

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Camphill Communities of Ireland
<b>Centre ID:</b>	ORG-0011507
<b>Centre county:</b>	Wexford
<b>Email address:</b>	adrienne.smith@camphill.ie
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Camphill Communities of Ireland
<b>Provider Nominee:</b>	Adrienne Smith
<b>Person in charge:</b>	Ingo Hohn
<b>Lead inspector:</b>	Vincent Kearns
<b>Support inspector(s):</b>	Louisa Power;
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	25
<b>Number of vacancies on the date of inspection:</b>	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 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 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
27 May 2014 08:00	27 May 2014 18:00
28 May 2014 08:00	28 May 2014 16:30

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

Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

As part of the inspection inspectors met with residents, relatives, the acting person in charge, the provider, co-workers and other staff members. Inspectors met with the acting person in charge and discussed the management and clinical governance arrangements and the role of the person in charge. Inspectors reviewed a number of centre-specific policies and procedures in relation to the centre. Inspectors met with a number of the co-workers/staff and examined policies and procedure documentation which covered issues such as medication management, accidents and incidents management, complaints and emergency plans. The acting person in charge informed inspectors that he endeavoured to provide a person-centred service to effectively meet the needs of residents. The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of 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. These areas include:

- a number of polices required updating
- the residents' contracts were not adequate
- residents' personal plans needed updating

- there were a number of significant issues in relation to the premises
- there were a number of health and safety issues including fire safety issues
- adult abuse training was not adequate
- the management of restrictive practices was not adequate
- the management of assistance with eating and drinking needed updating
- arrangements in relation to the management of end of life required updating
- medication management was not adequate
- the statement of purpose was not in an accessible format
- the documents under schedule 2 required updating.

**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 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

**Judgement:**

Non Compliant - Major

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

No actions were required from the previous inspection.

**Findings:**

Co-workers to whom inspectors spoke confirmed that all prospective residents and their representatives were afforded an opportunity to visit the centre and speak to staff prior to admission. Inspectors reviewed the statement of purpose and noted that all residents were afforded a standard of care using a life sharing model that ensured respect, choice and dignity was promoted and facilitated at all times. The statement of purpose also detailed a trial period of twelve weeks with a review at the end of this period. Inspectors were informed by the acting person in charge that consideration was always given to ensure that the needs and safety of the resident being admitted were considered along with the safety of other residents currently living in the centre. Inspectors noted that there was an admission policy titled joining, leaving and transferring for Camphill residents. This detailed pre-admission arrangements and the admissions process. This policy did provide suitable arrangements for the resident and his or her family or representative to be provided with an opportunity to visit the centre, as far was reasonably practicable; before admission of the prospective resident. However, it was not adequate for the following reasons:

- this policy was a national policy and not centre specific, not signed by the provider or dated
- the policy did not take into account the need to protect residents from abuse from their peers.

In relation to contracts detailing the support, care and welfare of residents and details of the fees to be charged regarding residents care and welfare; there was evidence that work on providing such contracts had commenced. The provider outlined that consultation with residents and families was been provided. Inspectors noted that a number of residents had contracts in place. However, the contracts were not available for all residents and the contracts were not adequate as they did not detail all fees to be charged to the resident.

**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

**Judgement:**

Non Compliant - Major

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

No actions were required from the previous inspection.

**Findings:**

Inspectors noted that the statement of purpose stated that the aim of the centre was to "create sustainable communities where children and adults of all abilities, many with special needs, can live learn and work with others in healthy social relationship based on mutual care and respect". During the inspection, inspectors noted all residents had meaningful activities and that residents participated in their own individualize activities; often on a one-to-one basis with co-workers/staff. Inspectors were informed by residents and co-workers/staff that there were a number of options available for all residents in relation to activities and work. There were a number of workshops located on site and residents and co-workers participated in felt making, pottery, and market gardening in the centre and basket weaving was done off site. Inspectors also noted that there was a large farm with horticulture and animals including pigs, hens, sheep and cows. Inspectors noted that residents were actively participating in the horticulture/farming including milking and looking after animals.

At the gathering meeting on the first morning of inspection, residents informed inspectors that one of the cattle was being sold and there was also some discussion in relation to how residents might use the extra milk that was being produced on the farm. Each house had its own laundry facility and there was also a large centralised laundry building where a number of residents and co-workers worked. There were significant grounds with large lawns, mature trees and shrubs and inspectors noted that residents and co-workers were busy cutting lawns and maintaining the grounds. Inspectors viewed the workshops and noted a number of residents participated in producing arts and crafts including a selection of woven items such as rugs, belts and some fine examples of art work and pottery were also available. Residents to whom inspectors spoke detailed a number of off-site activities they enjoyed including swimming practice for the special Olympics, shopping and community evenings in the Arch club and outings such as going to the local cinema. Of particular note was the high level of one-on-one support provided by co-workers for residents while residents participated in their daily

activities. This arrangement ensured that residents were facilitated in having a high level of personal choice in the variety and scope of activities in which to participate. While there was a general routine to life in the centre with some level of activity/job allocation in place; residents confirmed with inspectors that they had a good choice of meaningful activities from which they could choose to attend or work in each day. Residents to whom inspectors spoke stated that they enjoyed their work and the outings.

