

**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 Health Service Executive
Centre ID:	OSV-0002508
Centre county:	Donegal
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Jacinta Lyons
Lead inspector:	Stevan Orme
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	2

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 12 July 2016 08:50 To: 12 July 2016 18:50

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

Outcome 01: Residents Rights, Dignity and Consultation
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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection

This unannounced monitoring inspection was the second inspection of the centre; but the first since it became a standalone centre, and was carried out to monitor ongoing regulatory compliance. In addition, the inspector reviewed actions the provider had undertaken since the previous inspection conducted on 22 October 2014. The designated centre is part of the service provided by the HSE in Donegal, and provides residential and shared care services to adults with intellectual and physical disabilities.

How we gathered our evidence

Residents were unable to tell the inspector about the quality of service, but the inspector spent time with three residents observing care practices and residents appeared comfortable and happy at the centre.

The inspector interviewed the person in charge, met with staff members and reviewed documentation such as personal care plans, medical records, risk assessments, medical records, policies and procedures, and staff files.

Description of the service

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. Inspectors found that the service was being provided as it was described in that document. The centre is a bungalow close to a nearby town, with easy access to all local amenities and shops. The centre comprised of two shared bedrooms and one single bedroom. One of the shared bedrooms has an en suite accessible shower and toilet, with the single bedroom also including a shower facility in the room. The centre also provides a communal bathroom with accessible shower, as well as a communal sitting room and kitchen/dining room for the use of residents. The centre also has an accessible sensory garden to the rear of the premises.

Overall findings

Overall, the inspector found that residents had a good quality of life at the centre, with needs such as healthcare being addressed in a timely and effective manner. However, the inspector found that the layout of the house was not suitable for the needs of the residents at the centre.

Although the person in charge demonstrated knowledge and competence during the inspection, and the inspector found them to be a fit person, a lack of governance and management systems at the centre had resulted in:

- Contracts of Care being unsigned, and did not include total fees to be charged.
- Personal plan reviews did not evidence resident participation, and had not occurred annually.
- The centre did not provide suitable bathrooms and facilities for visitors.
- Fire safety arrangements did not ensure effective arrangements for containment and evacuation in the event of fire.
- The centre did not maintain records of meals consumed.
- Emergency medication plans did not reflect residents' needs.
- The centre's statement of purpose was not reflective of the centre.
- The provider did not undertake an annual review of the quality of care and support at the service.
- Staff had not received training to full undertake their roles and responsibilities

Summary of regulatory compliance

The centre was inspected against 11 Outcomes. The inspector found compliance in two out of the eleven outcomes inspected, with a particular positive focus on medication management. Two outcomes were found to be substantially compliant, five moderate non-compliance with premise and governance and management being major non-complaint.

Improvements were required in the layout of the centre to meet the needs of residents, and ensuring the centre's governance arrangements met the requirements as laid out in Regulation 23.

Other areas for improvement included health and social care needs, fire safety and staff training. These findings are further detailed under each Outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

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

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector found the centre's complaint policy to be both accessible to residents and their representatives and reflective of practices.

The inspector only reviewed the centre's arrangements for the management of complaints under this outcome, as this had required action following the previous inspection at the centre. The policy indicated both local and national nominees for the investigation and management of complaints. It also included information on the right of appeal if the complainant was unsatisfied. The inspector reviewed complaints received from the centre since the last inspection, and found these to be managed in accordance with the centre's policy and to the satisfaction of the complainant. An accessible version of the complaints policy was displayed near the front door, and staff confirmed residents' families were aware of the policy.

Residents were unable tell the inspector about the quality of the service they received, however staff were knowledgeable on how residents would express unhappiness, and this was reflective of resident communication guidance in personal plans. Staff knowledge was reflective of the centre's policy.

The visitor's policy was reflective of centre practices, and staff told the inspector that families regularly visited which was reflected in daily care notes.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that although the centre had contracts of care in place for residents they were not fully in accordance with regulation.

Contracts of care were reflective of the care and support residents received including additional charges the resident may incur, for example community activities and holidays. However, they did not include the total fees to be charged to the resident, and were not signed by either the resident or their representative.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector found the centre supported residents to develop skills and achieve personal goals reflective of their abilities.

The inspector reviewed residents' personal plans and found these to be person centred and reflected the needs and preferences of residents, and were available in an accessible format. Personal plans included support required by residents in areas such

as community access, healthcare, personal care and dietary needs. Although residents were unable to express their views on the supports received, the inspector found care practices and staff knowledge to be reflective of residents' needs and personal plans.

