

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Agatha's Unit
Centre ID:	OSV-0003959
Centre county:	Westmeath
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Muiríosa Foundation
Provider Nominee:	Josephine Glackin
Lead inspector:	Ivan Cormican
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	5

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: 08 June 2017 09:00 To: 08 June 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 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
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This inspection was carried out by the Health Information and Quality Authority (HIQA) to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The previous inspection of this centre took place on 29 January 2015. Twelve actions were identified following the previous inspection, the inspector found that all actions had been implemented as described.

How we gathered our evidence:

As part of the inspection, the inspector met with five residents. The residents interacted warmly with staff and appeared to enjoy their surroundings. The residents' bedrooms were individually decorated with items of personal interest and photographs of family and friends. The inspector met with three staff members and the inspection was facilitated by the person in charge and an area manager. The inspector observed interactions between residents and staff and work practices. Documentation such as personal plans, risk assessments, medication records, policies, emergency planning and the statement of purpose within the centre was also reviewed.

Description of the service:

The designated centre provided a residential service to five residents with intellectual disabilities. The centre was located in large building which was part of a campus based setting. The premises had an adequate amount of shared bathrooms which was equipped to meet residents' needs, however, toilets within the centre were provided in a cubicle layout and did not promote a homely environment. There were adequate communal rooms available for residents to have visitors such as family and friends and residents' bedrooms were decorated to reflect their personal interests. Suitable transport was also made available to residents who wished to access the community. Overall, the inspector found that the premises was in need of repairs and the centre or it's location did not provide a homely environment for residents to live their lives.

Overall judgement of our findings:

This inspection found compliance with the regulations under several outcomes including residents rights dignity and consultation, healthcare and workforce. However, the inspector also found that significant improvements were required in relation to premises, health and safety, safeguarding medications and medication.

The reasons for these findings are explained 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:

On the day of inspection, the inspector found that the rights and dignity of residents was promoted in the designated centre. However, improvements were required in regards to intimate care plans.

The actions from the previous inspection were addressed with each resident's personal information now securely stored. The provider was also in a process of implementing transition plans for all residents who are moving to new homes in the near future. The inspector noted that these transition plans included to consultation with residents and their respective families and was supported by a transition planning tool.

Residents attended weekly house meetings in which topics such as meal choice and activities were discussed. Minutes of these meetings were available for review and also presented in a user friendly format. Advocacy was also available to residents in the centre.

Residents had intimate care plans in place, which were regularly reviewed; however, the inspector found that these plans lacked sufficient detail to appropriately guide staff in all aspects of residents' personal care.

Residents were supported to manage their finances. Detailed records of all financial transactions were maintained, including income and expenditure and cash and bank card transactions. The person in charge and staff were conducting regular audits of these records and residents' bank statements.

The centre also had procedure in place for managing complaints. These procedures were on display and the person in charge was nominated to manage all received complaints. There were no active complaints in the centre on the day of inspection.

Judgment:

Substantially 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):

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

Findings:

On the day of inspection, each resident had a comprehensive personal plan in place. The actions from the previous inspection were addressed with all aspects of residents planned reviewed on an annual basis or as required. Personal plans also contained a detailed assessment of need for each resident. However, improvements were required in relation to identifying goals in aspects of the residents' personal plan.

Personal plans included areas such as on-going life events, short term life events, maintaining safe environment, personal care, mobility and communication. The inspector found that each of these areas had a section for documented goals, however, some of these goals were not clearly identified. Each personal plan had contained two areas which the inspector found very informative and captured the voice of the resident. They included " A book about me" and "A snapshot of me". Each document contained a personalised account of the resident and how they live their lives.

Residents were also involved in a monthly review of their identified goals. These goals were found to reflect the identified interests of residents such as visiting garden centres and equestrian events. When a goal had been achieved it was replaced by a new goal at the next monthly meeting. The inspector also found that residents were engaging in their local community on a daily basis, with activity records stating that residents used local shops, recreational facilities, restaurants and areas of interests.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

On the day of inspection, the inspector found that the premises did not meet the needs of residents and improvements were required in regards to maintenance, toilets and the environment and accessibility. The actions from the previous inspection were addressed with a kitchen now available for residents to use. The dining facilities were deemed to meet the needs of residents, as the number of individuals using this service has significantly reduced since the previous inspection.

