

# eDeposit Ireland

## A designated centre for people with disabilities operated by Health Service Executive, Donegal

Item Type	report
Authors	Jolley, Geraldine;McCann, Mary
Citation	Geraldine Jolley, Mary McCann, 'A designated centre for people with disabilities operated by Health Service Executive, Donegal', [report], Health Information and Quality Authority, Compliance monitoring inspection report (Ireland. Health Information and Quality Authority. Regulation Directorate). Designated centres under Health Act 2007, as amended., 2015-03
Publisher	Health Information and Quality Authority
Rights	Y
Download date	2026-05-13 21:34:33
Link to Item	<a href="https://hdl.handle.net/20.500.14765/73593">https://hdl.handle.net/20.500.14765/73593</a>

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Health Service Executive
<b>Centre ID:</b>	OSV-0003323
<b>Centre county:</b>	Donegal
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	John Hayes
<b>Lead inspector:</b>	Geraldine Jolley
<b>Support inspector(s):</b>	Mary McCann
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	19
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

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

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

From:	To:
07 August 2014 11:00	07 August 2014 19:00
08 August 2014 09:00	08 August 2014 15:30

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

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 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

This was the first monitoring inspection of this centre. During the inspection the inspectors met with residents and staff members. The inspectors observed the delivery of care, documentation including personal plans, healthcare records, accident and incident reports, policies, procedures and staff files.

The designated centre is known as the James Connolly Memorial Hospital. It can accommodate up to nineteen adults of both genders with intellectual disability. At the time of the inspection twelve male and seven female service users who had a varied range of care needs were accommodated. Bedroom, general living space and communal facilities are located on the ground floor. There are plans to provide community based housing for service users to replace this congregated setting. The person in charge told inspectors that the community options are being actively explored taking in to account service user's needs for support. At present there are no plans to admit new service users.

Inspectors found that staff were dedicated, well informed and had a focused approach to the provision of a person-centred support to service users. They were

well supported by the person in charge and clinical nurse manager who were actively involved in the daily activities and general management of the service. Staff were committed to the provision of meaningful life experiences and positive outcomes and to do this were diligent about the assessments of care needs and ensuring that adequate staff were available to support service users safely. Staff supported service users to engage to their maximum abilities and to make decisions and choices about their lives. In some cases one to one support was provided for parts of the day to ensure safety and well being. There was evidence that service users' healthcare needs and access to general practitioners (GP) were being facilitated and psychosocial needs were supported. The inspectors found that staff had established good relationships with allied health professionals which had enhanced service users' care and improved outcomes.

The inspectors identified areas that required improvement to comply with the regulations. These included aspects of personal plans that required improvement, particularly the descriptions of resources required to achieve targets and progress achieved. Confirmation that all staff had received training in topics such as fire safety, adult protection and moving and handling was not available and there were some policies and procedures such as the fire safety and adult protection that required change to meet legislative requirements. There were aspects of the premises that compromised privacy such as communal bedrooms and a lack of facilities such as wash hand basins in bedroom areas.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National 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, 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 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 person in charge told inspectors that there had been no admissions for many years as plans to provide more appropriate community accommodation were being explored. There were no contracts for the provision of services in place.

**Judgment:**

Non Compliant - Moderate

**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:**

Inspectors reviewed a selection of personal plans which were comprehensive, centre specific and generally person-centred. Inspectors noted that they detailed individual

plans in relation to service users' identified needs including behavioural challenges, supports, medical issues and strategies agreed with residents to support them to reach their goals. For example the inspectors saw how residents with significant challenges were supported to go home regularly. Inspectors observed that they were good links maintained with family members. The majority of service users had key family members who they visited or who visited them in the centre.