Although residents' personal plans had been reviewed, the inspector found this had not occurred in over 12 months which was confirmed by staff. Furthermore, although residents' representatives attended annual reviews, records did not confirm whether or not residents participated, although staff told the inspector that the resident did.

A system was in place to capture residents' goals. Goals although not aspirational in nature were reflective of residents' needs and abilities and daily care records. Annual goals were reviewed as part of the personal plan review, although this did not include a review of the effectiveness of the goals, and only identified if they were achieved or not.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The inspector found the centre to be clean and homely in nature, although its layout and facilities were not reflective of residents' needs.

The inspector found that as with the previous inspection's findings, the communal bathroom door opening onto the hallway at the centre, although the risk was assessed in the centre's risk register which resulted in the use of hazard signs to advise residents and staff of the risk. The inspector reviewed accident and incident record at the centre and found no record of incidents relating to the bathroom door since the previous inspection.

The centre comprised of three bedrooms of which two are shared bedrooms. The inspector found that although the rooms were maintained to a good standard, and personalised with photographs and ornaments, as with the findings of the previous inspection they were small in size and did not offer opportunities for privacy. One of the shared bedrooms had access to an en suite toilet and shower, which did not meet the

residents' needs. The residents were unable to access it due to their disability and the rooms design. An additional communal toilet was available accessed through the kitchen; however this was not accessible to wheelchair users.

The single bedroom was adapted to meet a resident's needs incorporating a shower bed facility and overhead hoist. Although these arrangements had been assessed by an occupational therapist and met the needs of the resident, as with the previous inspection's findings this arrangement had a visible impact on space available in the room. Furthermore, the shower area was not screened off from the bedroom due to space constraints and the operation of the hoist. The inspector was not made aware by the person in charge or staff of any plans to access more suitable premise reflective of the needs of residents as part of the inspection.

Residents were able to access a sensory garden to the rear of the centre which was well maintained and used by residents during the inspection.

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:

The centre had both a risk management policy and emergency procedure in place, although fire evacuation arrangements did not fully address the needs of residents.

The centre's risk register was comprehensive in nature and was found to be reflective of the risks at the centre to both residents and staff.

Manual handling risk assessments reflected occupational therapists' assessments observed by the inspector about residents' needs. The centre was equipped with suitable supports to assist residents. For example, overhead tracking hoists were in place. Staff knowledge reflected reviewed supports for residents, although the inspector found that not all staff had manual training in accordance with the centre's policy.

The inspector found that staff knowledge and infection control procedures at the centre were in accordance with the centre's policy. Hand washing and sanitising arrangements were available to staff where residents were at high risk of infection.

Fire evacuation drills were conducted, although they did not indicate either the number of residents involved, or whether conducted with only minimal staffing levels. Staff were knowledgeable about fire procedures at the centre, although they told the inspector that they had not been involved in a fire evacuation drill while at the centre. Furthermore, the inspector reviewed training records and found that not all staff had received training in fire safety in accordance with the centre's policy.

The inspector found that residents' personal emergency evacuation plans (PEEPs) although reflective of residents' needs did not indicate staffing levels required when using identified evacuation techniques.

Equipment including fire alarms, extinguishers, and emergency lighting were regularly serviced, however the inspector found fire doors were wedged open mitigating their effectiveness in the event of a fire.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The centre had policies in place for the prevention, detection and management of abuse and provided personalised support in the management of behavioural needs, although not all staff had received training.

Although unable to express their views on the quality of the service at the centre, the inspector observed residents to appear comfortable and were supported in a respectful and dignified manner.

The centre had a policy and procedure in place to for the prevention, detection and management of abuse. Information was available to residents and their representatives on the centre's designated safeguarding officer. Staff were able to tell the inspector what constituted abuse, and the actions they would take if they suspected abuse had occurred, which were in line with the centre's policy. The inspector observed from staff

training records that not all staff had attended training on the prevention, detection and management of abuse.

Policies at the centre included the management of behaviours that challenged and the use of restrictive practices. The inspector found that where wheelchair lap belts and bed rails were used this was the outcome of an occupational therapist assessment on the needs of residents. Behavioural support plans were in line with the centre's policy explaining both the behaviour the resident may engage in, reasons for the behaviour, and supports to be provided. Plans were regularly reviewed and their effectiveness assessed.

Staff knowledge reflected the behavioural support plan, and incident records reviewed showed that staff had identified if any health issues had lead to the behaviour occurring. Staff training records also showed that staff had accessed training in the positive management of behaviour, reflective of the needs of the residents at the centre.

Judgment:

Substantially Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The centre ensured that residents were comprehensively supported to manage their health.

