

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	DC 6 - St. John of God Kildare Services
Centre ID:	OSV-0002940
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Limited
Provider Nominee:	Philomena Gray
Lead inspector:	Conor Brady
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	13
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, 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 inform a registration decision. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 06 December 2016 09:00 To: 06 December 2016 16:30

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 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This unannounced inspection was carried out to monitor compliance and inform a registration decision in accordance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations (2013), (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations (2013) and the associated National Standards for Residential Services for Children and Adults with Disabilities (2013).

This was the third inspection of this designated centre since the commencement of the regulatory process in disability services in November 2013. Previous inspections of this centre highlighted a series of non compliances in a number of core outcomes inspected. The previous inspections of this centre took place in April 2015 and October 2015. The purpose of this inspection was to follow up on actions that were

undertaken by the provider since the previous inspection and to conduct an inspection to inform a registration decision in respect of this designated centre.

How we gathered our evidence:

As part of the inspection, the inspector met with three of the residents who resided in this centre. The residents spoke to inspectors and some residents communicated on their own terms. Residents who were communicated with and were observed by the inspector gave some good insights into what it was like to live in the centre.

The inspectors spoke with and observed and reviewed the practice of the person in charge and social care staff. The inspector reviewed documentation such as resident's personal plans, contracts for the provisions of services, risk assessments, staff rosters, complaints, incidents/accidents, staff training records and policies and procedures. The inspector also focused on the provider's action plan that was submitted to HIQA following the previous inspection that outlined the specific improvements made in the centre.

Description of the service:

The provider had a statement of purpose in place that outlined the service that they provided. There were three separate premises that made up this designated centre. One premises of this designated centre was located on the edge of a large campus based setting within walking distance of a large town. The front of the houses opened onto a community roadway and the rear of the houses opened onto the campus. The other two premises were located in a modern housing development and consisted of two large detached houses that were situated side by side.

Both male and female residents over the age of eighteen years who had an intellectual disability were accommodated in this designated centre. The statement of purpose was found to reflect the service provided in this centre.

Overall judgment of our findings:

Overall, the inspectors found that this centre was providing a good service to residents in accordance with the regulations and standards. Residents safety, care and quality of life was found to have improved considerably since previous inspections conducted by HIQA in 2015.

The person in charge, persons participating in management and provider clearly evidenced a number of areas of improvement in this centre based on this inspection. The majority of actions had been completed to an appropriate standard since the previous inspection. Further improvements were required in the areas of residents' contracts for the provision of services, diabetes management and premises. However overall this centre demonstrated a good standard of care and much improved quality of service to residents on this follow up inspection.

All findings are discussed in further detail within the inspection report and accompanying action plan.

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):

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

Findings:

The inspector found that resident's rights, dignity and levels of consultation had improved since the previous inspection. Resident privacy was respected in the centre and staff spoken to were found to be professionally supportive of residents and were observed treating residents with dignity and respect.

The inspector spoke with a number of residents and reviewed resident meetings which showed residents were regularly consulted with regarding events and the running of their homes.

Resident privacy was respected by staff who were observed knocking on residents bedroom doors before entering and treating and speaking with residents with dignity and respect.

Residents spoken with highlighted they were happy in their homes and were comfortable with the staff supporting them.

The provider had improved the system of complaints management since the previous inspection and there was a system in place that reflected organisational policy. The inspector reviewed a number of complaints and found complaints that were made were followed up and the satisfaction or dissatisfaction of the complainant was clearly recorded.

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):

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

Findings:

The inspector found that residents had good opportunities to communicate and were listened to by staff supporting them. Staff knew residents communication needs and these were documented in resident's personal plans. Residents who communicated verbally and non verbally were observed as being well supported on this inspection. Staff knew residents well and discussed the importance of knowing residents body language, behaviours and communication cues to ensure they possessed the ability to meet the residents support needs.

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:

Policies and procedures regarding admissions and discharge were in place. Since the previous inspection two residents had been discharged and one resident sadly passed away. There had been two new admissions to this centre since the previous inspection.

The inspector found that since the last inspection the provider had introduced contracts for the provision of services with residents and families. These contracts outlined the services provided and the fees charged. However the inspector found on reviewing a number of contracts that charges highlighted as 'monthly' were actually being processed

'weekly'. This needs to be addressed to ensure the contracts that residents and families have signed actually reflect the fees that are being charged to residents.

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):

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

Findings:

Overall the inspector found substantive improvements in the standard of residents personal planning and social care provision in this centre. The provider had clearly put an increased emphasis on this area since the previous inspections and this was evident in the standard of residents personal planning and social opportunities. One resident plan reviewed required some improvements.

