

**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 Dundas Ltd
Centre ID:	OSV-0002422
Centre county:	Meath
Email address:	maurah@talbotgroup.ie
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Dundas Ltd
Provider Nominee:	Corinne Pearson
Lead inspector:	Siobhan Kennedy
Support inspector(s):	Jillian Connolly;
Type of inspection	Announced
Number of residents on the date of inspection:	26
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 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: 28 May 2014 09:30 To: 28 May 2014 18:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the first inspection of the centre.

Resident had individual personal care plans and the health-care needs were assessed and treatments/interventions in place to promote good health, however the inspectors found that the privacy and dignity of residents was not always respected and maintained.

The health and safety of residents, visitors and staff was not promoted and protected as there were a number of risks identified in relation to the prevention of infection control, risks associated with the environment and fire safety. Subsequently and as a result of this inspection the provider informed the Authority in writing that the fire consultant inspected the centre on 30 May 2014 and in the interests of safe fire evacuation procedures two residents have been relocated. The provider also confirmed that when the fire assessment has been made available by the fire consultant, it will be forwarded to the Authority and actioned by management of the centre. No report has been received to date. The Authority wrote to the provider on 6 June 2014 to seek documentary evidence that measures were in place to mitigate the risks identified. Inspectors were concerned that the structure and layout of the

building posed significant fire safety risks to residents. The matter was referred to Meath Fire Authority on 6 June 2014.

The design and layout of the premises, was not suitable for residents' use, primarily because there was insufficient communal and in some instances, residents' private/bedroom space available and corridors on the upper floors were narrow and difficult for some residents who were immobile to access. Some maintenance issues were identified.

On the day of the inspection a copy of the statement of purpose was given to the inspectors. This was reviewed and did not contain all of the information as per schedule 1 of the regulations.

Inspectors saw that there were measures in place to protect residents being harmed or suffering abuse. There were appropriate staff members and skill mix to meet the assessed needs of residents, however, all staff had not participated in mandatory training.

The action plan at the end of this report identifies areas where mandatory improvements are required to comply with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013.

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

Outcome 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 inspectors obtained evidence to confirm that residents are consulted with and participate in decisions about their care and about the organisation of the centre. For example minutes of meetings have been recorded in respect of residents' meetings, a resident communicated with the inspectors that she had chosen the paint for her bedroom and there was evidence in a resident's personal care plan regarding acquiring an independent advocate to assist regarding financial arrangements at end of life. However in the devising of residents' behavioural support plan there was no evidence of residents'/relatives' participation/agreement.

Information in relation to residents' belongings are detailed in the residents' personal care plans and residents clothing was well maintained.

Inspectors observed residents being involved in a variety of activities including attending day care facilities on-site which provided residents with an opportunity to participate in horticulture, pottery, arts and crafts and have work placements in the on-site cafe. In the afternoon of the inspection, residents were participating in a lively musical session.

In the main, residents' privacy and dignity was respected, however, the following issues were identified: –

- Residents' recorded private information was on display in bedrooms.
- It was possible to see directly into a number of bedrooms from outside the building.
- There was no guidance/risk assessment regarding staffs' use of "peepholes" installed on some residents' bedroom doors and how to protect residents' privacy when there was no need for them to be operational.
- The noise level in a resident's bedroom was high due to the extraction fans from the kitchen.

- A resident is sleeping on a sofa bed in the residents' communal sitting room and has personal possessions stored in this room thus denying other residents free access to this communal room.
- Labels with incorrect information in relation to pressure mattresses were stuck on to residents' beds.

There is a complaints policy and procedure. A new format for logging complaints has been introduced, however, it is not yet fully operational within the centre. The inspectors met relatives who confirmed that they were aware of the complaints process but did not have to invoke it. Inspectors were told that there are currently no ongoing investigations.

Judgment:
Non Compliant - Major

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:

Inspectors saw that the arrangements to meet residents' assessed needs are set out in individualised personal plans. An examination of some plans showed they reflected the assessed needs, interests and capacities of the residents. Part of the care plan described the life story of the residents and it was obvious that residents, family members, members of staff and the multidisciplinary team were involved in compiling and devising the document. The assessments included residents' preferences in respect of social and recreational activities and future goals. A key worker system was in-place in order to assist residents with their identified goals.

