

# eDeposit Ireland

## Ard Na Gaoithe

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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>	Ard Na Gaoithe
<b>Centre ID:</b>	OSV-0005335
<b>Centre county:</b>	Cork
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Resilience Healthcare Limited
<b>Provider Nominee:</b>	Martin McCarthy
<b>Lead inspector:</b>	Carol Maricle
<b>Support inspector(s):</b>	None
<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>	2

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

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

From: 25 July 2016 09:10 To: 25 July 2016 17:40

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**

**Background to the inspection**

This was a follow up inspection carried out following the registration inspection of a new centre. One of the purposes of the inspection was to meet with the children that now lived at the centre.

**How we gathered our evidence**

As part of this inspection, the inspector met with the disability and social care coordinator (person in charge), the disability and social care manager (person nominated by the provider) and members of the staff team. There were two children at the centre on the day of the inspection, one child resided there and the second

child was in receipt of respite services. The inspector met with both children. The children were unable to tell the inspector of their experience of care but they presented as happy and content to be at the centre. The inspector observed a good rapport between the staff and children. The inspector reviewed policies and procedures and the suite of documentation used by staff in areas such as personal planning, health and safety and medication management. A staff member from the regulatory support services accompanied the inspector on this inspection.

#### Description of the service

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. The inspector found that the service matched what was described in that document. The centre was a five bedroom house and it provided planned residential and respite care to a maximum of four children at any one time. Each resident had their own bedroom and there was sufficient communal space in the building both indoors and outdoors. The centre was based in a rural area but the children had transport available to them to bring them to school and their activities.

#### Overall findings

The inspector was satisfied that the provider had put systems in place to ensure that the regulations were being met and that adequate governance arrangements were in place. There were sufficient arrangements in place to ensure that the person in charge was suitably supported to manage this centre.

Some improvements were required:

- some aspects of medication management required improvement (outcome 12).
- some records were not completed in a consistent manner by all staff (outcome 18).

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end.

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

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

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

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

There were systems in place to support children's rights, their dignity, their right to make a complaint and their right to be consulted on their care. However, some improvements were required in the area of consultation.

There were systems in place to ensure that children would be consulted about how the centre would be planned and run. House meetings were organised to which the children and the key-workers attended. The minutes showed that there was feedback provided by the children on issues such as their food choices and the activities that they wanted to be involved in. There were details of decisions that were agreed but no staff member appeared to be assigned to ensure that these decisions were acted upon. Furthermore, at the following week's meeting, the minutes did not record progress of decisions from the previous week. It was not clear to the inspector the way in which the children expressed their view in the event of them not communicating verbally. The record was not clear in stating how key-workers and/or other staff at the meeting conveyed the views of the children.

Children had access to advocacy services. There were posters displayed around the centre informing children of a national advocacy service. The new staff team were trained in advocacy as part of their induction training. The person in charge told the inspector that the organisation (provider) was in the process of setting up a national advocacy forum, to which they had asked a representative of the children to join which had been agreed. The forum was not yet set up in a formal capacity.

There were adequate policies and procedures in place to address complaints. There was a complaints procedure which outlined the process to be followed for both informal and formal complaints. There was a child-friendly version of the complaint process contained within the resident guide. There was a nominated person employed by the organisation to deal with complaints. At the time of this inspection, there had been no complaints, formal or informal received by the person in charge since the centre had opened. A complaints logging system was ready for staff to use but this did not include a prompt for staff to write a record of whether the complainant was satisfied or not following the outcome and where applicable if they had been referred to the appeals process.

There were systems in place to ensure that children would be treated with respect and dignity. There was an intimate care policy that provided guidance to staff on how to care for children when they needed assistance in this area. Individualised intimate care plans were developed for the children.

There was sufficient space for children to play inside and outside. They had access to a sensory room, a combined kitchen and living area and the back entrance hallway was large and could be used as a third communal space if needed. Since the prior inspection, the children had use of the rear garden and outdoor play equipment.

The possessions of children were kept safe. Staff were guided by a policy on the personal property of service users. An inventory log was completed for each child following their admission to the centre. It was not clear however the date of entry for each item that was logged, therefore the inspector was unable to see what possessions had been added to this inventory since the arrival of the children. There was sufficient space in each of the bedrooms for children to store their possessions however, neither child had a locker in their bedroom, despite a decision made to purchase them at a previous house meeting.

