

# eDeposit Ireland

**A designated centre for people with disabilities  
operated by Gateway Organisation Limited, Sligo**

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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 Gateway Organisation Limited
<b>Centre ID:</b>	OSV-0005269
<b>Centre county:</b>	Sligo
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Gateway Organisation Limited
<b>Provider Nominee:</b>	Eamonn Murphy
<b>Lead inspector:</b>	Grace Lynam
<b>Support inspector(s):</b>	Ann Delany
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	2
<b>Number of vacancies on the date of inspection:</b>	1

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

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

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

From: 02 February 2016 11:00 To: 02 February 2016 19:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
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 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

This was the second inspection of the centre by the Authority and was a follow up inspection following its registration as a designated centre for children with a disability. The purpose of this inspection was to monitor the centre's compliance with the regulations and the conditions attached to the registration. The inspection was unannounced and was carried out over one day. As part of the inspection, the inspectors met with the manager (person in charge) and two staff members. The inspectors reviewed the premises, policies and procedures, staff files and children's files. Inspectors observed the staff team caring for the two children.

The centre was providing care to three boys in accordance with its statement of purpose. One child was residing full time and two children were attending on a

shared care arrangement: they each received care for seven out of every 14 days. The centre was located close to a town in the west of Ireland. It comprised of a dormer bungalow set in its own grounds. There was a secure garden and a play area at the rear of the centre.

Following the registration inspection a significant amount of work was required to bring the centre into compliance with the regulations and the standards. These related to the qualifications of the staff team and their lack of experience of working with people with a disability who had complex needs, governance and management, admissions and contracts, medication management, health and safety, risk management and policies and procedures.

The children were safe, content and relaxed in the centre, and the children recently admitted were settling in to their new environment. Routines were being established to help them with this. Staff were working closely with parents to ensure this was as seamless as possible. The full time resident had an improved quality of life as the care he was receiving was based on his individual needs. All the children were having opportunities to enjoy new experiences.

The centre manager had put systems in place to ensure he had oversight of care practices and was fully involved in the day to day running of the centre. He was providing good leadership to the staff team. The care provided was child centred and individual to each child. The centre manager was promoting a working environment where the staff team would learn through experience, and he encouraged them to be accountable and responsible.

This inspection found that progress had been made in a number of areas of practice such as child protection and safeguarding, in carrying out comprehensive assessments and in creating personal plans. However, some areas still needed improvement. These included the recording of medication management, complaints and risk management.

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

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

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

Children's rights were respected and promoted in the centre. Staff were respectful in their interactions with the children. The children had the use of private and communal areas. The child in full time care had an en-suite bedroom and the children in shared care had the sole use of a bathroom while they were in residence. Bedrooms had sufficient storage for clothing including a facility to lock belongings away if required. Rooms were decorated in an age appropriate manner for the children.

House meetings were held which children could attend to express their wishes and be consulted if they so wished. One parent told inspectors that their child was in the house when meetings were taking place and would come in and out rather than attend the entire meeting. Inspectors read house meeting minutes and found one where the child's attendance was not noted.

There was a policy in place on the management of personal money and possessions and children's files contained a list of their belongings. There were records kept of the children's pocket money but the management system and its recording required improvement. The policy was not clear about what the provider paid for and what children paid for themselves out of their pocket money. While the manager identified that they would pay for certain activities, the records for children's money reflected something different.

There were opportunities for the children to play with toys and games that were appropriate and suitable for their interests and abilities. Inspectors read accounts of the children's daily schedules which included these activities. Children's right to make

choices was promoted and respected. Inspectors observed children watching television and heard them being given choices about what programme they would like to watch from a choice provided. Children's rights were displayed in an age appropriate format in the centre and there were pictures up of the staff on duty so that children would know who would be caring for them each day. Staff respected the children's religious beliefs and children were brought to religious services. There was evidence that the children chose their own clothes to wear.

The centre had a complaints policy in place which was not compliant with the regulations. The complaints policy was displayed in a prominent place in the centre and was in a child friendly format. It included information on advocacy and identified that the complaints person was the centre manager. However, there was no person nominated to have responsibility for the oversight of all complaints. Parents told inspectors they knew how to make a complaint. There was one complaint recorded in the complaints log which had been dealt with promptly. The person in charge told inspectors that the complainant had been satisfied with the outcome of the complaint. However, this was not recorded on the complaints log.