The inspectors reviewed a selection of personal plans which were detailed, generally written from the perspective of the resident; centre-specific and person-centred. Inspectors noted that they detailed individual plans in relation to residents' identified needs. These included a daily living needs assessment, behavioural challenges, supports, medical issues and strategies agreed with residents' involvement in order to reach these stated goals. There was evidence of some interdisciplinary team involvement in residents' care including speech and language therapy, occupational therapy, General Practitioner (GP) and psychiatric services. There was also evidence of residents' involvement in developing and reviewing their personal plan. There was some evidence of a number of assessments including self care and skill assessments, individualised risk assessments and activity assessments. However, from a review of a selection of residents' personal plans; inspectors formed the view that they were not adequate for the following reasons:

- personal plans were not in an accessible format to the residents
- personal plans were required to be reviewed annually or more often if necessary however, one personal plan seen by inspectors was dated as last reviewed in 2012
- in the annual review of a number residents' personal plans changes in circumstances and new developments were not recorded
- the proposed changes and the rationale for such changes were not detailed in the annual review of a number resident personal plans
- the time-lines or names of those responsible for pursuing objectives in the personal plan were not recorded
- in one personal plan there were sections left uncompleted including residents, representative, social worker and co-worker signatures and date of review.

### **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

**Judgement:**

Non Compliant - Major

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

No actions were required from the previous inspection.

**Findings:**

The centre consisted of nine separate houses located in a rural area. The buildings located in amongst these premises including workshops buildings, laundry house, meeting house, stores, ancillary and farm buildings; giving the centre an atmosphere of a small rural village. These premises were located among a large amount of mature trees and there were numerous walks/pathways for residents and co-worker use. All premises were accessible, bright, well ventilated, and had central heating. The premises were homely and generally met the needs of residents by making good use of soft colours, suitable furniture, comfortable seating and residents' art work. In each premises there was an emphasis on social interaction with a selection of musical instruments and board games readily available.

Generally the design and layout of each premises was compatible with the aims of the statement of purpose. There were adequate showers and toilets with assistive structures in place including a specialised bed and a hoist; to meet the needs and abilities of the residents. There were adequate sitting, recreational and dining space separate to the residents' private accommodation and separate communal areas, which allowed for a separation of functions. Each resident had their own bedroom and residents that showed inspectors their rooms stated that they were happy with the living arrangements. Inspectors noted that all residents had personalised their rooms with photographs of family and friends and personal memorabilia. Inspectors noted that apart from their residents' own bedrooms there were options for residents to spend time alone if they wished with a number of communal sitting rooms available. Equipment for use by residents or people who worked in the centre including wheelchairs was in good working order. However, records were not available in relation to servicing of a specialised bed and air mattress.

There were suitable accessible grounds/outside areas and a variety of suitable pathways for residents use. In addition, the setting of the centre was similar to a small rural village with workshops and a farm that were staffed by residents and co-works. There were a number of speed ramps on the entry road to the centre. There were two car park areas and a number of suitable garden areas with seating/tables provided for residents use located at a number of locations within the grounds of each premises. The grounds were kept safe, tidy and attractive and inspectors observed residents and co-workers using these facilities. The provider gave inspectors a detail plan in relation to planned renovation/improvement works that had been identified as necessary. The provider also outlined that a number of the premises required remedial building works in order to ensure compliance with fire and building regulations. The provider stated that renovation/improvement issues had to wait until these remedial works had been completed. Inspectors noted that some renovation/improvement work had commenced for example one shower/bathroom was being tiled during the inspection. However, there were a number of significant issues in relation to the premises including the following:

- most of the premises needed considerable renovation/upgrading as a number had signs of rising dampness/condensation with wall plaster that was cracked, showing discolouration and bubbling in many rooms in a number of premises
- a number of the premises had worn carpets, worn parka flooring and missing floor tiles
- a number of the premises had chipped/worn/peeling paint work, many of the kitchens, bedroom corridors/living rooms walls also needed repainting

- a number of the premises had furniture that needed repair or replacement
- a number of bathrooms/shower rooms were in need of upgrading as there were worn bath/shower/toilet fittings, faulty/dripping water taps, missing/broken toilet roll holders and worn bathroom cabinets
- a number of external wooden structures/beams were faded and in need of repainting with a wood preservative
- in two premises there were old unused and out of order chair lifts that were not in use and partially blocked a stairs/corridor area
- a number of decorative wooded strips/beading were noted to be lifting off a glass porch in one premises
- one premises was not adequately clean as there were cobwebs and dust on a number of surfaces including an extractor fan in a shower room.

