### Health Information and Quality Authority

#### Regulation Directorate

**Compliance Monitoring Inspection report**

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Dundas Ltd</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0008569</td>
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<tr>
<td>Centre county:</td>
<td>Meath</td>
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<tr>
<td>Email address:</td>
<td><a href="mailto:deirdre@talbotgroup.ie">deirdre@talbotgroup.ie</a></td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>Dundas Ltd</td>
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<tr>
<td>Provider Nominee:</td>
<td>Corinne Pearson</td>
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<tr>
<td>Person in charge:</td>
<td>Deirdre Reilly</td>
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<tr>
<td>Lead inspector:</td>
<td>Ciara McShane</td>
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<tr>
<td>Support inspector(s):</td>
<td>Sonia McCague</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>5</td>
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<td>Number of vacancies on the date of inspection:</td>
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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 1 day(s).

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

From: 21 May 2014 09:00  
To: 21 May 2014 15:30

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

|--------------------------------|----------------------------------------|-----------------------------------------------|-------------------------------|---------------------------------|---------------------------------|----------------------------------|

**Summary of findings from this inspection**

This was an announced inspection carried out by two inspectors over one day. This was the first inspection of the centre. The centre operates seven days a week and provides a service to five residents both male and female and is part of Dundas Ltd. The centre, as per their Statement of Purpose, provides transitional care that aims to achieve the best quality of life for each person through the provision of a high quality person-centred service. The centre aims to enable and prepare a resident to function as independently as possible in preparation for a possible transition to a community setting.

As part of the visit, the inspector engaged with staff and residents, reviewed relevant documentation including personal plans, medical files, incident and accident logs and policies and procedures. The person in charge along with two healthcare assistants was present throughout the day and facilitated the inspection well. The inspectors also met with all residents throughout the morning and afternoon.

Overall it was evident that residents lived a life of their choosing, as far as practicable, and that staff provided sufficient and respectful support to the residents so this could be achieved. There were systems in place to enable staff support the residents appropriately and safely and assist those who displayed occasional behaviours that challenged.

The staff were knowledgeable of the residents and their needs. The inspectors observed respectful and engaging interactions with the residents. Residents
expressed their happiness in the service and enjoyed living there.

The personal plans for the most part were compliant and sufficiently described the wishes, needs and aspirations of the services users. However, the inspectors found there were aspects of the plans that required improvement such as evidence that residents were involved in their personal plans. From speaking with residents and staff it was evident that some elements of healthcare needs were being addressed but not documented while areas such as health screening for residents had not yet been addressed by the designated centre. Other areas for improvement included, but were not limited to, infection control, the premises, risk management and the policies and procedures linked to medication management. These are further discussed in the body of the report and in the action plan at the end.

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

Judgement:
Non Compliant - Minor

Findings:
In general, the inspectors found that each resident's well being and welfare was supported and developed in line with their wishes and aspirations. There were good systems in place to ensure that their social needs were met and staff supported them to achieve this. Residents, whom the inspectors met with on the day of inspection, told the inspectors about their personal care plans in addition to the planning and review meetings of their personal plans which they attended. Each resident spoken with knew they had a personal care plan and was aware of its location. Each resident had a key worker, whom they were aware off. Their key worker assisted them plan, review, achieve and record their goals. Each resident's personal plans included their admission details, their daily plan, progress and evaluation notes, risk assessments and a behaviour support plan, if applicable, in addition to their detailed individual care plan, a hospital passport and other documentation relevant to their healthcare needs and activities of daily living.
The inspectors viewed one resident’s personal plan, with their permission. Their file was identifiable with a recent photograph and the name of the resident on the outside. The individual care plan had recently been reviewed 17 May 2014 and updated to reflect relevant changes for the resident. This update was completed by the resident’s keyworker. In addition to the updated individual care plan there was a completed risk assessment which addressed numerous areas of the resident’s life to enable them pursue activities and interests of their choosing in a safe manner. This risk assessment was completed in February 2014, but the resident had since moved to a new area and required an update to reflect their new circumstances. In addition, the risk assessment which identified twenty areas however, only five had identified plans and outcomes. Further development was required in this area. The resident’s behaviour support plans had been clearly outlined in the plan, however additional documentation which it referred to was not available in the personal care plan as the resident carried these with them at all times. A copy was also required for the personal care plan. It was evident from speaking to the resident that they were involved in elements of their personal care plan but this was not reflected in their plan, the resident for example had not signed the output of the planning meetings that they had attended. This was identified as an area for improvement as too was the accessibility of the plans; not all were in a format accessible to each resident.

