Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Highwater Lodge
Centre ID:	OSV-0005407
Centre county:	Wexford
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Stepping Stones Residential Care Limited
Provider Nominee:	Steven Wrenn
Lead inspector:	Julie Pryce
Support inspector(s):	Noelene Dowling
Type of inspection	Announced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

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

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

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

The inspection took place over the following dates and times

From:	To:
08 February 2017 10:00	08 February 2017 20:00

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 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:
Highwater is a designated centre for people with disabilities operated by Stepping Stones Ltd. Highwater was registered as a designated centre in May 2016 as a new build prior to any residents moving in. An inspection was conducted in July 2016 in response to information received by HIQA, and again on 3 November 2017 following a notification of a serious safeguarding issue. On both occasions the inspectors found significant levels of non-compliance with the regulations, and serious concerns about the safeguarding of residents.

On 14 December 2016 HIQA took a decision to issue a Notice of Proposal under the Health Act 2007, as amended, to cancel the registration of Highwater. The provider submitted a representation in response to this Notice of Proposal and a further inspection was conducted to review the evidence to support this representation.

How we gathered our evidence:
The inspectors spoke with two residents in the centre. Inspectors also met with staff members, the person in charge of the centre, and the person nominated to represent the provider. Inspectors reviewed documentation such as personal plans, risk

assessments, audits and training records.

Description of the service:
The centre was a large spacious house in a rural setting within driving distance of the nearest village. The service is available to adult men and women with intellectual disabilities.

Overall findings:
There had been substantial improvements in many outcomes, including improved behavioural support, the removal of any forms of punishment, the facilitation of choice for residents and improved medication management.

However, Inspectors were not satisfied that the provider had put systems in place to ensure continuous compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for People (Children and Adults) with Disabilities) Regulations 2013. The lack of effective governance and management systems had resulted in poor outcomes for residents in the following areas:

• residents' rights in relation to communication, language and management of mail (outcome 1)
• the assessment of the mix of residents.(Outcome 4)
• fire safety management (Outcome 7)
• safeguarding of vulnerable adults (Outcome 8)
• monitoring of the quality and safety of care and support (Outcome 14)

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

Findings:
Whilst several of the actions required from the previous inspection had been implemented, improvements were still required in the use of language in the residents' records and in the management of confidential issues.

On the previous inspection there were no privacy locks on communal bathroom doors and this had now been fully rectified by the installation of privacy locks with emergency access.

There was significant improvement in facilitating choice for residents and including them in consultation in the daily organisation of the designated centre. For example residents who had difficulty with the concept of weekly meetings were now supported to have discussions over a weekly take away meal. The person in charge and staff described the ways in which they ascertained the choice of residents in relation to preferred meals. There were no longer any inappropriate practices implemented in relation to nutritional intake.

There was also no longer any reference to punishment in the guidance for staff and again significant improvements had been made in this area. However some of the language used to document daily events and conversations was still inappropriate. For example, residents were referred to as 'compliant', or as being 'told to co-operate' and family visits were still being referred to as 'access'. The person in charge had identified this issue, and assured the inspectors that while there existed a continued culture of inappropriate language, that this had been raised with staff on several occasions.

However there was still evidence of its continued use.

Inspectors also found that several of the goals set for residents were in relation to their manners towards staff members, rather than in relation to maximising their potential as required by the regulations.

Furthermore inspectors found conflicting documents in the record of one resident in relation to communication needs, and it was unclear as to which document was contemporary. One of these documents emphasised the requirement of the resident to use verbal communication, but inspectors were unable to locate a rationale for this requirement or ascertain if it was in fact suitable given the resident's communication needs. In addition a requirement for staff to have training in an augmentative communication system had been identified but this training had not taken place.

During the course of the inspection Inspectors noted that mail was protruding from the stand alone mailbox at the bottom of the drive of the designated centre, and on further examination found that the door at the back was open, meaning that confidential post was not secure.

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

Findings:
Inspectors on the previous two inspections had highlighted their concerns about the suitability of the mix of residents within the centre. Following the inspection in November the provider undertook to conduct a review of the mix of residents, and this was completed in January 2017. It was not demonstrated to inspectors that the conclusions reached in the review, which was that the current mix of residents was appropriate, was based on the evidence available, or that the interpretation of the recommendations of health care professionals was accurate.

However, the provider informed the inspectors that the service had instigated the discharge of one of the residents, and had informed the HSE that they could no longer provide a service for this resident due to recent changes in presentation. There were as

yet no plans for the future placement of the resident.

Judgment:
Non Compliant - Major

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

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

Findings:
While there had been considerable improvements in the personal planning process since the previous inspection there were still significant improvements required in assessment and in planning.