There were significant connections to the local community and service users were supported to access facilities and services in the town such as shops, hairdressers and cafes. Photographs of service users and staff attending local and family events were on display and formed part of personal plans. Personal plans were reviewed annually or more frequently if there is a change in needs or circumstances. There was evidence of service users involvement in developing and reviewing their personal plan but in some instances there were goals set for achievement but resources to achieve the targets were not clear and progress was not evaluated when the personal plans were reviewed. The sample of residents' personal plans reviewed indicated that they were not made available in varied formats to ensure that they were accessible and could be understood by residents.

The inspectors found that a varied range of social options were available to residents. Transport specifically for the centre was available. During the inspection some were going out to a local festival in the evening. The regular daily activities included reflexology, massage sessions and the use of the multi-sensory room as well as day care options. There was an accessible garden area that was noted to be well used by services users. Garden furniture had been adapted to ensure that it was safe and could be used by highly dependent service users including those using specialist equipment and wheelchairs.

**Judgment:**

Non Compliant - Minor

**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 services and accommodation provided in this congregated setting are scheduled to be replaced and housing options in the local community are currently being explored. The building has served as a residential setting since 1972 and while clean and tidy, was

in need of refurbishment and decoration.

The accommodation for service users is located on the ground floor. There were sitting and dining areas that were well furnished and where staff had made significant efforts to ensure they were home like and relaxing for service users. Photographs, pictures, ornaments and calm colour schemes contributed positively to the atmosphere. The dining room was well organised with good space to facilitate service users chairs and there were two sittings arranged at meal times to ensure that noise was kept to a minimum and that residents had sociable enjoyable meal times.

There are three single bedrooms and the remaining bedroom accommodation is multiple occupancy with each room accommodating up to six service users. The inspectors saw that a range of beds were provided in accordance with service user's assessed needs.

The premises issues identified during the inspection that need attention include:

- communal bedroom arrangements do not afford good levels of privacy despite the screens in place
- toilet areas have doors that do not fully enclose the area(open top and bottom)
- some areas including radiators had paint damage and needed repainting
- there were no lights over beds

**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):**

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

**Findings:**

The inspectors were satisfied that there was evidence of the organisation's commitment to risk management and health and safety, however, some improvements were identified. There was a risk management policy in place and a system for identifying and managing varied risk factors. Chemicals were stored securely in the interest of safety to residents and visitors. Infection control practices in relation to hand hygiene were robust. There was a range of policies to guide staff in best practice. Staff were observed to be vigilant with hand hygiene practices and there was an ongoing training programme on this topic.

Risks and hazards identified as posing a risk to residents were identified in their personal plans with controls to minimise the risk of harm or injury. Residents identified as at risk of choking had measures in place to reduce the risk. Modified consistency diets were

described in personal plans and recommendations from speech and language therapy assessments were available and followed by staff.

The inspectors reviewed the fire safety arrangements. The fire alarm, smoke and heat detectors were checked and serviced routinely. Fire extinguishers were serviced annually and the fire alarm and emergency lighting was noted to have been checked and serviced in March 2014. There was a program for fire safety training in place however the method for recording staff attendance at training required improvement as it could not be determined that all staff attended fire training regularly and the record indicated that some staff had not had training over the past year. There was a system of regular fire drills and a recent drill had included a demonstration of fire extinguishers. There were emergency evacuation plans in place but these did not reflect accurately service users' personal needs or changes in circumstances. For example one resident had acquired a wheelchair since the assessment was completed but this was not reflected in the plan and capacity to use the wheelchair was not recorded. Staff could describe the regular checks of fire equipment that were completed and the outcome of recent fire drills conducted on 28 May and 7 July 2014. They were aware of how to extinguish fire to clothing by using a fire blanket. The reports of fire drills were noted to improve in content with a debriefing session to discuss the event recorded following the most recent drill. There were weekly recorded checks of the fire alarm, evacuation sheets and fire doors. Fire exit or fire panel checks were not recorded as complete to ensure they were functional at all times.

The inspectors noted there were systems in place to ensure the transport vehicle used by the service was roadworthy, insured and equipped with appropriate safety equipment.

