

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	SVC - SE
Centre ID:	OSV-0003159
Centre county:	Dublin 7
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Provider Nominee:	Mary Reynolds
Lead inspector:	Helen Thompson
Support inspector(s):	Michelle McDonnell
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	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: 15 February 2017 11:30 To: 15 February 2017 21:30

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

Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013) and the National Standards for Residential services for Children and Adults with Disabilities. This inspection took place on the 15 February 2017 and was the second inspection of this designated centre.

How we gathered our evidence:

The inspectors met all three residents who were availing of respite and the one resident who permanently resided in the centre at the time of inspection. All residents had communication supports and staff facilitated communication with the residents. The inspectors spoke with the person in charge, a senior nurse and staff members from both the day and night shifts. Inspectors also observed practices and reviewed documentation such as admissions contracts, personal plans, healthcare records, risk assessments and policy documents.

Description of the service:

The centre provided adult respite services to 25 residents, with the capacity to

accommodate six residents and one emergency admission each day they were open. The residents that used the centre had a range of needs. The centre was located in Dublin and was run by the Daughters of Charity Disability Support Service, who run a number of other centres.

The centre was located in a wider campus managed by the Daughters of Charity Support Service. The respite centre was a bungalow with wheelchair access throughout and adaptive equipment to facilitate the needs of residents. The bungalow consisted of six bedrooms. There were two bathrooms and separate toilets. There was a large living room and kitchen diner available to residents, along with a separate visitor's room. There were laundry and cleaning facilities within the centre. There was an accessible courtyard at the front of the centre. The provider had produced a document called the statement of purpose, as required by the regulations, which described the services provided.

Overall Findings:

Overall, the inspectors found that residents who availed of respite were treated with dignity and respect. The individual needs of each resident were assessed and staff were aware of how to support each individual. There was evidence of communication with families and allied health professionals to improve the support to each resident.

Summary of regulatory compliance:

The inspectors found moderate non-compliances in health and safety and risk management and the governance and management of the centre. Some improvements were required with the assurance systems regarding fire safety and the storage of toxic products in the centre. Additionally, the implementation of actions from the centre's self-assessment process and the performance management of all members of staff needed to be addressed.

Full compliance with the regulations was found in three of the ten outcomes inspected. These were social care needs, healthcare needs and admissions and contract for the provision of services. Substantial compliance was found in medication management, safeguarding, workforce, statement of purpose and records and documentation.

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 of this report.

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

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

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

Findings:

There was a policy in place for admissions which was reflected in the statement of purpose and this was up-to-date.

From the previous inspection the centre had been required to ensure that contracts were signed. This action had been completed and had been reviewed on the providers' six monthly audit conducted in June 2016.

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):

No actions were required from the previous inspection.

Findings:

Overall, the inspectors found that each resident's well being and welfare was maintained by a good standard of evidence based care and support. The supports required by residents were set out in an individualised personal plan. Personal plans reviewed by inspectors showed that multidisciplinary input and family involvement had been incorporated and they had been signed by family members. The plans demonstrated evidence of regular review.

Personal plans reviewed were clearly presented and contained an easy read pictorial format for important information. A regular review of this information was seen in the form of signatures and dates. There were contact details of specific allied health professionals, such as social workers, a community nurse and behaviour specialists, who were involved in each residents' care. Relevant information from these allied health professionals was seen in the care plans with the information then transcribed to the relevant easy read section of the care plan. There were also pictorial guides to show how various supports should be implemented, for example, there was a picture guide of non-verbal supports used by a resident.

Staff were observed interacting with residents in a supportive and dignified manner. On the day of inspection, after residents returned from their day service, staff took residents for a walk, played cards, had a variety of conversations with residents and supported residents with their meals. Staff were heard asking residents about choices and using various augmentative communication methods appropriate to individuals. At the time of inspection, funding from both the provider and fundraising events was being used to paint the centre, including residents' bedrooms and to purchase equipment, such as televisions. From the six monthly action plan of June 2016 the person in charge was working with the families to personalise bedrooms during the respite stay. The resident who was residing in the centre had personalised items in their room.