**Judgment:**

Non Compliant - Moderate

**Outcome 02: Communication**

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

**Theme:**

Individualised Supports and Care

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

**Findings:**

Children were supported to communicate their needs and preferences. The centre had a communication policy in place which staff implemented. Staff spoke to children calmly and encouraged them to communicate their preferences. The children used some words, gestures, sounds and behaviour to communicate. Children's communication abilities had been assessed and the appropriate methods of communication were documented in each child's personal plan. These plans guided the staff team and were reflected in practice.

The staff team used a picture system as one way to communicate with the children. There was evidence that this was used with the children. For example, a picture of the meal that was planned for that evening was displayed on a board in the dining room for the children to see. There were pictorial weekly menu plans and a folder of pictures of various healthy meals for the children to choose from. There were also pictorial daily plans and a pictorial calendar for the child in shared care so he could see what days he

was in the centre and what days he would be at home.

There were two computers available for the use of the children and were placed in communal areas of the house where their use could be supervised.

**Judgment:**

Compliant

**Outcome 03: Family and personal relationships and links with the community**

*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found that residents were supported to maintain personal relationships. Families were encouraged to remain involved in the lives of their children. Residents could receive visitors and did so regularly. Parents were welcomed to the centre and there was evidence that one child's parent had a regular visiting plan in place. Families were kept informed of their child's progress and wellbeing and attended the planning meetings where their child's personal plans were being formulated. Parents were also invited to attend meetings to discuss particular issues in relation to their child's care as they arose. One parent told inspectors that they felt they had a reciprocal partnership with the centre and that communication was good: that staff telephoned and texted to inform them about their child's day.

Visitors were welcome in the centre. However, the visitor's book only recorded first names of people calling which did not properly identify all visitors.

**Judgment:**

Compliant

**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):**

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

**Findings:**

The admissions and discharge policy clearly set out the process for pre-admission assessments, admissions, discharge and transfer of residents. Contracts of care were in place for each resident. Transition plans included needs and compatibility assessments which were carried out to ensure that the mix of children and their needs could be accommodated in the centre. There was evidence that transitions had been well planned and managed for the children. Parents told inspectors that transitions had been managed well for their child.

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

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

**Findings:**

The children's needs had been fully assessed prior to admission and their care was planned in order to meet those needs. There were multidisciplinary professional assessments carried out prior to each child's admission.

The multidisciplinary assessments were used to create a personal plan which clearly identified individual needs and outlined the care that would be provided to meet that need. The person responsible for carrying out the care was also noted. The personal plan was comprehensive and linked the child's need with the desired outcome.

Families and children were involved in the care planning process for each child. There were clear routines in place that took into account the child's particular needs such as needing quiet time on arrival home from school. There were monthly planning meetings with the children and staff to discuss progress in achieving goals. Parents told inspectors

they were happy with the care their children were receiving and with the opportunities they were being given for new experiences.

The centre had a policy on admissions, discharge and transitioning. Since the first inspection by the Authority two children had been admitted. There was evidence that compatibility assessments and transition plans had been drawn up and implemented to ensure the move was seamless for the children. Professionals and parents told inspectors that the transition into the service had been well executed. There were contracts of care on each child's file which set out the services and supports to be provided for the child.

Whilst children were not being specifically prepared for adulthood they were encouraged to be as independent as they could be. The centre manager told inspectors that the children helped with household chores such as bringing their laundry to the washing machine. Inspectors saw a child helping to set the table for the evening meal and staff encouraged the children to clear up afterwards. One child rinsed the crockery and helped to put it in the dishwasher.

There had been no discharges from the centre.

**Judgment:**

Compliant

**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):**

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

**Findings:**

The design and layout of the centre were in line with the statement of purpose. There were adequate parking facilities available to the front of the building and a security gate at the entrance.

The centre was clean, well maintained and accessible. It was spacious and well decorated. There were six bedrooms in the centre, four of which were for children's use and two were to facilitate sleepover staff. All bedrooms were suitable in size and had adequate storage. One of the children's bedrooms had en-suite facilities. The two children showed inspectors their bedrooms each of which was decorated in a manner that was individual to the child. For example, there were character duvet covers on the

bed.