The centre was part of a large building which was located in a campus based setting. Each resident had their own bedroom which was individually decorated and there were adequate communal rooms available for residents to have visitors. An area was available for residents to make tea, coffee and light snacks. The residents also had access to a large kitchen, although this was not part of the designated centre, it was located in the same building.

The building was found to be clinical in nature and lacking the features of a home. Floor covering within the centre was worn and had significant markings. The toilets within the centre were laid out as cubicles and did not present as those found in a community based dwelling. The centre also required improvements in regards to accessibility. The inspector found that one resident was unable to freely access some areas of the designated centre without a fire door being wedged open at certain times of the day. The inspector found that the centre required painting to the exterior of the building and significant cracks and a build up of moss was located on footpaths.

The centre was located on a campus based setting where many other residents had transitioned from, to the community. The inspector reviewed documentation which stated that the provider had secured funding to facilitate residents to move from this centre and two initial houses had been purchased by an external funder for this move.

The provider was also in the process of securing a third home for one resident. The provider intended to close this designated centre once residents had moved to the community. The inspector found that the provider was in the initial phase of planning the transition of residents from the campus based setting. Transition plan templates had

been formulated and the person in charge stated that they would involve the resident and their family members; however, work on these templates had yet to begin.

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:

On the day of inspection, the inspector found that the health and safety of residents, staff and visitors was promoted in the designated centre. However, improvements were required in regards to fire precautions.

On inspection, a number of fire doors were wedged open. This was brought to the attention of the person in charge who removed these wedges. The inspector also reviewed records of fire drills which failed to demonstrate that all residents were effectively evacuated from the centre at all times of the day and night. This was brought to the attention of the person in charge who stated that a simulated night time fire drill would be carried out. Subsequent to the inspection, the provider submitted evidence that a night-time fire drill was carried out in which it was demonstrated all residents would be evacuated in a timely manner.

The premises had a centre specific safety statement which was reviewed on a regular basis by the person in charge. The centre also had an emergency plan in place which identified where residents would be accommodated if the centre had to be evacuated.

The person in charge maintained a risk register which contained all identified risks in the centre, including risks identified which may affect residents. Each identified risk had a management plan in place which was risk rated and had appropriate controls listed.

The centre had fire doors in place throughout, which had magnetic closers in place. These closers were activated when the fire alarm was triggered; however, one fire door in a communal area did not have a door closer in place.

The provider was conducting regular health and safety audits, including weekly and monthly checks of the fire panel, emergency exits and lighting and fire extinguishers. Fire evacuation procedures were on display and residents had personal emergency evacuation plans in place which detailed the care requirements of residents in the event of an evacuation from the centre.

The centre also had procedures in place for the reporting and monitoring of adverse events. The inspector found that staff had a good knowledge of reporting procedures and that all adverse events had been responded to in a prompt manner by the provider.

Infections control was also promoted in the centre. Hand sanitizers were available throughout and staff had completed training in effective hand washing techniques. The centre had a cleaning schedule in place and a risk assessment on biological agents.

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:

On the day of inspection, the inspector found that improvements were required in regards to safeguarding and consent for the use of therapeutic interventions.

The systems for reviewing positive behavioural support arrangements were not effective. The inspector reviewed a sample of antecedent behavioural consequence records and found that the systems and procedures for the monitoring and review of these records failed to protect residents from abuse. One recent record which was reviewed by the inspector stated that residents were exposed to a safeguarding issue which had a psychological impact on them, with the documentation stating that residents were in fear during a fellow resident's episode of behaviours which may challenge. This was brought to the attention of the person in charge and an area manager on the day of inspection. Prior to concluding the inspection the provider had implemented safeguarding procedures which included

- verbally informing the designated officer nominated to manage allegations of abuse
- completing the internal written referral to the designated officer
- initial discussion with the behavioural support specialists with verbal confirmation that follow up will occur with the staff team
- verbal confirmation that the required notification will be submitted to the Health Information and Quality Authority.

Staff were observed to interact with residents in a warm and caring manner, and residents appeared relaxed in the presence of staff.

Staff were guided by behavioural support plans which were regularly reviewed by the staff team and behavioural support specialist. Staff had a good understanding of these plans and sufficient staff numbers were available for residents who required one-to-one care.