From an examination of documentation in relation to a resident who was being accommodated for a period of respite care it was not evident that the resident's wishes were determined with regard to where to live and with whom. There was an age gap in respect of residents being accommodated. (See outcome 1 for action plan)

Residents did not have a copy of their care plans in an accessible format. (See outcome 1 for action plan)

Judgment:

Non Compliant - Minor

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):

No actions were required from the previous inspection.

Findings:

In general, the design and layout of the centre was not suitable to meet the assessed needs of residents. The centre is a period house with residents' communal and bedroom/private accommodation located on 3 floors. The connection to bedrooms on the upper floors is via narrow corridors and is not suitable for some of the residents who are accommodated in these bedrooms as they are assessed as having high/maximum dependency and reliant on modern wheel chair equipment which cannot easily be manoeuvred in the narrow corridors.

Resident accommodation is as follows: –

A basement which contains a kitchen and rooms for staff, maintenance and storage.
Ground floor – entrance hallway 2 sitting rooms, a dining room, conservatory, 6 single bedrooms (only one with a toilet) and 4 apartments which consist of a sitting area, pantry and bedroom space. One of the apartments has a toilet and another one has a bathroom attached. In addition there are wet room shower and toilet, hairdressing, clinical room and 2 offices.

2nd floor to the front of the house – 2 residents are accommodated; one in an apartment consisting of living room and bedroom and the other in a single room, sharing a bathroom facility. A storage room and sluice were available in this area.

3rd floor – accommodates 10 single bedrooms and 2 twin rooms, a shower and bathroom with toilets and 2 offices.

Some aspects of the house were not available for residents use for example on the second floor at the back of the house where there are offices/rooms primarily used for storage.

Some residents had their own individual bedrooms which were spacious, others had combined sitting and bedroom space but for some the single bedroom accommodation was limited. Residents were encouraged and some were able to personalise their

bedroom space to their taste and preferences. Generally the bedroom furniture was tasteful and homelike, however, in the main, beds were more a hospital style and partition screening remained in place even though only one resident was being accommodated in the bedroom. (See outcome 1 for action plan)

There was insufficient space in the designated dining room to accommodate all of the residents at lunchtime. Twelve residents used the dining room, including a resident who had a tabletop over a wheelchair while other residents had their meal in the sitting rooms.

Access between the floors is via stairways and a lift. Inside the lift a notice stated "can accommodate 5 persons" however floor space is limited and would not accommodate 5 persons taking into account the condition/dependency of residents and the need for staff to accompany residents.

The centre was warm and comfortable however some aspects of the centre were not maintained in good order as the following matters were identified: –

- The lock of the bedroom door number 403 was not operational.
- The paintwork on the walls and doors was chipped/flaked in a number of areas for example bedroom door 102 and corridors.
- The ceiling paper was loose in room 202.
- The back entrance to apartment 108 was not clean.
- The carpet in residents' sitting room identified as 002 was stained with black marks.
- The flooring in shower room 114 was stained and discoloured.
- The timber at roof level at the front of the building had decayed.

Judgment:

Non Compliant - Major

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:

While there was a policy in respect of risk management and a corporate risk register maintained the inspectors found that the health and safety of residents, visitors and staff was not promoted as the following risks were identified: -

- The covering of a blanket box in a resident's room was torn at the corners and a nail protruded from the wood.
- Staff bringing a trolley carrying residents' clothing and laundry from the external laundry room into the centre had to negotiate a step.

- There was open access to the external grounds.
- Linen trolleys were stored on the corridor obstructing handrails
- Entrance to the centre by the front door required admission by a staff member, however the entrance by a newly constructed ramp was open and accessible.
- Toiletries, liquids gels and steradent were contained in unlocked cupboards.
- Clean continence products were stored on the windowsills in toilets/shower and bathrooms.
- The sluice room was storing clean items.
- A risk assessment had not been carried out in respect of a resident's bed being positioned by a radiator which was not covered.
- Staff were unable to provide evidence that the material used in the construction of the smoking shed was fire retardant.
- Risk assessments had not been carried out on residents who smoke.

