

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | A designated centre for people with disabilities operated by Brothers of Charity Southern Services |
| Centre ID: | ORG-0008427 |
| Centre county: | Cork |
| Email address: | eugene.oloughlin@bocss.org |
| Type of centre: | Health Act 2004 Section 38 Arrangement |
| Registered provider: | Brothers of Charity Southern Services |
| Provider Nominee: | Una Nagle |
| Person in charge: | Eugene O'Loughlin |
| Lead inspector: | Breeda Desmond |
| Support inspector(s): | None |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 5 |
| Number of vacancies on the date of inspection: | 0 |

About monitoring of compliance

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

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

Compliance with the 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: 03 June 2014 08:00 To: 03 June 2014 15:00

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

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| Outcome 01: Residents Rights, Dignity and Consultation |
| Outcome 02: Communication |
| 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 09: Notification of Incidents |
| Outcome 11. Healthcare Needs |
| Outcome 12. Medication Management |
| Outcome 13: Statement of Purpose |
| Outcome 14: Governance and Management |
| Outcome 15: Absence of the person in charge |
| Outcome 16: Use of Resources |
| Outcome 17: Workforce |

Summary of findings from this inspection

This report sets out the findings of an announced monitoring inspection and it was the first inspection undertaken by the Authority in this centre. This monitoring inspection took place over one day. As part of the inspection process the inspector met with residents, the person in charge and other staff members. The inspector observed care practices and reviewed documentation such as personal plans, medical records, accidents and incidents logs, complaints log, residents' financial records, policies and procedures.

The sector manager and person in charge displayed knowledge of the Standards and regulatory requirements and were found to be committed to providing quality person-centred evidence-based care for the residents. The collective feedback from residents was one of satisfaction with the service and care provided. Overall, the inspector found that residents were appropriately cared for with privacy and dignity respected.

The action plan at the end of the report identifies improvements necessary 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 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities. These included:

- 1) contracts of care
- 2) formalisation of the consultation process with residents
- 3) aspects of personal plans
- 4) fire safety checks
- 5) statement of purpose
- 6) staff training
- 7) medication management.

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 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

Judgement:
Non Compliant - Minor

Findings:
Staff informed inspectors that residents were consulted with informally on a daily basis and this was observed throughout the inspection, for example, each resident chose the evening meal menu on a different day and the chosen dish was displayed pictorially along with the name and photo of the resident who chose the dish. However, formal consultation and participation in the organisation of the centre as described in the Regulations, was not in place.

The complaints procedure was displayed in both pictorial and narrative form for easy access. Residents relayed to the inspectors that they would talk with the staff on duty. The complaints log was reviewed but there was nothing recorded there. This was discussed at feedback meeting and the person in charge agreed that documentation of issues would be reviewed with staff.

The centre appeared to be managed in a way that maximized residents' capacity to exercise their personal autonomy and choice. There were several examples of this evidenced during the inspection, at meal time and helping out after meals, bringing their laundry to the utility room and using the washing machine. The inspector joined residents at breakfast and they outlined the choices they had at meal times and described their day in the activation centres. Residents were encouraged to participate in external activities, for example going to the cinema, pub or in to town shopping, visiting friends and relatives. Risk assessments were completed to safely enable residents to be independent.

Inspectors noted that where possible residents retained control over their own possessions and there was adequate space provided for storage.

Some residents had control over their own finances and appropriate risk assessments were completed. Residents' finances were securely maintained in each centre. There were individual logs for each resident as well as a household ledger which was separately maintained. However, two signatures for credit and debit transactions were not in place in line with best practice, to safeguard both the resident and staff member.

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

Judgement:

Compliant

Findings:

Inspectors noted that residents had access to the internet, television, radio, music centres, i-pads, and mobile phones. Some residents had televisions in their bedrooms and there was a large flat screen television in the sitting room. Staff were aware of individual communication needs of each resident and demonstrated effective communication with those residents with diverse communication needs. There was a variety of picture charts displayed throughout the house including fire safety, and the Charter of Human Rights.

Residents had access to multi-disciplinary professionals if their condition warranted. Two of the care plans reviewed demonstrated that residents were assessed and due to their ability, access to a multi-disciplinary team was deemed unnecessary.

