

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St Hilda's Services
Centre ID:	OSV-0001832
Centre county:	Westmeath
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Hilda's Services
Provider Nominee:	Sheila Buckley Byrne
Lead inspector:	Ciara McShane
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was 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:

08 July 2015 11:50

To:

08 July 2015 17:30

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 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
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

This was the centre's second inspection. The purpose of the inspection was to follow up on actions from the most recent inspection and to monitor ongoing compliance with the Regulations. The centre was in a housing estate near the town centre. Five residents, both male and female, resided there and were supported by staff with activities of daily living.

The inspector found the centre to be warm and inviting. It was maintained to a good standard with each resident having their own room that reflected their personality. Staff working at the centre knew the residents well and spoke confidently about their needs in addition to the centre's policies and procedures.

Actions from the most recent inspection, for the most part, were completed. Improvements to the contract of care, the complaints policy and the risk management policy had occurred.

Some improvements were required to ensure the centre was in compliance with the Regulations. The inspector reviewed a sample of residents personal plans and found that further developments were required to ensure that assessed needs were met with care plans to guide staff. Residents had short term goals outlined which were

being achieved and measured by staff. For example the centre had a combined goal of transforming their back garden. The inspector saw the finished results which the residents were proud of. Although there were short term goals, there was an absence of long term aspirational goals ensuring that residents reached their potential. These findings amongst others are detailed in the report and 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:

From observations, speaking with staff and residents in addition to reviewing documentation, the inspector found that there was consultation with residents and their rights and dignity were respected.

There were five residents living at the centre each with their own room where they could spend time by themselves if they wished. There was also a spacious kitchen and separate living area which residents availed of when they had visitors. Staff were heard knocking on resident's bedrooms doors prior to entering and spoke to residents in a dignified and respectful manner.

The residents had a weekly house meeting. At this, they made decisions regarding their choice of activities for the week but also they compiled their grocery shopping list. Residents then had the option to go to the shops supported by staff to complete their weekly food shop.

The centre had a complaints policy that had recently been revised. The inspector found the appeals process was outlined in the policy and also included details for an external person should the complainant wish to appeal the provider's findings. The complaints policy also outlined the complaints officer and their contact details. Both staff and residents were familiar with the complaints process and who they would report a complaint to. The complaints policy was available in an accessible format which was kept in a prominent place in the designated centre along with a photo and the contact details of the complaints officer. A complaints log was also maintained at the centre. The inspector reviewed complaints that had been made by residents. Using complaints as a mechanism to improve services was required as staff failed to identify a change in

practice, for each complaint. The inspector saw a number of complaints, from one complainant, of a similar nature recorded.

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):

No actions were required from the previous inspection.

Findings:

The inspector found residents at the centre were supported to ensure they could effectively communicate and receive information in a format that was accessible to them.

The inspector saw throughout the centre the use of pictures to communicate with residents. Examples of these included the staff rota which was demonstrated using photographs of the staff on duty in addition to meals and food choices in picture format. From a review of a sample of resident's personal plans, the inspector found that aspects of resident's communication needs were assessed. The inspector observed staff communicating appropriately and effectively with residents who had communication difficulties.

Residents had access to radio and televisions. Some residents also had their own mobile phones and computerised tablets. Residents also had access to the house telephone to make and receive calls.

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):

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

Findings:

The inspector found that the actions from the most recent inspection had been completed. The inspector reviewed the contract of care for residents. The centre referred to this document as a tenancy agreement. Each resident had a signed agreement which they kept in their room. It was also in an accessible format complete with pictures.

The contract laid out details regarding the care, welfare and support residents could expect to receive. The charge for this was also outlined. The resident themselves signed this and/or where necessary their representative.

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):

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

Findings:

Each resident at the centre had a personal plan. The inspector reviewed a sample of these. While some actions were completed following on from the most recent inspection, improvements were required.

From a review of personal plans the inspector found that where possible, staff had detailed the plan, with qualitative information. For example while outlining the communication needs for one resident examples of their non verbal interactions were detailed. The personal plan also acknowledged the resident's social roles such as being an aunt/uncle. Those people that were of significance to them were also outlined in their circle of support.

The inspector found, in some instances, where needs were highlighted, that further detail and follow ups were required to ensure the need was fully met. For example in one of the personal plans reviewed it outlined a resident's speech and language difficulty. However, it was not clear from a review of the documentation if an appropriate referral had been made or how staff were assisting them to achieve best possible health in this area. For example a referral had not been made to a speech and language therapist. Further developments of the plans were also required to ensure that the staff had full oversight of resident's health care status and needs. For example an up-to-date log of appointments they had attended and the outcome of same documented in their personal plans was not in place. The inspector found that where residents had been identified as having a need such as asthma, there was an absence of a care plan in place to guide staff provide consistent care to the resident in order to meet this need.

