

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Slieve Rua Residential & Respite Services
Centre ID:	OSV-0003916
Centre county:	Mayo
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Western Care Association
Provider Nominee:	Bernard O'Regan
Lead inspector:	Jackie Warren
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	12
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
08 March 2017 18:00	08 March 2017 20:30
09 March 2017 09:00	09 March 2017 17:30

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 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This was a monitoring inspection carried out to monitor compliance with the regulations and standards.

How we gathered our evidence:

As part of the inspection, the inspector observed practices and reviewed documentation such as health and social care files, medication records, and health and safety documentation. The inspector met with ten of the residents living in the centre and with five staff members and the person in charge. The person in charge's line manager was also present for the feedback meeting at the end of the inspection. Residents told the inspector that they liked living in the centre and felt safe there. They also said that staff looked after them well, that they enjoyed their leisure time, had plenty of involvement in the local community and that they chose and received foods that they liked.

Description of the service:

The centre comprised of three houses in a rural town, and was within easy reach of

shops, restaurants, banks and all other amenities. The centre provided a residential care service for up to nine residents and has three beds for respite, which were used on planned and recurrent basis. The service was provided to male and female adults with an intellectual disability.

Overall judgment of findings:

Of the ten outcomes inspected, five were in compliance with the regulations and two were substantially compliant. Three outcomes were moderately non-compliant and there were no major non-compliances.

Residents received a good level of health and social care. Residents had interesting things to do during the day, both in the centre or at day services, and were also supported by staff to integrate in the local community. They also had good opportunities to keep in touch with family and friends. Residents' healthcare needs were well met and there were safe medication management practices in place. There were measures in place to safeguard residents from any form of abuse. The centre was suitably staffed to meet residents' needs.

While there were health and safety measures in place, improvement was required to assessment of emergency evacuation procedures and to the servicing of some equipment. Improvement was also required to the assessment for the use of bed rails and the management of residents' finances.

The centre was well maintained, comfortable and suitably furnished and met the needs of residents using the service. Minor improvement was required to the access of facilities in a bathroom and to the documentation of one aspect of a resident's support needs.

The provider had a clear governance system for the management of the centre and auditing was being undertaken to review and improve the quality and safety of the service.

Findings from the inspection and actions required are outlined in the body of the report and the action plan at the end.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

This action was not examined in full at this inspection, but was reviewed in respect of the management of residents' finances.

Residents required support from staff in managing their money and valuables. The inspector viewed the arrangements for the management of some residents' finances and found that they were managed in a clear and transparent manner. However, some improvement was required in relation to the appropriateness of some of the purchases made from residents' funds.

Suitable records of residents' expenditure were maintained. Transactions were clearly recorded and signed and receipts were maintained for all purchases. However, records indicated that some purchases made by staff on behalf of residents were for items that were not identified as the residents' responsibility in the service agreements, which had been agreed with residents. While most of the purchases made by residents were for personal items and leisure outings, some were for assistive devices, laundry and an item of kitchen equipment. The service agreements did not state that items of this nature would be purchased by residents.

Judgment:

Non Compliant - Moderate

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 person in charge confirmed that all residents had a signed agreement which dealt with the support, care and welfare of the resident. The inspector viewed a sample of these agreements and found that they had been suitably agreed and included details of the services to be provided for residents and the fees to be charged.

There was a policy to guide the admission process although there had been no recent admissions to the centre.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that each resident's social wellbeing was maintained by a high standard of care and support. Residents had opportunities to pursue activities appropriate to their individual preferences both in the centre, in the day service and in the community.

Residents had personal plans which contained information about their backgrounds, family members, and issues and events that were important in their lives. Plans set out

residents' social interests, their required health care supports and identified life goals. However, some of the information presented in residents' personal plans was not up to date and required review. For example, a behaviour support plan had not been updated to reflect a resident's current support needs. While staff, who met with the inspector, were clear on a resident's current support needs, the plan was out of date and did not reflect the information discussed with staff. This presented a risk that information might not be suitably shared with all staff.