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

Findings:

Written agreements with residents which deal with the support, care and welfare of the resident in the designated centre to include details of the services provided for that resident, as described in the Regulations, were not in place.

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 - Moderate

Findings:

The inspector reviewed a sample of personal support plans for residents. The support plans commenced with individual client profiles which included a description of the resident as well as a photograph. There was information for 'My Family and Siblings and Other Important People in my Life' with photographs. There was valuable information relating to how families were supported to ensure contact was maintained including access to Skype as some relations were overseas. There was 'Things that are important to Me' describing interests, activities and behaviors for residents; these were mostly written from the residents' perspective with person-centred information, however, occasionally, this had not been completed. Residents had assessments completed which described the level of assistance required for daily activities.

While all residents went off-site to different day-centres as part of their employment/training, support plans did not reflect the established activity schedule

available to residents. Inspectors observed residents involved in specific tasks and roles including housekeeping and clearing the table after meals and these formed part of their goals in their personal plans, and support details were reflected.

The support plans identified the key worker assigned responsibility to enable residents achieve their goals with timescales to review objectives and re-evaluate. An assessment with associated interventions to support risk taking was evident in residents' support plans, for example, taking responsibility for money, self-medicating, using taxis and cooking. However, these were only signed by staff and did not countersigned by residents.

Residents relayed to the inspector the range of activities and social interaction in the centres they attend on a daily basis as well as going to town, cinema, swimming, bowling and music sessions.

The sample of records reviewed demonstrated that families took responsibility for allied health professional interventions such as dentist, chiropody, GP and ophthalmology. Residents had timely access to a range of professionals such as dietician, psychology and psychiatry. Residents maintained access to their own general practitioner (GP) and out-of-hours GP cover was provided. However, the sample of 'annual health care checks' form reviewed demonstrated that very little information was documented to ensure a comprehensive report to inform visiting GPs.

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:

Compliant

Findings:

The centre was a semi-detached two-storey house located in a suburban area. There was parking and outdoor space for residents. There was a secure enclosed garden at the rear of the centre and an open green area to the front.

The centre could accommodate six people; five residents and one staff member; four bedrooms were upstairs and two downstairs. The design and layout was suitable for its stated purpose and function and appeared to meet the individual and collective needs of residents. It was bright, warm, homely, and well maintained. There was a toilet with hand-wash basin downstairs and a toilet with shower and bath upstairs. Communal space comprised a large kitchen / dining room and a sitting room and a utility room. Residents stated they were happy with their accommodation. Residents had decorated

their room with posters, pictures, furniture and mementos.

Laundry facilities were in the utility room where cleaning equipment was also stored. There was a small room upstairs which was the designated office where files, medications and residents cash was securely maintained.

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:

A current certificate of compliance regarding statutory requirements in relation to insurance and fire safety was available.

There was a health and safety policy and safety statement and it contain all the items as listed in the Regulations including the emergency plan. This was also displayed in pictorial format in the hallway.

Each resident had a 'Personal Emergency Egress Plan' in place whereby an evaluation was completed and a detailed evacuation plan was compiled. Appropriate fire evacuation advisory signage was displayed in the hallway. There were adequate means of escape and fire exits were unobstructed. Emergency lighting was in place over each exit as well as upstairs. In addition, there was advisory signage displaying the location of fire safety equipment throughout the house. Certificates were in place for annual servicing of fire safety equipment. However, bi-annual testing of emergency lighting and routine testing of the fire alarm were not evidenced. Regular fire drills and evacuations were not completed by staff and residents. Daily fire checks were not recorded. While there was a record of staff training in fire safety, this was not dated.

The environment appeared well maintained with appropriate flooring and adequate lighting to minimise risk. Cleaning duties were the responsibility of all staff, however, staff had not completed training in effective cleaning practices to prevent the risk of cross infection. Advisory signage for best practice hand hygiene was displayed in the kitchen and while hand hygiene gel was available in the bathroom, it was not within a dispenser in line with best practice.

The accident and incident book was reviewed and contained records which demonstrated that issues were addressed in a timely manner with the involvement of relevant professionals.

The safety audits and hazard log included the environment, behaviour, infection prevention and control and fire relating to the service area with the most recent

completed in March 2014.