There were some restrictive practices in place which had appropriate risk assessments in place. These restrictive practices were approved by the restrictive practice committee and a log of their use was maintained in the centre. However, the inspector found that consent for the use for these therapeutic interventions had not been sought from either the resident or their representative prior to their implementation.

Judgment:

Non Compliant - Major

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:

On the day of inspection, the inspector found that the best possible health of residents was promoted in the designated centre.

Residents were supported to attend their general practitioner on an annual basis and in times of illness. Residents were also referred to allied health professionals and specialists such as neurology and psychiatry as required. The inspector found that all prescribed interventions following these referrals had been implemented by the staff team.

Each resident's personal plan contained their medical history, and where required, a detailed plan of care had been formulated to guide staff in the management of each condition. Protocols were also in place to support residents who attended for medical treatments.

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:

On the day of inspection, the inspector found that there were systems in place for the safe receipt, storage, administration and recording of medications. However, some improvements were required in relation to protocols for the administration of rescue medication, prescription sheets and medication audit tools. The actions from the previous inspection had been addressed with appropriate protocols in place for the receipt, storage, stock control and administration of control medications should they be required.

The centre had protocols in place for the administration of rescue medications, however, the inspector found that these protocols were not in line with prescription sheets and epilepsy care plans. These documents had conflicting information in relation to the maximum dosage to be administered and the routes of administration.

The centre had appropriate storage for medications in place. Each resident had an individual prescription sheet in place which had been signed by the general practitioner and contained relevant information such as the medication, dosage, frequency and time of administration; however, some prescription sheets did not contain the route of administration for all prescribed medications.

The centre had a stock control system in place including medications which were received and those returned to the pharmacy and the person in charge was conducting regular audits of medication practices in the centre. The inspector also reviewed medication audit tools and found that these audits did not review prescription sheets or administration records.

The centre had registered nurses employed to administer medications during daytime hours. Additional staff had received training in the safe administration of medications, including rescue medication, to support residents during night time hours when registered nurses were not on duty. The inspector spoke with one staff member who had received training to administer medications and found that they had a good knowledge of the safe administration of medication including the actions to be taken following a drug administration error. The centre also had procedures in place for the monitoring and review of medication errors, the inspector found that there had been no recent medication errors on the day of inspection.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

On the day of inspection, the inspector found that the provider had appropriate governance and management arrangements in place. The action from the previous inspection had been addressed with an appropriate audit tool in place which is implemented on a monthly basis to assess the quality of care provided in the centre. However, improvements were required in regards to the annual review and the auditing of fire precautions.

The person in charge was in a full-time administrative role and had a good understanding of the regulations. The person in charge also demonstrated a good understanding of the care requirements of residents throughout the inspection. The provider had auditing systems in place for the monitoring of health and safety, medication practices, fire precautions, restrictive practices and residents' finances which the person in charge was conducting. However, the inspector found that the system for the review of fire evacuation failed to consider that all residents were not being evacuated from the centre during all fire drills.

The provider had conducted a detailed six monthly audit and had consulted with residents and their representatives in the formulation of the annual review. The six monthly audit had a detailed action plan generated to address any identified failings and the person in charge had made good progress in progressing these action plans; however, the annual review did not have an action plan in place to address required improvements.

Judgment:

Substantially 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:

On the day of inspection, the inspector found that the staffing arrangements met the assessed needs of residents.

The person in charge maintained a staff rota which was found to be accurate on the day of inspection. Staff were up-to-date with mandatory training needs and had completed training in fire safety, epilepsy, safeguarding, management of behaviours that challenge, medications, epilepsy and the administration of rescue medications.

Staff received regular support and supervision and were taking part in performance management twice yearly. Monthly team meetings were also taking place for which minutes were available.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

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

Findings:

On the day of inspection, the inspector found that records were maintained to a good standard. The action from the previous inspection had been addressed with the policy in regards to the admission and discharge of residents now implemented. The requirements of Schedule 3 were also in place and included an up-to-date assessment of needs for each resident. However, improvements were required in relation to Schedule 5 documents with some policies including medications and the use of closed circuit television outside of the required review timelines as detailed by the provider.

