, not all information that was highlighted in the monthly reviews was connected to the personal plan. Similarly individual needs within the plan were not always connected to systems that were in use. The inspector reviewed the personal plan for a resident that highlighted their lack of verbal communication skills. However, the resident had a communication plan which was not referenced to in that section of the personal plan. The inspector reviewed the communication plan, although it was informative it did not accurately reflect the resident's current needs, it did not include all aspects of their communication abilities, it was also unclear when it was developed and by whom as this detail was not present.

Personal plans were not always updated as resident's needs changed. The inspector saw that a resident's weight, which was being monitored along with their dietary intake, had decreased; this was not reflected in their personal plan. Personal plans were not in a format accessible to residents and it was unclear that residents were involved in the development of their plans or their review of their plans. Where this was not possible for residents it was also unclear that their representatives were involved.

For the most part residents had a day service they were supported to attend, for those where this was not available, the centre was pursuing a placement and in the interim there was a structured activity based day developed to meet their needs. Residents took part in a variety of activities including baking, drama classes, day trips to farms, daily walks in addition to a visit from a pet therapist weekly and other appropriate activities of their choosing.

Care outlined in the personal plans was not always evidenced based and the input from specialists was not always sought. The inspector saw in one plan a suggested change in a residents dietary intake, a referral to a specialist seeking direction had not been sought if this option was most beneficial for the resident. It was evident; however residents had some access to multidisciplinary support such as a behaviour support specialist, speech and language therapy, psychiatry and other clinical 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):

This was the centre's first inspection by the Authority.

Findings:

The centre was a large home situated in the countryside a short distance from a nearby town. The centre was surrounded by large well kept gardens, had sufficient parking and was secured by electric gates due to its location off a road.

The centre was a two story building with bedrooms on each level. Each resident had a large spacious room with adequate storage to meet their needs and personalised to reflect their individuality. Some residents had photographs of family members and friends in their room. The centre had planning permission to extend the centre so that a resident who had specific needs had more space. The inspector was told that this would be completed within a number of months. The extension would not result in an increase in residents. Five of the bedrooms have en suite bedrooms. In addition there was a kitchen, a utility room, a large dining room, lounge room and a conservatory.

Minor improvements were required to fully comply with the Regulations. A piece of garden furniture, a bench, had collapsed and required to be repaired. Items were

inappropriately stored in the boiler room and a resident's en suite had a significant amount of unused equipment stored in it.

Judgment:
Non Compliant - Minor

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):

This was the centre's first inspection by the Authority.

Findings:

While there were some satisfactory arrangements in place to manage risks, non compliances were identified in the health, safety and risk management arrangements.

There was a risk assessment and management policy in place which had recently been reviewed May 2014. The policy, although informative, failed to outline the need to review risks once identified and failed to guide staff sufficiently in developing a risk register. The centre did not have a risk register and therefore all risks had not been sufficiently addressed. Each resident had a risk assessment profile in their file which identified some areas of risk. Further development was required to ensure clarity regarding the level of risk, what the controls were and who was responsible for ensuring the risk was mitigated or minimised. Where risks had been identified a risk assessment was not always completed. For example a resident who was at risk of eloping did not have a detailed risk assessment available. Also the kitchen door was locked at all times due to the needs of one resident; however there was no risk assessment available. In addition there were window restrictors placed on the windows upstairs however there were none on the ground floor windows which were more accessible.

Fire safety was been managed satisfactorily. Fire drills took place regularly, the most recent was July 2014, all residents and staff on duty that day were present. The evacuation plan was clearly displayed and a resident told the inspector what they would do if the fire alarm sounded. The servicing of fire extinguishers and the fire panel was up to date.

There was a handrail on both sides of the stairs to ensure residents were supported and the ground floor was large enough for residents to safely navigate around.

Judgment:
Non Compliant - Major

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

This was the centre's first inspection by the Authority.