Assessments had been completed for each resident and personal plans were now in place, and there was no longer any inappropriate guidance for staff including reference to punishment. However assessments and plans did not include the input of all the appropriate members of the multidisciplinary team. For example one of the residents with on-going mental health issues had not been assessed by, a mental health professional since their admission to the service eight months ago. This person's medication in relation to mental health had therefor not been reviewed during this time by an appropriate mental health professional. In addition there was still not a complete medical history available for one of the residents.

While personal plans had been developed, they did not included guidance on all of the identified needs of residents. For example, there was a sensory assessment template in place for one of the residents, but this was not yet complete, and there was no evidence of implementation. Personal plans had been reviewed regularly as required by the regulations, but these reviews had not identified the gaps in assessments and planning in relation to healthcare and social care found by the inspectors.

While there was evidence of goals having been set for residents, several of them had not been met, and insufficient progress had been made towards meeting them, for example goals relating to changing daily activities.

Improvements were still required in the management of the daily activities for two of the three residents. The day service currently attended by one resident was some distance away and inspectors were concerned that the schedule of daily activities for another resident was disorganised and sporadic, and not based on a plan that could be implemented, and that the difficulties presented by this resident were not managed in the designated centre. This resident had been identified as having to be discharged by the service, however there was as yet no plan in place for the future placement of this resident.

Judgment:
Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

Findings:
There was a detailed risk register with associated risk assessments in place, and most of the actions, including the immediate actions required from the previous inspection in relation to fire safety had been implemented. However there was still evidence that not all residents could be evacuated in the event of an emergency, and also that not all risks within the centre had been mitigated.

Fire drills had been conducted on a monthly basis, including night time drills which had been conducted in the early mornings. The person in charge had indicated in the action plan response from the previous inspection that evacuations were being conducted in under a minute, however the records of fire drills conducted since then, which were reviewed by the inspector, indicated that evacuations were taking at least seven minutes, and on some occasions much longer, on one occasion up to 25 minutes, and on another occasion evacuation had not occurred at all for one of the residents.

There was a personal evacuation plan in place for each resident, including the resident who staff were unable to evacuate within an acceptable timeframe. Inspectors were not satisfied with the measures in place to safeguard this resident in the event of an emergency. Some additional measures had been put in place in relation to skills building for the resident, and a referral had been made for positive behaviour support for the issue, but there was as yet no evidence that this resident could be evacuated in a timely manner in the event of an emergency.

The provision of a ski sheet for this resident had been considered, and a staff member

had sourced costings for an appropriate piece of equipment, but at the time of the inspection it had not been purchased. Staff reported that this was due to ascertaining who was responsible for the cost. The Person in charge was asked to provide assurances that this item was purchased immediately following the inspection, and this was done within a day as requested.

On site fire training had been provided to staff, including the use of fire equipment, and an audit of fire safety had been undertaken by an appropriately qualified professional as required in the immediate actions issued in the previous inspection.

The person in charge had made significant improvements in the documentation in relation to risk management. A detailed risk register was now in place which included the identification of risks, a risk rating and an index to the full risk assessment of each issue. Each of the risk assessments reviewed by the inspectors was detailed and appropriate.

However, inspectors were still concerned that despite the development of documentation, there were risks in the centre which were not mitigated, including the evacuation risk as mentioned, and also the current risk of a vulnerable adult in the community.

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

Findings:
The safeguarding of residents was an on-going issue which had been addressed with the provider following two inspections and several notifications of incidents. Inspectors were not satisfied that the risks to vulnerable persons were sufficiently mitigated.

An incident had occurred whereby a vulnerable adult had become unsupervised by staff at an activity, and had made a serious allegation which could therefore be neither

confirmed nor refuted. The person in charge presented a protocol which gave specific direction to staff around this activity, whereby the vulnerable adult should be supervised by staff, however on the occasion of the allegation this protocol had not been followed. The person in charge presented evidence of follow up actions she had taken with staff following the incident, however a concerning situation ensued from this occasion.

It was clear from documentation presented during the course of the inspection that the person in charge had made appropriate referrals to the HSE safeguarding team regarding the recent presentation of this resident, and had reported allegations appropriately. She had also made referrals to the resident's GP. However despite safeguarding strategies, there continued to be incidents whereby a vulnerable adult was at risk.

Significant progress had been made in positive behaviour support plans since the previous inspection, and there had been no further allegations of peer-to-peer abuse within the centre.

Judgment:
Non Compliant - Moderate

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There had been several incidents of a resident going missing from the centre, and on at least one occasion the gardai had been involved. However no notifications had been made to HIQA as required by the regulations.