Residents were not sufficiently protected as standards for the prevention and control of health care associated infections were not in place. For example there was a mal odour possibly from the flooring in bedroom 403 and 201, a resident was unable to have a shower as a shower trolley was not made available, communal towels were in use and the system in place for laundering soiled garments/linen was insufficient as it entailed soaking overnight and washing at 40° C.

The precautions in place against the risk of fire were inadequate.

Inspectors found that while fire drills had been carried out at intervals each resident did not have an individual evacuation plan informing staff of the support residents require in the event of an emergency.

Immobile residents could not use the fire exit door at the front entrance as there are steps leading down to the fire assembly point.

In a number of areas the keys to the fire exits were out of reach of residents and staff.

In room 306, fire signage indicated exiting from double doors, however in addition to being locked by key there was 2 bolts at the top of the door which would have been difficult for staff and residents to release. One of the bolts did not fit securely in the bolt hole.

There was no fire signage at room 114.

In fire zone 3 there was a step leading to the fire exit door.

The concrete pathway which was a fire evacuation route leading from apartment 108 was uneven and the resident accommodated was immobile.

The ramped concrete pathway identified as a fire evacuation route leading to the fire assembly point was broken and uneven.

The fire evacuation procedure did not guide staff and residents in the event that an evacuation of the building had to take place by the external fire steps at the back of the centre which necessitated proceeding through the grounds of the day care facilities.

The external fire steps leading from the back of the centre were steep and narrow and at the bottom of the steps there were different levels and gradients and no handrails. A full evacuation drill had not been carried out.

Given the layout of the centre there were insufficient evacuation floor plans to direct residents and staff in the event of an evacuation.

Judgment:
Non Compliant - Major

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:

Inspectors found that measures to protect residents being harmed or suffering abuse were in place. There were no allegations or disclosures of suspected abuse. Staff were trained in the protection of residents from abuse and a staff member described to inspectors the knowledge gained from recent training in respect of types of abuse and what to do in the event of an alleged, witnessed or suspected abuse.

The inspectors heard from staff and relatives that substantial progress had been made in respect of reviewing residents' medication and where appropriate reducing residents' reliance in order to bring about improved quality of life outcomes for residents.

Inspectors noted that in respect of a notification involving an altercation between 2 residents immediate de-escalation action was taken to protect the residents, however, the documentation did not make reference to the implementation of positive behavioural support plans which would assist residents to deal with their behaviours which they found challenging and did not assess the extent (low medium-high) of the risk to self or others.

Judgment:
Non Compliant - Minor

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:

A record of incidents occurring in the centre was maintained and inspectors saw that where required the Authority had been notified, however, further information requested by the Authority in respect of an allegation of abuse had not been returned.

Documentation in relation to an incident resulting in a resident having a fracture did not describe how the incident occurred yet staff available on inspection were able to describe to the inspectors the cause.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The residents being accommodated in the designated centre vary in age and are from approximately 20 to 80 years of age, however, the majority of residents are between 50 and 70 years old. Primarily residents are diagnosed with having an intellectual disability, but other conditions prevail for example acquired brain injury, autism and mental health disorders. Inspectors found that residents' health care needs were met. Residents' general practitioner is available on-site and regular reviews of residents condition takes place. There was evidence of Allied health professionals providing services to residents for example occupational, speech and language and physiotherapists.

Inspectors observed the lunchtime meal served to residents. There was a choice of main meals and deserts. Inspectors saw staff assisting residents with eating and drinking as appropriate.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

There was a policy and procedure in respect of the management medicines, however, inspectors were informed that a new system is to be shortly introduced which will necessitate the current policy/procedure to be reviewed and amended. Inspectors were informed that staff anticipate that the new system will assist staff in the administration of medicines and mitigate against the possibility of errors. The inspectors found that in some instances medicine was being taken from one resident's stock/supply to be administered to another resident supply.

Inspectors observed the staff nurse administering medicines to residents and found that this was carried out in accordance with good practice guidance with the exception of the following matters: –

- Hand hygiene had not been practised during the administration of medicines to different residents.
- The kardex containing residents' private information was left on the trolley in the public hallway as the staff member located the resident.
- There was no audit of the additional stock that was held for the residents being accommodated in the centre.