There was sufficient communal and private space for the children. There was a kitchen with an adjoining dining room, a utility room, two toilets/bathrooms, two sitting rooms, a storage room, a conservatory and a garage. The kitchen was well equipped. The sitting rooms, dining room and conservatory were furnished but did not have sufficient soft furnishings and lacked warmth. Whilst the centre did not look particularly homely it was a calm and comfortable space for the children as one child demonstrated by lounging across an armchair with his legs over his arm while he waited for his dinner.

Inspectors noted two leaks in the sunroom which they pointed out to the centre manager. There was also a shower tray in the shared bathroom which may have needed to be replaced.

The stairs leading to the first floor was accessed through a door in the hallway. The first floor of the centre contained two offices, a sensory room, a storage room and a therapeutic room that was arranged as a calm relaxing space for the children.

There were suitable arrangements for the disposal of general and clinical waste.

**Judgment:**

Substantially Compliant

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

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

**Theme:**

Effective Services

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

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

**Findings:**

There were some systems in place to promote the health and safety of children, visitors and staff. The centre had a health and safety policy and there was a safety statement in place but the centre manager told inspectors that it required review. One staff member was the named health and safety officer. There was a camera in the hallway which relayed a live feed to a monitor on the inside wall of the stairwell. This was a safety feature to ensure the door was not opened as staff or children passed by in the hallway.

Procedures in place for the prevention and control of infection continued to be unsatisfactory. There were some measures in place to control infection such as hand gel at the front door for use by all people entering the house and there was a colour coded cleaning system. However, the practice in relation to cleaning and storage of mops was not in keeping with the centre's policy and there were hand towels rather than paper

towels in the staff bathroom and the main bathroom. The soft furnishings in the sunroom were not washable.

Risk management procedures had improved since the registration inspection. However, the risk management policy did not include the measures in place to control aggression and violence, the unexplained absence of a resident, accidental injury to a resident, visitor or staff, control of self harm or the arrangements for the identification, recording and investigation of and learning from serious incidents. Nor did it include arrangements for dealing with emergencies.

There was no risk register kept in the centre. The centre manager told inspectors that the risk register would be completed as part of the health and safety review that was planned. A number of risk assessments and reviews had been carried out for activities such as the use of transport for one child and risks associated with community access. However, these had not been collated on a register to ensure they were constantly reviewed and updated as control measures were applied.

Reasonable measures were in place to prevent accidents. There was a maintenance log book and works identified had been completed in a timely manner. Accidents and incidents were recorded. However, there were pipes on display at the back door which could present as a hazard to the children. Therefore, not all hazards had been identified.

Fire safety management systems required improvement. The centre had a named fire safety officer and the procedure for the safe evacuation of residents was prominently displayed and took account of the children's particular mobility and understanding. There was a fire safety emergency plan prominently displayed and a pictorial display on fire for the children. Extinguishers had been serviced and there were smoke alarms throughout the centre. There were adequate means of escape but two fire doors were locked. Two staff were not up to date with fire safety training but the centre manager told inspectors they would not be on the roster together as there was always a male and female staff member on duty together. There had been fire drills after which risk assessments had been completed to identify areas where improvement was required. However, the records of the drills did not show who had participated. The fire alarm was tested every fortnight but there were no daily or weekly checks being carried out of the fire safety equipment.

**Judgment:**

Non Compliant - Moderate

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

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

**Findings:**

There were measures in place to safeguard and protect children from abuse. There was a good child protection policy in place which guided staff in identifying and reporting abuse. All staff had received child protection training and the Children First: Guidelines for the Protection and Welfare of Children (2011) were available to staff. There were guidance documents available on the missing from care protocol and completing the standard reporting form. Staff knew what their responsibilities were in relation to recognising and reporting abuse. There had been no child protection concerns reported since the registration inspection.

The staff team treated the children with respect and were observed talking calmly to the children and were gentle in supporting them in their activities. The team providing care for the individual needs of the children and the children presented as content and relaxed. The centre had a colourful booklet with pictures to explain to children how to keep safe. There were absence management plans on children's files which guided staff on dealing with absences of children. A record of visitors to the centre was maintained but it did not include the full names of visitors.

There was a policy on providing intimate care and there were good intimate care plans on children's files that were specific to each child's particular needs and abilities. There were written guidelines for staff on providing intimate care for children. These guided staff in how to safely provide intimate care as appropriate to each child's needs.