The inspector also found that not all elements of the resident's plans were reviewed at a minimum annually. For example a pain assessment had been completed however it had not been reviewed since 11 November 2013.

Goals had been identified with residents at their key worker meetings. The inspector reviewed the goals that had been set up until the point of inspection and found they were for the most part short term goals. The inspector saw that a number of these short-term goals had been achieved. However, it was unclear what steps were taken or supports given to residents to assist them in achieving their goals. As with the last inspection goals were predominantly activities focused and it failed to identify the positive outcome the goal would have on their life. Although discussions had commenced regarding long term goals, there was no long term aspirational goals defined and in process.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The inspector found the actions from the most recent inspection had been completed for the most part.

The centre had appropriate policies and procedures relating to health and safety and

risk management. There was an up-to-date safety statement which was centre specific. Staff at the centre had signed to state they had read and understood the document. The centre had a system in place to manage risk. The risk management policy had been updated to reflect the requirements of Regulation 26 to include the actions and measures in place to control aggression and violence and self harm. Further development was required to ensure a policy was developed or amended to include management of emergencies such as flooding or power outage.

There was a risk register in place in addition to individual risk assessments which had been completed for residents where risks had been identified. Improvements were required with regard to the identifying and recording of all hazards. The inspector found some hazards and their associated risks had not been outlined in the risk register for example a resident was unable to cross the road unsupported by staff due to their tendency to not look for traffic. The step down at the back of the house, leading from the utility door, which was hazardous, was also not outlined within the risk register.

Systems were in place to ensure residents were protected from fire. The centre was equipped with fire fighting equipment including fire extinguishers and fire doors. The fire alarm panel and extinguishers were within their service period. Fire exits were found to be clear and unblocked. Emergency evacuation signage was visible throughout the house and in picture format so residents could translate same. The residents told the inspector what they would do if there was a fire and one resident showed the inspector the exit points they would use. The centre had not simulated a night time drill so therefore they were not assured that all residents would evacuate safely at night-time should there be a fire.

Infection control policies and procedures were found to be in place. The person in charge at the time of inspection was in the process of completing a qualification in infection control. The inspector saw colour coding systems in place. There were also weekly cleaning checklists and adequate signage throughout the house regarding the importance of maintaining hand hygiene.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The actions from the most recent inspection had been completed. The inspector found that a centre specific appendix had been added to the medication management policy to detail the specific actions staff completed at the centre in relation to the safe administration of medication.

The inspector saw that medication was safely secured in a locked cabinet and a facility available for the storage of each resident's medication. Staff completed weekly medication stock controls and the inspector verified the stock quantities were correct. Staff working at the centre had training in the safe administration of medication. They were competent in explaining how they would administer medication whilst speaking with the inspector. They explained the protocol for returning out of date medication or medication that was no longer in use to the pharmacy. Eye-drops were stored in a locked facility in the fridge; the date of opening was recorded on the bottle itself. The inspector found the medication administration records were in line with the requirements of the regulations.

Judgment:

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 inspector reviewed the statement of purpose which had recently been reviewed May 2015. The inspector found that the service operated as described within the statement of purpose and function. It was, for the most part compliant, with Schedule 1 of the Regulations. However further detail was required to ensure the information set out in the Certificate of Registration was also outlined.

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:

The inspector found there were systems and practices in place to govern and manage the designated centre however improvements were required to meet the requirements of the Regulations.

There was a clear organisation structure in place with appropriate and defined lines of reporting in place. The care assistants reported into the person in charge who in turn reported into the residential service manager. The person in charge was also supported by persons participating in management when required including a clinical nurse manager. The management team met monthly, minutes of which were maintained and circulated. The person in charge met formally with their staff team and minutes of these were also documented. The inspector reviewed a sample of these minutes and found that there was a set agenda in place. The person in charge told the inspector that due to the nature and size of the staff team working at the centre, there were informal meetings on almost a daily basis. Care staff spoken with also confirmed this.

The provider had recently developed an organisational audit schedule to streamline audits that were taking place in the centres. The centre completed audits for incidents and accidents, finance, medication in addition to personal plans. A health and safety and environmental audit was also completed. The clinical nurse manager for the service also completed unannounced visits to the centre and reviewed areas such as medication management.

The provider nominee had nominated a person participating in management to complete six monthly unannounced visits to the centre. However, the annual review of the quality and safety of care and support was not completed as required by Regulation 23. The provider was required to submit this report to the Authority.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector found there to be sufficient staff on duty to meet the needs of residents at the time of inspection. Staff training records were kept at the centre which the inspector reviewed. Staff attended mandatory training as required such as safe administration of medication and fire safety. Staff training was, for the most part, up to date, with the exception of first aid for one staff. They had last received first aid training July 2012.