Residents informed the inspectors of social activities they enjoyed. One resident was cycling to his day service when the inspector arrived while another two other residents spoken with were going swimming which they did every week. In reviewing resident personal plans the inspector found that residents had enjoyed social trips/holidays to Belfast and London.

Resident's social plans and goals were set and reviewed. The majority of plans set with residents had been achieved and were completed and reviewed to a very good standard. One resident's plan required an updated health assessment and some social goals were 'on hold' according to staff as the resident had no allocated keyworker. Other than this the standard of personal planning and social care provision was found to be of a high standard.

Judgment:

Substantially Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

Overall there was an appropriate standard of accommodation provided in this centre. There were three premises inspected and they were found to be equipped to meet the needs of the residents living in the centre. However some improvements were required in line with Schedule 6 of the Regulations.

The premises were bright and clean and each resident had their own bedroom that were personalised and well maintained. Residents had an appropriate number of rooms and bathrooms and toilets. An extra shower had been installed into one premises following findings of the previous inspection.

Resident's homes were warm and homely and residents stated they were happy where they lived.

One resident bathroom required renovation as an entering door (to an adjoining bedroom) was screwed shut as a temporary measure, ventilation was poor and there was no shower screening in place. Two chairs were broken from the kitchen table and needed to be replaced. In addition, the dryer in the house was on and was generating substantive heat. The condensation left a pool of water on the floor and was all over the door and walls.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that the health and safety of residents, visitors and staff was promoted and protected.

There were safety statements (location specific) and fire registers in place in the three locations inspected. The inspector found risk registers in place and staff demonstrated good knowledge in the area of risk management. Risks and hazards were identified and correlating risk assessments were in place. A risk register was reviewed that consisted of risks such as residents smoking, residents at risk of slips, trips and falls, residents self medicating and behavioural risks.

There was appropriate fire detection, fighting and equipment available as well as clear fire orders and evacuation procedures for each location. The inspector reviewed drill evacuation times and found the centre could be evacuated in the event of an emergency.

The risk management policy in place met the requirements of the Regulations. Staff were aware of the risks in this centre and control measures in place demonstrated risks were being managed. For example, in reviewing a number of recent accidents and incidents there was evidence of learning and appropriate action on the part of the provider.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents in this centre were safe and protected by organisational policy and practices. Residents told the inspector they felt safe and well cared for in the centre and identified staff members as who they would ask for help if they had any problems.

The inspector found that safeguarding issues were reported and investigated in line with organisational policy which reflected national safeguarding guidance. The provider had systems in place to ensure staff were trained and the inspector spoke to a number of staff who were aware the reporting procedures for allegations, instances or disclosures of abuse.

The provider and person in charge demonstrated that good oversight and monitoring systems were in place to safeguard residents.

There was a positive approach found for residents with behavioural support needs with multidisciplinary involvement and a non restrictive environment promoted.

The person in charge had good systems to monitor care, follow up on incidents, review and report all safeguarding issues and ensured resident safety was a high priority in the centre.

Judgment:

Compliant

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

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

Findings:

There was a record maintained of all incidents occurring in the designated centre, and where required these incidents were notified to the Chief Inspector as required by the Regulations. The inspector followed up on a number of notifiable events and found appropriate action had taken place.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Residents were supported to enjoy a good quality of care and were observed engaging in a variety of social activities and educational and vocational programmes. Many residents travelled independently and self advocacy and independence was being promoted in this centre. The inspector reviewed residents' personal plans which outlined the day services, programme involvement and community activities that residents participated in. Residents spoken with told the inspector they enjoyed living in the centre and some showed their weekly activity schedules to the inspector.</p>
<p>Judgment: Compliant</p>

<p>Outcome 11. Healthcare Needs <i>Residents are supported on an individual basis to achieve and enjoy the best possible health.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p>Findings: There were comprehensive healthcare plans and assessments in place and good evidence of multidisciplinary input for residents as well as appropriate access to allied health professionals. However as outlined on the previous report the management and support of residents with diabetes required improvement.</p> <p>The inspector reviewed a number of health care plans that gave good oversight of resident's healthcare assessments and action plans. Residents had clearly recorded health care plans that outlined their support needs, allergies and descriptions and care plans for specific conditions. There was timely access for residents requiring clinical support such as general practitioner, speech and language, physiotherapy, behavioural support, psychology and psychiatry.</p> <p>When reviewing a residents diabetes management care plan the inspector found that in reviewing staff recordings of glucose levels that staff were not appropriately responding to residents needs when the residents levels were too high. There was no evidence of follow up on four occasions whereby a residents blood glucose levels were high. Care</p>

was not found to be delivered in accordance with best practice and/or the residents individual diabetes care plan.