There was an annual meeting for each resident, attended by the resident, his or her family and support staff, to discuss and plan around issues relevant to the resident, and to develop personal goals for the coming year. The inspector viewed some personal plans and found that the goals identified were person-centred and focussed on improving the quality of residents' lives. Some goals that had been achieved for residents included taking holidays and increased involvement in management of personal finances.

There was a range of other activities taking place in day services and residents who wished to attend these were supported by staff. This was a home-based service and residents had the option to spend time at activities in the day service, doing things in the local area, or remaining in the centre. There was a multi-sensory room and a well developed garden with raised beds at the centre and there was evidence that some residents were very involved in gardening projects and had been supported to grow vegetables, herbs, flowers and shrubs. Some residents had made window boxes and hanging baskets for display, with support from staff. During the inspection some residents went out to attend a music session, others went to local shops or out walking, one went to visit a friend, some had their nails painted by staff, while others spent time relaxing in the centre

Residents told the inspector that staff supported them to access facilities in the local community such as shopping, eating out, meeting their families, leisure outings and socialising in the local town.

There was access to transport to bring residents to activities they wished to participate in.

Judgment:

Substantially Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The design and layout of the centre suited the needs of residents at the time of inspection. The centre was comprised of three houses which were well maintained both internally and externally. The houses were close to a town and within walking distance of shops and other amenities. The houses were clean, comfortable, warm and suitably furnished. One of the houses was specifically for respite breaks, while the others were a combination of respite and full-time residential accommodation.

There was adequate communal accommodation in each house which included comfortable sitting rooms and relaxation areas and well-equipped kitchens and dining areas. All bedrooms were for single occupancy and were suitably furnished and decorated to reflect residents' choices and needs. Residents had adequate personal storage space including lockable cupboards and some bedrooms had en suite toilet and shower facilities. There were adequate numbers of bathrooms and showers, including assisted facilities. There were separate bedrooms for staff in each house.

While there were a number of residents who were independently mobile, assistive equipment such as a ceiling hoist, electric beds and accessible bathrooms were provided to meet the needs of residents who required additional supports. However, one bathroom was being used for the storage of equipment and for airing clothes. Consequently, this bathroom had become cluttered and access to the wash basin was partially obstructed.

Residents had use of laundry facilities in each house where they could do their own laundry, if they wished to. There were suitable arrangements for the disposal of general waste. Refuse bins were stored externally and were emptied by contract with a private company. There was no clinical waste being generated.

Residents had good access to the outdoors. There was a spacious decking area with seating and a vegetable plot had been developed. A garden shed, well-equipped with gardening materials, had been provided for a resident who enjoyed and responded positively to working in this environment.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that there were systems in place to protect the health and safety of residents, visitors and staff. However, improvements were required to assessment of emergency evacuation procedures and to the servicing of some equipment.

The provider had put measures in place to ensure that residents, staff and visitors to the centre were safeguarded in the event of a fire. Service records showed that all fire extinguishers and fire alarms had been suitably serviced. Fire extinguishers were serviced annually and six-monthly servicing of fire alarms and emergency lighting were carried out. In addition, staff carried out additional internal safety checks of emergency lighting, fire exits, fire extinguishers and alarms. However, there was insufficient verification available to confirm that the central heating boiler had been serviced by an appropriately qualified person.

The procedures to be followed in the event of fire were displayed. At the time of inspection all exit doors were free from obstruction.

Training records indicated that all staff had received fire safety training. Personal emergency evacuation plans had been developed for each resident. The information in these plans provided guidance about the level of support required by each resident.

Fire evacuation drills were carried out frequently and five drills had been undertaken in 2016, one of which had been at night. Records of fire drills were kept and included information such as the total time taken to evacuate the centre, and comments for learning were documented. Records indicated that all daytime evacuations had been undertaken in a timely manner, although night evacuations took longer to complete. The inspector found that there was a lack of certainty in some parts of the centre as to how a night evacuation would be undertaken. The provider was asked to evaluate the fire evacuation process to ensure that staff were clear on the evacuation process and that evacuations could be completed in a timely manner.

There was a risk management policy and a risk register available to guide staff. The policy and register included procedures for the identification and management of risk in the centre. Personal risk management plans had been developed for all residents to identify risks specific to each person and their control measures.