The centre manager had substantially increased his knowledge about child protection and was aware of his responsibilities as designated liaison person. He had received training and was raising awareness of safe practices amongst the staff team. He was clear on the actions he would take following an allegation of abuse. The centre manager told inspectors he was committed to maintaining a safe environment for the children and ensuring that staff were confident in dealing with allegations.

Good quality positive behaviour support plans were in place in relation to different areas of the children's care. For example, there were positive behaviour support plans regarding safety in the kitchen and children were closely supervised when out in the community to ensure their safety.

Further clarity was required in relation to the identification of restrictive practices. The restrictive practice guidelines needed to be made more relevant to the centre and to ensure they provided clear guidance to staff. Some restrictive practices had been discontinued such as the closing of a half door as a safety measure when cooking was taking place in the kitchen. Other restrictive practices had not been identified as such but the centre manager acknowledged this. These included the routine locking of

outside doors for no apparent reason and the use of a sensor light in a staff bedroom to alert staff that one of the children had gotten out of bed. The centre manager identified that the latter was no longer used as the child had settled into the centre. The centre manager had developed a tool for auditing the use of restrictive practices but this had not been implemented.

**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:**

Records were maintained of incidents in the centre. However, the record included an incident that should have been notified to the Authority and was not. There had been one restrictive practice that was not recognised as such and therefore had not been reported to the Authority.

**Judgment:**

Non Compliant - Moderate

**Outcome 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**

Health and Development

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

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

**Findings:**

Children were given opportunities for new experiences and social participation and education was facilitated and supported. Children had taken part in activities they had

not experienced before such as bowling and going to the cinema and they were encouraged both to spend time with staff and alone as appropriate. They enjoyed baking, gardening and listening to music and were encouraged to participate in activities to develop their social interactions such as shopping. All these activities had been identified as goals and formed part of their personal plans.

The centre had an education policy but it required review to ensure it included access to training and development. Both children were attending school or education workshop on the day of the inspection. The centre staff worked well with school staff to meet the children's educational goals and there was evidence of this on the children's files. Parents told inspectors that the staff team were involved with their children's education and there was evidence of staff liaising with schools and teachers attending meetings at the centre.

**Judgment:**

Substantially Compliant

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

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

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

**Findings:**

Children's healthcare needs had been comprehensively assessed. Medical profiles were on file or being created for each child and the full time resident had been registered with a general practitioner. Where specialist consultations were indicated these were arranged and there were appropriate medical consents on children's files. Children had access to health care services as appropriate to their needs and the child that was resident in the centre was supported to attend medical appointments.

Food was varied and available in sufficient quantities and at time suitable to the residents. Mealtimes were positive and social events. Inspectors were in the centre when the evening meal was being prepared and served. The children washed their hands and sat with the staff at the dining table to eat their meal. The food was healthy and nutritious and seconds were available when children requested more. Staff were sensitive to the children's need for privacy during the evening meal.

The advice of dieticians was implemented in accordance with residents' personal plans and special dietary needs were facilitated and recorded in detail to ensure the child's dietary needs were being properly met.

**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):**

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

**Findings:**

Medication management had improved since the registration inspection. Individual medication plans were implemented and reviewed. There was sufficient storage for medication and the centre had a centre-specific medication policy.

However, the medication policy still did not meet the requirements of the regulations and medication management practice required improvement. The medication policy did not include centre-specific procedures for prescribing, recording and disposing of medication nor did it include all of the required information to ensure medication would be safely administered. The centre manager had already identified this and had sourced a professional to assist him to amend the policy to provide more guidance to staff. Staff had received some medication management training but this did not include a competency assessment. Not all medication errors had been recorded as such. The medication administration sheet was not always signed by two people and some of the required information such as the child's date of birth and the route of administration of the medication was missing from the prescription sheets.

There were no controlled drugs used in the centre.

**Judgment:**

Non Compliant - Moderate

**Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The centre was operating in line with its statement of purpose.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

Governance had improved and while management systems had improved some were still evolving. The centre had a clearly defined management structure that identified the lines of accountability and authority. The person in charge managed the centre and the staff team. There was a deputy manager in place and this role was being developed.

The person in charge was qualified and skilled and was developing his leadership skills and providing guidance to the staff team in all aspects of care practice. He could demonstrate knowledge of the legislation and their statutory responsibilities and was committed to his professional development. He was aware of and working on the areas of practice that required improvement and was fully involved in operational management of the centre. There were systems in place to ensure the care provided was safe, appropriate to the residents' needs, consistent and effectively monitored but these needed to be embedded into practice.