The personal plan reflected a good multi disciplinary approach with meetings of such occurring every three weeks for each resident. Residents also told the inspectors they had access to a psychologist and could phone them directly to arrange an appointment. A psychiatrist was also available onsite for residents to access. There was also evidence to show that input into residents care was received from occupational therapy, speech and language and from a physiotherapist.

Residents told the inspectors about their activities and how they spent their time. Residents were assisted to visit family members and friends. On the day of inspection a resident told the inspectors that their family was coming to visit them that evening in their centre. Residents told the inspectors that they frequently had visitors over. Resident’s engaged in activities of their choosing, they attended local football games, concerts, visited their local pub, went clothes shopping and visited cinema and cafes. Residents were connected to their local community with one resident saying they knew a lot of people in the nearby village. Some residents also had paid employment which they said that they enjoyed and was meaningful to them. Other residents from the centre told the inspectors they had attended work experience in their local community. For some this had been successful and staff were pursuing their employment possibilities further.

Outcomes 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 - Moderate

Findings:
In general the premises met the requirements of the Regulations, however, some improvements were required. The centre was well maintained and fit for its intended purpose. The inspector observed residents mobilising independently and residents had access to all areas of the house. There was space for residents to relax and spend time by themselves.

The two storey house was situated onsite with other designated centres, a few miles from the local village, in an enclosed courtyard. The house had five bedrooms, each accommodating one resident, a staff sleepover room, three shared bathrooms, a large sitting room, dining room, utility room and a kitchen. There was also access to a large back garden and a patio area out front. Each resident showed the inspector their bedrooms. Most of the bedrooms were spacious and personalised to reflect the resident’s choices. Most residents had chosen the colour of their room and proudly showed inspectors their pictures and photographs that hung on their wall. One of the bedrooms required works to be carried out. The paintwork was damaged and not a colour of the residents choosing, it was not decorated to reflect their personality or preferences, there was no lamp shade on the light fitting, the curtains were hanging off the pole and the carpet also required replacement. The person in charge was informed of this on the day and had made a commitment to the resident to get their room redecorated. In addition to this not all bedrooms and bathrooms had privacy locks.

The bathrooms required attention. There were areas that were rusting, grout around sinks and taps needed to be replaced, paint work required freshening, worn architrave and items which had mould on them needed to be removed, unused screens which were stored in one bathroom required to be removed. The flooring in some of the bathrooms and hallways was stained. Subsequent to the inspection, the person in charge told the inspectors that one of the bathrooms was going to be refitted in its entirety and updated.

The lounge room was spacious and nicely decorated. There was sufficient seating for residents and their guests, there was a large television which residents had access to and there were photographs of the residents and other significant people in their lives. The lounge room required some improvement; there was some damage to the paintwork as a result of damp and the sash windows required attention as further outlined in Outcome Seven. There was an additional single bed in the staff sleep over room which was blocking space and posing a hazard, staff told the inspector this would be removed.

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 - Moderate

Findings:
While there were satisfactory arrangements in place to manage risks, non compliances were identified in the health, safety and risk management arrangements.

Inspectors viewed the safety statement and risk register but this was in draft form and required finalising. It was also not entirely centre specific for example it referred to multiple risk assessments carried out for wheelchair users but there were no wheelchair users living at the centre nor could the centre accommodate wheelchair users as the house was not accessible.

Fire management was good, there was sufficient emergency lighting, smoke detectors, fire extinguishers, signage and fire blankets appropriately placed throughout the centre. The fire extinguishers had been serviced November 2013 and emergency lighting and the fire panel had been recently serviced 8 April 2014. An emergency plan had been developed in March 2014 outlining guidelines for staff should there be a power outage or a natural disaster. Staff and residents both told inspectors what they would do if there was a fire. Residents also told inspectors about the fire drills that occurred. The inspectors saw evidence to show that fire drills occur frequently, almost monthly, in the centre, the most recent of which was 12 May 2014. Staff also had up to date training on fire safety.

Staff and the person in charge told the inspectors about the on call systems should staff require support out of hours. There was an on call person on daily in addition to a nurse manager. Greater clarity around this was required and staff spoken with were unable to identify who the on call persons were as there was no scheduled roster, along with names, available in the centre.

Other risks that had not been previously identified included the sash windows. All of the sash windows did not have a built in mechanism to keep it from closing when open, one window as seen by the inspectors on the day of inspection was being held open by a DVD box. The sash windows posed a risk as they could close on a body part of a staff or resident.

Infection control procedures were present but were not robust. Numerous risks had been identified in this area, a bar of soap was placed on a shared bath, shower mats were shared, there was rust in the bathroom in addition to mould, wood in the bathroom was chipped, and clean towels were stored and exposed in the bathroom and at risk of contamination from bacteria. Screens which were unused were in appropriately stored in the bathroom and also at risk from being splashed by bacteria and bodily fluids.
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 - Minor

Findings:
In general the healthcare needs of the residents were being met but some improvements were identified.