Findings:

Generally, the inspector found there were arrangements in place to safeguard residents and protect them from the risk of abuse. The inspector viewed the safeguarding adults policy and procedure last reviewed February 2013. The document outlined the types of abuse and the role staff should take if they were alerted to an alleged incident of abuse. It also contained useful information for staff on recognising abuse and how they should respond to any suspicions of abuse. However, greater clarity was necessary regarding the need to protect evidence preceding an allegation of abuse. The safeguarding policy identified a designated nominated officer. This required revision as the designated officer was an individual at senior management level, located a significant distance from the centre in the organisation's head office and therefore not readily accessible to residents. The details of the designated officer were also not displayed in all units. The policy required further refinement in relation to being centre specific, the policy referred to bodies outside of Ireland that were irrelevant to the service being provided.

The inspector viewed the organisation's policy and procedure for the management of behaviours that challenged was detailed and applicable to some of the residents living in the centre. The approach to supporting residents with behavioural difficulties was one based on prevention that minimised aggressive behaviour and maximised a person centred approach to the care and services being provided. The inspector reviewed a behavioural support plan for one individual. The content was difficult to decipher; the triggers of the behaviours were not easily identifiable, the proactive and reactive strategies were unclear in guiding staff in practice and elements of the behaviour support plan were ambiguous. Significant changes in a diet were recommended without detailed reasoning or guidance in how this would be achieved and in the absence of a referral to a general practitioner and dietician. A refined document was necessary to clearly guide staff in their practice and response to individual behaviours that challenge.

For those residents that had restraints in situ, mainly chemical and physical, consent forms were not in place. A risk register was also not in place to identify the restraint being used, the duration of their use, if it the least restrictive method was tried initially. There was also no review of the restraint use evident.

Judgment:

Non Compliant - Moderate

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):

This was the centre's first inspection by the Authority.

Findings:

There was a medication policy in place in addition to a policy on the storage, administration, prescribing and disposing of medication. The policy was not centre specific and outlined procedures for the management of medication for children.

The centre used a Venalink system which was delivered by the local pharmacy. The team leader had initial responsibility for administering medication; in the absence of a team leader a health care assistant administered it. All staff had training in medication administration. A health care assistant competently told the inspector about the medication for one resident. They were what each medication looked like, what it was for and were also familiar with the generic names.

Improvements were identified in the prescription sheet, the address of the resident was not outlined and the medication administration record sheet was labelled as the prescription sheet, this required review.

The inspector reviewed the medication of a resident, the staff failed to follow the correct days and dates as per the identified weeks on the Venalink and failed to returned or segregate unused medication. This posed a significant risk and error in medication administration. A system review was necessary to ensure this was not repeated. The person in charge stated she would address the non compliance.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

Findings:

The person in charge was suitably qualified and experienced to manage the centre. She had a relevant degree and has worked for the organisation for six years. The person in charge was aware of the standards and was in the process of developing her knowledge of the Regulations. She was aware of her responsibility to notify the authority as per the requirements of the legislation.

Residents spoken with were aware of who the person in charge was. Staff told the inspector they were supported by the person in charge, attended staff meetings in addition to individual supervision meetings. Staff meetings occurred monthly, records for these were available on the day of inspection. A planned agenda for the staff meetings was prepared and staff added items to the agenda prior to the meeting.

The inspector saw from staff files that, for the most part, supervision occurred monthly and detailed minutes of these were maintained. There was a satisfactory out of hour's on-call system available to support staff. Managers were on-call in direct response to the staff in the centres; assistant directors of nursing supported the managers out of hours, who in turn were supported by a member of the senior management team who was on-call.

The person in charge identified the training needs for staff through supervision but also through use of a training needs analysis. The team leader ensures that each staff is performing adequately while they work on shift with staff and through regular audits in areas such as medication.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector reviewed a sample of four staff files, some non compliances were identified including but not limited to a full employment history.

There was sufficient staff on duty on the day of inspection to meet the needs of the residents present. There was a planned and actual roster which reflected the staff that were on duty on the day of inspection.

From the documentation reviewed, it was evident that staff were supervised. Each staff file had detailed supervision notes. The organisation's policy was to ensure that supervision occurred ten out of twelve months, the centre was adhering to this.

Judgment:

Non Compliant - Minor

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:

Ciara McShane
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 Praxis Care
Centre ID:	OSV-0001915
Date of Inspection:	25 July 2014
Date of response:	20 August 2014

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The complaints policy was not in a format accessible to all residents.