There was an emergency plan in place which included guidance for staff in the event of any emergency or evacuation of the centre. Arrangements were in place to use alternative accommodation in the event of evacuation.

All staff had received up-to-date training in moving and handling.

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:

Measures were in place to protect residents from being harmed or abused.

There was a safeguarding policy to guide staff and a training schedule, which ensured that each staff member attended training in prevention of abuse.

The person in charge confirmed that she had received training in relation to adult protection. She was knowledgeable regarding her responsibilities in this area and was clear on how she would respond to any allegation or suspicion of abuse. No allegations or suspicions of abuse had occurred in the centre to date.

Some residents told the inspector that they were very well supported by staff, felt safe living in the centre and knew who they would speak to if they had any concerns.

The service had access to a psychology team, who provided support for behaviour management issues to staff and residents if required. Where such behaviour had been identified, informative behaviour support plans had been developed to guide and support staff. There was also a policy on responding to behaviours that challenge to inform practice.

There were no residents using bed rails as a form of physical restraint, although bed rails were used for safety by a small number of residents. The inspector reviewed the assessment for the use of bed rails and found that improvement was required. Bed rail assessment was not carried out in line with the requirements of the national policy of restraint, and did not clearly demonstrate, for example, the reasons why bed rails were required, and alternatives that had been explored prior to the introduction of bed rails.

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 inspector found that residents' healthcare needs were met and residents had access to appropriate medical and healthcare services.

All residents had access to a general practitioner (GP) and also to a range of healthcare services including physiotherapy, occupational therapy, psychology and psychiatry. Staff made appropriate referrals as required.

Each resident had a personal plan which outlined the services and supports to be provided to achieve good quality healthcare. The plans viewed contained detailed information around residents' healthcare needs, assessments, medical history and support required from staff. For example, plans of care had been developed for a range of health and personal care needs such as swallowing, epilepsy management and diabetes care.

The inspector found that residents' nutritional needs were being monitored and staff stated that none of the residents were losing or gaining weight. All residents were weighed monthly. Referrals to a dietician were made as required and the guidance of the dietician was retained in personal plans to guide staff.

Some residents required modified consistency diets and these were supplied. Any residents with swallowing difficulties had been reviewed by a speech and language therapist, whose recommendations were clearly recorded to guide staff.

All residents were supported and encouraged by staff to eat healthy balanced diets and participate in exercise at a level suited to their abilities. The inspector saw residents eating wholesome meals which they appeared to enjoy. Residents had unlimited access to the kitchen and were involved in meal planning and grocery shopping. Healthy snacks were available at all times.

There were no residents in the centre with wounds or pressure ulcers, or assessed as being at risk of malnutrition.

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):

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

Findings:

There were safe medication management practices in place.

During the last inspection of this centre the inspector had found that records did not contain all the required information required to guide staff in medication administration. On this inspection this was found to have been addressed in the sample of medication prescription sheets viewed.

The inspector reviewed a sample of prescription/administration charts and found that they were well documented and contained the information required to enable staff to safely administer medications. Names of medications, times and routes of administration and signatures of staff administering the medications were clearly recorded. There were photographs of residents to verify identity if required. Prescribed medications and discontinued prescriptions had been suitably verified by the GP.

At the time of inspection there were no residents prescribed medications requiring strict controls, no resident required medications to be crushed and there were no medications requiring temperature control. Some residents required p.r.n. (as required) medications and the GP had supplied guidance to staff on the frequency of administration of these medications. In addition, there were detailed protocols available for the administration of all medications. All medications were safely stored in a locked cabinet and there were suitable arrangements in place for the storage and return of unused and out of date medications.

There was a medication management policy to guide practice. Training records indicated that most staff had received training in the safe administration of medication.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The provider had established a clear management structure, suitable supports were available to staff and there were systems in place to review and improve the quality of service.

The role of person in charge was full-time and the person who filled the post was suitably qualified and experienced. There were arrangements in place to cover the absence of the person in charge and there was an on call out of hours arrangement to support staff. Both the person in charge and staff who met with the inspector, knew the care needs of residents and demonstrated a commitment to improving the service offered to these residents.