### **Outcome 07: Health and Safety and Risk Management**

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

**Theme:**

Effective Services

**Judgement:**

Non Compliant - Major

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

No actions were required from the previous inspection.

**Findings:**

Inspectors noted that there were fire evacuation notices for residents and visitors posted in public areas in each premises. The provider outlined to inspectors the actions that were being taken to ensure a valid certificate of compliance regarding statutory fire safety and building control requirements. All co-workers/staff to whom inspectors spoke gave clear accounts of their understanding of fire procedures in the event of an outbreak of fire and a number of staff confirmed that they had received fire training. Co-workers/staff outlined to inspectors that co-workers/staff were allocated as fire marshals for each premises and conducted the fire monitoring duties including inspection of escape routes each day. There was a health and safety officer to whom the inspectors spoke and he provided maintenance records for fire equipment including the fire alarm system which recorded the recent most recent inspection in March 2014. However, there were a number of issues in relation to fire safety including:

- not all co-workers/staff had received up to date fire evacuation training
- fire safety checks were not recorded or inconsistently recorded in a number of premises
- there were no recorded individualised fire evacuation plan for residents with mobility or sensory issues in four out of the seven premises
- a number of designated fire doors were wedged open using wooden wedges therefore potentially preventing such fire doors from functioning in the event of a fire
- one fire extinguisher was recorded as having been last inspected 2012
- one fire hose had was recorded as having been last inspected 2011.

From a selection of personal plans reviewed inspectors noted that individual risk assessments had been conducted and included issues such as screening for self neglect, self harm and assaultive behaviour and daily living support plans such as behaviours that challenge. Inspectors noted that there was a national 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. However, there were a number of issues in relation to the risk management including:

- one resident who had been risk assessed in relation to aggressive and violent behaviours however, this risk assessment had not been reviewed/updated following two recent episodes of aggressive behaviour
- in one residents' personal plan the risk of absconding had been identified however, there was no risk assessment recorded in this residents personal plan in relation to absconding
- in one resident's personal plan the risk assessment had identified that he was at risk of throwing his medication away however, there was also a risk assessment that identified that the this resident could self administer his medication.

During the inspection, inspectors noted that in two premises there were banisters railings in upstairs landings and these railings had not been risk assessed in the context of presenting a falls risk to residents. There was a risk registrar which detailed hazard identification in the centre including identified slips, trips, falls and manual handling risks with measures aimed to reduce such hazards. However the risk registrar did not include the following identified risks:

- unrestricted access to hazardous cleaning fluids in some premises
- the open fire places in some sitting rooms needed to be risk assessed
- unrestricted access to kitchen knives in all premises required risk assessing within the context of one resident identified aggressive behaviour.

In addition, the following specific risks as required by regulation had not been recorded in the risk management policy:

- accidental injury to visitors
- aggression and violence
- unexpected absence of any resident
- self-harm.

Laundry facilities were provided within each premises and were adequate and there was also a large centralised laundry facility. Some residents laundered their own clothes and residents to whom inspectors spoke were happy with the laundry system and confirmed that their own clothes were returned to them when laundered. Co-workers to whom inspectors spoke outlined how cleaning was provided by co-workers and residents also had tasks such as tidying and some cleaning duties in their own premises. The provider agreed to review the management of towels in communal bathrooms. On the second day of inspection, inspectors were informed that where necessary paper towels had been installed in a number of toilets/bathrooms. However, inspectors noted one premises was not adequately clean as there were cobwebs and dust on a number of surfaces including an extractor fan in a shower room and one toilet brush holder was

visibly unclean.

### **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

#### **Judgement:**

Non Compliant - Major

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

No actions were required from the previous inspection.

#### **Findings:**

The acting person in charge was involved in the management of the day to day support provision for residents in the centre. The acting person in charge informed inspectors that he lived in the centre for many years and monitored safe-guarding 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. On the morning of the first day of inspection, inspectors joined the "gathering" which was a meeting held each morning and attended by all residents and co-workers/staff. This meeting afforded residents the opportunity to ask questions, raise queries or make suggestions directly to the acting person in charge and the co-workers/staff if they wished. Inspectors noted that one resident who used sign language at this meeting was facilitated to have his say by a number of co-workers/staff who also used Lámh sign language while speaking at this meeting. The acting person in charge explained to inspectors that this centre opened forty two years ago and was the first Camphill community in the republic of Ireland. Many of the residents and co-workers/staff had been living/working together with the same co-workers for many years and were well know to each other and any issues could easily be brought up. In addition, the acting person in charge informed inspectors that there was a high ratio of co-workers to residents and considerable rotation of residents to different chores, activities and work placements; therefore residents also had the opportunity to meet and work with a variety of co-workers to whom they could raise a concern.