Judgment:

Non Compliant - Moderate

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:

The statement of purpose did not meet the requirements of the regulation and Schedule 1 as follows:

- It stated that the centre could accommodate 26 residents, however in a table entitled the number, age range and sex of the residents the total capacity equalled 30 residents. On the day of the inspection 26 residents were being accommodated requiring long-term care, however, the inspectors were informed that a resident receiving respite care was not available on the day of the inspection. Should this resident be accommodated then the total number of residents would be greater than 26. Following the inspection, scrutiny of a document entitled "Clients DOB and Diagnosis" given to the inspectors at the commencement of the inspection highlighting residents' bedroom accommodation showed a twin bedroom number 403 was allocated to 2 females and also to a male resident. The resident receiving respite care had not been allocated a bedroom number.
- The services which are to be provided by the registered provider to meet the care needs of residents have not adequately been described.
- The facilities which are to be provided by the registered provider to meet the care needs of residents have not been fully described.
- A floor plan entitled " appendix 1 – floor plan" did not detail the size of communal spaces for residents for example the dining, sitting and conservatory rooms nor residents private space for example bathroom showers and toilets.
- Room number 116 was not identified as a resident's bedroom.
- The arrangements made for dealing with reviews and development of a resident's personal plan.
- Details of any specific therapeutic techniques used in the designated centre and arrangements made for the supervision.
- The arrangements made for respecting the privacy and dignity of residents.
- The arrangements made for consultation with, and participation of, residents in the operation of the designated centre.
- The arrangements made for residents to attend religious services of their choice.
- The arrangements made for contact between residents and their relatives, friends, representatives and the local community.
- The arrangements made for dealing with complaints.
- The details in respect of the arrangements when the person in charge is not available were not sufficiently detailed as the name of one of the persons was omitted.
- Throughout the document different terms were used to describe the resident for example, adults, people and persons using the centre.

The "list of key policies which inform practice" may be more appropriately inserted as an appendix.

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.

<p>Theme: Responsive Workforce</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Inspectors examined the staff duty roster and observed staff interacting with residents and concluded that there were appropriate staff numbers and skill mix to meet the assessed needs of residents and provide safe delivery of services. Inspectors found that nurses who are working at the centre have a qualification in intellectual disability, general nursing and or psychiatric nursing and have considerable experience in working with people with intellectual disability.</p> <p>Inspectors found that all staff do not have mandatory training in food safety and hand hygiene and one staff member working on night duty was not trained in fire safety procedures.</p>
<p>Judgment: Non Compliant - Moderate</p>

<p>Outcome 18: Records and documentation <i>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.</i></p>
<p>Theme: Use of Information</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Inspectors found a document regarding the repositioning of a resident to be conducted every 2 hours however the record was completed on a 3 hourly basis.</p>
<p>Judgment: Non Compliant - Moderate</p>

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:

Siobhan Kennedy
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 Dundas Ltd
Centre ID:	OSV-0002422
Date of Inspection:	28 May 2014
Date of response:	27 June 2014

Requirements

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

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:

There was no evidence of residents'/relatives' participation/agreement in the devising of residents' behavioural support plans.

Action Required:

Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support

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:

Any resident who is able to participate in their behaviour support planning do so through their formal Goal planning meeting. Where they are unable measures are taken to involve family/advocate/others and we will ensure that this is documented accordingly.

Proposed Timescale: 27/07/2014

Theme: Individualised Supports and Care

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

It was not evident that a resident's wishes were determined with regard to where to live and with whom. There was an age gap in respect of residents being accommodated.

Action Required:

Under Regulation 09 (1) you are required to: Ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.

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

We will ensure that any resident sharing a room has an accessible consent form to enable them to state if they are in agreement with sharing their room.

Proposed Timescale: 31/07/2014

Theme: Individualised Supports and Care

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

Residents' recorded private information was on display in bedrooms.

Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

Resident's information was in their rooms at their own request and in their private space. Staff and relatives are invited into private bedrooms with the resident's permission. Where there is a shared bedroom, family visitors meet in an alternative area or seek permission from both residents regarding entering the private space.

