

# eDeposit Ireland

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

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**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-0004662
<b>Centre county:</b>	Wexford
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Brigid Murphy
<b>Lead inspector:</b>	Noelene Dowling
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	4
<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 following notification of a significant incident or event. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 14 March 2016 17:00 To: 14 March 2016 20:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 17: Workforce

**Summary of findings from this inspection**

This was the first inspection this centre inspection of this service in operational mode which was granted registration in 2016. A previous inspection had been undertaken to ascertain the suitability of the premises in order to facilitate registration and opening of the centre.

This was a triggered inspection undertaken on foot of unsolicited information received by the Authority. The information received was not directly related to the service but did indicate concerns as to the safeguarding measures and response to concerns the provider may be aware of. This was one of two centres within the organisation to which the concerns received related. A significant amount of the information relating to the safeguarding measures was ascertained in the second centre prior to the inspection of this centre.

The inspection took place over one day in the evening time. The inspector met with the residents although they were unable to communicate verbally, and staff members. A review of the practices and documentation related to risk management, residents' records, accident and incident reports, medication management, staff supervision records, policies and procedures was undertaken. The inspector reviewed seven of the pertinent outcomes in relation to safeguarding

The centre can accommodate four residents and was full on the day of the inspection. Care was provided for residents with severe to profound intellectual disabilities, autism and dual diagnosis. The centre consists of a large detached house in a small rural village. The residents are provided with access to day services in two locations one of which is managed by the provider and one is managed by a separate organisation 17km away.

One of the residents had relocated to this centre on a temporary basis due to ongoing fire safety works in other centres belonging to the organisation. In view of the safeguarding concerns the inspector met with the persons in charge of the current and previous centre where the residents lived. It should be noted that some of findings of this inspection may be influenced by the introduction of new support planning documents and the temporary relocation of residents to this centre.

There were suitable and effective governance arrangements in a place. The person in charge was suitably qualified and experienced. There were sufficient staff and skill mix to ensure the safe delivery of care.

Timely and appropriate action had been taken when an incident of staff misconduct had occurred. Unannounced visits by management had taken place to the centre which supported safeguarding measures.

Based on the information available to the inspector the particular concerns regarding safeguarding were not upheld. However, improvements were required to ensure that arrangements for communication with other agencies were robust for the purposes of sharing crucial information. This would support better outcomes for residents and ensure, where additional supports were needed, they could be implemented in a timely manner taking the needs and wishes of the residents into account. In addition as the service is operated by the Health Service Executive (HSE), it is the responsibility of the provider to ensure that all agencies providing support to residents and in receipt of funding adhere to their responsibilities and procedures as outlined under the Safeguarding Vulnerable Persons at Risk of Abuse policy.

Improvements were required in the following areas:

- documenting of support plans for residents;
- comprehensive multidisciplinary reviews
- timely access to medical care
- adequate transfer information where residents move between centres
- systems for the management of resident's finances
- staff training in the protection of vulnerable adults
- risk management framework.

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

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

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

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

There were systems for supporting resident's rights and dignity taking the residents' dependency levels into account. There were weekly meetings held with the individual residents. These provided good opportunities to use visual aids and help the residents understand their weekly activities and plans.

It was apparent from the personal records and from observation that the staff knew the resident's preferences very well and also understood the resident's means of expression and communication, indicating their happiness or dissatisfaction with any aspect of their care. The personal plan contained very detailed information outlining the residents' preferences for their daily lives, routines, family supports and these were person-centred. There was no evidence that the residents' routines or preferences were directed by staffing or resource issues.

It was apparent that privacy was respected in the provision of personal care with thumb locks on bathroom doors, and staff were respectful in how they communicated with the residents. All bedrooms were single and had ample room for personal possessions. There was evidence from residents personal plan that family members /representatives were consulted and involved in planning on behalf of the residents appropriate to the residents dependencies.

There were detailed and updated personal property lists maintained. Systems for the management of resident's finances within the centre and on a day-to-day basis were transparent and the inspector saw that detailed records and auditing systems were maintained.