As this was a respite centre there were plans in place for a permanent resident to move to a more appropriate residential option. Inspectors reviewed transition plans and the supports given to the individual to facilitate the planned move. The transition plan took into account the individual needs' of the resident and showed the involvement of the family and appropriate health professionals.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

There were appropriate procedures and policies in place to ensure the safety of residents and staff. However some fire safety and risk control measures required review.

There were records of daily and weekly checks of escape routes, fire panels and emergency lighting. There were fire evacuation procedures clearly displayed within the centre. A fire folder, available by the exit, contained easy read details, that were quickly changeable which supported a respite environment. This folder detailed the individual supports needed by each resident who was in the centre on the day of the respite stay. There were more detailed records of individual evacuation plans and personal needs contained in individual files. Fire drills had taken place both during the day and night. Records showed that although staff and most residents had taken part in fire drills, three respite residents had not taken part in any fire drills in 2016 and four had taken part in one fire drill, which was contrary to the provider's own policy requiring residents to take part in two fire drills annually. At the time of inspection the inspectors were not assured that the provider had adequate arrangements in place for the containment of fire within the centre.

There were records of both individual and centre based risks and a current risk management policy and emergency planning policy in place. The risk register had been updated and there was a date for review. There was documented evidence of input from allied health professionals into risk assessments and that these were updated following reviews. Risk assessments were supported by policies and training in areas such as manual handling. There were risk assessments completed regarding toxic chemicals, however staff spoken too reported different control measures used and whilst some toxic chemicals were locked in a cupboard, there were others that were left in an unlocked cupboard with the door closed.

The staff were aware of infection control measures; they could discuss appropriate hand washing techniques and there was suitable storage of cleaning equipment. There was a household staff in the centre and they were observed using appropriate infection prevention control practices.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

Overall, the inspectors found that there were measures in place in the centre to protect residents from being harmed or suffering abuse. Staff responded appropriately to the assessed needs of residents. The centre promoted a restrictive free environment for residents but some improvement was required to fully meet all regulatory requirements.

The inspectors found that there were systems in operation for responding to incidents, allegations and suspicions of abuse and that these were being appropriately utilised to ensure that residents were protected. Critically, there was an awareness of the importance of ensuring that the respite schedule was reviewed and revised in response to the individual safeguarding needs of residents. This was completed at the respite review meeting by the person in charge, provider nominee and social workers.

Staff members safeguarding knowledge was found to be good. Staff outlined how they would respond to potentially abusive situations for residents and were clear with regard to their reporting responsibilities. Residents' personal and intimate care needs were outlined in plans which informed staff practices.

Staff interactions with residents were observed to be positive and respectful and overall the residents that were present appeared relaxed and happy in the setting. This finding was also captured on the centre's annual review report.

The inspectors found that residents' positive behaviour support needs were recognised, were being supported and integrated into their care plans. Residents were supported by a multidisciplinary team which included a clinical nurse specialist in behaviour, social work and psychiatry. There was evidence of reviews being completed in response to the residents' altered and evolving presentations. Residents' psychotropic medication was reviewed by the psychiatrist.

The inspectors noted that a restraint free environment was promoted with evidence of due process for the restrictions that were being utilised in response to some residents' needs. However, clear evidence of communication and current consent was not present for the usage of a restrictive practice for a resident.

The policies as required by regulations were available to inform staff practices.

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):

No actions were required from the previous inspection.

Findings:

Overall, the inspectors found that residents were supported to enjoy the best possible health. There were comprehensive healthcare assessments available for all residents. These detailed all healthcare requirements and supports that residents required.

There was a general practitioner available to the residents during their respite stay. The allied health professionals, who supported each individual, were clearly documented in personal plans. There was documentation that showed plans were updated following allied health professional input and staff spoken with were aware of the current health care needs of the individuals. There was evidence that supports implemented to assist residents were reviewed.

The residents had a range of medical needs and there were policies and procedures in place to support staff. For example, on the day of inspection some of the residents required the use of manual handling techniques. There were guidelines available for staff and all staff had received the providers' mandatory training in this area.

The residents' meals were supplied by a central kitchen and these were observed to be suitably stored and served. Residents were given a choice of meals and alternatives could be prepared. There was a range of snacks, including fruit, available for residents and items such as cereal were labelled with the date they were opened.