The provider outlined to inspectors that a national safeguarding officer with a strong background in safeguarding vulnerable people had recently been appointed. The provider outlined that this new position would enhance/augment safeguarding practices and support within Camphill Communities by ensuring all residents were appropriately protected and supported as required. During the inspection the inspectors observed the acting person in charge and co-workers/staff interacting and speaking to residents in a

friendly, respectful and sensitive way. Residents to whom inspectors spoke confirmed that they felt safe and spoke positively about the support and consideration they received from co-workers/staff. Inspectors noted a positive, respectful and homely atmosphere that mainly emanated from the easy dialogue between residents in their interactions with co-workers/staff. Inspectors viewed the adult and child protection framework the national policy for the prevention, detection and response to allegations of adult abuse that was dated January 2014. There were also policies in relation to providing intimate care, supporting individuals with complex needs, individuals finance management and policy on supporting individuals with communication. From a review of a sample of staff files inspectors noted that adult abuse training had been provided. Co-workers/staff to whom inspectors spoke were able to confirm their understanding of the features of adult abuse. However, from existing records it was not possible for inspectors ascertain if all co-workers/staff had received adult abuse training. In addition, two co-workers/staff to whom inspectors spoke confirmed that they had not received adult abuse training for a number of years.

From a selection of personal plans viewed inspectors noted that behavioural interventions records gave directions to staff on how to prevent or appropriately respond to behaviour that challenges. Co-workers/staff to whom inspectors spoke confirmed that they had received suitable training and had up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour. Inspectors notes that one resident had bed-rails in place and that lap belts on a variety of different mobility chairs were used for a number of residents when required and to ensure their safety. However, the management of the bed rails/belts was not adequate for the following reasons:

- there was no centre-specific bed rails/ lapbelts policy or procedure
- risk assessments in relation to the use of bed rails/ lapbelts were not recorded
- there was no decision making tool available in relation to using these bed rails/ lapbelts
- the personal plans did not detailed the use of bed rails/ lapbelts
- the rationale for using these bed rails/ lapbelts was not recorded
- alternative measures to using these bed rails/ lapbelts had not been recorded
- consent in relation to the use of bed rails/ lapbelts had not been obtained
- the monitoring of a resident while bed rails/ lapbelts was in use was not recorded.

### **Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

Inspectors were informed that residents' choice in relation to food options was available and any particular dietary needs that they might have were addressed. Co-workers/staff to whom inspectors spoke stated that the quality and choice of food were frequently discussed with individual residents and changes were made to the menu accordingly. In most premises inspectors noted that residents were involved in the day to day running of their homes' including the cooking and baking for each meal within each house. It was clear that for most residents and co-workers/staff mealtimes formed an important part of the social milieu within the centre. Inspectors joined residents and co-workers/staff for lunch and noted the supportive and spontaneous communication that occurred during this meal. Inspectors noted that there was a warm, positive, relaxed and social atmosphere at mealtimes that was very welcoming, inclusive and homely. Inspectors noted that mealtimes were an excellent opportunity for residents and co-workers/staff to share information about what was going on in each other's lives, share current events, and discuss matters of importance. Inspectors noted that residents have access to refreshments and snacks with a selection of juices and fresh fruit readily available in each house. Inspectors noted that there were adequate quantities of food and drink; that was properly and safely prepared, cooked and served. Co-workers/staff to whom inspectors spoke to stated that the majority of the food used was sourced locally whenever possible. Inspectors noted that the majority of foods were organic and sourced, whenever possible from the centres' organic farm. During the lunch inspectors noted that the choice of food was consistent with each resident's individual dietary needs and preferences. Inspectors noted that a number of residents were supported in preparing and cooking their own their own food and that there was adequate provision for residents to store food in hygienic conditions. Residents to whom inspectors spoke stated that they enjoyed their meals and that the food was very good. Inspectors noted that there were a number of residents who required assistance with eating and co-workers/staff provided such assistance in an appropriate manner. In addition, inspectors noted that a number of residents used assisted cutlery with large or contoured handles to assist them with their meal. However, there were a number of issues in relation to the provision of food to residents including:

- there was no policy or written procedure regarding co-workers/staff providing assistance with eating and drinking to residents
- co-workers/staff to whom inspectors spoke had not been trained in providing such assistance to residents
- one residents who required his meal to be pureed however, inspectors noted that the whole meal was presented in one bowl pureed together and was very unappetising in appearance/presentation.

There were a number of centre-specific policies in relation to the care and welfare of residents including policies on health assessment and care management. Inspectors reviewed a selection of personal plans and noted that generally resident's health and welfare needs were kept under review as required by the resident's changing needs or circumstances. Inspectors noted that the care delivered encouraged and enabled residents to make healthy living choices in relation to exercise, weight control and dietary considerations. The acting person in charge informed inspectors that the level of support which individual residents required varied and was documented as part of the residents' personal plan. From reviewing residents personal plans inspectors noted that

residents were provided with support in relation to areas of daily living including eating and drinking, personal cleansing and dressing, toileting and oral care. There was evidence of some assessments being used including physical wellbeing assessments, epilepsy, people related hazard assessments, eating and drinking assessment. The acting person in charge outlined that a number of residents had passed away in recent years and that co-workers and staff endeavoured to facilitate end of life care in the centre whenever possible. Inspectors noted that there were a number of elderly residents and there was an end of life policy available. However, from a review of residents' personal plans there were no records available in relation to residents' preferences for support at times of illness or at the end of their lives to meet their physical, emotional, social or spiritual needs.