However, the systems for assessing and agreeing how their overall finances and spending were managed require review. The resident's monies were lodged into a Health Service Executive (HSE) personal property account. It was assumed rather than assessed that the residents did not have the capacity to manage their own money with supports. However, it was the exception that family members continued to maintain control of resident's finances. The contract for services seen by the inspector, while correct in detailing all charges and services assumed the provider would act as agent on behalf of the resident. It did not acknowledge the possibility of a suitable alternative/representative to support the resident in this regard.

The policy on financial management states that a "best interest" approach will be taken to decisions regarding the spending of monies on resident's behalf. However, there was no clarity as to how this process would be undertaken, overseen and in consultation with whom.

There is pictorial synopsis for the complaints policy available in pictorial format for the residents. The phone numbers and contacts for local advocacy services were available for family members.

From a review of the complaints the inspector was satisfied that there was a system in place and that complaints were being managed. Three complaints made in 2015 were seen to be resolved locally and speedily and the views of the complainant were elicited.

The contact phone numbers for external advocates are easily available in the centre so that families could access these should they wish. However, given the vulnerabilities of a number of residents direct support with access needed to be reviewed.

**Judgment:**  
Substantially Compliant

### **Outcome 05: Social Care Needs**

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

**Theme:**  
Effective Services

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**

A revised system for documenting and implementing residents' assessment and support plans was in progress at the time of this inspection. These contained information on health, communication, family and community, risk assessment and resident's life and choices. They had not yet been fully implemented for all residents but if completed the inspector was satisfied that they will provide an effective tool to plan, monitor and review the residents' care.

Assessment of residents' health and social care need had not taken place for some residents. There was evidence of multidisciplinary assessment and interventions in some but not all of the support plans seen.

While some of the plans provided very good detail and clarity with regard to the residents' assessed needs this was not a consistent finding. Personal preferences and wishes were clearly outlined and demonstrated good knowledge of the individual residents. However, a number of plans were not in place, such as skin care where this was relevant. In some instances a policy document was referenced to indicate the actions to be taken to meet an identified need. Another plan made vague reference to the need to meet the residents social care goals but gave no details as to precisely what was to be undertaken to achieve this or what the goals were. Some, but not all of this finding may be accounted for by the fact that the documentation is relatively new.

It was very difficult to ascertain if the actions and plans had been carried out and if goals and interventions had been effective. Details were given to the inspector of additional family supports and practical interventions provided to ensure the role of the family was maintained in accordance with the resident wishes and needs. These strategies were not detailed in the residents' personal support plans however. This was especially pertinent for a resident who had relocated to this centre on a temporary basis and staff may not have been fully aware of the supports necessary.

There were records of multidisciplinary reviews of residents having taken place and ongoing strategies agreed on. These were attended by the residents' representatives. A number were detailed, multidisciplinary and with future goals identified. However, some significant aspects were not included in the review of the plans. These included the use of restrictions and the outcome and effectiveness of additional supports available or concerns which were known by external agencies. For example, where issues of concern were known to some of the agencies attending or where practical supports were needed to ensure residents could spend time with relatives. These were not discussed at the reviews.

The inspector acknowledges that this finding was not entirely at the discretion of the person in charge of the centre as there were other agencies involved. However, the purpose of the reviews and the expected participation of other services should be clearly defined by the provider and all interventions being made should be monitored at the planning review.

There was a detailed hospital passport available should it be required and the inspector was informed that on a recent hospital admission staff had remained with the resident to ensure her needs were understood.

The inspector saw from records that a temporary transfer had been undertaken to this centre for a resident from another centre within the organisation. The transfer had been planned, visits organised and families informed and consulted. However the information provided did not give sufficient detail regarding the status of the residents support plans, actions or referrals outstanding.

The residents attended two different day care services and there were also regular social outings and activities planned and implemented. It was evening time when the inspector visited and the residents were involved in various activities with staff. However, as with the other centres in the organisation the inspector noted that there is no facility for residents to have, for instance, access to any activities where costs may be incurred for staff to accompany them. There was no petty cash available for any of these activities. The options had not been fully explored.

**Judgment:**

Non Compliant - Moderate

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

The policy on risk management had been revised to include the risks as specific in the regulations. However, the inspector found that it did not provide a framework for the identification and categorisation of risks to guide the practice.