The inspectors saw that each residents had a file that contained their notes from visits to the general practitioner (GP) in addition to psychology and psychiatry appointments. Residents and staff both told inspectors about other healthcare appointments that they frequently and routinely attended such as opticians, dentists and the chiropodist but these were not recorded or accounted for in the resident's files.

Inspectors saw that health screening for women’s and men’s health had not been identified, this also required further development. Each resident had monthly observations recorded as part of their health check. This was not necessary for all residents at the centre and therefore the rationale for completing these monthly was unknown. Staff were also unable to decipher the meaning of the observation results such as blood pressure.

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

Theme:
Health and Development

Judgement:
Non Compliant - Major

Findings:
Medication management at the designated centre required some improvements to comply with the Regulations.

Residents at the designated centre were supported by the healthcare assistants to receive medication. The healthcare assistants have all undergone training in the safe administration of medication. Medication that they were not permitted to administer was
to be administered by a staff nurse on call.

The designated centre had a medication management policy but this was not wholly reflective of the practice that was described or in place and the practice of receipt, storage and return of medication required improvement. Medication prescribed for one resident was not available in the centre. A recent audit had occurred at the centre, 19 May 2014, but it failed to pick up a medication stock error. According to the documentation available a medication prescribed as required and completed in March 2014 was recorded as in stock May 2014 and had been checked in by a staff member. While records and staff confirmed the medication had not been administered recently as a PRN (as required) when the inspector requested to see the medication the stock was not present. Staff who spoke with the inspector were also unsure of its location.

The policy also describes the practice of two nurses checking monthly orders of medication in, but records maintained indicated this practice was completed by one nurse and one healthcare assistant and PRN stock checks was completed by a health care assistant.

The policy also failed to sufficiently outline the returns policy. In addition the limitations of the healthcare assistants to administer certain medications was not satisfactorily outlined and explained in the policy.

Subsequent to the inspection the person in charge provided an update on the medication error.

**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 - Moderate

**Findings:**
The designated centre had a statement of purpose, however improvements were required in order to comply with the Health Act 2007 (Care and Support of residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Further development was required regarding the contract of care and the person responsible for signing this. The statement of purpose stated that next of kin sign it but the inspectors spoke with some residents who demonstrated the capability to sign and understand their own contract of care. The language in the statement of purpose needed to be reflective of the future direction of the organisation. The provider stated
that 'step down' unit was to be replaced by 'step in' unit, abbreviations were also referred too.

The provider was outlined as the independent complaints officer. This was not appropriate as the provider was not independent as an employee of the organisation and involved in the provision of direct services to residents.

Other areas that required improvements included the breakdown of gender and age that the designated centre could accommodate. The statement of purpose was too specific in this regards and reflected their present group as oppose to potential residents. The organisational structure, as required by the Regulations, required significant development to reflect the corporate organisational structure but also the local reporting structures.

The services provided were not reflective of what was available. A new dietician was recruited and needed to be reflected in the document and opticians, audiologists or health screening was not included. The layout of the centre was also not adequately explained and the total whole time equivalent of staff was not referenced.

Outcome 18: Records and documentation

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

Theme:
Use of Information

Judgement:
Non Compliant - Minor

Findings:
This outcome was not looked at in full on inspection but the inspectors identified some areas for improvement to comply with the Regulations.

The rosters, as seen by the inspectors, required further information. The full name of the staff on duty was required on the roster. An on call roster, identifying the support for the staff at the designated centre after hours, was not available in the centre and was required to be place. The roster was not in a format accessible to residents therefore they were required to ask staff who was on duty.

The temporary directory of residents was not in an appropriate format to reflect the requirements of the Regulations and staff failed to record all occasions where residents
transferred in and out of the centre for example when residents went home to families at the weekend.

Staff were key workers to the residents but there were no guidelines or procedures available for staff to direct them in their role as key worker.

**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:**

Ciara McShane  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

Centre name: A designated centre for people with disabilities operated by Dundas Ltd
Centre ID: ORG-0008569
Date of Inspection: 21 May 2014
Date of response: 02 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 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:
All personal plans were not in a format accessible to all resident's.

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:
Keyworkers along with Nursing Management will support the adaptation of personal plans as required and appropriate taking into consideration individual needs by 31st August 2014

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Proposed Timescale: 31/08/2014

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The detailed risk assessment was not updated to reflect the current arrangements and interventions required by the resident.