The inspector reviewed residents' healthcare records and found that residents had access to a range of allied healthcare professionals including occupational therapists, dieticians and physiotherapists. Residents had a general practitioner (GP) of their choice, with residents being supported to access GPs outside of the local town if they did not permanently reside at the centre.

Residents' personal plans were reflective of the healthcare needs of residents and included assessments on epilepsy management, infection control, and dietary issues. Staff knowledge was in line with resident healthcare interventions and they had completed specific training on the needs of residents, for example dietary management. However, the inspector found no reference to prescribed emergency epilepsy medication for one resident within their epilepsy management plan and risk assessments. Although staff were trained in the administration of emergency epilepsy medication, the inspector

found no protocol on the circumstances the medication should be administered, and arrangements for calling of emergency services if required.

Residents were supported to choose, buy and prepare meals reflective of their abilities, and weekly menus reflected a choice of nutritious and varied meals, while catering for residents' specialized dietary requirement.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that the centre's medication policy and practices were being implemented by staff.

The inspector reviewed the centre's medication management arrangements which were in line with the provider's organisational policy. Medication prescription sheets contained a photograph of the resident as well as all relevant personal information such as date of birth and address. Prescription sheets also showed the medication prescribed for the person, its dosage, times to be administered and the route of administration. Medication recording sheets reflected the prescription sheets for each resident and medication was given in accordance with the prescribed times to the resident. Staff signed when they had administered medication in the administration records for each resident and a staff signature bank was maintained in the centre's medication file.

As referenced in Outcome 11, the inspector reviewed emergency medication protocols and found these not to be consistently in place for residents' health needs.

Medication was stored in a secure cabinet only accessed by trained staff. Arrangements were in place at the centre for the separate secure storage and disposal of out of date medication.

The centre had not had any recent medication errors; however staff were able to tell the inspector what they would do in situations such as misadministration of medication.

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:

The inspector found that the centre's statement of purpose was in the main reflective of the service provided to residents, but needed amendment to fully meet the requirements of Schedule 1 of the regulations.

The centre's statement of purpose was reviewed annually, and the inspector found the services provided were reflective of the document. Although due to recent changes within the provider, the organisational structure was not up to date. The statement of purpose included arrangements for personal plans, although did not include timeframes for the development and review of personal plans.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

Governance and management systems were in place at the centre however, improvements were required to ensure they met the requirements of Regulation 23.

The person in charge demonstrated knowledge of residents' needs which was reflective of the sample personal plans reviewed. The person in charge regularly visited the centre, which was reflected in documents reviewed and by staff. Staff told the inspector that the person in charge was approachable and provided good leadership.

Staff meeting records reflected the person in charge's presence at the centre, and meetings covered both the operational management of the service and needs of residents.

The person in charge had a range of auditing systems in place at the centre, for example relating to medication administration, personal plans and the general condition of the building. Although the inspector found that these systems had not addressed issues identified as part of the inspection.

Furthermore, the provider had not undertaken six-monthly unannounced visits of the centre or completed an annual review of the quality and safety of care at the centre.

Judgment:

Non Compliant - Major

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

Staffing levels and training at the centre were reflective of the needs of residents, although the inspector found not all staff had received required training, and staff records were not fully compliant with Schedule 2 of the regulations.

The centre maintained an actual and planned roster, with staffing levels being both reflective of the statement of purpose and the needs of residents. The inspector reviewed daily care notes and discussed resident access to activities with staff, and found that residents were able to access a range of activities reflective of their interests

and personal plan goals. The inspector also observed residents receiving support which was offered in a timely and respectful manner, and reflective of their needs

Staff training records showed that staff had access to mandatory training such as fire safety and safeguarding of vulnerable adults, although records showed that not all staff had completed training in manual handling.

The inspector reviewed team meeting minutes which were attended by the person in charge and showed discussions on topics such as resident needs, staff training and organisational policy. Although staff did not have annual performance reviews or formal planned supervision, they told the inspector that they had received informal supervision from the centre's management team.

Staff were knowledgeable about the regulations and standards proportionate to their roles and responsibilities and informed the inspector of incidents such as a serious injury to a resident which they would need to inform their line manager about, who would then inform the Health Information and Quality Authority (HIQA).

The inspector reviewed a sample of two staff members' personnel files, which although in the main met the requirements of Schedule 2 of the regulations, did not include consistently a recent photograph of the staff member or their full employment history.

Judgment:

Non Compliant - Moderate

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:

Stevan Orme
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 Health Service Executive
Centre ID:	OSV-0002508
Date of Inspection:	12 July 2016
Date of response:	12 August 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:

Contracts of care were not signed by residents or their representatives.

1. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the

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

terms on which that resident shall reside in the designated centre.

