

**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-0001836
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	Unannounced
Number of residents on the date of inspection:	1
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 un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:

29 July 2015 11:00

To:

29 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 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge

Summary of findings from this inspection

The purpose of the inspection was to follow up on the actions following their registration inspection that took place over two days in December 2013. The inspector reviewed documentation, policies and procedures in addition to speaking with staff and resident who lived at the centre.

The centre was close to a nearby town. It was a two storey house that had capacity for five residents. At the time of inspection one resident lived at the centre. The inspector found the centre was homely and reflected the resident's personality. It was well maintained and found to be appropriate to the resident's needs as at the time of inspection. The resident who lived there had their own apartment style area with sole access to a lounge room, a bedroom, a bathroom and access to a communal kitchen. They shared a front door and corridor with the main house.

The resident told the inspector they enjoyed living there and had choice regarding their day and their routine. They also told the inspector they felt safe. Staff spoken with were knowledgeable and were seen to interact respectfully and kindly with the individual.

The inspector found that improvements had been made since the registration inspection and for the most part the actions had been completed. For example improvements had been made to the premises such as the instalment of an additional banister and hand rails were appropriately placed in bathrooms. A personal plan was in place for the resident and had been reviewed at a minimum annually or where changes had occurred. However further improvements were required to ensure that where needs had been identified care plans were in place to consistently guide staff. Care plans to address behavioural support issues also required a review. Improvements in governance and management were also highlighted. This is further outlined in outcome 14.

These findings along with others are outlined further in the body of the report and the action plan of 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:

The inspector found that residents were consulted with and participated, for the most part, in decisions about their care and about the organisation of the centre.

There were policies and procedures in place to ensure the rights, privacy and dignity of residents were respected. For example there was a policy on the provision of intimate care in addition to a complaints policy. The centre had details of the complaints policy and the complaints officer displayed in the centre. Information regarding complaints was in an accessible format. From a review of the complaints log the inspector was assured the resident felt empowered to make complaints. There were complaints logged, all of an informal verbal nature, which were resolved promptly by staff. The satisfaction level of the resident was also noted as too the remedial action taken.

Personal care practices respected the resident's privacy and dignity. Staff assisted the resident in line with their intimate care plan. Staff also placed a sign on the bathroom door when they were assisting the resident with personal care. The resident's clothes were respected. The inspector saw clothes were organised and neatly put away. There was adequate space for the resident to store their belongings. Staff members were heard and seen interacting with the resident in a respectful and dignified manner. It was evident from the type of communication used to engage with the resident that staff knew them well and respected them and their wishes. The resident had space and time to be by themselves. The inspector saw the resident ask for company of staff when they wished to no longer have their own space and this was respected by staff.

Staff assisted the resident to maintain contact with their family. The social roles of the resident were recognised and celebrated. Birthdays and holidays were also celebrated

with the resident.

Judgment:

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:

Staff spoken with were familiar with the resident's communication needs and preferences. The centre had multiple forms of pictorial communication which was developed specifically for the resident and used daily to ensure effective communication. Staff linked with the resident throughout the day regarding their preferences. For example activities they wished to partake or meal choices. There was a box of photographs which contained activities such as shopping or walking that the resident had previously engaged in. These photographs were used to plan their day. The staff rota was in an accessible format with a large photograph of each staff beside each day.

The resident had their own mobile phone. Access to television was also readily available and a new music player had recently been purchased.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Staff supported the resident to access their community and surrounding areas. The

resident chooses what aspects of their community they wish to participate in. For example attending specific clothes shops and coffee shops. The resident attends their favourite hair salon and visits the local parks for walks. During key holidays throughout the year they participate in the local community celebrations such as the turning on of the Christmas lights.

Staff are in regular contact with their family and provide updates where necessary. Family is also invited to personal care plan reviews and to attend appointments if they wish. Staff support the resident to maintain contact with their family.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed the contract of care, referred to by the provider as a tenancy agreement. This had recently been updated and signed by the resident however improvements were required.