However, as part of the registration decision, the provider had proposed a schedule of admissions once the centre had opened and inspectors found that the provider had not followed this schedule when transitioning two of the children into the centre.

There were management systems in place to support the provision of care. Communication was good between the person in charge and the staff team. Team

meetings had commenced. Staff attended these and discussed various issues relating to the children and their care: children's goals were agreed for example. A staff handover took place when the shifts were changing to ensure that staff were updated on each the children's plans for the day. The person in charge told inspectors that staff had time to communicate informally when the children were attending their educational placements.

Monitoring of the service was not effective. The person in charge had put audits in place and there was evidence that he carried out reviews of many areas of care practice. These included reviews of fire safety and emergency plans, risk assessments, infection control procedures and audits of personal plans, keyworking and intimate care plans. These reviews had identified areas where improvements were required and actions had been identified to address them. For example, an audit of fire safety procedures had identified that weekly testing must be carried out and recorded but there was no evidence that this action had been implemented. An audit of residents belongings had not identified the deficit noted by inspectors regarding the management and recording of residents financial transactions.

The person in charge had decision making authority for day to day items and the process for procuring larger items for the house had improved. He also had oversight of the petty cash system.

The centre's risk management framework was not satisfactory. The policy remained non compliant with the regulations and there was no risk register. There was a plan in place to review the risk management policy to ensure it was specific to the centre. The centre manager acknowledged that further work was required to ensure that all hazards and risks were identified and suitable control measures put in place to mitigate/manage the risk.

There was some evidence that the centre manager was supportive of the staff team and was committed to ensuring they exercised personal and professional responsibility for the quality and safety of the services they delivered. However, there was no formal performance management framework in place. Not all staff were sure about how to raise concerns about the quality and safety of the care and support provided to children in the centre.

The centre had not been in operation long enough for a six monthly or annual review to take place. However, the person in charge told inspectors that an external manager from the organisation visited the centre weekly to oversee the care being provided.

**Judgment:**

Non Compliant - Moderate

**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

<p><b>Theme:</b> Leadership, Governance and Management</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The centre manager had not been absent from the centre for a prolonged period of time but there were arrangements in place should he need to be.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 16: Use of Resources</b> <i>The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.</i></p>
<p><b>Theme:</b> Use of Resources</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p><b>Findings:</b> The centre was resourced to support children to achieve their personal goals. The registration inspection had identified that the staff team were not sufficiently skilled and experienced to meet the needs of the children. There was sufficient evidence that the children's needs were being met and that staff were receiving support and guidance from the person in charge and through training.</p> <p>The facilities and services in the centre reflected the statement of purpose.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 17: Workforce</b> <i>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.</i></p>

**Theme:**

Responsive Workforce

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

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

**Findings:**

The numbers and consistency of staff was appropriate to the needs of the residents and to ensure that children received continuity of care. There were nine staff members in total two of whom worked part time hours. The organisation did not use agency staff. The majority of the staff team were qualified in social care. Staff were aware of policies and procedures related to the general welfare and protection of children.

The learning and development needs of staff were identified and there was a plan in place to address the deficits. There was a training analysis completed and a training plan in place. The centre manager had received training in areas such as Children First (2011) and supervision and staff had received training in areas such as medication management, first aid and fire safety and this improved their skills.

The quality of supervision was varied. The centre manager had received supervision training and regular staff supervision was in place. There were supervision contracts on staff files and supervision was recorded. However, it was difficult for inspectors to identify from the supervision records how the person in charge supported staff. It was not clear how actions decided on at supervision were put into action by the staff member. The recording of supervision required improvement.

There were gaps in the staff files which did not contain all the information required by Schedule 2. Job descriptions were not specific and there were gaps in employment histories.

The centre maintained a planned and an actual staff roster as required. However, the person in charge was not included on the roster.

**Judgment:**

Non Compliant - Moderate

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

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

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

**Findings:**

Good assessment and planning records were maintained in the centre. They were up-to-date, secure and stored safely but were easily retrievable. There were files on each child containing the information required. The centre maintained all the documentation on residents that are required by Schedule 3 of the Regulations including a directory of residents, a residents guide, contracts of care and fire drills.

The centre maintained the majority of records required by regulation schedule 4 in relation to the designated centre but as previously outlined there were some gaps in fire records, the duty roster and complaints.