## **Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

### **Theme:**

Health and Development

### **Judgement:**

Non Compliant - Major

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

No actions were required from the previous inspection.

### **Findings:**

All residents' medication administration records reviewed had photographic identification in place. There was a national Camphill Community medication policy that detailed the procedures for safe ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out-of-date medicines which was dated February 2014. There was training of co-workers/staff in medication management and co-workers/staff to whom inspectors spoke demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. Residents' medication was stored and secured in locked cupboards in each premises and the medication keys were stored in a locked key safe. However, inspectors formed the view that there was an inadequate practices in place for prescribing and administration of medicines for the following reasons:

- there was no identification of medication on each of the medication dispensing blister packs
- crushed medication was not prescribed to be administered in a crushed form
- a number of the medication administration records were not completed by administering co-workers/staff
- there was a bottle of liquid antibiotic medication that did not contain a prescription label
- homeopathic medication was not recorded on the prescription records or the medication administering records
- one medication that was occasionally given to a resident however, there was no

prescription record available in relation to this medication.

### **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

**Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

A written statement of purpose was available and it broadly reflected the day-to-day operation of the centre, the services and facilities provided in the centre. The acting person in charge confirmed that he kept the statement of purpose under review and provided inspectors with a copy of the most up to date version. However, inspectors noted that the statement of purpose had not been made available to residents and was not in a format that was accessible to residents.

### **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

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Inspectors noted that the Authority had been notified of the absence of the person in charge. There was a full-time acting person in charge with the required experience and knowledge to ensure the effective support and welfare of residents in the centre. The

provider outlined that she had been providing ongoing managerial/supervisory support in the centre following the departure of the person in charge. The provider regularly attended a number of meetings including the local management group meeting and she informed inspectors that she attended the centre approximately every two weeks. The provider outline to inspectors that a new person in charge had been recruited and was expected to commence working in the centre within the next month. Inspectors were satisfied that the acting person in charge provided effective governance, operational management and administration of this centre. The acting person in charge outlined how eight senior co-workers had left the centre over the past year and that this had been a significant challenge for both the remaining co-workers and staff. The provider stated that two new house co-ordinators had recently been appointed to support the management of the centre. Inspectors noted that there was evidence of a defined management structure that identified the lines of authority and accountability, specified roles, and details of responsibilities for all areas of service provision. The acting person in charge stated that he was well supported by the provider and described her as being very accessible. He confirmed that the provider visited the centre regularly and met with both the acting person in charge and co-workers/staff. Inspectors noted that residents were familiar with the acting person in charge and approached him with issues during the inspection.

Co-workers/staff to whom inspectors spoke were clear about who to report to within the organisational line management structures in the centre. Inspectors attended the gathering meeting and noted that the acting person in charge and the co-workers/staff also attended this communication meeting each morning. Inspectors noted that this meeting was used to convey any priority issues in relation to residents' activities or any outstanding issues from the previous day/night or arrangements for the forthcoming day. The acting person in charge informed inspectors that the gathering meeting assisted him in keeping up-to-date in relation to residents support needs and it afforded him the opportunity to effectively communicate issues with co-workers/staff each day. Throughout the inspection the acting person in charge demonstrated an adequate knowledge of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities.

**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

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

There was a centre-specific policy on recruitment and selection of staff, volunteers and co-workers and the acting person in charge was familiar with the recruitment process. Co-workers/staff detailed the employee induction training programme that included good practice guidelines, personal care, advocacy, communication and health and safety training. The acting person in charge stated that a large proportion of the co-workers/staff had been employed in the centre for a significant period of time and there was a high level of continuity of staffing. A number of co-workers/staff to whom inspectors spoke with confirmed that they had worked in the centre for many years and outlined how they were supported in their role on a daily basis. Inspectors reviewed the co-workers/staff roster and noted that it was an accurate reflection of the staffing arrangements. Co-workers/staff to whom inspectors spoke were able to articulate clearly the management structure and reporting relationships and confirmed that copies of both the regulations and the standards had been made available to them. Inspectors reviewed minutes of community management meetings held regularly and noted that the issues discussed included accidents and incidents, maintenance, volunteers and staffing and farming issues. The acting person in charge lived and worked in the centre and also demonstrated willingness to the delivery of person-centred care and to work towards meeting regulatory requirements. Inspectors noted that ongoing co-workers/staff training was provided which included the following:

- fire safety training
- adult abuse training
- first aid
- management of challenging behaviours
- medication management.