In practice, there were risks assessments and control measures in place for individual residents for pertinent issues including self harm, falls, unauthorised absence and evacuation of the residents. As incidents occurred they were reviewed and they were also discussed at senior management meetings. However, the system for auditing accidents did not demonstrate evaluation for timing trends or learning.

The local risk register was in place and indicated the recognition of risks specific to the residents.

A number of safety audits of the premises and work practices had been undertaken by the person in charge on a regular basis. There were relevant policies in place including an emergency plan which contained all of the required information including arrangements for the interim accommodation of residents should this be required. Emergency phone numbers were readily available to staff. There were also relevant

policies available for risk including residents absconding.

All necessary fire safety works had been undertaken prior to the residents moving into the centre.

Fire training had been undertaken for staff. Fire drills had been held on three occasions in recent months, some of which simulated night time conditions with reduced staff and the use of the compartments. All residents are independently mobile. There were relevant pictorial and written evacuation plans for the individual residents.

Equipment including the fire alarm, emergency lighting and extinguishers had been serviced annually and quarterly as required.

**Judgment:**

Non Compliant - Moderate

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that resident's safety and welfare was being prioritised but some improvements were required to ensure that there were agreed procedures for the sharing of information pertinent to the residents welfare. The Health Service Executive policy on the protection of vulnerable adults was in place. There was a designated person assigned to manage any allegations should they arise. The staff and person in charge had attended a brief information day on the content of the policy. The person in charge was scheduled to undertake the full training in this procedure. Full training for staff remains outstanding.

The inspector found that staff were familiar with their responsibilities in terms of acting to protect residents should they become aware of any abusive situation. The inspector saw records of previous historical concerns, external to the centre which had been reported by the service and managed appropriately via the interventions of the statutory authorities.

Concerns had recently been raised by an external agency for a resident's welfare in circumstances outside of the centre when the resident was not living in the designated centre. This had resulted in notifications to the relevant HSE Authorities. Significant and very serious interventions had been implemented. The concerns were reviewed in accordance with the protocol for the protection of vulnerable adults. Following this review, the interventions were revised on a trial basis. Some alterations to the resident's personal plans and routine had been made to provide the necessary additional supports as deemed necessary in the external environment.

The inspector found that the systems for communicating these interventions between the external agency and the centre staff were informal and verbal and wholly unsatisfactory. As a result the extent of the information which prompted the concern and the subsequent action was not made available to the person in charge. While it was known that the residents required some additional supports when in the external environment the extent of the concerns was not known by the person in charge.

As detailed and actioned under outcome 5 Social Care Needs the recent multidisciplinary review for the resident did not include the supportive arrangements being made or any information on the concerns despite the attendance of all agencies involved at the review.

The inspector found that there was no agreement as to what should be reported or highlighted to the residential service that ultimately had overall responsibility for the residents' welfare. As the external service is contracted to the Health Service Executive such arrangements and adherence to the process of the safeguarding policy should be agreed. Given what had so recently occurred however, the inspector was concerned that no formalising of this reporting system was implemented following the decision to resume the resident's normal activity. This would ensure that the required screening process could take place in accordance with the policy and in the best interest of the residents.

The inspector reviewed documentation in relation to a recently notified incident of misconduct by staff. Appropriate action had been taken to protect the resident and address the misconduct. A formal system of ongoing supervision and work monitoring was implemented. Disciplinary action was taken. The issue had come to light as a result of an unannounced inspection by a person in charge from another of the organisations centres. This system had been implemented as a means of ensuring the quality and safety of care to good effect in this instance.

There were detailed personal care plans available. However, these did not contain any guidance on maintaining resident's privacy and dignity when carrying out this. A body chart was used to indicate any areas of bruising or skin damage which may occur. This had not been completed however to detail marks recorded in the resident's daily records. While these were not of significant concern the lack of adherence to the procedure was. There was a detailed lone working policy available.

There was a policy on the management of behaviours that challenge and the use of restrictive practices. Challenging behaviours were a feature of this service with presentations of self harm. The inspector saw that the services of a behaviour support specialist had recently been sourced and some analysis of behaviours undertaken. A support plan was not yet in place. Sign language and activity /object identification cards were used to relieve anxieties and therefore reduce incidents of behaviour. However, some of these were photocopies and too dark to be visible.

