

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Camphill Communities of Ireland
Centre ID:	OSV-0003603
Centre county:	Monaghan
Email address:	adrienne.smith@camphill.ie
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Camphill Communities of Ireland
Provider Nominee:	Adrienne Smith
Lead inspector:	Catherine Rose Connolly Gargan
Support inspector(s):	Ciara McShane
Type of inspection	Announced
Number of residents on the date of inspection:	14
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 Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

The inspection took place over the following dates and times

From: 10 June 2014 10:30 To: 10 June 2014 18:30

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

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 13: Statement of Purpose
Outcome 14: Governance and Management

Summary of findings from this inspection

This was the first inspection of the centre by the Authority and was announced. The inspection was carried out over one day to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) 2013. The designated centre comprises four residential units - three community houses and one apartment and accommodates fourteen male and female residents in total. While the centre caters for day care of residents in the community, there were no residents in receipt of day care at the time of inspection.

Inspectors met with management including the provider, person in charge, farm manager, health and safety manager, residents and staff members during this inspection. Inspectors observed practice and reviewed documentation such as personal care plans, medical records, accident and incident records and risk management procedures and documentation.

Inspectors found that residents received a good quality service in the centre with evidence of good staff support. Residents' independence was promoted and they were encouraged and facilitated to participate in the running of the house and to make choices about their lives. Inspectors found that the residents were comfortable and confident in telling the inspectors about their home. Residents were actively involved in the development of their personal plans which were regularly reviewed.

While evidence of good practice was found, areas of non compliance with the Regulations were identified. Areas for improvement included fire evacuation arrangements which posed a major risk to the safety of residents due to the absence of personal evacuation assessments and infrequent fire evacuation drills and confirmation of staff participation in same. Some fire exits were locked and external evacuation routes were unsafe. The premises accommodating residents was generally safe and met their needs with the exception of one part of one of the houses undergoing refurbishment work. Risks to residents in this area were not clearly identified with controls in place to mitigate risks present.

Improvements were also required in staff training, statement of purpose, positive behaviour support documentation and maintaining records of review of residents by external specialists. All staff had received training in protection of vulnerable persons.

The action plan at the end of the report identifies actions which the provider and person in charge will need to take to come into compliance with Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Quality Standards for Residential Services for Children and Adults with Disabilities.

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

Outcome 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):
This was the centre's first inspection by the Authority.

Findings:
Each resident had a personal support plan completed. There was evidence that this document was completed with the maximum participation of the resident concerned and their significant others. The samples of personal support plans reviewed by inspectors were observed to be comprehensive and person-centred. There was evidence of interdisciplinary team involvement in residents' care and supports. The content of personal plans reviewed was clearly organised and reflected individual needs relating to behavioural issues, supports required, health issues and processes in place to enable

each resident to achieve their stated goals.

The inspector noted that there were agreed time-frames in relation to identified goals and objectives. Personal support plans were reviewed on a monthly basis with each resident. Formal annual reviews of personal support plans were completed with the resident, their families, community nurse and staff from the centre in attendance, however, residents' GPs did not attend this review and as such their expertise was missing from the multidisciplinary team in attendance. While personal plans were written from the residents' perspective and in most cases were signed by the resident, improvement was required to ensure personal support planning documentation was in accessible format for residents. However, inspectors were told that this was an area currently under development.

Each resident was fully supported to engage in meaningful activities and were encouraged and supported to participate in new occupational experiences appropriate to his/her interests and preferences. The daily routine commenced with a 'gathering' meeting which was attended by most members of the community's staff and residents. This meeting was convened to plan the day and was a forum that welcomed discussion of ideas and queries from residents and staff alike. Each resident's personal plan detailed their designated key worker and associate workers who were assigned to work with the residents on a 1:1 basis to assist and support them in pursuing their aspirations by optimising their opportunities to engage in meaningful and fulfilling personal, social and occupational lives. Co-workers also lived in the community houses which promoted continuity and homeliness for residents. Inspectors observed numerous examples of high quality interactions between staff and residents that were tied in with friendship and respect. One of the house-coordinators had a qualification as a Eurythmist and some of the residents avail of Eurythmy therapy.