<p>Proposed Timescale: 31/07/2014</p> <p>Theme: Individualised Supports and Care</p> <p>The Registered Provider is failing to comply with a regulatory requirement in the following respect: It was possible to see directly into a number of bedrooms from outside the building.</p> <p>Action Required: Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.</p> <p>Please state the actions you have taken or are planning to take: A privacy film will be put on all the specific windows by 30th September 2014</p>
<p>Proposed Timescale: 30/09/2014</p> <p>Theme: Individualised Supports and Care</p> <p>The Registered Provider is failing to comply with a regulatory requirement in the following respect: There was no guidance/risk assessment regarding staffs' use of "peepholes" installed on some residents' bedroom doors and how to protect residents' privacy when there was no need for them to be operational.</p> <p>Action Required: Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.</p> <p>Please state the actions you have taken or are planning to take: All peep holes have been covered and where there is a risk requiring observation for safety a risk assessment will be completed.</p>
<p>Proposed Timescale: 22/07/2014</p> <p>Theme: Individualised Supports and Care</p> <p>The Registered Provider is failing to comply with a regulatory requirement in the following respect: The noise level in a resident's bedroom was high due to the extraction fans from the kitchen.</p>

Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

Staff will check with the resident on a weekly basis regarding the noise level from 14th July 2014

Proposed Timescale: 14/07/2014

Theme: Individualised Supports and Care

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

A resident is sleeping on a sofa bed in the residents' communal sitting room and has personal possessions stored in this room, thus denying other residents free access to this communal room.

Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

The resident who sleeps on the sofa bed has access to an alternative private but chooses to sleep on the sofa bed. She carries with her items that she believes she needs for the day, other personal belongings are stored in her private space. Staff continue to encourage the resident to make use of her private space on a daily basis.

Proposed Timescale: 22/07/2014

Theme: Individualised Supports and Care

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

Labels with incorrect information in relation to pressure mattresses were stuck on to residents' beds.

Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

All labels have been removed following the inspection

Proposed Timescale: 22/07/2014

Theme: Individualised Supports and Care

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

Residents' beds were mainly hospital style and partition screening remained in place in the bedrooms even though only one resident was being accommodated.

Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

85% of our residents require hospital style/low beds due to risks of falling or due to their physical needs. We do have residents who have normal divan beds as was their choice.

There are partition rails on the ceiling of some bedrooms which will be removed

Proposed Timescale: 31/10/2014

Theme: Individualised Supports and Care

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

Residents did not have a copy of their care plans in an accessible format.

Action Required:

Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support

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

Individual goal planning is available in accessible format for residents and St Clare's will develop an accessible person centre plan through the case conference process.

Proposed Timescale: 31/12/2014

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 connection to bedrooms on the upper floors is via narrow corridors and is not suitable for some of the residents who are accommodated in these bedrooms as they are assessed as having high/maximum dependency and reliant on modern wheel chair equipment which cannot easily be manoeuvred in the narrow corridors.

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:

Following inspection the resident identified has moved to a more accessible room

Proposed Timescale: 22/07/2014

Theme: Effective Services

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

Some residents' single bedroom accommodation had limited space to meet their individual needs.

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:

All bedrooms contain adequate bedroom furniture to meet the needs of the residents, should a resident require any additional space this will be facilitated.

Proposed Timescale: 22/07/2014

Theme: Effective Services

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

There was insufficient space in the designated the dining room to accommodate all of the residents.

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:

The management are looking into alternative measures for facilitating meal times for all the residents, such as the possibility of having different times for the residents to have their meals.

Proposed Timescale: 31/08/2014

Theme: Effective Services

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

Access between the floors is via stairways and a passenger lift (notice stated can accommodate 5 persons) however floor space is limited and would not accommodate 5 persons taking into account the condition/dependency of residents and the need for staff to accommodate residents.

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:

Staff always maintain an awareness of the needs of each resident when using the lift. A sign has been added to the lift stating that only one wheelchair at a time.