The children received pocket money however this was recorded only on one occasion and it was not clear how often they were supposed to receive this. There was a log book available for staff to use in order to record how these monies were spent; however the system was quite basic and there was a risk that staff might record the information in different ways. Some pages of the book had been removed. This record keeping issue has been commented further upon in outcome 18.

There was evidence that children were given choices. The personal planning system was individualised and this meant that each child was assessed individually in this area and a daily routine was based around their individual preferences and choice. There were facilities in the local villages that children would be able to access and the children were observed being taken to a local play area by the staff on the day of the inspection.

There was no closed circuit television (CCTV) system in use at the centre at the time of this inspection.

**Judgment:**  
Substantially Compliant

**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):**

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

**Findings:**

There were sufficient systems in place to ensure that children would be supported to communicate effectively.

There was a policy in place to guide staff in the area of communication dated 2015. The staff team had received training in this area upon their appointment. Each child had a communication passport within their personal file. A picture exchange system was used by staff with the children, as evidenced by the daily notice board in the entrance hallway.

At the previous inspection, the television did not have the required signals and there were no internet facilities. At this inspection, the television now had the required channels and access to the internet was being organised. The person in charge confirmed that as the centre was located in a rural area it did not have ready access to internet facilities, however on the day of the inspection he confirmed that he had recently received a mobile device to access the internet. The inspector read in school reports that the children were using a tablet at school. The person in charge confirmed that tablets would be made available for children and they would be assessed regarding their need for assistive technology. He told the inspector that staff were still getting to know the children, setting goals with them in pertinent areas and they would be addressing the use of technology now that they had access to internet.

**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:**

There were sufficient systems in place for children to develop and maintain relationships and links with friends, family and the wider community.

The arrangements for visiting were set out in the statement of purpose and in the resident guide. A policy on visitors was also in place at the centre and this confirmed appropriate arrangements for family members and/or representatives to visit children. The inspector viewed records that showed how staff interacted regularly with the family members of the children through text, telephone calls and in person. Staff facilitated the children to visit home. They also facilitated family members to visit the centre and records showed that they collected family members from local towns on occasion and brought them to the centre. There was sufficient space at the centre for children to meet with their friends and family in private.

The children had opportunities to attend local facilities in the nearby villages as confirmed in the resident guide and in the statement of purpose. The inspector viewed staff departing from the centre to take the children on a local outing. The children also commenced horse riding since their admission to the centre and there was evidence to show that they attended this and other activities regularly.

**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):**

No actions were required from the previous inspection.

**Findings:**

There were systems in place for the admission, discharge and temporary discharge of children to and from the centre. Contracts were in place between the provider and the representatives of the children.

There was a policy in place regarding admissions, discharges and transfers to and from the service. The policy was specific to the centre and included reference to the mixed service provided. All admissions, including respite were described as planned admissions only and the impact that a new resident may have on the residents already living at the centre would be assessed.

The children had been prepared for the transition to this centre. Staff told the inspector that since their arrival, the children had settled very well into their new living arrangement. Some of the staff that the children had known from their previous centre (under the auspices of the same provider) now worked at this centre in a relief capacity. In addition, the new staff team as part of their induction had travelled to the centre that the children had received respite services from and met the children there. The children appeared happy and content at this inspection. They appeared comfortable in their surroundings.

Staffed recorded when the children left the centre for an overnight stay at their home on an admission and discharge log book. However there were occasions when staff did not log the return of the children to the centre. The record was therefore inaccurate in this regard. This has been further commented upon in outcome 18.

The parents of the children were on occasion asked if they would like to purchase items for the children, the intent of this was described by the person in charge as an effort on their part to respect the role of the family and their right to feel included in the day-to-day lives of their children. However, this arrangement was not clarified in writing for the parent in order that the parent could opt in or out of this arrangement.

**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:**  
The wellbeing and welfare of each child was maintained by a good standard of care and support. Children had opportunities to participate in activities. The arrangements to meet the needs of children were set out in personal plans that reflected their needs. There were systems in place to ensure that children would be supported when moving between childhood and adulthood.