Schedule 2 requires that certain information and documents on staff are maintained by a designated centre and whilst these records were maintained they were incomplete. The gaps in these records were outlined under outcome 17.

There were operational policies and procedures in place as required by schedule 5 but they did not all provide sufficient information to guide staff in their practice and there was no policy in relation to training and development.

**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:***

Grace Lynam  
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 Gateway Organisation Limited
<b>Centre ID:</b>	OSV-0005269
<b>Date of Inspection:</b>	02 February 2016
<b>Date of response:</b>	

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

The personal possessions policy was not clear about which items or activities the centre would pay for and which the child would pay for.

#### 1. Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and

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

possessions and, where necessary, support is provided to manage their financial affairs.

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

The Policy has been reviewed and updated to make clear what the Company will pay for and outlines what the child and family are responsible for.

**Proposed Timescale:** 09/03/2016

**Theme:** Individualised Supports and Care

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

The complaints log did not record whether or not the complainant was satisfied with the outcome of the complaint.

**2. Action Required:**

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

To comply with Regulation 34 (2) the Centre has updated the complaints template to include whether or not the complainant was satisfied with the outcome of the complaint.

**Proposed Timescale:** 07/03/2016

**Theme:** Individualised Supports and Care

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

There was no person nominated to oversee that complaints were appropriately responded to and that the complaints log was maintained in line with the regulations.

**3. Action Required:**

Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

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

The Details of the nominated person is now included in the policy. The Director of Services is the nominated person for overseeing complaints. The template has been updated to meet regulation.

**Proposed Timescale:** 07/03/2016

#### **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 centre did not have sufficient soft furnishings and lacked warmth.

#### **4. 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 Company has added more soft furnishings to the environment.

- Leather couches are now in place in the sun room.
- Collages with pictures and photos of the residents are being developed to be placed around the centre. These will be in place by April.
- Staff at team meeting on the 03-03-2015 were asked to look around the centre and give ideas related to warmth. These suggestions will be given to Director by PIC with proactive measures in place to give the centre more warmth.

**Proposed Timescale:** 07/04/2016

#### **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 include the measures and actions in place to control the unexplained absence of a resident.

#### **5. Action Required:**

Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

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

The risk management policy has been updated to include a stand-alone appendix outlining the required measures and actions to control the unexplained absence of a resident.

**Proposed Timescale:** 07/03/2016

**Theme:** Effective Services

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

The risk management policy did not include the measures or actions in place to control accidental injury to residents, visitors or staff.

**6. Action Required:**

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

The risk management policy is being reviewed and will contain a stand-alone appendix to outline the required measures and actions in place to control the risk of accidental injury to residents, visitors and staff.

**Proposed Timescale:** 15/04/2016

**Theme:** Effective Services

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

The risk management policy did not include the measures and actions in place to control aggression and violence.

**7. Action Required:**

Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

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

The Risk Management policy now contains a stand-alone appendix which outlines the required measures and actions in place to control the risk of aggression and violence.

**Proposed Timescale:** 07/03/2016

**Theme:** Effective Services

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

The risk management policy did not include the measures and actions in place to control self-harm.

**8. Action Required:**

Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

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

The risk management policy now contains a stand-alone appendix which outlines the measures and actions in place to control self-harm.

**Proposed Timescale:** 07/03/2016

**Theme:** Effective Services

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

The risk management policy did not include arrangements to ensure that any adverse impact of control measures on the resident's quality of life have been considered.

**9. Action Required:**

Under Regulation 26 (1) (e) you are required to: Ensure that the risk management policy includes arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

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

The risk management policy is being revised to incorporate a stand-alone appendix which will provide more guidance to staff on the existing arrangements to ensure that any adverse impact on the resident's life have been considered.

**Proposed Timescale:** 15/04/2016

**Theme:** Effective Services

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

The risk management policy did not include arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

**10. 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:**

The centre risk management policy and supporting documentation now details in a stand-alone appendix the arrangements for the identification, recording and investigation of, and learning from serious incidents or adverse events involving residents.

**Proposed Timescale:** 07/03/2016

**Theme:** Effective Services

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

There was no risk register in place.

There was no system in place for responding to emergencies.

**11. Action Required:**

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

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

A risk register is now in place and is being updated and will be substantially complete by the date below. This risk register will be continually developed on an ongoing basis.

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

**Theme:** Effective Services

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

Procedures in place for the prevention and control of healthcare associated infections were not consistent with the standards published by the Authority.