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

Findings:
Not all residents' healthcare needs were appropriately addressed and there was a lack of suitable clinical guidance, access and oversight.

One resident with on-going mental health issues had not had a review by a mental health professional since admission several months previously. In addition, adequate medical history had not been sourced to facilitate the resident's ongoing medical treatment despite evidence of the need for full review. There was no support plan to guide staff in relation to the dietary and skin integrity needs for a resident whose assessment indicted this was necessary.

A particular therapy had been recommended by the mental health care professional for, but this had not been provided. A document submitted by the centre following the inspection stated that only group therapy was available, which was not suitable, and that they had been unable to source individual therapy.

Staff were modifying the diet of a resident by presenting food in a chopped consistency. However, there was no reference to this in the healthcare plan, and no referral had been made to the speech and language therapist to ascertain the resident needs in this regard.

Staff reported to inspectors that they had 'put a resident on a gluten free diet', however no clinical rationale for this was available.

There was however, evidence of a well balanced diet being available to residents, and significant improvements had been made in facilitating choice of snacks and meals for residents.

Judgment:
Non Compliant - Moderate

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

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

Findings:
Significant improvements had been made in the management of medication, and all the actions required from the previous inspection had been implemented. Practice in relation to prescribing administration and storage of medicines was satisfactory on this inspection.

Staff training had been introduced, and a competency assessment of staff following this training was in place. An annual schedule of competency assessments had been put in place by the person in charge.

The management of any potential medication errors was robust and overseen by the person in charge, and those minor errors reviewed by inspectors had been managed appropriately.

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

Findings:
Appropriate arrangements had been made for the role of person in charge. The person in charge was appropriately experienced, qualified and skilled. However, inspectors were still concerned that the provider's overall management strategies were not effective in monitoring and ensuring the safety and quality of care and support of residents.

Areas of high risk had not been identified, managed or monitored, including the risk associated with a vulnerable adult being unsupervised and the inability to evacuate a resident in the event of an emergency. There continued to be lack of oversight in that although many of the actions identified by inspectors on previous inspections had been rectified, further issues of non compliance were identified on each HIQA inspection. Inspectors were concerned that the management strategies were reactive, and that there were insufficient proactive strategies in place.

There were also weekly team meetings with the person in charge and staff, and again those required actions reviewed by inspectors had either been implemented or were within the agreed timeframes. In addition some changes had been implemented, for example a team approach had been introduced. An unannounced visit on behalf of the provider had taken place as required by the regulations, and those required actions following this visit reviewed by the inspectors had been implemented, for example the recruitment process for a relief panel of staff had commenced. However, some of the significant issues identified by inspectors had not been acted on during this process.

The person nominated on behalf of the provider reported that failings on previous inspections had been due to the absence of a person in charge and a lack of appropriate deputising arrangements. A proposal had been presented to HIQA to improve the management structure, and notifications had been made to HIQA to include a further two persons participating in management. One of these persons was unavailable on the day of this announced inspection. The other was not present, but was called to attend by the person in charge, and did so in a timely manner. However, this person was not involved in the management of the designated centre, but was employed in a nearby day service operated by the provider, and as such was not relevant to the direct management of this service.

While some improvements had been made in auditing, for example the six monthly audit and required action plan was available to the person in charge, and audits of the complaints procedure and of health and safety had taken place. However, no audit of personal planning or assessment was yet in place. In addition inspectors continued to be concerned about the appropriateness of the mix of residents in the centre.

There was however a clear system of communication including both formal and informal meetings between the person nominated on behalf of the provider and the person in charge, which the person in charge reported to be supportive. Minutes of formal meetings were maintained, and those agreed actions reviewed by inspectors had been implemented, for example a group activity had been sourced for one of the residents appropriate to their needs.

There were also weekly team meetings with the person in charge and staff, and again those required actions reviewed by inspectors had either been implemented or were within the agreed timeframes. In addition some changes had been implemented, for example a team approach had been introduced. An unannounced visit on behalf of the provider had taken place as required by the regulations, and those required actions following this visit reviewed by the inspectors had been implemented, for example the recruitment process for a relief panel of staff had commenced.

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

Findings:
Staffing levels had been found to be appropriate on previous inspections, and this was still in place. Significant improvements had been in relation to training, and the actions required from the previous inspection had been implemented.

All staff were now in receipt of appropriate mandatory training, and were no longer reliant on online training courses. Training had been provided in the safe administration of medication and in fire safety, and regular competency assessments in these areas were in place. Training had also been provided in relation to the protection of vulnerable adults.

The person in charge had expertise in an area of behaviours of concern that she had begun to introduce to staff in onsite training sessions and staff meetings.