Inspectors reviewed a selection of co-workers/staff files and noted that not all the documents under schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres For Persons (Children and Adults) with Disabilities) Regulations 2013 were available including:

- two files did not contain records of vetting disclosure in accordance with the National Vetting Bureau
- one file contained only one written reference.

Inspectors noted there was a policy on the management of volunteers in the centre. The acting person in charge outlined to inspectors the procedures for recruiting volunteers including interview process, reference verification procedures and a detailed and structured induction programme. However, the policy was not adequate as it did not require that an agreement regarding the roles and responsibilities of volunteers be set out in writing. In addition, inspectors noted that in relation to one volunteer such written agreements were not in place.

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

### ***Report Compiled by:***

Vincent Kearns  
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<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Camphill Communities of Ireland
<b>Centre ID:</b>	ORG-0011507
<b>Date of Inspection:</b>	27 May 2014
<b>Date of response:</b>	27 June 2014

### 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 and the National Standards for Residential Services for Children and Adults with Disabilities.

### 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:**

To ensure that the admission policies and practices take account of the need to protect residents from abuse by their peers.

**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:**

Information about how the centre protects residents from abuse by their peers will be included in the admission policy.

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

**Proposed Timescale:** 15/08/2014

**Theme:** Effective Services

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

On admission, to agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

**Action Required:**

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

Each resident and/or their representative has been issued a contract (1 June 2014)

Each resident has received an easy read version of the contract (1 June 2014)

Final contracts for all residents will be put in place.

**Proposed Timescale:** 15/07/2014

**Theme:** Effective Services

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

To ensure that the contracts include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.

**Action Required:**

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

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

Details of fees to be charged to the resident will be added to the contract.

**Proposed Timescale:** 15/09/2014

**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:**

To ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

**Action Required:**

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

A comprehensive review of all personal files has taken place and a detailed improvement plan for each personal file has been drawn up. Completed 24/06/14.

All personal plans will be reviewed no less frequently than on an annual basis. Completed 01/06/14.

A comprehensive assessment by an appropriate health care professional, of the health, personal and social care needs of each resident will be carried to reflect changes in need and circumstances.

**Proposed Timescale:** 31/10/2014

**Theme:** Effective Services

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

To make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.

**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:**

Personal Plans will have an accessible version specific to the resident's requirements.

**Proposed Timescale:** 15/11/2014

**Theme:** Effective Services

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

To ensure that the personal plan is the subject of a review, carried out annually or more

frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.

**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:**

Each resident has a review of his personal plan at least once a year to which relevant professionals are invited. This will be documented in the resident's file.

The personal plan review for each resident will be multidisciplinary and additional multidisciplinary input to personal plans will be strengthened by the recent appointment of a social worker.

**Proposed Timescale:** 14/07/2014

**Theme:** Effective Services

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

To ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.

**Action Required:**

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

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

All personal plan reviews will assess the effectiveness of the personal plan through the use of measurable outcomes.

All personal plan reviews will take into account changes in circumstances and new developments.

The personal review process will take into consideration the above factors in the revision and subsequent development of the personal plan.

**Proposed Timescale:** 31/07/2014

**Theme:** Effective Services

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

To ensure that arising out of a review of the personal plan there shall be recorded the following:

- (a) any proposed changes to the personal plan;
- (b) the rationale for any such proposed changes; and

(c) the names of those responsible for pursuing objectives in the plan within agreed time-scales.

**Action Required:**

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

Arising out of a review of the personal plan there shall be recorded the following:

- (a) any proposed changes to the personal plan;
- (b) the rationale for any such proposed changes; and
- (c) the names of those responsible for pursuing objectives in the plan within agreed time-scales.

This will be implemented with immediate effect for each upcoming review.

**Proposed Timescale:** 25/06/2014

**Theme:** Effective Services

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

To ensure that the personal plan is amended in accordance with any changes recommended following a review.

**Action Required:**

Under Regulation 05 (8) you are required to: Ensure that each personal plan is amended in accordance with any changes recommended following a review.

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

Changes in circumstances, new developments and recommended changes following a review will be recorded in the personal plan with immediate effect; 25/06/14 .

A training programme for all staff involved in personal plans will be carried during the period August to October 14 to ensure learning from the proposed quality improvement are embedded in the personal planning process.

**Proposed Timescale:** 31/10/2014

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

To ensure the premises of the designated centre are of sound construction and kept in

a good state of repair externally and internally.

**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:**

There is a detailed plan for renovation and improvement works to be completed by 15/12/14.

Some of these works are planned to be run in conjunction with works required as part of the fire certification process. A detailed programme of the latter requirement is awaited from our fire engineer. Completion of fire certification is due to be completed by 30/09/15.

The painting of the outside of two houses has been commissioned and will be completed no later than 31/08/14.