The needs of the children in areas such as health, personal, social care and supports needs were assessed and set out in their personal files. The children had a team of professionals available to them who were directly employed by the provider. This team included an occupational therapist, behavioural specialist, speech and language therapist and two psychologists. A new behavioural specialist had been appointed to the organisation and the person in charge told the inspector that he was awaiting an assessment for the children on aspects of their behaviour. This assessment would complement the existing strategies that staff used as part of their core training in the management of behaviour that challenges. The person in charge kept copies of previous reports and/or assessments on file and the information on these reports all formed part of the overall personal care plan.

Personal plans were in place. The plan was set out in a child friendly manner and it contained a range of information about the child such as their basic details, family details, their needs in areas such as education and independent living skills, their likes and dislikes, their behaviour support plans and their aspirations for the future. A representative for each child had signed to confirm that they had read the personal plan. The inspector could see how the personal plan was a live document and was reviewed regularly as staff regularly updated the document with additional information or observations. A formal annual assessment of their need nor a formal review of their personal plan was not yet due to take place. The person in charge was aware of his commitments in this regard in line with the regulations. The arrangements for how the children and parents would be involved in the review of the personal plan were referenced in a centre specific policy.

There was a clear system for the recording of goals and the achievement of same. The person centred planning process ensured that staff and children set short-term and long-term goals.

There were systems in place to prepare children for adulthood. The policy on admissions and discharges stated that children would commence preparing for adulthood following their sixteenth birthday. The children living at the centre at the time of this inspection had not yet reached this age.

**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):**

No actions were required from the previous inspection.

**Findings:**

The design and layout of the centre was suitable for its stated purpose.

The design of the centre was in line with the statement and purpose. The centre was suitably decorated and well-maintained. Rooms were of a suitable size and there was enough private space for children when they wanted to be alone. There was a large fenced in rear garden for children to play in. The premises had suitable light, heating and ventilation. The premises was free from any major dangers which could cause injury. The centre was very homely in appearance both from the outside and inside. There were colourful wall stickers and decals throughout the centre which lent itself to a child friendly appearance. There were age appropriate posters and framed pictures that were safely secured to the walls. Two of the bedrooms were not yet furnished in full however the disability and social care manager at the previous registration inspection gave written assurances to the inspector that bedrooms would be adequately furnished prior to each child's admission in conjunction with their taste and preferences and in consultation with their families. The person in charge and the staff confirmed these arrangements again at this inspection and told the inspector that rooms were furnished and decorated in conjunction with the child and their family/representatives.

Two children had moved into the centre and their bedrooms had been decorated to their individual taste and preferences. Each room was tastefully decorated with age appropriate wall stickers and decals. The children could store their belongings in their wardrobe.

There was a colourful sensory room for children to spend time in that had a range of sensory equipment.

The person in charge showed the inspector a written plan devised by an occupational therapist that recommended a number of developments to be implemented at the centre such as adding a fish tank to the sensory room, the purchasing of reinforced furniture and the development of a sensory garden. He confirmed that he would be following through on these set of recommendations following the inspection.

The rear entrance to the centre was a spacious hallway that could be used as a communal space. This area was bright and colourful but should the centre be running at capacity then it may require further adaptation in order to be utilised as a third communal space.

At the last inspection, the garden was not yet ready for children to play in as the grass had not yet grown. At this inspection the spacious rear garden area was now in use with outdoor play equipment. This was a large place for the children to play. Some additional play equipment was waiting to be erected. Some areas of the garden were hazardous to children as herbaceous plants had grown and these were hazardous to the children. The grass was also overgrown. The person in charge gave assurances to the inspector that they had a contract with a local grass-cutter who would attend to these issues as part of a rolling plan of maintenance.

There was no specialist assistive equipment in use at the centre at the time of this inspection which required maintenance and testing.

**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):**

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

#### **Findings:**

The health and safety of children, visitors and staff was promoted and protected through appropriate systems.

There were systems in place for risk management. The risk management policy met the requirements of the regulations as it included the risk of accidental injury, self harm, unexpected absences and aggression and violence. The new staff team had completed training in risk assessment as part of their induction. There was a centre specific health and safety statement and this was complemented by a number of centre specific hazards identified by the person in charge which were in turn risk assessed and controls were put in place. The child's personal file also contained individualised risk assessments that were specific to the child however these were not reviewed in the timelines that staff themselves set. The inspector also identified a number of behaviours that had not been identified as hazards and risk assessed, for example the dangers associated with the children climbing on furniture and fixtures and other behaviours the inspector was informed about that posed a risk in the area of infection control. Plastic gloves were not all locked away. Most of the cupboards in the kitchen were locked, the rationale for same was not set out in the centre risk register.