Judgment:
Substantially 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:

Ivan Cormican
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 Muiríosa Foundation
Centre ID:	OSV-0003959
Date of Inspection:	08 June 2017
Date of response:	17 July 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 Registered Provider is failing to comply with a regulatory requirement in the following respect:

The provider failed to ensure that detailed intimate care plans were in place.

1. 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

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

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 individual's intimate care plan was reviewed by the PIC and nurse in charge to ensure it contains sufficient detail to appropriately guide staff in all aspects of individual's personal care.

Proposed Timescale: 22/08/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The provider failed to ensure that the centre was appropriately maintained.

2. 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:

Funding has been secured for the purchase of properties in order to facilitate the closure of the designated centre.

Outstanding maintenance issues will be raised through the Maintenance Department of the organisation.

Proposed Timescale: 31/03/2018

Theme: Effective Services

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

The provider failed to ensure that the centre promoted accessibility for all residents.

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:

A risk assessment and a local protocol has now been developed for the opening of fire door at certain times of the day to enable free access to designated centre for one Individual.

This was discussed at the next staff meeting.

Proposed Timescale: 13/07/2017

Theme: Effective Services

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

The provider failed to ensure that the centre promoted a homely environment.

4. 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:

Funding has been secured from the external funding body for the purchase of properties in order to facilitate the closure of the designated centre.

Proposed Timescale: 31/03/2018

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:

The provider failed to ensure that fire doors were not wedged open.

The provider also failed to ensure that door closers were present on all fire doors.

5. 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:

Fire safety and non-adherence to protocols as identified in the inspection report i.e. fire doors wedged open has now been discussed at the monthly team meeting.

Fire safety awareness will now be added to the agenda of the monthly meetings.

Requirement for door closers on all fire doors will be discussed with Fire Officer and Operations Manager and remedial actions will be identified.

Proposed Timescale: 05/09/2017

Theme: Effective Services

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

The provider failed to demonstrate that all residents could be effectively evacuated from the centre at all times of the day and night.

6. 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:

A night time fire evacuation was undertaken to ensure all individuals can be evacuated safely from the designated centre to a safe location.

All individuals will partake in a simulated night time evacuation bi-annually.

Proposed Timescale: 13/07/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The provider failed to ensure that consent for the use of therapeutic interventions had been sought from residents or their representatives prior to their implementation.

7. 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:

Consent for the use of therapeutic interventions will be sought from each individual or his or her representative as appropriate.

Proposed Timescale: 30/09/2017

Theme: Safe Services

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

The provider failed to ensure that the systems and procedures for the review of behavioural incidents were effective and protected residents from potential abuse.

8. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

A local protocol has been developed outlining the procedure for the review of behaviour incidents where the Person in Charge reviews all behavioural incidents before forwarding the documentation to the Behaviour Support Team to ensure incidents of abuse are reported and addressed accordingly.

Proposed Timescale: 13/07/2017

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:

The provider failed to ensure that

- prescription sheets contained the routes for administration of medication.
- medication audit tools included the review of prescription and administration recording sheets
- protocols for the administration of rescue medications were in line with epilepsy care plans and prescription sheets.

9. 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:

PRN Protocols have all been reviewed to ensure accuracy.

All Medication Prescription sheets have now been reviewed by the PIC and Nurse in Charge to ensure that they include all required information in relation to the administration of medication.

The medication audit tool has been reviewed and amended by the Area Director to include review of medication prescription sheets.

Proposed Timescale: 13/07/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The provider failed to ensure that an action plan had been generated following the annual review to address identified failings.

10. Action Required:

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

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

An action plan has been developed by the Person in Charge in consultation with the Area Director to address identified failings in the Annual Review of the Quality and Safety of Care and Support.

Proposed Timescale: 13/07/2017

Theme: Leadership, Governance and Management

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

The system for the review of fire evacuation failed to consider that all residents were not being evacuated from the centre during all fire drills.

11. 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:

Fire evacuation forms are reviewed by the Person In Charge prior to submission to the Fire Officer to ensure that all individuals are evacuated safely from the centre during day and night fire drills.

Proposed Timescale: 13/07/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

The provider failed to ensure that all policies were reviewed within the required timeline.

12. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

Policies have been reviewed as required and review dates have been updated.

Proposed Timescale: 13/07/2017