Due to the specific nature of a resident's behaviour there were a number of restrictions in place. These included key pad locks on certain doors including the kitchen. The inspector saw risk assessments undertaken in relation to these procedures but there was insufficient evidence that they were reviewed at the annual reviews or on an ongoing basis.

The residents who lived in the centre had moved from larger centres. From a review of the accident and incident log it was apparent and staff confirmed that the reduction in the numbers of residents had resulted in reduced episodes of behaviour behaviours and staff had more opportunity to support the residents. A review of a number of residents' records indicated that Pro-re-nata (as required) medication was not used to manage behaviours. There was a protocol for its usage. Such medication was regularly reviewed by the psychiatric service. The person in charge discussed the plans to set up a rights /consultation committee to overview all restrictive strategies in the future.

**Judgment:**

Non Compliant - Moderate

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

The person in charge had not forwarded the required notification to the Authority of the alleged abuse/neglect of a resident. It was stated that this was due to a misunderstanding as to the requirement to notify issues which were not directly related to the centre.

**Judgment:**

Non Compliant - Moderate

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the healthcare needs of the residents were identified and supported but improvements were required. The daily records maintained by staff were comprehensive and demonstrated that staff noted any changes in resident's health. There were regular reviews of residents' healthcare undertaken and good access to psychiatric support annually or more frequently as required. Evidenced based tools were used to determine risk and needs.

There were support plans in place for identified healthcare needs including nutrition, and epilepsy. Although access to dietician services was limited there was evidence that the GP monitored dietary requirements and as necessary prescribed accordingly. Fluids were monitored as deemed necessary. Dieticians had recently been made available to the service and referrals had been made for residents.

However, the inspector noted that a resident had specific symptoms which would have warranted a medical review and this did not occur for six days. There was no explanation as to why this occurred. In addition, the inspector saw that a resident required a referral to both physiotherapy and speech and language therapy since February 2015. There was no evidence that this had occurred. The person in charge had made the referral in 2016. Again there was no explanation as to why this delay had occurred.

The inspector saw that medical interventions were undertaken in consultation with the resident's representative and agreed in conjunction with the residents' GP.

The inspector did not have an opportunity to observed mealtimes. Meals were prepared off site and delivered in thermally insulated food trolleys. There were pictorial menus used which helped to give the residents choice on a daily basis.

**Judgment:**

Non Compliant - Moderate

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that there were sufficient staff and skill mix to ensure residents care was delivered. All of the residents were assessed as requiring fulltime nursing care and this was provided.

A total of 12 staff provided care to the residents with six fulltime nursing staff and 6 multitask attendants. All staff had mandatory fire safety training and manual handling training. There was a gap however in the number of staff who had MAPA training with five not having done so. This training is relevant to the needs of the residents who live in this centre.

The inspector could not access the recruitment files but assurances were given that all of the necessary documentation and procedures for the safe recruitment of staff were obtained. Some agency staff had been used. The inspector was informed that a declaration was provided by the Agency that all of the recruitment requirements were met but this is not however verified by the provider.

A staff supervision procedure was in place which is scheduled for six monthly intervals and this had commenced.

Staff were observed spending time with the residents undertaking personal care and activities and were knowledgably on their needs.

**Judgment:**

Compliant

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

Noelene Dowling  
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-0004662
<b>Date of Inspection:</b>	14 March 2016
<b>Date of response:</b>	20 April 2016

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

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

**Theme:** Individualised Supports and Care

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

Systems for the management of residents finances did take account of the rights of residents to have persons other than the provider support them with decision making.

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

**1. Action Required:**

Under Regulation 09 (1) you are required to: Ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.

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

1. A tool to assist in establishing capacity in relation to financial management being developed and all residents will be reviewed. 30/04/2016
2. An agent to act by supporting the residents in relation to finances is being sought independent to the centre. Completed
3. Financial policy to be reviewed in relation to individual accounts and the progression of same. 31/05/2016
4. Request for independent Advocacy support for two residents has been requested, Completed

**Proposed Timescale:** 31/05/2016

**Theme:** Individualised Supports and Care

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

Some reside required direct support to access advocacy services given their current circumstances.