Staff at the centre were informed of the Regulations and Standards. They too were aware of the centre's policies and procedures.

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 actions from the most recent inspection were complete. The inspector reviewed the centre's policies and procedures and found that Schedule 5 policies were in place. As

outlined in Outcome 7 the policy regarding emergency planning required further development.

The centre also maintained records such as the Resident's Guide and the Directory of Residents. The Directory of residents was in compliance with the requirements of the regulations. It contained the specific information such as contact details for next of kin.

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:

Ciara McShane
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 St Hilda's Services
Centre ID:	OSV-0001832
Date of Inspection:	08 July 2015
Date of response:	17 August 2015

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:

It was not, in all cases, clear that improvements had been made as a result of a complaint.

1. Action Required:

Under Regulation 34 (2) (e) you are required to: Put in place any measures required for improvement in response to a complaint.

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

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

A review of the identified changes to practice section of the complaints log will take place 27th August 2015. This section of the complaints log will be completed for each complaint going forward in order to identify changes to practice where applicable.

Proposed Timescale: 27/08/2015

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:

Where needs had been identified care plans had not been developed to ensure that staff were guided in consistently meeting the assessed needs.

2. Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

The PIC will review health care needs as identified in the report and follow up on actions required. The PIC will confirm to the Nurse for the service that all health care needs have been followed up and ensure a process is in place for an annual review. The Nurse for the Service will confirm compliance with regulation 05 (1) (b) to provider. St Hilda's Services is currently revising the documentation on Healthcare Needs. A new template care plan will be introduced for all Service Users.

Proposed Timescale: 21/09/2015

Theme: Effective Services

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

Long term goals had not been outlined for residents to ensure their personal development was maximised.

3. Action Required:

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

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

The Documentation used by St. Hilda's Services for Person Centred Plans (PCP) is

currently being revised. The new template will identify long term goals on PCP and short term goals in the monthly review.

Proposed Timescale: 14/09/2015

Theme: Effective Services

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

Personal plans were not reviewed at a minimum annually.

4. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

The Person in Charge (PIC) will conduct a review of all Person Centred Planning (PCP) Plans with relevant health professionals, Service Users and family / representatives. This review will be completed by Sept 28th 2015.

Proposed Timescale: 28/09/2015

Theme: Effective Services

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

It was not evident that reviews were inclusive of multidisciplinary teams and/or linked in with where appropriate. For example speech and language therapy.

5. Action Required:

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

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

The Person Centred Plan (PCP) for each person will be reviewed to assess for meaningful activities and opportunities for development. The PCP will be written with specific objectives, measurable and identify the person responsible. All PCP review meetings will be conducted inviting all relevant Multi-Disciplinary parties. A family member/guardian and Key Worker will always be present in the best interest of the service user.

Proposed Timescale: 28/09/2015

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:

Although the centres policy outlined the need to identify hazards, the inspector found not all hazards had been identified and outlined in the risk register.

6. Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

A risk assessment has been carried out regarding the utility door leading out to the back of the centre 5th August 2015. Additional control measures have been identified and will be completed by September 30th 2015.

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

Improvements regarding risk management were required. The emergency planning required more detail to ensure it was robust and guided staff practice should there be an emergency such as flooding.

7. 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:

The Risk Management Policy will be reviewed and amended to include further details including any event that may render services inoperable due to these events. Procedures will be outlined for all staff with regard to dealing with such events. The amended policy will be distributed to all centres 24th September 2015.

Proposed Timescale: 24/08/2015

Theme: Effective Services

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

Although monthly unannounced fire drills occurred at the centre. The centre had not simulated a night-time fire drill.

8. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

A simulated night time fire drill was carried out 30th July 15. Night time simulated fire drills will be carried on a quarterly basis going forward.

Proposed Timescale: 30/07/2015

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:

Not all details outlined in Schedule 1 were included in the Statement of Purpose and Function.

9. 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:

The Statement of purpose will be reviewed and amended for all centres to include the following as per schedule 1(1) of the health Act 2007 regulations 2013:

The Registration certificate outlining conditions of registration will be added to all centres statements of purpose. 21st September 2015.

Proposed Timescale: 21/09/2015

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 provider had not completed an annual review of the quality and safety of care and support.

10. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

The structure of the report has been revised to meet the requirements of the Health Act 2007 (Regulations 2013) – 23 (1) d, e. This template will be used for all future reviews of Quality and Safety of Care and Supports. All Persons in Charge have been made aware of this going forward.

Proposed Timescale: 27/07/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

A staff member did not have up-to-date first aid training.

11. 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:

One remaining staff will receive refresher training on the scheduled date which is 25th September 2015.

Proposed Timescale: 25/09/2015