The staff team were noted to observe safe moving and handling techniques. Many service users required full assistance in all activities of daily living and considerable support was required from staff to ensure their safety and well being. There were recorded moving and handling assessments in place, however, the inspectors noted that the while some staff had attended moving and handling training the records were not sufficiently complete to determine if this was completed by all staff within the required time frame.

The risk management policy required review as it did not meet all the requirements of the regulations. It did not cover the identification and management of all risks relevant to the centre and residents needs. For example service users at possible risk of seizures did not carry emergency medication when out of the centre although other emergency medication was provided. Staff also needed to have training in the emergency administration of such medications when out of the centre.

There was a system in place to record accidents and incidents. While the records described the event and the subsequent first aid or medical care provided where falls were not observed neurological observations were not recorded in line with good practice for falls management and the prevention of further complications.

**Judgment:**

**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:**

The inspectors reviewed the local policy and procedures for the prevention, detection and response to safe guarding issues. While there was comprehensive information available and a flow chart that summarised the process the inspectors found that a revision was required to ensure that staff had clear unambiguous information on reporting to senior staff, to the designated caseworker and where required to the gardai. Staff had training in protection of vulnerable adults and in the Health Service Executive Trust in Care policy and refresher training was underway according to the person in charge however, the inspectors identified that some staff had not had refresher training for some time.

An allegation of abuse made in June 2013 was noted to have been recorded and reported appropriately. However, the inspectors noted that improvements to the recording and investigation systems were required as there were gaps in the conduct of the investigation. The proceedings of some meetings were not recorded and some that were recorded were not signed. The investigation also appeared to be of prolonged duration without clear explanation for the delay. The inspectors concluded that staff training in this area should be a priority to ensure that procedures are followed appropriately.

The inspectors found that there were secure arrangements in place regarding the management of residents' finances which were supported by the Health Service Executive financial policy. A record of all money was maintained and each transaction was identified and signed. Receipts were retained for purchases.

There was good emphasis on supporting service users who presented with behaviours that challenged in a positive way that protected their safety and promoted their dignity. They were noted to be well supported with good staff resources allocated including one to one care for long periods of the day to ensure person centred care and positive outcomes. Staff informed the inspectors that there was good access to mental health staff such as psychiatrists, community mental health nurses and staff with specialist training in behaviour management were available to provide guidance. The inspectors

noted however that the approach to behaviours that challenged was not consistent as some service users who had challenges did not always have a support plan to address the behaviour and improve outcomes and quality of life.

**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):**

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

**Findings:**

Inspectors were satisfied that service users' health care needs were met with appropriate input from medical services and allied health professionals. Staff reported that service users were healthy at the time of inspection. One service user was in receipt of treatment following recent hospital admissions and was making good progress. Staff described a good working relationship with the local general practitioners and an out of hour's service was also available. Services physiotherapy, occupational therapy, dental, chiropody, neurology and psychiatry and dietetics are available via referral or through regular follow up arrangements. There was some speech and language therapy input where dysphasia was a problem and the psychology service could also be accessed for assessment and guidance. Service users had significant care needs and the majority were highly dependent and required high levels of emotional and social support, nursing and medical care.

Staff supported service users to access community health services as/when required. Families are engaged in this process in line with individuals/family's wishes. Health promotion initiatives were also in place.

Inspectors were satisfied that service users' nutritional needs were met. Regular weights were recorded and reviewed monthly to ensure weight loss or gain was noted and interventions put in place to address changes if required. Food was prepared by catering staff and was noted to be well presented. Staff had good systems in place to ensure that service users food preferences and choices were known and adhered to at meal times. Each service user had a place mat that outlined their individual requirements including risks and how they liked to eat. These were noted to be informative and well used. Snacks and drinks were freely available.

There were a number of centre-specific policies in relation to the care and welfare of residents including policies on health care assessments and care management.

