Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	A designated centre for people with disabilities operated by RehabCare
Centre ID:	OSV-0002669
Centre county:	Longford
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Provider Nominee:	Laura Keane
Lead inspector:	Mary McCann
Support inspector(s):	Marie Matthews;
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

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

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

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

The inspection took place over the following dates and times

From:	To:
21 July 2014 15:30	21 July 2014 20:00

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

Outcome 02: Communication
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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This monitoring inspection was the first inspection of this centre by the Health Information and Quality Authority (the Authority). The designated centre is part of the Rehab Care Group, a national organisation which provides a range of services to people with varying degrees of disability. This service provides residential services to service users with a diagnosis of Autism spectrum Disorder, six service users are accommodated, four on a permanent basis and two on a shared care basis. The designated centre provided good facilities for service users and provided a homely environment which was clean with good natural lighting. The Person in Charge was on leave at the time of this inspection however, a deputy Person in Charge (PIC) had been appointed. The deputising person in charge will be referred to as the PIC throughout this report.

Service users attend day services provided by the organisation or an alternative day service, from 9:30 to 16:30 Monday to Friday. As part of the inspection, inspectors met with the PIC (known in the centre as the Residential Services Manager), visited the centre and met with service users and staff members on duty. The inspectors observed practice and reviewed documentation such as personal plans, support plans, medical records and policies and procedures.

Photographs of the inspectors were forwarded to the centre prior to the inspection to introduce the inspectors and to enable staff to discuss the inspection process with service users. The PIC confirmed that the service users were informed of the inspection. A consent form had been developed by the service seeking consent from service users with regard to the inspectors having access to their home and their records. This had been signed by service users. Inspectors also gained consent in person from the service users to access their home and their records.

Inspectors observed that staff related well to service users and supported them to be involved in making decisions and choices about their lives. Service users were encouraged and supported to choose and shop for the evening meal and were observed to be actively engaged in preparing the evening meal. House hold chores are shared between the service users assisted by staff. A visual schedule to support service users in undertaking these tasks was available for some service users.

Inspectors found there was evidence of compliance, in some areas, 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.

Areas of non compliance included :
- Review of person centered plans for some service users
- Development of an agreement with the alternative day service that a service user attends to ensure their care and welfare is protected whilst in this service
- Risk assessment procedures to include risk assessment re lack of window restrictors on the first floor.
- Review of risk management policy to ensure compliance with regulation 26 the Health Act 2007 (Care and Support of residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013
- Ensuring all staff had up to date fire safety training and training in relation to safeguarding service users
- Review of positive behavior support plans for some service users
- Review of the statement of purpose
- Review of staff rosters to ensure they clearly show staff on duty and hours of work

These are discussed further in the report and 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 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

Findings:
Inspectors found that the PIC and staff had developed supportive strategies to enhance the communication needs of service users. Relevant information was available throughout the centre in accessible formats. For example, talking personal books and pictures of each day's meals were available. Photographs and easy to read documents were used to increase the involvement of the resident in the process. Knowledge of the service users by the use of consistent staff who were trained in communication techniques was an essential part of assisting service users to communicate effectively. Assistive technology aids were in place to assist service users, for example talking diaries. The PIC informed the inspector that the centre had been successful in gaining a grant to enhance the development of assistive technology in the centre.

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

Findings:
The care and support provided to service users in most instances sufficiently reflected their current assessed needs and wishes. Each service user has an individualized assessment of need, support plan and person centred plan. There was evidence of participation of service users and significant others in the development of their plans and this was also reflected in minutes of meetings from reviews. Photographs to depict the information in their plans were available. A dedicated key worker system was in place. However, some personal plans were more detailed than others and improvements were required to ensure the assessed needs identified within service users' person centred plans were supported and recording of whether goals were achieved. Service users had access to an advocacy service.
A review of the support plan and person centred plan takes place annually with more regular reviews undertaken by the residential and day service key workers. A variety of 'social stories' were available to enhance the understanding of the service users. These are read to service users periodically. Daily records were also maintained outlining how service users spent their day.
A choice of activities is available to service users. All services users avail of a day service programme. In the evenings a 'visual choice board' detailing activities available is in place so that service users can choose to participate if they wish. Examples of activities offered include - reading social stories, watching TV/film, listening to music, gardening, baking, accessing sensory room and beauty therapy. Community activities include walks and swimming and shopping. The centre had access to their own transport which enhanced the flexibility of services users availing of community services.