Dampness in walls and ceiling has been assessed and a programme to address the causes of dampness is being drawn up. Repairs in respect of addressing any dampness will be undertaken and completed by 15/11/14.

Wooded decorative strips on glass porch will be renewed as part of planned maintenance programme: to be completed 31/08/14.

Wooden structures and beams will be painted as part of planned maintenance programme: 31/08/14.

**Proposed Timescale:** 15/12/2014

**Theme:** Effective Services

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

To ensure the premises of the designated centre are clean and suitably decorated.

**Action Required:**

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

Each house has been provided with a 'Deep Cleaning' checklist and a system of monitoring cleanliness has been put in place: Completed 21/06/14.

A decoration programme has been drawn up for the premises: to be completed by 15/12/14.

A replacement programme for furniture, carpets and flooring has been drawn up to be completed by 15/01/15.

The person in charge will ensure that the state of the furniture, carpets and flooring in each house is assessed on an ongoing basis.

**Proposed Timescale:** 15/01/2015

**Theme:** Effective Services

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

To ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.

**Action Required:**

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

Unused chairlifts will be removed by the 31/07/14.

Specialised bed and air mattress will be serviced by the 31/07/14 and a regular service will be maintained.

A schedule for the servicing of a equipment and facilities will be drawn up and maintained 31/07/14.

**Proposed Timescale:** 31/07/2014

**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:**

To ensure that the risk management policy, details hazard identification and assessment of risks throughout the designated centre.

**Action Required:**

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

A review of the risk management policy will be carried out and assessments of risk throughout the centre will be carried out including :

Access to hazardous cleaning substances

Open fire places

Access to kitchen knives

Accidental injury to visitors

Aggression and violence

Unexpected absence of any resident

Self harm

Measures and actions in place to control accidental injury to residents, visitors or staff.

**Proposed Timescale:** 15/08/2014

**Theme:** Effective Services

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

To ensure that the risk management policy, includes the measures and actions in place to control the risks identified.

**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:**

All staff and co-workers will receive training managing risk by 15/08/14.

Incidents logs will be maintained to identify risks and these will be monitored by the Care Management Group as part of a standard agenda item.

A risk register will be maintained for the centre and identified relevant risks will be added to the register.

The risk register will be reviewed quarterly by the Management Group.

**Proposed Timescale:** 15/08/2014

**Theme:** Effective Services

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

To ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

**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:**

An Emergency plan is in place for the centre.

An emergency plan training for all staff and co-workers will be carried out by 15/09/14

The risk register will be reviewed quarterly by the Management Group.

**Proposed Timescale:** 15/09/2014

**Theme:** Effective Services

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

To ensure that the risk management policy, includes the following measures and actions to control the following specified risk of the unexpected absence of any resident.

**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 Persons Policy is implemented: completed 01/06/14.  
Any resident with a risk of absconding will have a related risk assessment in his personal file: completed 01/06/14.

**Proposed Timescale:** 01/06/2014

**Theme:** Effective Services

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

To ensure that the risk management policy, includes the following measures and actions to control the following specified risks of accidental injury to residents, visitors or staff.

**Action Required:**

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

The risk management policy will be updated to include the measures and required actions to control accidental injury to residents, visitors or staff.

**Proposed Timescale:** 15/08/2014

**Theme:** Effective Services

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

To ensure that the risk management policy, includes the following measures and actions to control the following specified risks of aggression and violence.

**Action Required:**

Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

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

The risk management policy will be updated to include the measures and actions in place to control aggression and violence.

**Proposed Timescale:** 21/07/2014

**Theme:** Effective Services

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

To ensure that the risk management policy, includes the following measures and actions to control the following specified risks of self-harm.

**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 risk management policy includes the measures and actions in place to control self-harm.

**Proposed Timescale:** 28/07/2014

**Theme:** Effective Services

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

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.

**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:**

We will review and implement a Policy on infection control to ensure that residents who may be at risk of a healthcare associated infection are protected. We will adopt procedures consistent with the standards for the prevention and control of healthcare

associated infections published by the Authority.  
Cleanliness in the houses will be monitored through regular inspections.

**Proposed Timescale:** 15/08/2014

**Theme:** Effective Services

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

To take adequate precautions against the risk of fire in the designated centre, and, in that regard, provide suitable fire fighting equipment, building services, bedding and furnishings by testing fire equipment;

**Action Required:**

Under Regulation 28 (2) (b)(iii) you are required to: Make adequate arrangements for testing fire equipment.

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

All fire equipment is regularly tested in compliance with regulations

On an ongoing basis all fire equipment will be checked following testing to ensure that evidence is in place on equipment to demonstrate compliance.

**Proposed Timescale:** 01/06/2014

**Theme:** Effective Services

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

To make adequate arrangements for detecting, containing and extinguishing fires.