As part of their induction, all staff were trained in incident and accident reporting. There were recording systems in place and staff were required to document all incidents, accidents and near misses at the centre which were then reviewed by the person in charge. The inspector viewed the records of incidents and accidents that had taken place at the centre. The majority of the incidents were related to behavioural issues. The person in charge told the inspector that a behavioural specialist employed by the provider was to commence an assessment of one of the children in response to their presenting behaviours shortly after the inspection.

Staff logged maintenance issues on a maintenance log. This record was reviewed by an inspector. The person in charge was aware of outstanding maintenance issues and

provided appropriate updates on matters outstanding.

The systems in place regarding fire precautions were mostly satisfactory. There was a fire alarm system installed at the centre that did not yet have its first quarterly maintenance as it was not yet due but a contract was signed with a company for the servicing of the system. There were also contracts in place for the servicing of the emergency lighting and smoke detectors. The extinguishers had been serviced prior to the inspection with a contract in place for regular services of same. The staff whose personnel files the inspector viewed all had training in fire safety and the disability and social care manager confirmed that the entire staff team had completed training in this area. Fire exits were observed to be clear. Evacuation plans were displayed around the building. There were signs to guide children and staff on the nearest emergency exit. Personal emergency egress forms were also in place for each child. The information on these forms guided staff on how to evacuate each child in a safe manner and confirmed the level of staffing needed. One fire drill had been conducted by staff since the centre had opened however only one of the children had taken part in this fire drill. Staff completed daily checklists on aspects of the fire safety arrangements but there were some gaps and these records did not have evidence the person in charge signing off on them. The fire door in the playroom did not close with ease as there was slight contact between the door and the floor. This was brought to the attention of the person in charge who committed to having it fixed promptly. The person in charge was observed making arrangements to this have door fixed during the inspection.

There were systems in place for hygiene and infection control. Staff were trained in infection control and food safety as part of their induction. There were posters in the bathrooms encouraging hand hygiene. There was a cleaning rota in place for each day of the week. Staff completed cleaning duties as set out in these rotas. There was evidence that the person in charge reviewed these records. There was no clinical waste created. Two of the bathrooms (one not in use) did not yet have paper towels in place.

Staff used a centre vehicle to transport the children. This was arranged through a car leasing service. This vehicle was in use on the day of the inspection and was not viewed by the inspector however the person in charge forwarded confirmation of its insurance and tax immediately following the inspection. The vehicle was not yet due its first NCT.

**Judgment:**  
Substantially Compliant

### **Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

Measures were in place to safeguard children and protect them from abuse. The system in place for the management of child protection concerns was appropriate.

There was a policy in place for the prevention, detection and response to abuse. There was a designated person in the organisation appointed to deal with concerns of this nature. The person in charge continued to have a very good knowledge of the guidance regarding child protection concerns and the processes to be followed in line with Children First: National Guidance for the Protection and Welfare of Children (2011). Staff were trained in child protection. There were procedures in place to guide staff in attending to the intimate care needs of children. The statement of purpose confirmed that children would be facilitated to meet with their Tusla social worker. There were processes in place for the forwarding of concerns to Tusla. At the time of this inspection, there had been no concerns that required reporting to the designated liaison person or to Tusla. There was a visitor signing in book however the inspector was not asked to sign in upon their arrival. The person in charge acknowledged that they needed to improve this system as there were some gaps in the book during the month of the inspection.

There were appropriate systems in place to address behaviours that challenge. There was a policy that guided staff in this regard. The person in charge was trained as a trainer in a particular brand of behaviour management and had trained staff as part of their induction. A suite of paperwork was used by staff to record incidents and staff were prompted in the incident report to reflect on the incident and assess the antecedents, behaviours and consequences to each incident of challenging behaviour. One child was awaiting a positive behavioural plan to address some behaviours of concern. This plan was expected shortly after the inspection.