Window restrictors were not in place on the second floor. A risk assessment was necessary in relation to this.

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 - Minor

Findings:

The person in charge was involved in the management of the centre, visited the centre regularly and the inspector observed the person in charge and staff interacting with residents in a friendly, respectful manner. Even though staff demonstrated their knowledge relating to adult protection and interventions necessary, staff had not completed up-to-date training in protection of vulnerable adults.

Relevant residents had positive behavioural support care plans in place as part of their care plan documentation. Inspectors observed that staff interacted appropriately with residents and demonstrated their knowledge regarding interventions necessary when residents required attention. Staff had received training on identifying antecedents to behaviours of concern, preventative and response strategies and alleviating the underlying causes of challenging behaviour.

Signed consent forms were evidenced for emergency care and photographic identification in the sample of residents' documents reviewed.

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

Judgement:

Compliant

Findings:

The PIC and provider outlined to inspectors the process for recording any incident that occurred in the centre. They demonstrated their knowledge regarding notifications as described in the Regulations, to the Authority. Based on a review of the accident and incident log, there were no notifications required to be submitted to the Authority.

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

Findings:

The inspector examined a sample of personal plans which included a 'Medical Health Check' notebook. Those reviewed demonstrated very little information regarding past or present medical history, that is, a comprehensive assessment as described in the Regulations was not evidenced. The inspector noted that healthy living choices in relation to exercise, weight control and balanced diets were encouraged and supported. There was appropriate information displayed in the kitchen to support residents regarding healthy diet choices. The level of support necessary to enable residents to maximise this independence was documented in their support plans.

Residents had their breakfast and evening meal in their house and their mid-day meal off-site in the activation centres they attended. Residents spoken with described choice at meal time. The inspector joined residents at breakfast and each resident was offered choice of cereal, bread or toast, tea or juice. Breakfast was relaxed with good interaction observed between staff and residents, and between residents, and the inspector observed residents assisting with stowing away afterwards. Staff prepared supper in their house. Residents had access to specialist dietician advice when necessary with outcomes recorded in the residents' personal plans. However, staff had not completed training in food preparation, cooking, storage or hygiene.

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 - Moderate

Findings:

The policy and procedure for medication management was up-to-date. However, it did not reflect the documentation of recording when a resident is not on-site as detailed in the drug prescription/administration sheet examined. A signature sheet as described in An Bord Altranais medication management guidelines 2007 and Cnáimhseachais na hÉireann was not in place.

Medication was stored securely in a locked cupboard in the locked office. The medication administration record was examined and it was noted that administration of medications was not always recorded.

Photographic identification was not in place for any residents as part of their prescriptions in line with best practice. Prescriptions reviewed demonstrated that maximum dosages for PRN (as required) medications were not always documented; discontinued medicines were not always discontinued in line with best practice; regular medications were recorded under PRN medications; some medications were administered without a prescription. This was brought to the immediate attention of the person in charge who remedied the issue.

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

Findings:

While a written statement of purpose was available, it did not contain all the items listed in Schedule 1 of the Regulations.

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

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| <p>Judgement: Compliant</p> |
| <p>Findings: The person in charge was full-time, suitably qualified with the necessary experience to ensure effective safe care and welfare of residents. He demonstrated adequate knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. He demonstrated a positive approach towards meeting the regulatory requirements and a commitment to improving quality of life and care. He was committed to his own continuing professional development for example, undertaking a post graduate qualification management.</p> |

Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

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| <p>Theme: Leadership, Governance and Management</p> |
| <p>Judgement: Compliant</p> |

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| <p>Findings: Inspectors were informed that there were suitable arrangements in the absence of the person in charge whereby the Sector manager deputised. The person in charge was aware of the regulatory requirements regarding submission of a notification to the Authority in relation to his absence.</p> |
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Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

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| <p>Theme: Use of Resources</p> |
| <p>Judgement: Compliant</p> |

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| <p>Findings: The premises appeared to be maintained to a high standard both internally and externally. Current service records were in place for equipment. There were suitably qualified staff in charge when residents were at home. Transport was provided to take residents to and from their activation centres and the centre had its own transport for</p> |
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outings and shopping at evenings and weekends.