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:

Julie Pryce
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 report[1]

Centre name:	A designated centre for people with disabilities operated by Stepping Stones Residential Care Limited
Centre ID:	OSV-0005407
Date of Inspection:	08 February 2017
Date of response:	27 March 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:
All rights were not respected in relation to mail, use of language and personal communication needs.

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

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 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:
Person in Charge has arranged for a lock to be fitted to postbox. Completed 10/2/17.

Person in Charge and PPIM will screen documents for the use of inappropriate wording. Inappropriate wording will be deleted. Staff will receive regular direction and support in relation to the use of suitable language from the PIC and PPIM. Any persistant use of inappropriate terminology will be addressed through individual supervision sessions.

Person in Charge will review files and remove out of date or conflicting documents.

Person in Charge will liaise with psychologist to ensure that all relevant rationales related to behaviour supports are placed on file.

Director of Services will source training in Lamh for staff.

Proposed Timescale: 30/03/2017

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:
There was insufficient evidence the the mix of residents was appropriate to meet their assessed needs.

2. Action Required:
Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

Please state the actions you have taken or are planning to take:
Further reviews of mix of residents will be undertaken annually or at the time of any new referral.

Proposed Timescale:
Completed 27/2/17

Proposed Timescale: 27/03/2017

Outcome 05: Social Care Needs

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all of the assessed needs of residents were being met.

3. Action Required:
Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

Please state the actions you have taken or are planning to take:
The person in charge will review personal plans to identify gaps in assessment and planning. The person in charge will include guidance on meeting identified needs in reviewed personal action plans.

Proposed Timescale: 31/03/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Assessments and personal plans had not included the appropriate members of the MDT

4. Action Required:
Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

Please state the actions you have taken or are planning to take:
Referrals will be sought by the person in charge for multidisciplinary team assessments in relation to sensory needs, speech and language, occupational therapy and physiotherapy where these services are indicated in personal plans.

All future assessments will include any relevant MDT members.

Proposed Timescale: 31/03/2017

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:
Not all risks had been identified, assessed and mitigated.

5. Action Required:
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system

for responding to emergencies.

Please state the actions you have taken or are planning to take:
Risk assessment for the night time evacuation of one service user is completed and included on the risk register.

Proposed Timescale: 31/03/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Fire drills indicated that not all residents could be evacuated in the event of an emergency.

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:
PIC will ensure that staff team complete skills building (role play) with service users to improve service user's ability and capacity in this area.

Fire drills will be conducted at least every 2 weeks to reduce night evacuation time and to ensure that night time evacuations will be completed within safe recommended timeframe.

Slide sheet has been purchased and PEP amended. Completed 9/2/17.

Proposed Timescale: 31/03/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were not adequate safeguarding strategies in place to safeguard all residents.

7. 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:
PIC and PPIM have updated and reviewed safeguarding plans and strategies as required.

All existing and any future safeguarding plans will be reviewed at least every week and

more often if indicated.

Proposed Timescale: 27/02/2017

Outcome 09: Notification of Incidents

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The Chief Inspector was not notified of relevant incidents.

8. Action Required:
Under Regulation 31 (1) (e) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any unexplained absence of a resident from the designated centre.

Please state the actions you have taken or are planning to take:
All required NF05s have been submitted by PIC.

Proposed Timescale: 02/03/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all healthcare professionals had been involved as required.

9. Action Required:
Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

Please state the actions you have taken or are planning to take:
Referrals to relevant healthcare professionals will be sought by PIC and PPIM to ensure healthcare needs are identified and met.

Proposed Timescale: 31/03/2017

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all appropriate healthcare was provided.

10. 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:
PIC and PPIM will request reviews of all medications from service users GP's.

PIC and PPIM will request Speech and Language assessment for feeding guidelines in relation to one service user.

Referral to dietician will be sought for dietary guidelines when need for this is indicated. PIC will monitor daily observations and other documentation to ensure that staff will not make decisions in relation to the diet or other healthcare needs of service users.

Proposed Timescale: 31/03/2017

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:
Improvements were required in management and monitoring strategies to ensure that the centre was consistently safe and monitored.

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:
Monitoring officer will complete robust audits of personal planning systems and plans and the assessments of the needs of service users.

Proposed Timescale: 28/04/2017

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The deputising arrangements for the person in charge were not adequate.

12. Action Required:
Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service

provision.

Please state the actions you have taken or are planning to take:
PPIM induction process is completed using new PPIM induction programme.

PPIM will receive ongoing training and supervision to ensure they are competent to take over in the absence of the PIC.

Additional PPIM commences in post on 13/3/17.

Proposed Timescale: 31/03/2017