The use of restrictive practices was monitored by the person in charge. At the time of this inspection, there was no use of chemical restraint or physical restraints. There was some use of environmental restrictive practices. The inspector observed locks placed on most of the kitchen cupboards. There was however a kitchen cupboard with a picture of food on the outside which was kept open for the children at all times and this contained healthy snacks that children could access independently of staff. The person in charge had explained at the previous inspection that the cupboards would only be locked if they presented as a hazard. At this inspection, he explained to the inspector why staff locked the majority of the kitchen cupboards and whilst this was deemed appropriate by the inspector the information was not sufficiently recorded. This has been commented further upon in outcome seven. The locking of food cupboards had not been identified as an environmental restrictive practice.

**Judgment:**  
Substantially Compliant

**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:**

A recording system for incidents that occurred in the centre was in place and the person in charge was knowledgeable of the events that required notification to HIQA.

The person in charge demonstrated appropriate knowledge of their responsibilities in relation to recording and reporting such incidents.

**Judgment:**  
Compliant

**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):**

No actions were required from the previous inspection.

**Findings:**

The children were supported by staff in their right to have an education and to socialise and participate in the community.

There was a centre specific policy on access to education that had been revised since the prior inspection. The statement of purpose also confirmed that staff would transport the children to their place of education. Staff facilitated the children to attend school. The inspectors viewed the communication notebook that accompanied the children to school each day and this confirmed regular communication between them and the school staff. The end of year school report for both children was received by staff and

set out their key achievements of the year. On occasion the level of the information given to the school by staff was quite detailed and the inspector did not find guidance available for staff to follow on what was relevant information and what information was private to the child.

Children were involved in individual leisure activities outside of the centre. The resident guide and statement of purpose set out a sample of activities available to children. The inspector viewed daily reports for the children and these confirmed that children were brought to activities within and outside of their local community, such as horse riding. The inspector observed staff departing the centre to bring the children to a local playground on the day of the inspection.

**Judgment:**  
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):**

No actions were required from the previous inspection.

#### **Findings:**

The healthcare needs of the children were met by staff but improvements were required in how staff recorded medical appointments.

There was a comprehensive section in the personal file for each of the children dedicated for healthcare matters entitled the health action plan. This health action plan set out their health and nutritional needs. The children were described by the person in charge and staff as to be in good health. They were facilitated in attending healthcare appointments by staff. Each child also had a healthcare passport that would accompany the child in the event that they needed to go to hospital.

The record of healthcare appointments that they attended were noted in daily reports by staff. It was not clear however without reviewing all of the daily reports the history of the child's attendance at healthcare appointments. This was not a suitable method of recording healthcare appointments and has been commented upon further in outcome 18. The person in charge agreed a need to record these separately in order to ensure that an overall record of regular appointments was maintained.

The nutritional needs of the children were met. The inspector viewed the food on offer. There was a mixture of convenience style food and fresh vegetables and fruit from which staff could prepare homemade food. A menu planner was completed each week

by staff. The menu choice record prompted staff to record the choices offered to the children. The weekly house meetings acted as a way of ensuring that children were asked about their choice of meals for the week ahead. The inspector observed the children receiving snacks from staff and this was done in an unhurried and positive manner.

**Judgment:**  
Compliant

## **Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**  
Health and Development

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

**Findings:**  
Systems were in place for the safe management of medication in order to protect children however some improvements were required.

There was a centre specific policy on the ordering, prescribing, storing and administration of medication. The new staff team were trained in medication management and the administration of buccal midazolam as part of their induction training. Medication was stored safely in a locked safe in each of the child's bedrooms. An inspector viewed the contents of each safe and there were no medicines that required disposal or were out-of-date. At the time of this inspection, there were no children that were prescribed controlled drugs. The staff were not yet training in the management of controlled medications. In the event of this kind of medicine being prescribed the person in charge told the inspector that staff would receive the necessary training. The medication needs of children was assessed as part of their overall health action plan and this was then complemented by an up-to-date medication prescription and administration record. There were individualised epilepsy care plans in place for each child however the instructions written on one of these plans required review by the person in charge as it was not clear. The person in charge was observed attending to this on the day of the inspection and seeking clarification. Furthermore there were two versions of each epilepsy care plan, one written by school staff and another written by a general practitioner (GP) and there was different guidance specified in these plans. The person in charge attended to this issue immediately, instructing staff to discontinue the use of the two plans and to administer against only one of the plans.