Due to the consistently high level of 1:1 support afforded to residents, inspectors observed where individual residents were afforded extensive choice and as such were empowered to successfully engage in individual interests, for example one resident attends music lessons and with the support of a co-worker hosted a music evening for the community. Another resident mows the lawns with a lawnmower purchased to enable him to pursue this interest. Some residents assisted with selling the products from the organic garden that they had actively tended at the weekly farmer's market in the local town. Three residents had completed computer courses.

While there was a general routine to life in the centre with some level of activity/job allocation in place; residents confirmed to the inspector that they had a good choice of meaningful activities from which they could choose to attend or work in each day. Inspectors met with residents who no longer worked and chose to stay in the community houses during the day. For those residents who opted to attend activities or be involved in the working life of the centre, art and crafts including candle making, baking, cheese-making, gardening, horticulture, dairy and dry stock farming and weaving pursuits were available on site. The inspectors noted that the centre had a busy organic farm that residents actively participated in. The products produced in the many workshops, gardens and on the farm provided fresh vegetables, fruits, bread, milk and meat prepared by a local butcher for use to supplement food supplies for the community. Bedside mats were made on a number of hand looms which were washable and ensured that residents and staff residing in the community houses had an ongoing

fresh supply. Many residents shared their experience of life in the designated centre with inspectors as being positive and fulfilling. They talked about how they were supported to pursue their interests and how they had integrated into the local community. Evenings in the designated centre was filled with social activities both on-site and locally.

Residents told inspectors that family members and friends could visit at any time and inspectors noted that great emphasis was placed on ensuring residents maintained close contact with their families and significant others including going back on visits or staying with their family overnight.

Judgment:

Non Compliant - Minor

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

The centre was located in a rural area and consisted of four houses accommodated by residents and co-workers. There was also a one-bed-roomed apartment on-site which accommodated one resident. Three of the houses and the apartment were finished to a satisfactory standard. The fourth house had been partly renovated and the remaining area of this house was scheduled to undergo a full refurbishment with the addition of an extension to the back of the house to improve communal accommodation. Other accommodation used by residents on the site included a communal hall, weavery, bakery, candle-making workshop and farm out-buildings. The site also accommodated the original farmhouse, visitor accommodation, an office and a house and apartment used by staff. The main administrative office was located on the way into the site. All premises were easily accessible, bright, well ventilated.

The premises were warm, homely and met the needs of residents by making good use of soft colours, suitable furniture and comfortable seating. Generally the décor, design and layout were compatible with the aims of the statement of purpose. There were adequate showers and toilets with assistive structures in place including assisted baths, hand and grab rails; to meet the needs and abilities of the residents. Resident's privacy and dignity needs were met by the accommodation arrangements in place, all residents had single accommodation. There were adequate sitting, recreational and dining space

separate to the residents' private accommodation. Each house had a spacious kitchen, the layout of which was domestic in style and was the hub of the houses. Many residents showed inspectors their rooms which were personalised with photographs of family and friends, pop stars posters and various personal items. There were options for residents to spend time alone if they wished as more than one communal sitting room available in each of the houses.

The external grounds were accessible with footpaths available to enable residents and others safe pedestrian access from house to house. There was a garden area with flowers and shrubs and vegetable beds. Another area had a large variety of fruit trees and plants including, apple, pear, blackcurrant, strawberry and gooseberry. Animals were housed in the farm buildings adjacent to but accessible from the site. While the grounds were kept generally safe and maintained, the inspectors noted that they needed attention in some areas, the person in charge told inspectors that the maintenance person had reduced his working week to three days and she was addressing same. Some parts of the houses required maintenance work. The inspectors observed that some radiators were rusted, seals and grouting around baths required attention. Carpets on corridors in one house were stained. Some ceiling light fittings were exposed.

Judgment:

Non Compliant - Minor

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):

This was the centre's first inspection by the Authority.

Findings:

The designated centre has a health and safety officer who described the arrangements in place for ensuring the health and safety of residents, visitors and co-workers/staff. These arrangements included an external health and safety audit which was completed bi-annually. Inspectors viewed the action plan developed from the findings of the last audit and noted that it was nearing completion. Actions to be completed were risk rated with specified timescales for resolution.