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:
The Risk Assessment has been completed for the person with regards to his new home. This Risk assessment will be reviewed every 3 months.

A Copy of the Contract that the person carried with them but was not in his care plan has been copied and placed in same.

Recording systems to track keyworking sessions, goal planning reviews will be implemented to provide evidence of the maximum participation of residents in the development & review of their personal plans by 31st August 2014

Proposed Timescale: 31/08/2014

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
It was not evidenced, within the personal plans, that there was maximum participation from the residents in the development and review of the personal plans.

Action Required:
Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

Please state the actions you have taken or are planning to take:
Recording systems to track keyworking sessions, goal planning reviews will be implemented to provide evidence of the maximum participation of residents in the development & review of their personal plans by 31st August 2014

Proposed Timescale: 31/08/2014
### Outcome 06: Safe and suitable premises

**Theme:** Effective Services

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

Paintwork in a number of areas throughout the house required freshening.

Damp and mildew patches in the bathrooms and lounge room needed to be addressed.

Grout in the bathrooms needed to be replaced.

**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:**

The identified maintenance work will be completed by 31st July 2014.

The Assistant Nursing Director will be responsible for the completion of this work. He will liaise with the maintenance department who is responsible for this area.

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

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**Theme:** Effective Services

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

Some of the bathrooms required a deep clean.

Stained lino in the bathrooms required attention.

One bedroom, in particular, required significant updating to reflect the wishes of the residents and repair works were also required.

**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:**

The identified maintenance work will be completed by 31st July 2014.

The Assistant Nursing Director will be responsible for the completion of this work. He will liaise with the maintenance department who is responsible for this area.

**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:
Not all risks in the centre had been identified and mitigated and the risk register was not wholly reflective of the actual risks in the centre.

**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:**
The service will complete a review of risks and hazards associated with the centre and provide information within the safety statement regarding management of the same and emergency responses by 31st July 2014

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

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Infection control required improvement;
- A bar of soap was on a communal bath
- There was rust and mildew in the bathrooms
- Items were inappropriately stored in the bathrooms
- There was a shared shower mat in a bathroom
- There was chipped wood in the bathrooms.

**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:**
The identified work at no 1 has been resolved.

1. a. The bar of soap has been removed.
   b. The mildew and rust have been cleaned away.
   c. The towels are no longer stored in the bathroom.
   d. Residents now have their own bath mats.
   e. The maintenance department has repaired any damage to the wood.
2. Staff will receive training on infection control; this will be coordinated by the PIC of the centre and the Talbot Group’s Training Co-ordinator.

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

### Outcome 11: Healthcare Needs

**Theme:** Health and Development

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

Resident’s healthcare needs were not sufficiently outlined or addressed in their personal plans.

**Action Required:**

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident’s personal plan.

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

A section will be added to the care plans to include the recording of any appointments the resident has attended with reference to regulation 6 (1)

**Proposed Timescale:** 31/08/2014

### 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:**

Not all information as outlined in schedule one is included or accurate:

- Not all services which are provided by the centre is outlined in the document.
- The age range and gender of clients requires further clarification.
- The organisational structure is not sufficiently detailed.
- The layout of the centre is not adequately explained.
- The total whole time equivalent of staff is not referenced.

**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:**

The amended Statement of purpose will be forwarded by the 31st of July 2014
**Proposed Timescale:** 31/07/2014

**Outcome 18: Records and documentation**

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Information as required by Schedule 3 and outlined in the body of the report was not included in the Directory of Residents.

**Action Required:**
Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 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:**
The service will ensure that the directory of residents meets the requirement of Regulation 19 (3) by 30th June 2014

Assistant Director of Nursing has addressed this issue by introducing a new Register for the Centre, It includes; all occasions when the resident will be transferred in and out of the centre, ie. Home for family visits or time spent in Hospital, etc. It will also convert the information into the correct format to comply with regulation.

**Proposed Timescale:** 30/06/2014

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
All items as per Schedule 4 were not recorded in full at the centre;

- Dates when residents were not residing at the designated centre.
- A copy of the actual duty rosters that outlined full names of the staff and the on call persons.

**Action Required:**
Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 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:**
The service will ensure that it meets the requirements of Regulation 21 (1) (c) by 30th June 2014
Assistant Director of Nursing has addressed this issue by introducing a new Register for the Centre. It includes; all occasions when the resident will be transferred in and out of the centre, ie. Home for family visits or time spent in Hospital, etc. It will also convert the information into the correct format to comply with regulation.

Assistant Director of Nursing has also ensured that the Duty roster will reflect the full names of the staff working and the roster of the person On-Call. Also completed in an easy read format.

**Proposed Timescale:** 30/06/2014