Judgment:
Non Compliant - Moderate

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The centre can accommodate six adults with a diagnosis of Autism Spectrum Disorder, four adults are accommodated on a full time permanent basis and two adults on a shared care basis - One week at home and one week in centre. The centre was well maintained and fit for its intended purpose. The inspectors observed service users mobilising independently and service users had access to all areas. It was well

decorated, domestic in style with adequate private and shared space. Each service user has their own personalized bedroom, there are two lounges, a multi-sensory room, two dining areas, a laundry area and a kitchen. There was sufficient storage in service users' bedrooms for their clothes and other personal items. There was also sufficient storage in the centre for other general items. There are two vehicles available for services users' use. Inspectors noted that documentation was in place to ensure that all vehicles used to transport service users were roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who were properly licensed and trained.

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

Findings:
The health and safety of service users, visitors and staff was promoted in some areas. A health and safety statement was available. While a risk management policy was available it failed to comply with regulation 26 the Health Act 2007 (Care and Support of residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations as it did not cover the identification and management of risks or arrangements for identification, recording, investigation and learning from events to ensure understanding for all staff to minimise the risk of repeat occurrence. Policies on unexpected absence of a service user and accidental injury to service visitors or staff, aggression and violence and self harm were covered in separate policies.
Inspectors viewed a number of service users risk assessments and found evidence that risk assessment processes and systems were being operated, however a risk assessment with regard to the absence of window restrictors on the first floor had not been completed. Service users were given a level of independence in their daily lives, they assisted with cooking their own meals. An emergency plan was in place and a place of safety was identified should evacuation be deemed necessary, this was the day centre. A policy was available on fire safety and the service had a fire risk assessment and evacuation plan. Each individual has a Personal Emergency Evacuation Plan (PEEP) alongside a personal mobility status form. These identify each individual's support needs. A social story was available to support individuals to understand why there is a need for fire evacuations and directions of what to do should the need for evacuation arise. Inspectors spoke with staff and they were knowledgeable about what to do in the event of a fire, however while fire safety training had taken place and included evacuation procedures not all staff had up to date annual training. Fire drills were

carried out at regular intervals and one had been undertaken at 07:00hrs when minimum staffing levels were on duty and service users were in bed. The fire extinguishers were serviced on an annual basis and the fire alarm quarterly.
An infection control policy was available and staff were aware of infection control procedures.

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

Findings:
Inspectors found that some measures were in place to protect service users being harmed or suffering abuse. There was a policy in place on the prevention, detection and response to abuse and some staff had received training. However, some staff's training records evidenced that staff had not received any refresher training since 2009 and some staff had not completed training since employed by the provider organisation. Staff spoken with and the PIC outlined the procedures they would follow should there be an allegation of abuse. All staff were aware of their responsibility to report and document any allegation of abuse and were aware of the designated liaison officer and their role within the organisation.

Staff had received training in crisis prevention and challenging behaviour management. There was a policy in place guiding the management of behaviours that challenge. Behaviours that challenge were managed in the centre. Staff had received training in crisis prevention and challenging behaviour management. Service users that displayed behaviour that is challenging had been referred to a behaviour support specialist and there was evidence of ongoing assessment, intervention and review in most files reviewed however, inspectors noted that one resident had been referred to the behaviour support therapist on the 24/3/14 but there was no follow up recorded to this.

Behaviour support plans reviewed identified triggers to behaviours that challenge and methods of de-escalation. Restrictive practices were in place, these related to safety aspects, for example a safety harness in lieu of a seat belt as the service user

continually opened the seat belt, front door locked due to risk of resident engaging in eating inappropriate materials and risk of absconding. Tea and coffee was only available at set times as a safety measure as some of the service users would consume vast quantities if unsupervised.
However, when an 'as required' medication was administered there was no monitoring of the effectiveness of the medication administered to inform its effectiveness.
Additionally, restrictive practice documentation did not always indicate the length of time the practice was to be implemented for or the specific criteria for its use.

Judgment:
Non Compliant - Moderate

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The staff were maintaining detailed records of all accidents and incidents in the centre. These were reviewed by the PIC. All incidents had also been submitted to the Authority as required by the Regulations.

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

Findings:
Inspectors found that service users' health care needs were met with appropriate input from medical services and allied health professionals. Each service user has an

individualised assessment of need completed soon after admission, a support plan to ensure identified needs are met and a person centred plan. Most service users had a completed hospital passport document to assist with the transition to an acute service if required but one resident's hospital passport which was commenced in May 2013 had not been completed to date.