**12. Action Required:**

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

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

The infection control policy and procedure has been amended and updated to comply with Regulation 27. Staff will be made aware of changes at next team meeting. The cleaning rota now includes the weekly machine washing of Mop heads. The Person In Charge will audit and review procedure on a monthly basis to make sure procedure is implemented

**Proposed Timescale:** 15/04/2016

**Theme:** Effective Services

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

The sun room fire escape doors were locked.

**13. 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:**

This practice no longer exists, all staff are informed that this practice has ceased. The door will be locked at night with a key placed beside the door at night for easy exit. Staff were informed of this change of practice at team meeting 03-03-2016

**Proposed Timescale:** 04/03/2016

**Theme:** Effective Services

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

The fire register did not record the names of those who participated.

**14. Action Required:**

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

The Register now includes all names of staff and young people who have participated.

**Proposed Timescale:** 04/03/2016

**Theme:** Effective Services

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

There were no daily or weekly checks of fire equipment.

**15. Action Required:**

Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

Daily checks of fire equipment are included and recorded in the Fire log book. Staff were informed of this procedure at team meeting held on the 03-03-16. The Fire Log book will be audited and reviewed by the PIC once weekly to check Staff compliance.

**Proposed Timescale:** 03/03/2016

## Outcome 08: Safeguarding and Safety

**Theme:** Safe Services

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

Not all restrictive practices had been identified and recorded.

**16. 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:**

1. Staff will review the policy and procedure in a group format to identify all restrictive practices at a team meeting schedule for 22-03-2016.
2. Restrictive practices will be included on team meeting agenda fortnightly for continued awareness.
3. PIC will audit and review Staff compliance by doing spot-checks fortnightly in this area. Documentation of findings will be read out at team meetings to aid Staff learning.

**Proposed Timescale:** 23/03/2016

**Theme:** Safe Services

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

Systems were not in place to ensure that a full record was maintained of all visitors to the centre.

**17. 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:**

The Visitors log has been rectified to include full names for identification purposes and compliance with regulation 08 (2) to protect residents from all forms of abuse.

**Proposed Timescale:** 07/03/2016

## 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:**

One incident that should have been reported as a three day notification had not been.

**18. Action Required:**

Under Regulation 31 (1) (d) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any serious injury to a resident which requires immediate medical or hospital treatment.

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

1. Notification Requirements have been posted in both offices to provide Staff with Guidance.
2. All Staff will be shown during supervision process how to fill out HIQA notifications forms to ensure competence and understanding.
3. Notifications will be included on team meeting agenda to raise awareness amongst Staff.
4. PIC will audit and review reporting practices to check for compliance.

**Proposed Timescale:** 07/04/2016

**Theme:** Safe Services

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

Not all restrictive practices had been reported to the Authority.

**19. Action Required:**

Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

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

1. All Restrictive practices will be reported to the Authority in the time frames provided.
2. Staff have reviewed the policy and procedure in a group format to identify all restrictive practices at a team meeting 22-03-2016
3. Restrictive practices will be included on team meeting agenda fortnightly for continued awareness.
4. PIC will audit and review Staff compliance by doing spot-checks fortnightly in this area. Documentation of findings will be read out at team meetings to aid Staff learning.

**Proposed Timescale:** 03/04/2016

**Outcome 10. General Welfare and Development**

**Theme:** Health and Development

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

The education policy did not include opportunities for training and development.

**20. Action Required:**

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to

access opportunities for education, training and employment.

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

The education policy will be updated to include opportunities for training and development.

**Proposed Timescale:** 02/04/2016

**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:**

The medication policy did not meet all the requirements of the regulations.

**21. Action Required:**

Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

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

The company is revising the medications policy to ensure it refers to all key criteria outlined in the guidance and regulations as regards the management of medication i.e. ordering, receipt, prescribing, storing, disposal and administration of medicines. Further text is being included to guide staff on the administration of PRN medications.

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

**Theme:** Health and Development

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

The prescription and medication sheets did not contain all the information required to ensure medication would be safely administered.

**22. 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:**

The administration record sheets now have sections identifying the required identification checks/ photographs to be followed prior to administration, and the prescribing instructions. The medications procedure is being revised and updated to

include more guidance to staff to ensure medication is safely administered.

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

#### **Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

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

Management systems were not effective in ensuring that the service provided was safe, appropriate to resident's needs, consistent and effectively monitored.