The inspector noted that there was a National Camphill Community risk management framework dated as reviewed in February 2014. This framework detailed the risk management process and use of a risk matrix methodology for assessing risk in the centre. This framework identified the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents. A record was maintained of all accidents and incidents in the centre

which included details, witnesses, investigation, action taken in addition to evidence of follow-up and risk assessment.

There was a risk management strategy in place, however; while there was a risk management policy as required in the Regulations. The missing person policy was in draft format and training had yet to be provided on the policy on management of self-harm.

The inspector reviewed the safety statement/risk registrar dated February 2014 which detailed hazard identification and management of hazards in the centre. The risk register included hazards associated with aggressive behaviour, medication, fire, driving/transporting, the farm environment, garden areas and craft workshop and there were measures aimed to reduce these identified hazards. However identified risks and controls to mitigate some specific risks related to each house was not complete in all cases. For example, the floor became excessively wet during use and leaked out under the door into the corridor in one shower and there were ramped floors on corridors in one house which may pose a risk to less mobile residents. An area of one house due to undergo refurbishment which was still in use by residents required a full risk assessment to ensure risks posed to residents safety were identified with adequate controls put in place to mitigate same. Window restrictors were engaged on windows in the two storey house forming part of the designated centre.

A report developed from a review of the fire safety standards in the designated centre dated April 2014, completed by an external consultant was made available to inspectors. It specified a significant number of areas requiring action to ensure the safety of residents, staff and visitors was assured in the event of a fire in any of the houses within the designated centre. On this inspection by the Authority, inspectors observed that fire prevention arrangements were in place with checking procedures in each house. Each house and workshop had a fire blanket and extinguisher equipment serviced annually. There was evidence that a night-time simulated fire evacuation drill was completed in one of the houses by the Fire Brigade in 2013. While fire training was facilitated every quarter, the arrangements or frequencies were not clear regarding arrangements for conducting regular fire drills in each house to ensure each person in each house could be safely evacuated at all times of the day or night. Personal Emergency Evacuation Plans (PEEPs) were not in place for each resident to identify their nearest exit route, assessment of equipment and staff requirements and to identify issues that may hinder evacuation such as, mobility issues, reluctance to leave or difficulties hearing the fire alarm. Fire evacuation plans were not clearly displayed in all houses. Some final fire exits were locked with a key. Mattresses were stored on a stairs designated as a fire exit in the two storey house in the centre. Surface areas outside some final fire exits were uneven and at a lower level to fire exit doors posing a risk of injury to persons exiting and hindering safe evacuation. These risks were not identified in the risk register to include controls to mitigate same.

Some aspects of infection prevention and control required improvement to mitigate risk to residents. There was some evidence of use of communal toiletries. As co-workers also used some bathroom/shower facilities, their toiletries were stored unsecured in these areas. There was no risk assessment completed to ensure that these toiletries did not pose a risk of ingestion to vulnerable persons. While each house had a utility area which

contained washing machines, segregation of used and clean linen required review and inspectors observed used linen in an open basket on top of a press surface on a corridor

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):

This was the centre's first inspection by the Authority.

Findings:

There was a policy informing protection of vulnerable residents in place to guide staff on how to respond to suspicions of abuse in accordance with the Regulations dated 05 March 2014 and it was not specific on how to safeguard all vulnerable individuals living in the designated centre. All staff had completed training on prevention, recognition and response to allegations of abuse and refresher training was ongoing. Fifteen staff had attended training in April 2014.

The person in charge described suitable safeguarding arrangements in relation to recruiting, training and ongoing supervision of co-workers and staff. The person in charge and the designated safeguarding officer informed the inspector that they monitored safeguarding practices in the centre by regularly speaking to residents and their representatives, and by reviewing the systems in place to ensure safe and respectful care. The safeguarding officer was also the nominated complaints officer and farm manager. Inspectors were told that due to the small resident population, monitoring their well-being closely was possible. As the person in charge and safeguarding officer worked alongside residents, they shared their concerns and worries with them. Inspectors reviewed investigation of an incident of alleged psychological abuse and found the process to be satisfactorily completed to the stated satisfaction of the resident concerned.