Action Required:

Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

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

Service User friendly versions of complaints policy, pictorial, widgets and written have been forwarded to Inspector for approval of same. Should they not meet the standard expected the person in charge will liaise with the Governance Department to ensure a

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

review is carried out.

Proposed Timescale: 18/09/2014

Theme: Individualised Supports and Care

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

A copy of the complaints policy was not displayed in the centre in a prominent position.

Action Required:

Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

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

Service User friendly version of Complaints policy has been removed from Service user notice board and is framed in the dining area beside the notice board.

Proposed Timescale: 05/08/2014

Theme: Individualised Supports and Care

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

It was unclear if complainants were informed of the outcome of their complaint.

Action Required:

Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed promptly of the outcome of their complaints and details of the appeals process.

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

An Outcome box has been added to the current proforma to note the date of when and how the complaint has been dealt with, alongside the complainant's acceptance/non acceptance of the result. Governance Department are approving a draft version.

Proposed Timescale: 18/09/2014

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The care, welfare and support, inclusive of additional services, and their fees were not clearly outlined in the service agreement.

Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

The Governance Department has changed the layout of the residential agreement by removing the financial section and has created a separate bills agreement. The bills agreement clearly outlines the client contributions and how these are costed.

Proposed Timescale: 01/08/2014

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:

Resident's wishes/aspirations were not always satisfactorily addressed in key worker meetings and documented accordingly in their personal plans.

Action Required:

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

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

Person in Charge addressed the difference between daily living activities and long-term wishes/aspirations. This was discussed in both the staff and team leader August meetings. The key-worker monthly meetings template has been amended to include daily activities separate to wishes/aspirations. Person in Charge will monitor these on a monthly basis through supervision.

Proposed Timescale: 31/08/2014

Theme: Effective Services

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

There was insufficient evidence that residents fully participated in the development/review of their personal care plans or where appropriate input received from their representative.

Action Required:

Under Regulation 5 (4) (c) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which is developed through a person centred approach with the maximum participation of each resident, in accordance with the resident's wishes, age and the nature of his or her disability.

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

Service User's were offered the choice of having a condensed pictorial personal plan or a communication board in addition to their comprehensive assessment and plan. These encapsulate the rights, needs, and goals of each service user through pictures. The boards or personal plans will remain in their bedrooms to prompt the service user's daily involvement in their personal plans. Service user's input into the review of their personal plans will be noted through key-working meetings and documented in their personal plan in the consent section.

Proposed Timescale: 31/08/2014

Theme: Effective Services

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

Personal plans were not in a format accessible to all residents.

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:

A condensed pictorial personal plan will be in addition to their current assessment and plan. This plan will be in a format accessible to each service user and will include their rights, wishes/aspirations and needs for the upcoming year. This will be reviewed inline with the service user's comprehensive assessment and plan.

Proposed Timescale: 31/08/2014

Theme: Effective Services

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

Reviews were not timely in line with the change in resident's needs.

Action Required:

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

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

Person in charge will ensure all service user needs are reviewed in accordance with regulations. The Person in charge will address each service user's current needs through staff supervision and monthly staff meetings to highlight the changes required to the current assessment and plan. The assessment and plan is reviewed at least 6 monthly or as changes occur, Multi Disciplinary Team reviews are held annually or on an emergency basis as needs change. Person in charge will document this through monthly team leader supervisions.

Proposed Timescale: 26/08/2014

Theme: Effective Services

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

It was not evident that reviews were conducted with maximum participation of each resident or their representative where appropriate.

Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

Annual Review meeting reports will be amended to include a list of invited persons and will record their non/ attendance and possible reason for same. Service user capacity around attendance to be recorded in their Assessment and Plan under the consent section.

Proposed Timescale: 25/08/2014

Theme: Effective Services

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

Those responsible for actions, resulting from a review of a personal plan, in addition to agreed time-frames were not always outlined.

Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

Actions noted through a review of a service user will be communicated by Person in charge and the team leader to staff key-working that service user. Actions will be communicated to all staff through daily handovers and monthly staff meetings. The key-working team meet with the service user on a monthly basis to discuss their wishes, goals and needs. Following this meeting the key-working team will update the service user's personal plan as changes occur. Team Leaders supervise those support staff in their key-working team to ensure continuity of care and that actions are followed up on. Person in charge will check these changes are documented and acted upon in a timely manner through monthly supervision of team leaders.

Proposed Timescale: 31/08/2014

Theme: Effective Services

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

From a sample of personal plans, monthly reviews and other documentation, which were disconnected, it was unclear if consistent arrangements were in place to guide staff in meeting the assessed needs of all residents.

Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

An appointments log has been created for each service user to evidence attendance at appointments highlighting continuity of care. An identifier page now outlines the problematic areas which require separate assessment for each service user at the start of their assessment and plan. The monthly review of the service user is under review to better evidence the continuity of service user care needs being met.

Proposed Timescale: 12/09/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

A piece of garden furniture required repair.

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:

Furniture was removed on 8th August. An environment officer will be identified at August Staff meeting within the staff team to ensure any items of maintenance are recorded and dealt with in a timely manner.

Proposed Timescale: 27/08/2014

Theme: Effective Services

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

Items were inappropriately stored in the boiler press and in the ensuite of a resident.

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:

Items have been removed from the boiler room and en suite. Person in charge discussed appropriate storage at team leader meeting to ensure items are stored in line with regulations. A monthly Health and Safety check will include a check on appropriate storage of items.

Proposed Timescale: 29/08/2014

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:

Individual risk assessments, where risk had been identified, were not always completed.

The centre did not have a risk register.

Window restrictors were not present on all windows in a unit where there was a risk of eloping.

The risk policy required review.

Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

1. Individual risk assessments have now been identified for each resident. Areas identified as requiring a risk assessment are noted on a service user specific problematic identifier page in their personal file. The actual risk assessments will accompany the identifier page. 15/08/2014
2. A risk register has been created specific to the scheme incorporating clinical and non-clinical risks. Additional risks will be entered as they are recognised and assessed. 22/08/2014
3. A risk assessment has now been carried out on the risk of absconding. It identified further control measures outlined that will be put in place. 05/09/2014
4. Person in charge has liaised with the Governance Department to ensure that the Risk policy is reviewed. 18/09/2014

Proposed Timescale: 18/09/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Consent had not been received for all restrictive interventions as detailed in resident's files

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:

Person in charge has carried out risk assessments on problematic areas for each service user with the team leader key-working each service user. If restrictive interventions are required to ensure the safety of the service user, consent to carry out these interventions will be signed off as appropriate by the service user, their multi-disciplinary team, next of kin or General Practitioner. The use of restrictive interventions will be monitored on a monthly basis as part of an internal regulatory audit.

Proposed Timescale: 05/09/2014

Theme: Safe Services

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

There was no restraint register in place therefore it was unclear if the least restrictive practice was used for the shortest duration during an intervention of behaviour that challenges or if the restrictive practice was reviewed.

Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

Person in charge has liaised with our Governance and Training Department to ensure that an appropriate organisation wide template for a restraint register is created. This will outline pro-active strategies, such as calming, diffusing or distraction prior to considering use of a restrictive practice. It will then outline the restrictive practice used and the duration of use. The restraint register will be reviewed as part of an internal monthly regulatory report to ensure restrictive practices are reviewed in line with service users needs.

Proposed Timescale: 18/09/2014

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 that was not used and due to be returned to the pharmacy was not safely secured and segregated from other medications that were in use.

Action Required:

Under Regulation 29 (4) (c) 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 out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

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

A Service Level Arrangement has been created to be agreed between the pharmacy and the scheme whereby unused tablets are popped daily at prescribed times into a returns bottle and returned to the pharmacy on a monthly basis.

Proposed Timescale: 29/08/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

All documentation in relation to Schedule 2 was not present in all staff files.

Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

Staff application forms are on file providing that there are no gaps in employment history. New application forms have incorporated a section to ensure any gaps in employment are addressed. Any staff with gaps identified on the application form will complete Curriculum Vitae to evidence any such gaps.

Proposed Timescale: 30/08/2014