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:

Overall, the inspectors found that residents were protected by the centre's policies and procedures for medicines management. There were written operational policies relating

to the ordering, prescribing, storing and administration of medicines to residents. This included local guidelines regarding specific respite practices. Medicines in the centre were stored as required and residents' medicine records were kept in a safe and accessible place. However, some improvements were required in the completion of some residents' medicines plans.

Medicines in this centre were administered by registered nurses. The inspectors observed the bank list of nursing staff signatures with their initials and correlating registration numbers.

There was a system in place for reviewing and monitoring safe medicines management practices. The importance of medicines safety was observed to be discussed at staff meetings. Medicines Prescription Administration Record (MPAR) audits were completed nightly to ensure that all respite residents' medicines plans were checked. However, the inspectors found that one resident's plan did not have a photo of the resident on the front page or his general practitioner details. This was addressed by the person in charge by the completion of the inspection process.

A pharmacist was available to the residents and there was evidence of review of the residents' medicines. Residents' representatives were responsible for communicating any changes in medicines and for ensuring that six monthly prescriptions were provided. Medicines were brought in from home for each respite stay and securely returned when the resident went home.

The person in charge outlined that the centre, in conjunction with the service's drugs and therapeutic committee is currently exploring a more streamlined option for updating prescriptions as the current system can be onerous for the resident's family.

The inspectors noted that no residents in this centre were responsible for the administration of their own medication.

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):

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

Findings:

The statement of purpose had been updated since the last inspection and the current copy was from September 2016.

On the previous inspection the statement of purpose did not contain all the information required by the regulations. On this inspection the inspectors found that the statement of purpose had been updated to include the information regarding the care and support needs that the centre intended to meet and the total staffing complement in full time equivalents.

However, since the last inspection the centre had been registered but the statement of purpose did not contain the information set out in the Certificate of Registration as required by the regulations.

Judgment:

Substantially 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:

Overall, the inspectors found that the management systems in place in the centre ensured the delivery of safe and quality services. However, improvements were required with the implementation of identified actions from the centre's monitoring system and with the provider's arrangements for the developing and performance management of some staff.

Annual reviews of the quality and safety of the care provided in the centre were completed for 2015 and 2016. The six monthly visits by the provider nominee were conducted. However, these were not found to be in keeping with the regulatory timeframe with the inspectors noting that only one unannounced visit was completed in 2015. Additionally, the inspectors observed that some of the actions required from the centre's most recent visit were not implemented within their identified timeframe. Part of this inspection was completed during a night shift and throughout the inspection it was observed that the provider's system to ensure oversight and accountability of staff

working solely on nights required improvement. The person in charge noted the requirement of night staff on the duty rota, but the allocation of specific night staff was overseen by a night campus manager. Therefore, on occasions it was not clear which staff would be on duty on a given night. Although the person in charge completed the handover process with night staff and some evenings would work alongside them, she did not conduct the supervision of these staff. The inspectors noted that two of the three day notifications received by the Health Information and Quality Authority (HIQA) since the last inspection related to incidents that occurred during the night shift.

The inspectors found that there was a clearly defined management structure in place with clear lines of authority and accountability. The person in charge has been in the role for a number of years and was supported by a senior nurse, who was a service manager, and the provider nominee. There was evidence of systematic operational meetings between these members of the centre's management structure. Staff meetings were also occurring in the centre which the senior nurse attended as required.

The person in charge demonstrated her knowledge of the legislation and her responsibilities and was clearly committed to her own professional development. The person in charge was observed to provide good leadership and was clearly identifiable and available to staff. Residents were also noted to be familiar with the person in charge.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

Overall the inspectors found that the staffing and skill mix of staff was sufficient to meet the assessed needs of the residents in the centre.

During the inspection the staffing levels facilitated the support of the residents. Staff were observed interacting with individual residents and to be facilitating their person centred activities. The rota showed that the appropriate supports were available to residents in relation to their assessed needs.