The inspector reviewed the prescription and administration records. The prescription card mostly met the requirements of the regulations. It contained the required information such as the name and address of the child, a photograph, the name of the

medication, dose and route however, the maximum dose of 'as needed' (PRNs) was not recorded in all instances. The signature of the GP was not recorded against each discontinued drug. The deputy social care leader visited the GP on the day of the inspection in order to have this resolved. The administration record cards met the requirements of the regulations.

The inspector viewed a sample of what was administered versus what was prescribed and these showed that children were given the correct dose of medication at the prescribed time. Staff recorded medication errors on incident forms. There had been one medication error made since the centre had opened to which the general practitioner had been contacted which was appropriate.

**Judgment:**  
Substantially Compliant

**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):**  
No actions were required from the previous inspection.

**Findings:**  
The written statement of purpose met the requirements of the regulations.

The written statement of purpose in use at this inspection had not been reviewed since the previous inspection. There was a child friendly version of the statement of purpose also available for children.

The statement of purpose outlined that the centre provided planned respite and residential care for up to four children that were diagnosed with an intellectual disability and/or autism. The document set out the care needs of the children that it catered for, the facilities and services available and contained all of the information required by the regulations.

The statement was version controlled and would be reviewed annually or more often as required

**Judgment:**  
Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

Management systems were in place to support the delivery of safe, quality care services. There was a clearly defined management structure. The centre was managed by a suitably qualified, skilled and experienced person.

A clear management system was in place at the centre. Staff reported to a deputy team leader who in turn reported to the person in charge. The person in charge was accountable to the disability and social care manager. The management organogram was outlined in the statement of purpose. On-call arrangements were in place and each week a manager working in the organisation was responsible for supporting staff after office hours.

There was an appropriate system in place for the annual review of the centre. As the centre was newly opened, the provider had not yet completed the first six month unannounced inspection. The disability and social care manager was fully aware of these responsibilities and confirmed that the existing documentation they had been using was being revised in line with the recently published guidance in this area by HIQA. There were some auditing systems in addition to the six month unannounced inspection in place. The person in charge showed the inspector the medication management audit that had taken place at the centre prior to the inspection. A number of personnel files were viewed by the inspector and there were records that showed how staff at the human resources office had audited the personnel files in accordance with the requirements of Schedule Two of the regulations.

The person in charge was suitably qualified and experienced. He continued to demonstrate sufficient knowledge of the regulations and standards. He engaged in the governance and management of the centre and worked closely with the disability and social care manager. He was appointed as a person in charge of this centre and a second designated centre for children with disabilities and managed both centres. There was a deputy social care team leader appointed to this centre and a portion of her working week was assigned to governance and management duties in addition to 'on the floor' hours. She had a good knowledge of the regulations and standards.

**Judgment:**

Compliant

**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.*

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

Arrangements were in place in the event of the absence of the person in charge for more than 28 days.

The person in charge and the disability social care manager were both aware of the requirement to notify HIQA in the event of the absence of the person in charge for 28 days or more. The disability and social care manager would assume the role of person in charge. He was a person already involved in the management of the centre and had a very good knowledge of the centre and the children that lived there. The deputy team leader would assume the role in the event of shorter absences. This staff member was met with at this inspection and was already involved in the management and governance of the centre for part of her working week.

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**

Use of Resources

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

No actions were required from the previous inspection.

**Findings:**

The centre was resourced sufficiently to ensure the effective delivery of care and support in accordance with the statement of purpose.

There were sufficient resources at the centre to support the children achieving their personal plans. The facilities and services available to the children that were set out in the statement of purpose were available to them. The person in charge had the authority to organise relief staff where needed.

**Judgment:**  
Compliant

**Outcome 17: Workforce**

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

**Theme:**  
Responsive Workforce

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

No actions were required from the previous inspection.

**Findings:**

There were appropriate staff numbers and a skill mix to meet the needs of children. Children received continuity of care from a core staff team. Training and development systems were in place at an organisational level. There were appropriate systems in place for the supervision of staff. Personnel files were mostly in compliance with the regulations.

There were appropriate staff numbers and a skill mix to meet the needs of children. The staff team comprised of support workers and a deputy disability and social care coordinator (deputy team leader). There were two staff members assigned to each shift to cater for the needs of the two children. At night-time there was one waking night and one sleep-over staff member. There was a team of six staff, five of whom were permanent staff and one of whom was a relief staff member. As the centre would grow in capacity to a maximum of four, the person in charge told the inspector that the team would expand. The inspector reviewed a planned roster that was in place to meet the needs of two children and this matched the staff ratio proposed in the statement of purpose.