Inspectors noted that senior co-workers had their lunch in different houses each day' therefore providing a good opportunity to meet and interact with different residents and co-workers/staff. During the inspection the inspectors observed resident staff and staff-resident interactions to be respectful, gentle and friendly. Many residents confirmed to the inspectors that they felt safe and spoke positively about the support and

consideration they received from co-workers/staff and were able to tell the inspector about key staff whom they could talk to if they had a concern. Inspectors noted a warm, positive, respectful and homely atmosphere that mainly emanated from the easy dialogue between residents in their interactions with co-workers/staff.

Many residents had episodes of behaviour that challenged, however, these episodes were short-lived and well-managed. Due to the nature of the community and the space available, residents were supported to move away from situations that caused them anxiety with the support of staff. Training in managing challenging behaviour was provided for all staff. There was a policy on the use of restrictive procedures including physical, chemical and environmental practices and the person in charge outlined that there was no restrictive practices in place. Residents had access to psychology services, however behaviour support plans in place were not up to date or in some cases not available to staff to guide and inform their practice in the event of a resident experiencing an episode of behaviour that challenged. The person in charge confirmed to inspectors that the psychologist was in the process of reassessing all residents.

The inspectors discussed the arrangements in place for the management of residents' personal finances and found that there was a robust and transparent process in relation to managing and recording residents' finances. Each week resident's money was obtained from their bank account with co-workers and all expenditure by residents was recorded with a correlating receipt which was retained. The records were audited weekly by the safeguarding officer and any discrepancies identified were acted upon as a priority.

Judgment:

Non Compliant - Minor

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):

This was the centre's first inspection by the Authority.

Findings:

Overall, inspectors found that there were appropriate arrangements in place to support residents' health care. Inspectors reviewed the care plans for residents and found that they had access to a general practitioner, including an out of hour's service. As there is no registered nurse on-site, residents attended the community nurse in the local health centre as appropriate. The person in charge maintained regular contact with the community nurse to support her with managing residents' healthcare needs as the centre did not have a nurse on the staff. The community nurse attends each resident's

annual review and any case conferences convened. Some residents had a diagnosis of epilepsy, documentation for management of seizures in place by supported by training of all staff in this area. Residents were facilitated access to physiotherapy, occupational therapy, dietician and speech and language therapy services. The person in charge told inspectors that speech and language therapy support was difficult to access and one resident with communication needs was working with the assistance of an occupational therapist. However, as inspectors noted that some residents have communication difficulties in addition to swallowing difficulties, access to speech and language therapy services required improvement to ensure residents' needs were assessed and supported in this area. There was evidence that residents attended referral appointments and in one case a resident's family arranged and accompanied the resident to specialist appointments. However, there was inadequate information in resident's documentation detailing the outcome or recommendations made for follow-up care from review by specialist services.

Inspectors were satisfied that residents received a nutritious and varied diet that offered choice and mealtimes were unhurried social occasions where residents and co-workers dined together, this time provided opportunities for residents to interact with each other and staff. Co-workers and staff to whom the inspector spoke stated that the quality and choice of food were frequently discussed with individual residents and changes were made in response to the menu. The inspector noted that residents were involved in the day to day running of their homes' including the cooking for each meal within each house. It was clear that for most residents and co-workers mealtimes formed an important part of the day within the centre. Some residents told inspectors that they had helped purchase supplies and prepare the dishes served on the day of inspection. Nutritious snacks were available to supplement mealtimes and residents were supported to prepare their own snacks if they wished. There were adequate quantities of food that were properly and safely prepared, cooked and served. Vegetable and fruit ingredients were in plentiful supply and freshly harvested from the centre's gardens. One resident was a vegetarian and inspectors saw that her choice was met in this area. Another resident was on a weight management plan and while she was assisted to manage her intake, she had been provided with information on exercising which enabled her to take some personal responsibility in achieving her weight loss goal. Inspectors saw this resident out walking.