Proposed Timescale: 22/07/2014

Theme: Effective Services

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

The following aspects of the centre were not maintained in good order: –

- The lock of the bedroom door number 403 was not operational.
- The paintwork on the walls and doors was chipped/flaked in a number of areas for example bedroom door 102 and corridors.
- The ceiling paper was loose in room 202.
- The back entrance to apartment 108 was not clean.
- The carpet in residents' sitting room identified as 002 was stained with black marks.
- The flooring in shower room 114 was stained and discoloured.
- The timber at roof level at the front of the building had decayed.

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:

The lock on bedroom door is fixed

The carpet in the residents sitting room is being changed on 4th August

All the other issues are being dealt with by our maintenance department

Proposed Timescale: 30/11/2014

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Systems were not in place for the assessment, management and ongoing review of risk as the following risks were identified: -

- The covering of a blanket box in a resident's room was torn at the corners and a nail protruded from the wood.
- Staff bringing a trolley carrying residents' clothing and laundry from the external laundry room into the centre had to negotiate a step.
- There was open access to the external grounds.
- Linen trolleys were stored on the corridor obstructing handrails.
- Entrance to the centre by the front door required admission by a staff member, however the entrance by a newly constructed ramp was open and accessible.
- Toiletries, liquids gels and steradent were contained in unlocked cupboards.
- Clean continence products were stored on the windowsills in toilets/shower and bathrooms.
- The sluice room was storing clean items.
- A risk assessment had not been carried out in respect of a resident's bed being positioned by a radiator which was not covered.
- Staff were unable to provide evidence that the material used in the construction of a smoking shed was fire retardant.
- Risk assessments had not been carried out on residents who smoke.

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 blanket box has been removed and the resident does not want it to be replaced. Senior Management will complete a review of the laundry systems by 31st October 2014

Residents have free access to a smoking area whilst all visitors enter the building through the front door.

No trolleys are stored in any corridors unless they are in use at the time.

No substances that are considered dangerous to residents are stored in unlocked cupboards.

All continence products are stored in cupboards.

Alternative storage is being sourced for the clean commodes that were in the sluice room

Risk assessment has been completed and the bed has been moved.

A risk assessment has been completed for the residents using the smoking shed.

Proposed Timescale: 31/10/2014

Theme: Effective Services

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

Residents were not sufficiently protected as standards for the prevention and control of health care associated infections were not in place. For example there was a mal odour possibly from the flooring in bedroom 403 and 201, a resident was unable to have a shower as a shower trolley was not made available, communal towels were in use and the system in place for laundering soiled garments/linen was insufficient as it entailed soaking overnight and washing at 40°C.

Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

The resident had recently been assessed as requiring a shower trolley and this has arrived and is in use.

The mal odour is being investigated by the service, electric air fresheners have been placed in both rooms identified.

All towels are laundered at 60 degrees ensuring that they are appropriately cleaned and sanitised after every use.

Senior Management will complete a review of the laundry systems by 31st October 2014

Proposed Timescale: 31/10/2014

Theme: Effective Services

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

The precautions in place against the risk of fire were inadequate as each resident did not have an individual evacuation plan informing staff of the support residents require in the event of an emergency.

Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
All residents have a Personal Evacuation Egress Plan developed identifying 2 alternative exit routes.

Proposed Timescale: 22/07/2014

Theme: Effective Services

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

Immobile residents could not use the fire exit door at the front entrance as there are steps leading down to the fire assembly point.

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:

On review by the fire officer this front door is not listed as a fire exit as there is wheelchair accessible fire exit at side of building. There is a temporary ramp that can be used in emergencies and the fire officer was satisfied with the ramp.

Proposed Timescale: 22/07/2014

Theme: Effective Services

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

In a number of areas the keys to the fire exits were out of reach of residents and staff.

Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

These have all been removed and electronic keypads are in place which are linked to the fire alarm system ensuring access during an emergency.

Proposed Timescale: 22/07/2014

Theme: Effective Services

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

In room 306, fire signage indicated exiting from double doors, however in addition to being locked by a key there was 2 bolts at the top of the door which would have been difficult for staff and residents to release. One of the bolts did not fit securely in the bolt hole.

Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

All bolts and keys are removed and replaced by electronic keypads linked to the alarm system

Proposed Timescale: 22/07/2014

Theme: Effective Services

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

There was no fire signage at room 114.

Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

Signage has been put up at this location

Proposed Timescale: 22/07/2014

Theme: Effective Services

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

In fire zone 3 there was a step leading to the fire exit door.

Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

This step will be reviewed and resolved as part of the external fire step review. This will be dependent on the external contractors required for this process. In all

emergency evacuation plans there are 2 routes identified for all residents.

Proposed Timescale: 31/10/2014

Theme: Effective Services

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

The concrete pathway which was a fire evacuation route leading from apartment 108 was uneven and the resident accommodated was immobile.

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:

Concrete pathway will be completed as part of the external fire safety works. All residents have 2 alternative exit routes identified within their personal evacuation plan.

Proposed Timescale: 31/10/2014

Theme: Effective Services

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

The ramped concrete pathway identified as a fire evacuation route leading to the fire assembly point was broken and uneven.

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:

Concrete pathway will be completed as part of the external fire safety works. All residents have 2 alternative exit routes identified within their personal evacuation plan

Proposed Timescale: 31/10/2014

Theme: Effective Services

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

The fire evacuation procedure did not guide staff and residents in the event that an evacuation of the building had to take place by the external fire steps at the back of the centre which necessitated proceeding through the grounds of the day care facilities.

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:

All signage has been put in place.

External Emergency lighting has been contracted and will be completed by an external contractor.

All staff are aware of the alternative routes for any evacuation as part of the centre's fire training.

Proposed Timescale: 31/10/2014

Theme: Effective Services

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

The external fire steps leading from the back of the centre were steep and narrow and at the bottom of the steps there were different levels and gradients with no handrails for support.

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:

These steps have been evaluated by the chief fire officer and an independent fire consultant and will be replaced. An order has been submitted for the construction and manufacture of the new steps.

Proposed Timescale: 22/07/2014

Theme: Effective Services

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

Given the layout of the centre there were insufficient evacuation floor plans to direct residents and staff in the event of an evacuation.

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:

Evacuation floor plans are available in each residents bedrooms, at the fire panel and at each fire exit.

Proposed Timescale: 22/07/2014

Theme: Effective Services

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

A full evacuation drill had not been carried out.

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:

Horizontal evacuations are completed on a fortnightly basis and a training day with the independent fire consultant and the fire safety training officer is arranged on 30th July to oversee a full drill including a full evacuation of the building.

Proposed Timescale: 30/07/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The documentation in respect of 2 residents involved in an altercation did not make reference to the implementation of positive behavioural support plans which would assist residents to deal with their behaviours which they found challenging and did not assess the extent (low medium-high) of the risk to self or others.

Action Required:

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

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

It was noted that a positive behaviour support plan (BSP) should be in place due to an altercation between two residents. In order to put a BSP in place, monitoring via ABC charts is completed, these are then analysed by the clinical psychology department, brought to an MDT meeting and a BSP is developed and implemented. With this situation there have not been repeated episodes and therefore it is not considered clinically relevant to have a BSP, however, staff continue to monitor the situation and should there be more reports of the behaviour then the data will be gathered to inform the development of a BSP. Were this raised in the closing meeting we would have been able to explain the process required for developing a BSP.

Proposed Timescale: 22/07/2014

Outcome 09: Notification of Incidents

Theme: Safe Services

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

Additional information requested by the Authority in respect of a notifiable incident had not been forwarded.

Action Required:

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

A reply was sent to HIQA in the allotted time but it was sent in the wrong format, at this time an email was sent to HIQA seeking clarification regarding the form and we are still awaiting a response to that email. From the verbal discussions with the inspectors we have agreed to send through the requested information again in a different format.

Proposed Timescale: 31/07/2014

Theme: Safe Services

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

Documentation in relation to an incident resulting in a resident having a fracture did not describe how the incident occurred yet staff available on inspection were able to describe to the inspectors the cause.

Action Required:

Under Regulation 31 (1) (d) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any serious injury to a resident which requires immediate medical or hospital treatment.