**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:**

All door wedges have been removed from designated fire doors:

Completed 15/06/14

A Fire Management Plan has been submitted and awaits approval to the County Fire Officer: 15/08/14

A schedule of works, including adequate arrangements for detecting, containing and extinguishing fires are to be carried to ensure compliance with fire safety certification:

To be completed by 30/09/15

**Proposed Timescale:** 30/09/2014

**Theme:** Effective Services

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

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

**Action Required:**

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

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

All staff and co-workers have received suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

All residents have personal evacuation plans.

**Proposed Timescale:** 15/06/2014

**Theme:** Effective Services

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

To ensure that effective fire safety management systems are in place.

**Action Required:**

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

A Fire Management Plan has been submitted and awaits approval to the County Fire Officer: 15/08/14

A schedule of works to be carried to ensure compliance with fire safety certification: To be completed by 30/09/15

**Proposed Timescale:** 30/09/2014

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

To ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.

**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:**

Residents or their representative will give written consent to the use of bedrails and/or lapbelts

Personal plans will detail the use of bedrails and/or lapbelts

The use of bedrails/lapbelts will be reviewed as part of the personal plan review

**Proposed Timescale:** 01/09/2014

**Theme:** Safe Services

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

To ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.

**Action Required:**

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

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

A centre-specific policy and procedure for the use of bedrails will be written and implemented

**Proposed Timescale:** 01/09/2014

**Theme:** Safe Services

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

To ensure that, where a resident's behaviour necessitates restrictive intervention that every effort is made to identify and alleviate the cause of the resident's challenging behaviour, all alternative measures are considered before a restrictive procedure is used and the least restrictive procedure, for the shortest duration necessary, is used.

**Action Required:**

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and

alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

Risk assessments in relation to the use of bedrails and lapbelts will be recorded  
Alternative measures will be considered and recorded  
The monitoring of the use of bedrails will be recorded

**Proposed Timescale:** 01/09/2014

**Theme:** Safe Services

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

To ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

**Action Required:**

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

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

Two training sessions have recently been held for staff and co-workers to ensure all staff have received appropriate safeguarding training.  
All co-workers/staff receive adult abuse training and records of the training are kept in their files

**Proposed Timescale:** 17/06/2014

**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:**

To ensure that residents receive support at times of illness and at the end of their lives which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

**Action Required:**

Under Regulation 06 (3) you are required to: Support residents at times of illness and at the end of their lives in a manner which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

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

The residents' preferences for support at times of illness or at the end of their lives to meet their physical, emotional, social and spiritual needs will be recorded in their personal files.

**Proposed Timescale:** 31/10/2014

**Theme:** Health and Development

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

To ensure that where residents require assistance with eating or drinking, that there is a sufficient number of trained staff present when meals and refreshments are served to offer assistance in an appropriate manner.

**Action Required:**

Under Regulation 18 (3) you are required to: Where residents require assistance with eating or drinking, ensure that there is a sufficient number of trained staff present when meals and refreshments are served to offer assistance in an appropriate manner.

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

All Co-workers/staff who provide assistance with eating and drinking to residents will be trained: to be completed by 31/07/14.

A follow up training on assistance with eating and drinking will be completed by 15/10/14

**Proposed Timescale:** 31/07/2014

**Theme:** Health and Development

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

To ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

**Action Required:**

Under Regulation 18 (2) (a) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

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

An immediate review was undertaken and staff/co-workers advised on action required to address identified issue. When a resident requires the food to be pureed it will be presented in a appetising appearance

**Proposed Timescale:** 28/05/2014

## 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:**

To ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

**Action Required:**

Under Regulation 29 (4) (c) 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 out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

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

A sheet specifying the visual characteristics of each blister-packed medication will be inserted in each resident's medication file

Written permission to crush medication for a resident who requires this will be obtained from the GP

The kardex of one resident will be updated to include the medication which was omitted  
Administration charts for residents receiving routinely anthroposophical medicines will be prepared.

Anthroposophical medicines will be included on the kardex and signed off by a doctor

A sheet of non-prescription medicine will be inserted in each resident's medication file

House co-ordinators will ensure that administration records are completed by administering co-workers/staff.

**Proposed Timescale:** 31/07/2014

## 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:**

To make a copy of the statement of purpose available to residents and their representatives.

**Action Required:**

Under Regulation 03 (3) you are required to: Make a copy of the statement of purpose available to residents and their representatives.

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

The statement of purpose will be available in a format accessible to residents.

**Proposed Timescale:** 15/09/2014

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

To ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.

**Action Required:**

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

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

All co-workers/staff files will contain all the documents under Schedule 2 of the Regulations.

**Proposed Timescale:** 01/08/2014

**Theme:** Responsive Workforce

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

To ensure that volunteers with the designated centre have their roles and responsibilities set out in writing.

**Action Required:**

Under Regulation 30 (a) you are required to: Set out the roles and responsibilities of volunteers working in the designated centre in writing.

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

All volunteers will have signed an agreement setting out their roles and responsibilities.

**Proposed Timescale:** 01/08/2014