The contract of care outlines the weekly cost incurred by the resident and the breakdown of each cost is provided. Also outlined is the care, welfare and support the resident can expect to receive as part of their service. For example the inspector saw that it outlined how their healthcare needs would be met. Further detail regarding the individuals contract of care was require to ensure that it was specific to their needs and the supports they received. For example the day service arrangements were not reflective of what the resident actually received. Nor was it clear that there was a potential that other residents might move into to the centre in the future and the impact this may have on the resident. It was also unclear how the resident's occupational therapy equipment was serviced, how many times a year and what was covered under the service.

Judgment:

Non Compliant - Moderate

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:

There was a personal care plan (PCP) in place for the individual. The reviews of which were found to be up-to-date. There was evidence that the resident was involved in the development to their PCP as too was their representative where appropriate.

The inspector found that a holistic assessment of needs had been completed and subsequently needs were identified. Staff spoken with were knowledgeable of these needs and how they should be met. However there were no clear care plans developed to guide staff in consistently meeting these needs. For example the resident had ongoing issues with their back but there was no care plan present to guide staff. There was evidence that the resident was linked in with their general practitioner and that referrals were in place regarding the management of this need. It was also apparent that assessment tools such as the pain scale were used to elicit accurate information. Additional needs had been identified for the resident however there was an absence of care plans in place for those also.

The resident was adequately linked to health care professionals. There were also regular reviews with members of the multidisciplinary team. The inspector also saw evidence where phone calls were made to nurses and specialists seeking advice.

Goals had been identified for the resident which was appropriate to the life stage they were at. It was also evident that conversations had commenced around future planning. The resident had chosen to no longer attend a day service. Subsequently day service staff attend the resident's home twice a week.

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):

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

Findings:

The inspector found the actions from the previous inspection, for the most part, had been completed. The centre was found to be well maintained and homely reflecting the personality of the individual. There were framed photographs and pictures throughout the house and occupied rooms were adequately decorated.

The resident, due to their needs, lived on the ground floor of the centre. They had their own ensuite which was specifically designed to meet their needs. Additional aids such as grab rails had been fitted to assist them. The stairs had also been fitted with a second rail. The ramp at the front of the house had also been completed to ensure safe entry and egress for the resident.

An action had not been completed since the previous inspection. The external grounds remained a hazard; it was uneven and required resurfacing. The person in charge stated the provider had negotiated with an external funder and the works are due to be completed in December 2015.

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):

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

Findings:

The inspector found that systems were in place to ensure that health, safety and risk management was in place. Some improvements were required to ensure that risk

management was robust so that all risks had been assessed.

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. A risk register was in place in addition to individual risk assessments which had been completed for the resident 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 the risk associated with the external grounds.

The inspector reviewed incidents and accidents. Sample of recent incidents included medication errors. The inspector was assured that learning took place post incidents as the steps to mitigate the risk were outlined and followed through on. For example a staff member had made a medication error and the clinical nurse manager linked in with the staff member to review the incident and make an assessment of their competency. An audit of incidents and accidents was completed quarterly. However, this was completed for the entire organisation and was not centre specific.

Systems were in place to ensure resident and staff 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 the resident could translate same. The resident told the inspector what they would do if there was a fire. From these conversations and from a review of the documented fire drills the inspector was assured that the resident was familiar with the evacuation procedures. The centre had recently simulated a night time fire drill.

Judgment:

Substantially Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

There was a policy on, and procedures in place for, the prevention detection and response to abuse which staff have up-to-date training on and were knowledgeable when speaking with the inspector. Staff spoken with were aware of whom the designated officer was, what the possible indicators of abuse were and the types of abuse. There had been no safeguarding concerns at the centre at the time of inspection. Systems in place to protect residents included training in safeguarding and policies and procedures regarding lone working and intimate care guidelines.

The centre also had a policy regarding supporting people with behaviours that challenge. The appendix of the said policy referenced a behaviour plan. However the content was not in line with the policy which outlined the need for a positive behaviour support. For example the behaviour support plan template did not allow for detail on proactive strategies. However, it did indicate and reference reactive strategies. The resident at the centre, on occasions has incidents that require staff support and at more difficult times the use of chemical restraint. The inspector saw that the chemical restraint was rarely used and was regularly reviewed by the psychiatrist. There was also a protocol in place for staff to adhere in relation to the use of the chemical restraint. For example once all alternative measures were considered. There was evidence of multidisciplinary input; the psychologist and psychiatrist were involved in supporting the resident with their needs. Guidelines were in place regarding the behaviours and the inspector found that staff were also familiar with the resident's needs. However there was no formal behavioural support plan in place. This was insufficient as it was a key need for the resident and also was not in line with the statement of purpose and function of that centre.