There were sufficient arrangements in place to ensure that staff exercised their personal and professional responsibilities. Professional supervision had commenced at the centre and although in its infancy, it covered a range of topics such as practice issues and on-going training. This was in addition to day to day supervision from the person in charge and their deputy. Regular staff team meetings had commenced. Staff communicated to each other using a communication book that focused on the day to day running of the centre and also wrote handover notes that focused more on the children.

A comprehensive system of continuing professional development was in place at the centre. The inspector viewed evidence of a wide range of courses completed by staff as part of their induction, the certificates of the completion were kept in personnel files. Training had been provided in areas such as medication management, advocacy, disability awareness, policies and procedures, incident reporting and child protection.

There was a recruitment policy in place. The inspector viewed a sample of personnel files and they mostly met the requirements of the regulations. An individual employment history and a contract of employment was absent from files reviewed.

There were no plans for volunteers to work at the centre at this time.

**Judgment:**

Substantially Compliant

**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):**

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

**Findings:**

The centre had appropriate policies. Arrangements were in place to ensure that appropriate records would be kept. At the previous inspection the statement on education was not suitable. The policy regarding access to healthcare services required revision.

At this inspection, the policies in place at the centre matched the requirements of the regulations and the new staff team had been trained in policies and procedures as part of their formal induction to the centre. Since the last inspection, an education policy had been created and this included confirmation that arrangements would be in place for the assessment of the child's education needs. The policy on access to healthcare had been amended.

There were systems in place for record keeping but they were not as robust as they could be. The inspector viewed a suite of records completed by staff throughout the inspection. This included records kept of all matters relevant to the child and also the operation of the centre. Some of the records were kept in hard back copy books, such as money management but some of the pages in these hard backed books had been torn out. This was brought to the attention of the person in charge who confirmed that the use of these hard back books would be reviewed. Some records were not completed as set out for example the records regarding how the children slept were not always completed in the same manner by staff. The food choice record did not contain sufficient detail. Not all staff confirmed each day on the daily report the skills that the children had acquired or tried to acquire. The visitor book was not used consistently by all.

The resident guide contained all of the information required by the regulations however there was one inaccuracy. The guide outlined the complaints process, how to access inspection reports and arrangements for visits. It set out the terms and conditions of residency and the arrangements for children to be involved in the running of the centre. The inspector noted that the rooms available to children were all described as having en-suite facilities which was not the case.

A directory of residence was in place at the centre however the date of first admission for the children now living/receiving respite from the centre needed to be more specific. The admission and discharge log book did not confirm the return of the children to the centre from when they were noted as to have discharged. The record was therefore inaccurate in this regard.

**Judgment:**  
Substantially Compliant

## Closing the Visit

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

### **Acknowledgements**

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

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

Carol Maricle  
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>	Ard Na Gaoithe
<b>Centre ID:</b>	OSV-0005335
<b>Date of Inspection:</b>	25 July 2016
<b>Date of response:</b>	20 September 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:**

The documentation of the weekly house meetings required improvement. It was not clear how the staff advocated on behalf of the children during this meeting as the participation level of the children was not clear. When decisions were made the follow-through on these decisions was not set out. There was no written reference to previous decisions made at house meetings and the progress regarding same.

<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 (2) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

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

Recording systems have been reviewed to include individual staff names on agreed actions and review of previous meeting minutes and if actions were complete. Service User choices are gained through input from the use of pecs / pictures and will be recorded at meetings and then information of such activities will be displayed on visual schedules.

**Proposed Timescale:** 02/08/2016

**Theme:** Individualised Supports and Care

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

There was a decision made at a house meeting to purchase bed-side lockers for each of the children. This had not yet been actioned.

**2. Action Required:**

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

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

Bed side lockers have been purchased and are now in place for each service user.

**Proposed Timescale:** 12/08/2016

**Theme:** Individualised Supports and Care

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

The complaint log did not prompt staff to record if the complainant was satisfied with the outcome of a complaint and where not if the appeals procedure was explained to them.

**3. 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:**

Complaint recording systems has been reviewed to include screening, investigation, outcome, action taken, and if complainant is satisfied with outcome plus the appeals process.