There were systems in place for monitoring the quality and safety of care. All accidents, incidents and complaints were recorded and the reviewed by the person in charge to identify trends. Other audits being carried out included monthly medication, finance, and health and safety audits.

Members of the management team carried out unannounced visits to the centre every six months to review the quality and safety of the service. Findings from these audits were communicated to the person in charge for attention and were also reported to the provider. An annual review of the quality of the service had also been undertaken.

The management team had developed a range of policies to guide practice, had carried out risk analyses of the service and had organised a schedule of relevant training for staff.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

There were appropriate staff numbers and skill mix to meet the assessed needs of residents, at the time of inspection.

Staff were always present to support residents in the centre, including at night time. Separate staff supported residents while attending activities in the day services. Staff accompanied residents when they wanted to do things in the local community such as going shopping, to concerts or out for meals. The inspector observed staff interacting with residents in a respectful and friendly manner. Residents were clearly comfortable in the company of staff and they told the inspector that staff cared for and supported them very well.

The person in charge maintained a planned and actual staffing roster, which reflected staffing at the time of inspection.

A range of staff training had been organised. Training records confirmed that all staff had received mandatory training in fire safety, safeguarding, and manual handling - in addition to personal outcomes, which were also mandatory in the organisation. Staff had also received training including safe medication administration, behaviour management, supporting epilepsy, first aid, and eating, drinking and feeding.

The inspector found that staff had been recruited, selected and vetted in accordance with the requirements of the regulations. The inspector reviewed a sample of staff files and noted that they contained the required documents, such as suitable references and photographic identification.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Jackie Warren

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 Western Care Association
Centre ID:	OSV-0003916
Date of Inspection:	08 and 09 March 2017
Date of response:	26 April 2017

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Some purchases made by staff on behalf of residents were for items that were not identified as the residents' responsibility in the service agreements agreed with residents.

1. Action Required:

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

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

The person in Charge has audited all residents' financial ledgers. In instances where there were purchases of items that were not identified as the resident's responsibility in the service agreements, the person in charge has reimbursed these monies to the resident. 19/04/2017

The person in charge will complete a monthly audit on each resident's accounts; this will be reviewed with the regional services manager at monthly supervision. (30/04/2017)

The registered provider will meet with all persons in charge to brief them on the revised guidance and to clarify the process for decision making on the use of residents monies.(26/04/2017)

The registered provider will provide a specific written guidance to the designated centre to ensure that the process of decision-making, costing, payment and accounting for service users monies is fully transparent and interpreted consistently. (30/04/2017)

Proposed Timescale: 30/04/2017

Outcome 05: Social Care Needs

Theme: Effective Services

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

A behaviour support plan had not been updated to reflect a resident's current support needs. The plan was out of date and did not reflect current interventions being implemented by staff.

2. 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:

A behaviour support plan that did not reflect the current interventions has been updated by the person in charge and the behaviour support specialist to reflect the current practice.

Proposed Timescale: 21/04/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

One bathroom was being used for the storage of equipment and for airing clothes. This bathroom had become cluttered and access to the wash hand basin was partially obstructed.

3. Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

The person in charge has moved the excess equipment to an alternative storage space.

Proposed Timescale: 13/03/2017

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:

There was insufficient verification available to confirm that the central heating boiler had been serviced by an appropriately qualified person.

4. Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

The central heating boiler has been serviced by a appropriately qualified person.

Proposed Timescale: 10/04/2017

Theme: Effective Services

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

There was a lack of certainty in some parts of the centre as to how a night evacuation would be undertaken.

5. 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:

The person in charge has reviewed both day and night evacuation guidance.(14/03/2017)

The person in charge will ensure all staff read and sign the reviewed evacuation plans for the designated centre. (25/04/2017)

An external fire trainer will review and evaluate the evacuation process in the designated centre and provide refresher guidance on the use of evacuation sheets. (17/05/2017)

Proposed Timescale: 17/05/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Bed rail assessment was not carried out in line with the requirements of the national policy.

6. Action Required:

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

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

The Person in charge will work with the Occupational Therapist to ensure that all bed rail assessments are completed to the requirement of the national policy.

Proposed Timescale: 31/05/2017