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

It was noted that a positive behaviour support plan (BSP) should be in place due to an altercation between two residents. In order to put a BSP in place, monitoring via ABC charts is completed, these are then analysed by the clinical psychology department, brought to an MDT meeting and a BSP is developed and implemented. With this situation there have not been repeated episodes and therefore it is not considered clinically relevant to have a BSP, however, staff continue to monitor the situation and should there be more reports of the behaviour then the data will be gathered to inform the development of a BSP. Were this raised in the closing meeting we would have been able to explain the process required for developing a BSP.

Proposed Timescale: 22/07/2014

Outcome 12. Medication Management

Theme: Health and Development

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

Appropriate and suitable practices relating to the administration of medicines were not in place as the following were noted: –

- In some instances medication was taken from one resident's stock/ supply to be administered to another resident.
- Hand hygiene had not been practised during the administration of medicines to different residents.
- The kardex containing residents' private information was left on the trolley in the public hallway as the staff member located the resident.
- There was no audit of the additional stock that was held for the residents being accommodated in the centre.

Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

- We currently do not have antibiotic stock medication. The service is linking with the local pharmacy partner to identify an alternative system of having stock medication on an individual basis.
- There were two alcohol rub units within an 8 foot distance from the drugs trolley and a hand hygiene dispenser will be purchased for the top of the drugs trolley.
- A medication round was in operation at the time and a nurse was present to protect client privacy. The service is currently exploring with the partner pharmacy regarding a storage option in the drugs trolley for the Kardex information when they need to step away to administer medication. At all other times the Kardex information is locked away in the Nurses station.
- The stock audit will be done on a 3 monthly basis going forward

Proposed Timescale: 31/08/2014

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not meet the requirements of the regulation and Schedule 1 as follows:

- It stated that the centre could accommodate 26 residents, however in a table entitled the number, age range and sex of the residents the total capacity equalled 30 residents. On the day of the inspection 26 residents were being accommodated requiring long-term care, however, the inspectors were informed that a resident receiving respite care was not available on the day of the inspection. Should this resident be accommodated then the total number of residents would be greater than 26. Following the inspection, scrutiny of a document entitled "Clients DOB and Diagnosis" given to the inspectors at the commencement of the inspection highlighting residents' bedroom accommodation showed a twin bedroom number 403 was allocated to 2 females and also to a male resident. The resident receiving respite care had not been allocated a bedroom number.
- The services which are to be provided by the registered provider to meet the care needs of residents have not adequately been described.
- The facilities which are to be provided by the registered provider to meet the care needs of residents have not been fully described.
- A floor plan entitled " appendix 1 – floor plan" did not detail the size of communal spaces for residents for example the dining, sitting and conservatory rooms nor residents private space for example bathroom showers and toilets.
- Room number 116 was not identified as a resident's bedroom.
- The arrangements made for dealing with reviews and development of a resident's personal plan.
- Details of any specific therapeutic techniques used in the designated centre and arrangements made for the supervision.
- The arrangements made for respecting the privacy and dignity of residents.
- The arrangements made for consultation with, and participation of, residents in the operation of the designated centre.
- The arrangements made for residents to attend religious services of their choice.
- The arrangements made for contact between residents and their relatives, friends, representatives and the local community.
- The arrangements made for dealing with complaints.
- The details in respect of the arrangements when the person in charge is not available were not sufficiently detailed as the name of one of the persons was omitted.
- Throughout the document different terms were used to describe the resident for example, adults, people and persons using the centre.

The "list of key policies which inform practice" may be more appropriately inserted as an appendix.

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 contains the required the information in keeping with the regulation. The Statement of Purpose will be reviewed regarding the number of residents and submitted to the Authority by 31st August 2014

Proposed Timescale: 31/08/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staff did not have access to appropriate mandatory training in food safety and hand hygiene and one staff member working on night duty was not trained in fire safety procedures.

Action Required:

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

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

Staff do have access to food safety and hand hygiene training regularly and it is part continuous professional development. The staff member is aware of fire safety procedures and will complete fire training.

Proposed Timescale: 31/07/2014

Outcome 18: Records and documentation

Theme: Use of Information

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

A record in relation to the the repositioning of a resident was being maintained inaccurately.

Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

Please state the actions you have taken or are planning to take:
All records have been revised and are recorded appropriately.

Proposed Timescale: 22/07/2014