The person in charge had completed an analysis of staff training and had identified staff that were due to update their training in the upcoming year and staff whose training was out of date. The majority of staff had completed the provider's mandatory training in areas such as fire safety and manual handling. The staff had also received extra training in areas such as communication, epilepsy and percutaneous endoscopic gastrostomy (PEG) feeding, to further support the comprehensive needs of some residents. The person in charge had identified that some staff members had not received updated training in safeguarding.

The person in charge completed supervision of day shift staff and records of this supervision were maintained. Records showed that a new staff member had completed an induction programme. There was also a folder available to all staff that contained safety updates and HIQA guidance documents.

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:

From the previous registration inspection there were policies identified that required updating and finalisation. This action had been completed. However, on reviewing specific policies that related to the outcomes assessed on this inspection, it was noted by inspectors that some of the policies that were available to staff had not been reviewed for a number of years. For example, the centres' policy on missing residents was dated 2011.

On the previous inspection there were records available in the centre as 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).

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:

Helen Thompson
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Company Limited by Guarantee
Centre ID:	OSV-0003159
Date of Inspection:	15 February 2017
Date of response:	21 April 2017

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 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:

Understanding and implementation of the control measures for the storage of toxic chemicals was not consistent in the centre.

1. Action Required:

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

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:

Health and Safety Statement will be updated to highlight 2 areas where toxic chemicals will be stored. When service users are present in the designated centre these 2 areas will be locked, i.e. kitchen cupboard under sink and household storage cupboard in hallway. Signage will be in place in both areas.

Proposed Timescale: 30/04/2017

Theme: Effective Services

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

The provider has failed to ensure that there are adequate current arrangements for fire containment.

2. 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:

Maintenance section will replace the existing intumescent only strips fitted to the Fire Doors with a certified dual fire & smoke strip to achieve FD 30s standard.

Proposed Timescale: 01/06/2017

Theme: Effective Services

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

As per the providers' policy not all residents had taken part in two fire drills.

3. 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 local fire guidelines will be amended to reflect the needs of the designated centre. Due to the nature of respite services all service users will take part in a minimum of 1-2 fire drills per year depending on their access to Respite. Staff will continue to participate in a minimum of 2 fire drills per year.

Proposed Timescale: 30/04/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Evidence of current communication and consent for a resident's restrictive practice was not present.

4. Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

Restrictive Practice documentation signed by service user's next of kin- completed

Proposed Timescale: 08/03/2017

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:

As outlined in the body of the report a resident's medication plan did not contain all the required information.

5. 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:

Action Plan completed on day of monitoring inspection by PIC as noted in inspectors report (page 10, paragraph 3)

Proposed Timescale: 15/02/2017

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The provider had not updated the statement of purpose to include the information in the certificate of registration as set out in schedule 1 of the regulations.

6. Action Required:

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

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

PIC to update Statement of Purpose and function as per Schedule 1 of the regulations.

Proposed Timescale: 30/04/2017

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:

The six monthly visits were not consistently conducted in line with the required regulatory timeframe.

7. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

Nominee Provider will schedule six monthly unannounced visits for 2017 to prevent reoccurrence.

Proposed Timescale: 30/04/2017

Theme: Leadership, Governance and Management

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

Some actions identified from the provider's six monthly visit were not implemented and followed up as outlined.

8. 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:

PIC liaised with PPIM's regarding fire drill schedule. First drill completed on 22/02/2017. PPIM to notify PIC of second scheduled drill.

Proposed Timescale: 30/05/2017

Theme: Leadership, Governance and Management

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

Robust arrangements were not in place to ensure that night staff were performance managed.

9. 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:

- (a) PIC/Deputy will liaise with Night Managers to ensure representatives from permanent night duty staff attend MDT reviews, training sessions and meetings as required in the designated centre
- (b) PIC/Deputy will adjust their roster to ensure they have lap over time to meet night staff on a scheduled basis.
- (c) PIC will link with Night Managers to provide input on PDR for permanent night staff assigned to the designated centre.

Proposed Timescale: 30/12/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Some staff member's safeguarding training was not current.

10. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

Staff completed Safeguarding training on March 14th 2017

Proposed Timescale: 14/04/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

Not all policies had been reviewed within the required three year timeframe.

11. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

Missing Persons Policy (DOCDSS 049) reviewed and updated in April 2017.

Proposed Timescale: 20/04/2017