Judgment:

Non Compliant - Minor

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

Findings:

A written statement of purpose was available however it was not dated to facilitate version control. Inspectors were informed that it was the most recent version of this document and had been forwarded to the Chief Inspector. Some information provided required clarity to reference the service provided including

- the statement of purpose does not state maximum number of residents who will be provided with day services.
- The floor size of all rooms provided for residents' use in each of the houses, workshops and community hall was not stated.
- Number of co-workers.
- The statement of purpose was not provided to residents in an accessible format.

Judgment:

Non Compliant - Minor

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):

This was the centre's first inspection by the Authority.

Findings:

This outcome was not fully reviewed on this inspection. There was a defined management structure that identified the lines of authority, accountability; specified

roles and detailed the responsibilities for all areas of service provision. There was a full-time person in charge in the centre who had been in the role for many years. The inspector formed the view that the person in charge had the required experience and knowledge to ensure the effective support and welfare of residents in the centre. In the absence of the person in charge; deputising arrangements were in place. The person in charge informed the inspector that she was house co-ordinator for one of the houses as part of her role. .

The person in charge advised inspectors that Camphill were in the process of recruiting a new person in charge as she wished to retire. The person in charge stated that she was well supported by the provider and described her as being accessible and attending the centre on a regular basis. The provider nominee was on site for the opening meeting on the day of inspection. The inspectors noted that residents were familiar with the person in charge and approached her with issues during the inspection. Co-workers/staff to whom the inspectors spoke were clear about who to report to within the organisational line management structure in the centre. The person in charge described to inspectors how she ensured effective communication and governance of the centre which included regular meetings with co-workers/staff, supervision, training and personal development. In addition, the person in charge attended the 'gathering' meeting, attended all evening activities on-site and visited the houses each day which assisted her in keeping informed in relation to residents support needs while using the opportunity to effectively communicate issues with residents and co-workers/staff. Throughout the inspection the person in charge demonstrated a positive approach towards meeting regulatory requirements and a commitment to improving standards of care for residents.

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:

Catherine Rose Connolly Gargan
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 Camphill Communities of Ireland
Centre ID:	OSV-0003603
Date of Inspection:	10 June 2014
Date of response:	21 July 2014

Requirements

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

Outcome 05: Social Care Needs

Theme: Effective Services

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

Improvement was required to ensure personal support planning documentation was in accessible format for residents and/or representatives.

Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

Residents' personal plans ('My Plan') are available to the residents and their representatives. The personal plan is looked at with the resident at monthly reviews and amended and updated as required. Work is ongoing to improve the format in such

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

a way that it reflects the individuality and personality of the resident.

Proposed Timescale: 15/08/2014

Theme: Effective Services

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

Residents' GPs did not attend their annual review and as such their expertise was missing from the multidisciplinary team in attendance.

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:

As Annual Reviews come up, the GP will be invited to attend and provide input.

Proposed Timescale: 17/10/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

While the grounds were kept generally safe and maintained, the inspectors noted that they needed attention in some areas, the person in charge told inspectors that the maintenance person had left and she was addressing same. Some parts of the houses required maintenance work. Some radiators were rusted and seals and grouting around baths required attention. Carpets on corridors in one house were stained. Some ceiling light fittings were exposed

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:

Additional maintenance person has been employed, and internal and external work is being carried out at present. Ceiling light fittings have been repaired. All areas around baths are now being tiled. Damaged carpet will be replaced.

Proposed Timescale: 15/08/2014

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The missing person policy was in draft format.

Action Required:

Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

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

The Missing Person Policy is no longer in Draft format. Staff training has been given. The measures and actions in place will be included in the Risk Management Policy.

Proposed Timescale: 15/08/2014

Theme: Effective Services

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

While there was a procedure detailing the measures and actions to take in the management of self-harm, staff training had yet to be provided to ensure implementation of the policy

Action Required:

Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

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

The Policy on self-harm is still in draft form. These measures and actions were taken up together with the Management of Actual or Potential Aggression (MAPA) training, and further MAPA training and staff training will take place in September. The measures and actions in place to control self-harm will be included in the Risk Management Policy.