Inspectors reviewed a selection of personal plans and noted that each resident's health

and welfare needs were reviewed as required by the resident's changing needs or circumstances. Staff informed inspectors that the level of support which individual service user required varied and was documented as part of the residents' personal plan. The inspectors were told that the computer programme used to compile personal plans was being revised to ensure that information for this client group was made accessible and was also accessible to carers delivering care as currently all records are maintained by and available to nurses.

From reviewing residents personal plans inspectors noted that residents were provided with support in relation to areas of daily living including eating and drinking, personal care and dressing. Many residents were noted to have equipment that facilitated their independence including cutlery. There was evidence of health assessments being used in relation to physical well being and epilepsy management. Staff were knowledgeable about the recommendations of health professionals and how to implement recommendations in day to day practice.

**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):**

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

**Findings:**

There was a policy on the management and prescribing of medication but the policy was not specific to the centre and did not convey the particular arrangements in place for ordering, storing and managing medication in this centre. Staff that inspectors talked to conveyed good understanding of appropriate medication management, adherence to professional guidelines, regulatory requirements and were familiar with the medication prescribed for residents. There was a good system in place for medication reviews and storage arrangements were noted to be secure with each service user's medication stored individually to prevent error.

The inspector reviewed a sample of prescription and administration charts. Some were noted to have been written some time ago and were showing signs of wear and tear. The maximum amount for "as required" PRN medication was not indicated on all prescription sheets and where medication was prescribed to alleviate distress and assist with behaviour management it was not indicated how often it could be repeated.

**Judgment:**

Non Compliant - Minor

**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):**

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

**Findings:**

A written statement of purpose was available and it reflected the services provided, the management structure and the layout of the centre. It was well organised and easy to read. There were minor changes required to meet regulatory requirements. The areas requiring review are outlined below and in schedule 1:

- the criteria for admission including the designated centre's policies and procedures (if any) for emergency admissions,
- the arrangements for dealing with reviews and development of a resident's personal plan
- the arrangements made for dealing with complaints.

**Judgment:**

Non Compliant - Minor

**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:**

During this inspection the inspectors sought to establish if this residential unit could be registered in conjunction with other centres notified to the Authority within the same organisational governance structure. The inspectors found that this service should be considered as one designated centre taking in to account the specific services provided and the congregated layout.

The person notified to the Authority as the person in charge was experienced, qualified and demonstrated good knowledge of the regulations and Authority's standards. The notified person in charge was actively engaged with the governance, operational management and administration of the designated centre on a day to day basis and also retained a senior management role within the organisation for day care services and as line manager to the senior staff in the community homes. There were clear lines of authority and accountability in place. The person in charge reported to the disability services manager who in turn reported to the provider. There was a good support system in place and an experienced clinical nurse manager was available to take charge when the person in charge was off duty.

Audits of the service were undertaken to review the care service provided. The areas identified for audit included medication management and incidents particularly to ensure safety and quality subsequent to an incident and to minimise the risk of a recurrence. Monitoring systems were noted to need further development to ensure a more consistent approach in line with the requirements of regulation 23- Governance and Management. The system of review requires consultation with the residents and copies of reports to be made available to residents.

**Judgment:**

Non Compliant - Minor

**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:**

Inspectors found that the staffing arrangements were suitable to meet the needs of residents on the days of inspection. The inspectors observed that staff were readily available to attend to residents and ensured that their needs were met in a timely way. There were three nurses and three carers on duty in addition to the clinical nurse

manager and person in charge. This care team was supplemented by two catering staff, laundry and housekeeping staff. During the inspection service users appeared to be very content in the company of staff and there were relaxed and friendly interactions observed throughout the day. The duty rota matched the personnel on shift at inspection time. The hours worked by the person in charge was not included and the requirement to maintain a planned and actual staff rota as described in schedule 4 records was discussed with the person in charge and clinical nurse manager. Many of the staff had been employed in the centre for long periods and there was good continuity in the staff team which was strengthened by low levels of illness absence.