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

The Registered Provider will ensure that Contracts of Care are signed by residents or their representatives by the proposed date.

Proposed Timescale: 12/09/2016

Theme: Effective Services

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

Contracts of care did not include the total fees to be charged to residents.

2. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

The Registered Provider will ensure that Contracts of Care include the total fees to be charged to residents by the proposed date.

Proposed Timescale: 12/09/2016

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:

Residents' personal plans were not reviewed annually.

3. Action Required:

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

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

The Person in Charge will ensure that a plan is in place to ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

Annual Reviews will be held for each resident.

Proposed Timescale: 31/10/2016

Theme: Effective Services

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

The effectiveness of residents' goals were not assessed as part of the annual personal plan review.

4. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

The Person in charge will ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

Proposed Timescale: 31/10/2016

Theme: Effective Services

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

Annual personal plans reviews did not reflect residents' participation.

5. Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

The Person in Charge will ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

Residents are represented at reviews by a family member, key worker, manager and members of the multi-disciplinary team; this will be highlighted in the review summary notes and recommendations from the review meeting.

Proposed Timescale: 31/10/2016

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 centre's layout was not of a suitable design to meet the needs of residents.

6. 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:

- Privacy screens will be purchased to protect privacy and dignity of residents Complete by Aug 30th 2016
- A letter to be forwarded to General Manager outlining issues highlighted with the premises and the need for an option appraisal by Estates Department. Complete by 26.08.16.
- A referral will be submitted to the estates department requesting an Option appraisal to source alternative accommodation more suited to the needs of the residents. Complete by Sept 30th 2016
- A decision regarding Outcome of Option Appraisal will be sought by 30/11/2016.
- Completion of Preferred Option by April 2017.

Proposed Timescale: 30/04/2017

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:

Fire doors were wedged open mitigating their effectiveness in the event of a fire.

7. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

A Referral will be completed to the estates department to install Door guards for safety purposes in the event of an outbreak of fire.

Installation of Door guards will be completed by October 31st.

Proposed Timescale: 31/10/2016

Theme: Effective Services

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

Residents' personal emergency evacuation plans did not give sufficient detail on evacuation techniques to be used in the event of a fire.

8. Action Required:

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

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

Residents' personal emergency evacuation plans have been reviewed and updated to give detail on evacuation techniques to be used in the event of a fire.

Proposed Timescale: 28/07/2016

Theme: Effective Services

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

All staff had not received fire safety training.

9. Action Required:

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

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

Arrangements have been made for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

Proposed Timescale: 24/08/2016

Theme: Effective Services

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

All staff had not participated in a simulated fire evacuation drill at the centre.

10. 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 Staff will participate in a simulated fire evacuation drill on Wednesday 24th August 2016, simulated fire drills have been scheduled for every three months as per regulations.

Proposed Timescale: 24/08/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

All staff had not received training in the prevention, detection and management of abuse.

11. Action Required:

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

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

The Person in charge will ensure that all staff receive training in the prevention, detection and management of abuse.

Proposed Timescale: 17/10/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Emergency epilepsy management plans were not in place for residents.

12. 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:

Emergency Epilepsy management plan has been drawn up and be signed off by General Practitioner on 17.08. 2016. Medication Kardex has also been amended to reflect protocol for the administration of Stesolid.

Proposed Timescale: 17/08/2016

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 centre's statement of purpose did not include all information required by Schedule 1 of the regulations.

13. 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 centre's statement of purpose will be updated to include all information required by Schedule 1 of the regulations.

Proposed Timescale: 30/09/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

An annual review of quality and safety of care had not been completed.

14. Action Required:

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

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

The Provider Nominee has a plan in place to ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

Proposed Timescale: 30/09/2016

Theme: Leadership, Governance and Management

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

Unannounced six-monthly provider visits to the centre had not occurred.

15. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

The Provider Nominee has a plan in place to carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

Proposed Timescale: 30/09/2016

Theme: Leadership, Governance and Management

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

Management systems did not ensure the consistency and effective monitoring of the service provided.

16. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

An audit system will be introduced in the Designated Centre to ensure effective monitoring of the service provided.

Proposed Timescale: 30/09/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staff records did not meet the requirements of Schedule 2 of the regulations.

17. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

The Person in Charge will ensure that information and documents as specified in Schedule 2 are obtained for all staff. This action has now been completed

Proposed Timescale: 15/08/2016

Theme: Responsive Workforce

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

All staff had not completed manual handling training in accordance with the centre's policy.

18. 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:

The Person in Charge will ensure that all staff complete manual handling training in accordance with the centre's policy.

Proposed Timescale: 30/11/2016