Proposed Timescale: 25/09/2014

Theme: Effective Services

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

Identified risks and controls to mitigate some specific risks related to each house was not complete in all cases. For example, the floor became excessively wet during use and leaked out under the door into the corridor in one shower and there were ramped floors on corridors in one house which may pose a risk to less mobile residents. An area of one house due to undergo refurbishment which was still in use by residents required a full risk assessment to ensure risks posed to residents safety were identified with adequate controls put in place to mitigate same.

Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

A new threshold seal will be placed at the shower door to prevent leaks into the corridor. Less mobile residents are assisted on the ramped floors and there is also a handrail. A Risk Assessment is being carried out for this.
Radiator rust is being addressed.
A full risk assessment will be carried out in the house which is due to be refurbished.

Proposed Timescale: 31/08/2014

Theme: Effective Services

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

Some aspects of infection prevention and control required improvement to mitigate risk to residents. There was some evidence of use of communal toiletries. While each house had a utility area which contained washing machines, segregation of used and clean linen required review and inspectors observed used linen in an open basket on top of a press surface on a corridor.

Action Required:

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

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

Communal toiletries (used by co-workers) will now be kept in the co-workers rooms. Each resident has his/her own toiletries.
Laundry practice has been reviewed regarding the segregation of used and clean linen.

Proposed Timescale: 31/07/2014

Theme: Effective Services

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

Personal Emergency Evacuation Plans (PEEPs) were not in place for each resident to identify their nearest exit route, assessment of equipment and staff requirements and to identify issues that may hinder evacuation such as, mobility issues, reluctance to leave or difficulties hearing the fire alarm.

Some final fire exits were locked with a key which may hinder safe evacuation in the event of fire.

Mattresses were stored on a stairs designated as a fire exit in the two storey house in the centre.

Surface areas outside some final fire exits were uneven and at a lower level to fire exit

doors posing a risk of injury to persons exiting and hindering safe evacuation. These risks were not identified in the risk register to include controls to mitigate same.

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:

Personal Emergency Evacuation Plans are in place for two residents with mobility issues. Plans will be made for each resident.

Fire exits will not be locked at any time and will be checked daily.

Mattresses have been removed from the fire exit stairs in the two storey house.

Uneven surface areas outside fire exits will be brought up to proper level and evened out. Meanwhile, these risks will be included in the risk register.

Adequate arrangements for evacuating all persons will be improved as stated.

Proposed Timescale: 15/08/2014

Theme: Effective Services

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

Fire evacuation plans were not clearly displayed in all houses.

Action Required:

Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the designated centre.

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

The fire evacuation procedures will be displayed in a prominent place in all the houses.

Proposed Timescale: 31/07/2014

Theme: Effective Services

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

The arrangements or frequencies were not clear regarding arrangements for conducting regular fire drills in each house to ensure each person in each house could be safely evacuated at all times of the day or night and evidence that each member of staff had participated in same.

Action Required:

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

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

Regular fire drills are conducted to ensure that every person is aware of the procedure to be followed. Clear arrangements and frequencies are in place.

Proposed Timescale: 31/07/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Residents had access to psychology services, however positive behaviour support plans in place were not up to date or in some cases not available to staff to guide and inform their practice in the event of a resident experiencing an episode of behaviour that challenged.

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:

Behaviour support plans will be updated and made available to staff.

Proposed Timescale: 15/08/2014

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:

There was inadequate information in resident's documentation detailing the outcome or recommendations made for follow-up care from referral and review by specialist services.

Action Required:

Under Regulation 06 (2) (b) you are required to: Facilitate the medical treatment that is recommended for each resident and agreed by him/her.

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

A new form detailing outcomes has been put in place which is filled up after each appointment.

Proposed Timescale: 30/06/2014

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

- the statement of purpose does not state maximum number of residents who will be provided with day services.
- The floor size of all rooms provided for residents' use in each of the houses, workshops and community hall was not stated.
- Number of co-workers.
- The statement of purpose was not provided to residents in an accessible format.

Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

A revised Statement of Purpose will be written in conjunction with the National Provider to include the items listed above.

Proposed Timescale: 25/09/2014