**Proposed Timescale:** 02/08/2016

#### Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

An arrangement whereby staff asked the parents from time to time for monies for items such as clothing was not written down.

**4. Action Required:**

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

Residents guide has been reviewed and updated to reflect the arrangements of representative's financial contributions of personal items.

**Proposed Timescale:** 17/08/2016

#### 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 grass was overgrown in the rear garden and there were herbaceous plants that were a hazard to children as they played.

**5. Action Required:**

Under Regulation 17 (3) you are required to: Where children are accommodated in the designated centre provide appropriate outdoor recreational areas which have age-appropriate play and recreational facilities.

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

Gardener in place to maintain all grass cutting and weeding of rear and front garden to the centre.

**Proposed Timescale:** 02/08/2016

#### 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:**

Not all hazards at the centre nor behaviours of each of the children had been risk assessed nor had controls put in place.

**6. 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:**

Risk assessments for all behaviours have been reviewed and new risk assessments have been included to cover risk around climbing and jumping from items.

**Proposed Timescale:** 17/08/2016

**Theme:** Effective Services

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

Not all of the bathrooms on the day of the inspection had paper towels available for children, staff or visitors to use.

**7. 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:**

Paper towel dispensers are now in place in all bathrooms throughout the centre.

**Proposed Timescale:** 02/08/2016

**Theme:** Effective Services

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

The fire door in the playroom did not close with ease.

**8. Action Required:**

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

Fire door has been serviced and is now closing with ease.

**Proposed Timescale:** 25/07/2016

**Theme:** Effective Services

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

One of the children had not yet taken part in a fire drill.

**9. 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:**

Fire drills are Scheduled and conducted every 2 weeks to ensure all residents are involved in fire drills.

**Proposed Timescale:** 02/08/2016

**Theme:** Effective Services

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

There were some gaps identified by the inspector in the fire safety checklists conducted by staff.

**10. 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:**

Fire safety checks have been reviewed and staff informed of importance of ensuring all aspects of the checklist is completed daily / weekly through staff meetings and supervisions.

**Proposed Timescale:** 02/08/2016

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

The locking of cupboards in the kitchen had not been identified as an environmental restrictive practice.

**11. 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:**

Risk assessment in place to cover a small number of cupboards which are kept locked and will be reviewed with behavioural specialist in an effort to remove all locks when behaviours and risks have reduced. All restrictive practices will be reported in line with statutory regulations.

**Proposed Timescale:** 12/08/2016

## 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:**

There were two versions of epilepsy care plans and both documents did not offer the same guidance to staff. The guidance in one of these plans required clarification. The maximum dosage was not specified for all PRN medications.

### **12. 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 School epilepsy plan has been removed from the file and the epilepsy care plans is now specific to each service users individual needs, PRN maximum dosage has been completed on all service users medication administration record sheet.

**Proposed Timescale:** 25/07/2016

## Outcome 17: Workforce

**Theme:** Responsive Workforce

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

Not all of the information as required by Schedule 2 of the regulations was on file.

### **13. 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:**

All staff files are completed as per schedule 2.

**Proposed Timescale:** 02/08/2016

## Outcome 18: Records and documentation

**Theme:** Use of Information

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

The date of admission was not recorded in full.

**14. Action Required:**

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 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:**

Date of admission and discharge is now completed daily and staff trained on the process.

**Proposed Timescale:** 02/08/2016

**Theme:** Use of Information

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

There was an inaccuracy about en-suite facilities in the resident guide.

**15. Action Required:**

Under Regulation 20 (2) (a) you are required to: Ensure that the guide prepared in respect of the designated centre includes a summary of the services and facilities provided.

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

Residents guide has been revised and updated to show accurate details of centre facilities.

**Proposed Timescale:** 12/06/2016

**Theme:** Use of Information

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

The menu food choice record did not contain sufficient detail.

**16. 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:**

Documentation for recording of menus and service users input has now been reviewed and shows choices offered and choices made by service users.

**Proposed Timescale:** 02/08/2016

**Theme:** Use of Information

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

Some of the record systems in place were not robust as some records were not completed by all staff for example skill acquisition and sleep checks at night-time.

**17. 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:**

Recording systems are now completed to show any skills service users have worked towards each day / night, and more details of food choices and intake are completed each day, Staff complete visual checks on service users twice throughout the night and record on daily report.

**Proposed Timescale:** 12/08/2016