The inspector also found that staff, with the exception of one had training in behaviour support such as management of actual or potential aggression (MAPPA). That one staff was highlighted to attend MAPPA training September 2015.

Judgment:

Non Compliant - Major

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

From a review of the incident and accidents at the time of inspection, the inspector was

assured that all notifiable events had been sent to the Authority. The key staff at the centre were familiar with notifiable events and the regulatory requirements regarding same.

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 statement of purpose was recently reviewed and submitted to the Authority May 2015. The statement of purpose and function for the most part reflected the service provided to the resident. It detailed information such as the location of the service, the facilities which are provided in addition to the arrangements for day service. The statement of purpose did not contain the information set out in the Certificate of Registration. Further information regarding the layout of the premises was also required.

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):

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

Findings:

The inspector found there were some 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 with appropriate and defined lines of reporting in place. The care assistants reported into the team leader, who then reported to 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 inspector was not assured that the arrangements for the person in charge ensured effective governance, operational management and administration of the centre concerned. The role of the person in charge was full time, however they were on the roster full time in another designated centre. There was no fixed times that the person in charge was present in the centre to supervise staff. The team leader could phone the person in charge if they required support and received supervision from the person in charge. Staff at the centre also met monthly. These meetings were chaired by the team leader and not attended by the person in charge. With the current arrangements of the person in charge there was a potential for negative outcomes, this required a review.

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 were also completed. These were predominantly completed by the team leader and persons participating in management.

Records of six monthly unannounced visits were also maintained at the centre. The centre failed to comply with the requirements of Regulation 23 regarding the completion of an annual review of the quality and safety of care and support for the centre

Judgment:

Non Compliant - Moderate

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

Appropriate arrangements were found to be in place. The identified staff member participates in management and knows the centre. The person in charge was aware of who this person was. There was an awareness of the need to notify the Authority should a person in charge be absent for more than twenty eight days.

Judgment:

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-0001836
Date of Inspection:	29 July 2015
Date of response:	24 September 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 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The contract of care was not entirely specific to the resident or outlined fully the services provided.

1. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details

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

of the services to be provided for that resident and where appropriate, the fees to be charged.

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

The tenancy agreement has been amended to include the following:
Supports from day services, Servicing of equipment and the potential for other residents to move in going forward.

Proposed Timescale: 25/08/2015

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:

There was an absence of care plans in place to consistently guide staff in meeting the resident's 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. New care plan will be introduced for all Service Users.
Action to be completed by 21st September 2015.

Proposed Timescale: 21/09/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

An action relating to the external grounds remained incomplete.

3. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

External grounds will be completed by December 2015.

Proposed Timescale: 18/12/2015

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.

4. 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:

The person in Charge will ensure that a review of all risks in the centre will take place and will be completed by the 20th September 2015.

Proposed Timescale: 20/09/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Although there were guidelines in place there was an absence of a robust behaviour support plan to guide staff regarding the behaviours that challenge.

5. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

The Person in charge will meet with the psychologist to review the individual behaviour guidelines and recommendations and ensure that a formal positive behaviour support plan is drawn up and includes proactive strategies. Appendix 5 of the supporting people with behaviours that challenge policy has been amended to include provision for proactive strategies. This was completed: 26th August 2015.

Proposed Timescale: 30/09/2015

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:

The statement of purpose did not outline all details as required by 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:

The Statement of Purpose and Function has been revised to include the registration details of the centre and the conditions of registration.

Proposed Timescale: 26/08/2015

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 role of the person in charge is not full time therefore did not ensure effective governance, operational management and administration of the centre concerned.

7. Action Required:

Under Regulation 14 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge has the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.

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

The Service Provider will review the PIC for this service within the context of the organisational planning & professional development in 2016.

Proposed Timescale: 31/12/2015

Theme: Leadership, Governance and Management

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

Although there was a six monthly unannounced visit to the centre. There was no annual

review of the quality and safety of care and support in the designated centre.

8. 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:

An Annual Report was issued to the provider in 2014. 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 .

The Annual Review for this centre is due in December 2015.

Proposed Timescale: 31/12/2015