Inspectors reviewed a selection of staff files and noted that while they were well organised all the information as required under schedule 2 of the regulations was not available. Complete employment and training records and vetting disclosures were not available in the sample inspected.

As described earlier in this report the inspectors found that some staff had not had required training on topics relevant to practice such as adult protection and moving and handling within good practice time-frames and to ensure compliance with legislative requirements.

**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:***

Geraldine Jolley  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



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

<b>Centre name:</b>	A designated centre for people with disabilities operated by Health Service Executive
<b>Centre ID:</b>	OSV-0003323
<b>Date of Inspection:</b>	07 August 2014
<b>Date of response:</b>	28 January 2015

### 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 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:**

There were no agreements in place that described the support, care and welfare needs of the resident, the services to be provided and the fee to be charged.

**Action Required:**

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the

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

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 contract of care document is being translated to an easy read for service users.

**Proposed Timescale:** 31/01/2015

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

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

The resources to achieve the targets and goals were not clear and progress was not evaluated when the personal plans were reviewed. Personal plans were not available in alternative formats to meet residents' communication needs.

**Action Required:**

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

Progress on the outcomes identified will be noted and any issues identified as being a "blocking factor" will be addressed. Review dates will be added to the PCPs

**Proposed Timescale:** All service users will have a personal centred plan ( with regular reviews dates identified)in place by the end of March 2015

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

The communal bedrooms and the toilet facilities compromise privacy and how care is delivered.

**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:**

Plans are in place to move the residents into supported community accommodation. The service is working with the local county council and a property is scheduled for purchase shortly. Any renovations required will be addressed. There are 7 residents

scheduled to move into 2 group homes initially.

**Proposed Timescale:** Completion and transition by end June 2015

**Theme:** Effective Services

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

The premises had a number of issues identified during the inspection that required attention:

- toilet areas have doors that do not fully enclose the area(open top and bottom)
- some areas including radiators had paint damage and needed repainting
- there were no lights over beds

**Action Required:**

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

The cost of the refurbishment has been obtained and forwarded to the senior budget holder for approval to complete the works required

**Proposed Timescale:** Completion end March 2015

**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:**

Risk management arrangements were not comprehensive and did not reflect all relevant clinical and general risks. While some staff had attended moving and handling training the records were not sufficiently complete to determine if this was completed by all staff within the required time frame. Service users at risk of seizures did not take emergency medication with them when they left the centre. Neurological observations were not recorded in line with good practice for falls management and the prevention of further complications.

**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:**

The new safety officers are being trained and will lead out on the reassessment of relevant clinical and general risks by way of a planned schedule.  
Staff have been trained in the use and conveyance of emergency medication and a policy is in place within the unit to support this.  
The up dated falls policy includes the template for neurological observations.

**Proposed Timescale:** Completion of planned schedule of reassessment of risks: 31 March 2015

**Theme:** Effective Services

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

The method for recording staff attendance at training required improvement as it could not be determined that all staff attended fire training regularly.

**Action Required:**

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

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

Fire training is ongoing and since the inspection there have been 2 fire training sessions completed. This training will be ongoing and all staff will continue to have refreshers on an annual basis. Practice evacuations will continue on a quarterly basis.

**Proposed Timescale:** 30/06/2015

**Theme:** Effective Services

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

There were emergency evacuation plans in place but these did not reflect service users' personal needs or changes in circumstances.

**Action Required:**

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

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

The fire officer is providing assistance to staff with this. The mobility needs of the residents and any requirements for evacuation, should it be needed is recorded and a copy of this information is available with the fire and emergency procedure available for use by staff in the event of a fire. An individual evacuation plan is also available in each resident's room.

**Proposed Timescale:** 31/12/2014

**Theme:** Effective Services

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

Fire exit or fire panel checks were not recorded as complete to ensure they were

functional at all times.