All service users are registered with local General Practitioners (GP's). Staff reported that all service users were healthy at the time of inspection. Staff described a good working relationship with the local GP's and an out of hour's service was also available. Services to include physiotherapy, speech and language therapy, occupational therapy, dental, chiropody, neurology, psychiatry and dietetics are available via referral to the HSE. An in-house behaviour therapist and psychologist are available.
Staff support service users to access these services as/when required, Families are engaged in this process in line with individuals/family's wishes. Health promotion initiatives were also in place. Service users were encouraged to be active and physical exercise was part of the activities on offer.
Service users' nutritional needs were met and regular weights were recorded. Service users cooked their meals on a rotational basis and staff assisted them in ensuring these were of adequate nutritional value. Inspectors observed the evening meal on the day of inspection and noted that it was healthy, home cooked, nutritious option.

Judgment:
Compliant

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Service users at the designated centre were supported by the care workers to receive medication. Staff spoken with were clear of their role and responsibility as regards medication management and confirmed that they had undertaken safe medication management training including practical competency assessments. There were no medications that required strict control measures (MDA's) at the time of the inspection. Resident medication prescription charts were reviewed by the inspectors and the following issues were identified:
- where medication was discontinued there was no signature of the general practitioner
- there was no maximum dose prescribed for as required (PRN) medications.
A medication management policy was in place to guide practice and included the arrangements for ordering, prescribing, storing and administration of medicines to

service users, however this was not centre specific and did not include information re local procedures for example, that medication was available via blister packs, or local procedures regarding the ordering and receipt of medication.

Judgment:
Non Compliant - Minor

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The statement of purpose set out the services and facilities provided in the designated centre. The aims, objectives and ethos of the centre were defined. However, aspects of the statement of purpose required review to ensure it contained all of the information as required in Schedule 1 of the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013.
For example, it did not reflect information regarding the following: separate facilities for day care, the arrangements made for supervision of therapeutic techniques or the associated emergency procedures in the designated centre.

Judgment:
Non Compliant - Minor

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
There was a clearly defined management structure that identified the lines of authority and accountability. The Person in Charge (PIC) was on leave, however a deputising PIC was in post. Inspectors found that she was a suitably qualified, skilled and experienced. She was knowledgeable about the requirements of the regulations and standards and had knowledge of the support needs and person centred plans for service users.
The PIC was employed full-time as the Residential Services Manager to manage two houses and the resource centre. The hours allocated to this centre were not detailed on the staff roster. She knew some of the service users and seen the majority of them on a daily basis at the resource centre. The PIC had worked for the organisation for many years and held an honours degree in social studies and social care, a FETAC level 5 in supervision theory, was a trainer for non violent crisis intervention and was trained in multi element behaviour support. She is supported in her role by a team of care workers. She reported directly to a Regional Manager who reported to the Director – Health and Social Care who is based at head office and is the nominated provider on behalf of the organisation.
Inspectors found, through interviews with staff, that in the absence of the PIC, an on-call arrangement was in place 24/7 and inspectors found that staff had ready access to the contact details. A member of the management team was on call out of hours. One of the service users attended day services provided by an alternative local day service. This was the service user's choice and staff informed the inspectors that the service user enjoyed attending this day centre. The inspectors spoke with the PIC with regard to this arrangement and found that there was a lack of clarity around the governance of this arrangement. There was no agreement or memorandum of understanding with regard to the shared responsibility of the service user.

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

Findings:
A staffing roster was available, however this was not very clear and did not detail hours staff worked in a 24 hr format. Where abbreviations were used for example 'ND', there was no key to show what hours this represented. Inspectors noted that to ensure continuity of care a relief panel was available from which absences were covered. The staff members on duty were pleasant and welcomed the inspectors. On the evening of inspection some staff went out while others remained at the service utilizing in house activities. In the evenings there are 2/3 staff present depending on activities planned. At weekends there are 3/4 staff depending on identified need and activities planned. The service is supported by a waking staff and a sleep over staff on night duty.

Staff employed in the centre, observed and spoken with during the course of the inspection displayed a good knowledge of the service users they support. Service users were supported by two key workers – one from the day service and one from the residential service. Staff were familiar with the personal plans and goals set for their key service users. Continuity of staffing was seen as key considering the profile of the resident group, as has been detailed previously within this report. Staff spoken to felt well supported and enjoyed working in the centre. Additional support and training was provided to staff including Non Violent Crisis intervention training, First Aid, Food Hygiene, safe administration of medication training. As detailed in Outcome 7 and 8 not all staff had up to date mandatory training. When staff attend training the roster reflects this and alternative staff are rostered to ensure their absence doesn't have a negative impact on service delivery.

The inspectors reviewed the recruitment practices and found there was a system in place to ensure all the required documentation for staff employed in the centre was in place. The inspector reviewed two staff files and found that all required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were in place. Inspectors noted that there was no policies to support how staff were deployed with regard to meeting the assessed needs of service users.