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:

Medication management policies and procedures were available in the centre and clearly highlighted responsibility for managing and administering medications.

The inspector observed medication storage arrangements and found medications were kept secured and stored safely. The inspector found arrangements in place were in line with best practice regarding medicines management. A new system of medicine management was being implemented in this centre at the time of inspection to improve the clarity of administration documentation. Staff were found to be professionally knowledgeable and trained in the area of the safe administration of medicines.

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):

No actions were required from the previous inspection.

Findings:

There was a written statement of purpose that accurately described the service that is

provided in the centre. The inspector found that the statement of purpose clearly and accurately reflected the designated centre as evidenced on this inspection.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The provider had addressed the action plan failings since the previous inspection. A person in charge had been appointed who was full time and had the appropriate qualifications, skills and experience to manage the designated centre. An annual review had been completed and was reviewed as part of this inspection.

The inspector found a clear governance and management system in place. There was clear and comprehensive lines of responsibility and accountability found in the centre. The standard of auditing was found to be appropriate and there had been six unannounced visits and quality reviews conducted by the provider since commencement of the Regulations.

The person in charge and members of management were very much aware of the quality and standard of care being delivered in the centre. This centre had substantially improved since previous inspections and this was very evident through the compliance levels found on this inspection.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the

needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

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

Findings:

There was a suitable staff number and skill mix available to support residents in this designated centre.

The inspector followed up on the previous action plan and reviewed staff training logs. The provider had taken appropriate action to address the training deficits found on the previous inspection. All staff were provided with up to date training in manual handling, safeguarding and protection, fire safety, management of actual or potential aggression and the safe administration of medications.

The staff rosters were reviewed and showed a consistent staff team available to residents. One staff vacancy was in the process of being recruited for at the time of inspection. There were appropriate staff numbers observed with a 'waking night' shift in two locations and a 'sleep over' shift in one location. Staff spoken to clearly knew residents well and residents presented as very comfortable with the staff supporting them.

Judgment:

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 inspector found that the records and documentation reviewed on this inspection met the requirements of the Regulations and Standards. The Schedule 5 policies had been reviewed and updated and the inspector found staff were aware of policies and procedures within this designated centre. Resident's personal planning and the accuracy of the centre's training records had been appropriately amended since the previous inspection. All documents reviewed on this inspection were found to be clear, accurate and well maintained.

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:

Conor Brady
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 John of God Community Services Limited
Centre ID:	OSV-0002940
Date of Inspection:	06 December 2016
Date of response:	21 December 2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 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 fees charged to residents that were highlighted in contracts were not reflective of the actual charges.

1. Action Required:

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

Under Regulation 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 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:

A: The registered provider will ensure that all residents contracts of care will be reviewed and updated, outlining specific charges for each individual in the designated centre.

B: All residents contracts of care will be reviewed and updated at 6 monthly intervals or sooner if required.

Proposed Timescale: A: By 31st Jan 2017

B: On-going through 2017

Proposed Timescale: 31/01/2017

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:

One resident's personal plan required updating and review in terms of their health assessment plan and social goal setting.

2. Action Required:

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

A: The person in Charge will ensure that the identified resident and all other residents personal plan and health assessment will be reviewed and updated quarterly.

B: The person in charge will ensure that all goals, both health and social , are set in a S.M.A.R.T Format. This will be managed by the social care leader in the designated centre.

C: The person in charge will review all goals set at planned monthly house review meetings with social car leader.

Proposed Timescale: A: By 30th January 2017

B: On-going through 2017
C: By 30th Jan 2017 and on-going Monthly.

Proposed Timescale: 30/01/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) were not met in some parts of this designated centre.

3. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

A: The registered provider will ensure that broken chairs are replaced.

B: The registered provider will ensure that the identified clothes dryer causing excessive condensation is repaired or replaced.

C: The registered provider will ensure, that planned works on bathroom identified, will be completed, to address the findings of the inspector in this report.

Proposed Timescale: A: Completed 14th Dec 2016.

B: Completed 22nd Dec 2016

C: By 30th April 2017

Proposed Timescale: 30/04/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Diabetes management regarding a resident was not being delivered in line with the resident's healthcare plan.

4. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

A: The registered provider will ensure that the identified residents diabetes management plan is reviewed at a staff meeting to ensure all staff are aware of their responsibility to follow this plan and to ensure accountability.

B: The registered will ensure that an audit is completed, of all residents diabetes management plans in the designated centre.

Proposed Timescale: A: By 20th January 2017

B: By 30th April 2017

Proposed Timescale: 30/04/2017