**Action Required:**

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

The checks are undertaken on a weekly basis

**Proposed Timescale:** 30/11/2014

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

The approach to behaviours that challenged was not consistent as some service users who had challenges did not always have a support plan to address the behaviour and improve outcomes and quality of life.

**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:**

The behaviour management plans are being reviewed evaluated and updated. A specialist occupational therapist with sensory training skills has been contacted to advise and enhance support plans from the end of November.

**Proposed Timescale:** 28/02/2015

**Theme:** Safe Services

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

The recording and investigation of allegations of abuse required improvement as there were gaps in the conduct of the investigation. The proceedings of some meetings were not recorded and some that were recorded were not signed. The investigation also appeared to be of prolonged duration without clear explanation for the delay.

**Action Required:**

Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

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

Copies of the minutes of meetings are being obtained from the relevant dept to ensure records are complete. The delay was due to the respective agencies not having a experienced person available at the time. There is a county ID services group set up to review all documentation, training and practice in the area.

**Proposed Timescale:** Completion of the review by end of June 2015

**Theme:** Safe Services

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

Some staff dd not have up to date training in adult protection according to the records viewed.

**Action Required:**

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

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

Training is ongoing and being delivered by a trainer on site. All staff will have completed same and refresher updates will continue.

**Proposed Timescale:** All staff will have completed the training and refresher by end of March 2015

**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:**

Some medication administration records were noted to have been written some time ago and were showing signs of wear and tear. The maximum amount for "as required" PRN medication was not indicated on all prescription sheets. Where medication was prescribed to alleviate distress and assist with behaviour management it was not indicated how often it could be repeated.

**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:**

There is a local policy on ordering and receipt of medication. There is an ID service policy which includes information on prescribing, storing, administration and disposal of medication.

All kardexes are being reviewed by the nurse responsible for medication management

and are being updated as required with PRN medication prescribed having a criteria and time gap between doses, identified as well as the maximum dose within an identified period.

**Proposed Timescale:** Completion of review of all kardexes by 31 January 2015

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

**Theme:** Leadership, Governance and Management

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

All the required information outlined in schedule 2 had not been included in the statement of purpose.

**Action Required:**

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

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

The Statement of purpose is being reviewed and amended as required by regulation 3(1) to reflect the non admission of service users to the residential congregated setting and the arrangements for annual reviews and care plans.

**Proposed Timescale:** 31/12/2014

### **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:**

Monitoring systems were noted to need further development to ensure a more consistent approach in line with the requirements of regulation 23- Governance and Management. The system of review requires consultation with the residents and copies of reports to be made available to residents.

**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:**

An audit for the annual review required by regulation 23 will be designed and completed which will include consultation with service users and families.

**Proposed Timescale:** 31/03/2015

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

All the information as required under schedule 2 of the regulations was not available in files reviewed. Complete employment and training records and vetting disclosures were not available in the sample inspected.

**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:**

The files are being updated and all the necessary information is being sought by the administrative office to ensure the required documents are available for all persons employed.

**Proposed Timescale:** Completion of all files by 31 March 2015

**Theme:** Responsive Workforce

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

The hours worked by the person in charge were not included in the rota and an actual rota that described fully the hours worked by staff was required as well as the planned rota.

**Action Required:**

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

An upgraded rota is in place which includes the hours worked by the person in charge.

**Proposed Timescale:** 30/11/2014

**Theme:** Responsive Workforce

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

Some staff had not had required training on topics relevant to practice such as adult protection and moving and handling within good practice time-frames and to ensure compliance with legislative requirements.

**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:**

1. Staff are continuing to be trained in Elder Abuse. This is on a rolling basis. Refreshers are on a 2 year cycle.

2. Moving and handling training is continuing on a rolling basis with refreshers every 2 years.

**Proposed Timescale:** All staff will have completed refreshers by 30 June 2015