Judgment:
Non Compliant - Minor

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:

Mary McCann
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[1]

Centre name:	A designated centre for people with disabilities operated by RehabCare
Centre ID:	OSV-0002669
Date of Inspection:	21 July 2014
Date of response:	17 October 2014

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 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 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Improvements were required to ensure the assessed needs identified within service users' person centred plans were supported and recording of whether goals were achieved was completed.

Action Required:
Under Regulation 05 (7) you are required to: Ensure that recommendations arising out

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

of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

Please state the actions you have taken or are planning to take:
PIC will arrange for relevant PCP training for staff who require same and will support staff to complete their key client files as required ensuring goals and actions are recorded and followed through.

Proposed Timescale: 11/11/2014

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy did not comply with regulation 26 the Health Act 2007 (Care and Support of residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations as it did not cover the identification and management of risks or arrangements for identification, recording, investigation and learning from events to ensure understanding for all staff to minimise the risk of repeat occurrence.

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

Please state the actions you have taken or are planning to take:
1. Local Risk register to be developed, implemented and maintained on site, which identifies risks and outlines plans for their management and regular review, including identification of new risks and recording, investigation and learning from events
2. At staff meetings, review all incidents which occur and look at what can be learned from them. This has been occurring since the inspection.
3. Regular Review of relevant incidents by Restrictive practice committee at restrictive practice meetings, most recent occurred on 3rd October 2014.

Proposed Timescale: 30/11/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A risk assessment with regard to the absence of window restrictions on the first floor had not been completed.

Action Required:
Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to

residents, visitors or staff.

Please state the actions you have taken or are planning to take:
Complete Risk Assessment for absence of window restrictions on the first floor.

Proposed Timescale: 13/10/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Fire safety training had taken place and included evacuation procedures but all staff had not up to date annual training.

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

Please state the actions you have taken or are planning to take:
Fire safety training was scheduled at time of inspection and took place on the 22nd July and 25th August for two groups of staff.

Proposed Timescale: 25/08/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
One resident had been referred to the behaviour support therapist on the 24/3/14 but there was no follow up recorded to this.

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:
Follow up has occurred with Clinical team re referral, Behaviour Therapist has begun the assessment process with service users keyworker.

Proposed Timescale: 08/10/2014

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:
Restrictive practice documentation did not always indicate the length of time the practice was to be implemented for or the specific criteria for its use.

Action Required:
Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

Please state the actions you have taken or are planning to take:
Agree and outline more specific criteria for use of all restrictive practices with relevant supports, behaviour therapist, psychiatrist, GP where relevant.

Proposed Timescale: 31/10/2014

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some staff's training records evidenced that staff had not received any refresher training since 2009 and some staff had not completed required training since being employed by the provider organisation.

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

Please state the actions you have taken or are planning to take:
1. Staff completed Child and Adult Protection training on the 9th and 16th September.
2. One permanent staff and two relief staff to be trained, awaiting date from training department.

Proposed Timescale: 09/12/2014

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:
Where medication was discontinued there was no signature of the GP.

There was no maximum dose prescribed for as required (PRN) medications.

The medication management policy was not centre specific and did not include information re local procedures for example, that medication was available via blister packs, or local procedures regarding the ordering and receipt of medication.

Action Required:
Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

Please state the actions you have taken or are planning to take:
1. Localised medication policy in place to include local procedures for ordering, collecting, storing and administering medication. Include any relevant supports individual to service users at the centre. Completed 15th October 2014
2. Review all medication kardexes with GPs. Completed 31st October 2014

Proposed Timescale: 31/10/2014

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 statement of purpose required review to ensure it contained all of the information as required in Schedule 1 of the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013.

The statement of purpose did not reflect information regarding the following: separate facilities for day care, the arrangements made for supervision of therapeutic techniques or the associated emergency procedures in the designated centre.

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:
New statement of purpose and function has been developed to be more service specific, with above needs included

Proposed Timescale: 02/09/2014

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
One of the service users attended day services provided by an alternative local day

service and there was no agreement or memorandum of understanding with regard to the shared responsibility of the service user.

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:
Meeting has taken place with manager of other service provider on 3rd October 2014, draft agreement being drawn up by both parties and will be signed when completed.

Proposed Timescale: 30/11/2014

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A staffing roster was available, however this was not very clear and did not detail hours staff worked in a 24 hr format. Where abbreviations were used for example 'ND', there was no key to show what hours this represented. The hours allocated to this centre by the PIC were not reflected on the staff roster.

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

Please state the actions you have taken or are planning to take:
Change Rota to include ND abbreviation on key. Allocate PIC time to service on each rota

Proposed Timescale: 10/11/2014