**2. Action Required:**

Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access to advocacy services and information about his or her rights.

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

1. Information to the National Advocacy Service has been given to all family members, the service has been explained to all residents. Completed
2. Advocacy support request has been sent to the National office for a number of residents. Completed
3. Rights committee being established who's membership includes an Independent lay person from the local community, parental representation, residents and staff representatives. 31/05/2016

**Proposed Timescale:** 31/05/2016

**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 required assessments had not taken place for some residents to determine their care needs.

**3. Action Required:**

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

Minutes of review meeting which had taken place have been placed in the residents personal file

**Proposed Timescale:** 20/04/2016

**Theme:** Effective Services

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

Personal plans were not consistently implemented to reflect the assessed needs of the residents.

**4. 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:**

Deadline for personal plan completion following relocation of residents to the centre on the 25/04/2016 is scheduled for 15/06/2016

**Proposed Timescale:** 15/06/2016

**Theme:** Effective Services

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

Multidisciplinary review of personal plans did not robustly evaluate the effectiveness of the plans or provide sufficient information on the residents circumstances to ensure the care required was delivered.

**5. Action Required:**

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

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

1. Provider to review communication systems and supports agreed with External Service provider and enhance review schedule and weekly communication methods
2. Structure and format of Annual Multi Disciplinary review meetings to be evaluated and enhanced for year end

**Proposed Timescale:** 30/06/2016

**Theme:** Effective Services

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

Systems for the sharing of information between services providing care were not satisfactory.

**6. Action Required:**

Under Regulation 25 (2) you are required to: On the return of a resident from another designated centre, hospital or other place, take all reasonable actions to obtain all relevant information about the resident from the other designated centre, hospital or other place.

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

Provider to review communication systems and supports agreed with External Service provider and enhance review schedule and weekly communication methods

**Proposed Timescale:** 20/04/2016

**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

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

The risk management policy did not provide a frame work for identification of risk and learning and review of accidents and incidents

**7. Action Required:**

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

Risk Management Policy has been reviewed by the Risk Manager and will include a framework for the identification and categorisation of risk as well as stating the review process as carried out

**Proposed Timescale:** 30/04/2016

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

Restrictive procedures were not reviewed to ensure they were the least restrictive and appropriate to the resident.

**8. Action Required:**

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

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

Restrictive intervention review committee being established in conjunction with the Rights committee to ensure all practices for usage, introduction and reduction are being reviewed and implemented

**Proposed Timescale:** 31/05/2016

**Theme:** Safe Services

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

Agreed procedures for recording any noted injury or unexplained marks were not adhered to thus diminishing their value as indicators of concern.

**9. Action Required:**

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

PIC will ensure all documentation relevant to an issue are completed and followed up as appropriate.

**Proposed Timescale:** 20/04/2016

**Theme:** Safe Services

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

Communication systems and multidisciplinary reviews between services did not provide effective protective mechanisms for residents.

**10. Action Required:**

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

1. Provider has reviewed communication system between centre and External Service Provider to ensure all concerns are communicated in a timely and appropriate manner. Completed
2. The provider has discussed the importance of adherence to the Safeguarding Policy and communication of concerns with the External Service Provider. Completed
3. Places on the next Safeguarding Awareness programme will be offered to the External Service Provider. 31/05/2016

**Proposed Timescale:** 31/05/2016

## Outcome 09: Notification of Incidents

**Theme:** Safe Services

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

A notification of alleged abuse was not forwarded to the Authority as required.

**11. Action Required:**

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

The PIC will ensure all notifications are submitted in a timely manner.

**Proposed Timescale:** 20/04/2016

## Outcome 11. Healthcare Needs

**Theme:** Health and Development

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

There were delays noted in accessing medical care and referral to allied specialists.

**12. Action Required:**

Under Regulation 06 (2) (b) you are required to: Facilitate the medical treatment that is recommended for each resident and agreed by him/her.

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

While a referral to the GP was deemed unnecessary the PIC will ensure that all supporting documentation is completed in the residents care plan to ensure transparent and effective care delivery of care to ensure indicators for intervention are clear.

**Proposed Timescale:** 20/04/2016