**23. Action Required:**

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

1. The company is continuing to formalise our management system and is consolidating our existing management arrangements and procedures into a single framework.
2. The Provider will carry out unannounced visit in the next three months to assess the safety and Quality of care provided. A meeting will follow visit with PIC to discuss actions that need to be addressed.
3. Staff through team meetings and supervision will be part of the Decision making process related to the Centre.
4. Communication systems such as suggestions boxes and Messaging board are now in place within the centre for Staff.
5. Staff have been assigned policy and procedures to critique. The PIC will use this information to make policy and procedures staff friendly.
6. Risk Management is included on fortnightly team meetings so collective decisions are made and all staff informed of safe practices.
7. Monthly review of personal plans by Keyworkers with feedback given at team meetings will collectively support residents to meet their goals and needs.

**Proposed Timescale:** 15/05/2016

**Theme:** Leadership, Governance and Management

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

There was no formal performance management framework in place.

**24. Action Required:**

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services

that they are delivering.

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

The staff supervision process has now been expanded to include an up to date template which records the CPD completed, how the progress of actions being undertaken are being completed, and the level of support that is being provided.

**Proposed Timescale:** 07/03/2016

**Theme:** Leadership, Governance and Management

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

Not all staff knew how to raise concerns about the quality and safety of the care provided.

**25. Action Required:**

Under Regulation 23 (3) (b) you are required to: Facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.

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

All Staff have been informed how to raise a concern at a local and national level. The PIC has communicated the Whistle blowing Policy and National authorities who deal with concerns about the quality of care with all Staff.

**Proposed Timescale:** 03/03/2016

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

The rota did not include all the staff that were on duty as it did not contain the name of the person in charge.

**26. 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:**

The rota has been updated to include all Staff on duty including Person In Charge.

**Proposed Timescale:** 03/03/2016

**Theme:** Responsive Workforce

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

There were gaps in the Schedule 2 information held on staff files.

**27. 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:**

1. An audit of all personnel files has now been completed by the PIC & PPIM.
2. Job descriptions have been included in all Staff files
3. Areas in the files where gaps have been identified have being accounted for with details now in files.

**Proposed Timescale:** 07/03/2016

**Theme:** Responsive Workforce

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

Supervision was not in line with the supervision policy and the quality of supervision varied.

**28. Action Required:**

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

1. Supervision is now in line with the supervision policy.
2. Templates used for supervision have been updated to ensure they promote quality in the supervision process. They now appropriately track the progress of staff supervision and CPD.
3. Audit and Review carried out by the Director of supervision process on a six monthly basis.

**Proposed Timescale:** 07/03/2016

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

There was no policy in relation to training and development.

**29. Action Required:**

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The Policy for Staff training and development has been updated. This is now in place within the Centre.

**Proposed Timescale:** 07/03/2016

**Theme:** Use of Information

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

Some policies did not provide sufficient guidance for staff.

**30. Action Required:**

Under Regulation 04 (2) you are required to: Make the written policies and procedures as set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 available to staff.

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

The company is revising the policies and procedures (Ref: Schedule 5) which were highlighted as requiring improvement in the report.

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

**Theme:** Use of Information

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

The fire records, duty roster and complaints log did not meet the requirements of schedule 4.

**31. Action Required:**

Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 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 fire records, duty roster and complaints log are updated to meet requirements.

**Proposed Timescale:** 07/03/2016

**Theme:** Use of Information

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

Some staff files were incomplete.

**32. Action Required:**

Under Regulation 21 (1) (a) you are required to: Maintain, and make available for inspection by the chief inspector, records of the information and documents in relation to staff specified in Schedule 2 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:**

1. An audit of all personnel files has now been completed by the PIC & PPIM.
- 2 Job descriptions have been included in all Staff files
- 3.Areas in the files where gaps have been identified have being addressed and updated
- 4.All necessary information regarding Schedule 2 will be present on the files going forward.

**Proposed Timescale:** 08/03/2016

**Theme:** Use of Information

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

Records in relation to medication management for individuals and belongings particularly finances, were not detailed enough.

**33. Action Required:**

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

The Person In Charge is updating the records for each resident to ensure they correspond with the requirements of schedule 3. Both policies and procedures are being updated, and records generated as part of this review will be maintained.

**Proposed Timescale:** 15/04/2016