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

Findings:

Many of the staff had been employed in the centre for a significant period of time and this resulted in positive outcomes for residents as there was continuity of care. There were social care leaders and care staff and the person in charge visits the centre regularly.

Staff files were examined and while many of the items listed in Schedule 2 were in place for the files reviewed, professional references, photographic identification, full employment history and documentary evidence of qualifications were missing.

Staff training files were also reviewed and mandatory training including protection, fire safety, as well as infection prevention and control was not up-to-date.

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:

Breeda Desmond
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate



Action Plan

Provider's response to inspection report¹

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| Centre name: | A designated centre for people with disabilities operated by Brothers of Charity Southern Services |
| Centre ID: | ORG-0008427 |
| Date of Inspection: | 03 June 2014 |
| Date of response: | 04 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 01: Residents Rights, Dignity and Consultation

Theme: DCAD10 Individualised Supports and Care

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

Formal consultation and participation in the organisation of the centre as described in the Regulations, was not evidenced.

Action Required:

Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

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

Formal consultation through regular meetings with service user on an individual and group basis will commence from 1st July 2014.

Proposed Timescale: 01/07/2014

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

Theme: DCAD10 Individualised Supports and Care

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

The complaints book reviewed demonstrated that there were no complaints logged in the centre since 2012.

Action Required:

Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

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

We will ensure the complaints procedure is accessible and age appropriate and includes an appeals procedure for the service-user. Increase staff awareness of what may constitute a complaint and how it is dealt with.

Proposed Timescale: 28/11/2014

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:

Written agreements with residents which deal with the support, care and welfare of the resident in the designated centre to include details of the services provided for that resident, as described in the Regulations, were not in place.

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:

Written agreements with the services users will be put in place by 31st December 2014.

Proposed Timescale: 31/10/2014

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:

A comprehensive assessment by appropriate health care professionals, of the health of each resident carried out subsequent to admission as required to reflect changes in need and circumstances, no less frequently than on an annual basis, was not evidenced.

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:

We will ensure a comprehensive assessment will take place on an annual basis.

Proposed Timescale: 26/09/2014

Theme: Effective Services

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

Residents personal plans were signed by the staff member completing the documentation, and not signed by the resident or their representative.

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:

At next annual review service users and or their family will be asked to sign off on the plan.

Proposed Timescale: 26/09/2014

Theme: Effective Services

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

Residents' personal plans were mostly written from the residents' perspective with person-centred information, however, occasionally, they were not.

Action Required:

Under Regulation 5 (4) (c) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which is developed through a person centred approach with the maximum participation of each resident, 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:

In future we will ensure greater participation by service users in the preparation and review of their personal plans.

Proposed Timescale: 26/09/2014

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:

Window restriction was not in place on the second floor.

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 risk assessment was carried out and window restriction have been installed on second floor windows.

Proposed Timescale: 23/06/2014

Theme: Effective Services

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

Staff had not completed training in effective cleaning practices to prevent the risk of cross infection.

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:

Training will be provided to staff on the prevention and control of infection.

Proposed Timescale: 26/09/2014

Theme: Effective Services

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

Staff had not received up-to-date suitable training in fire safety.

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:

Staff and service users will complete training in fire precaution, evacuation, emergency procedures and use of fire fighting equipment.

Proposed Timescale: 17/07/2014

Theme: Effective Services

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

Regular fire drills and evacuations were not completed by staff and residents.

Action Required:

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

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

Staff and service users will participate in fire drill and evacuation procedures. This will be carried out on a regular basis.

Proposed Timescale: 17/07/2014

Theme: Effective Services

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

Bi-annual testing of emergency lighting and routine testing of the fire alarm were not evidenced.

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:

Testing of emergency lighting and fire alarms will be completed and recorded on a regular basis going forward.

Proposed Timescale: 31/07/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Staff had not completed up-to-date training in protection of vulnerable adults.

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:

Refresher training in welfare and protection will be provided for all staff.

Proposed Timescale: 31/10/2014

Outcome 11. Healthcare Needs

Theme: Health and Development

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

'Medical Health Check' reviewed demonstrated very little information regarding past or present medical history, that is, a comprehensive assessment as described in the Regulation 5 was not evidenced.

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:

We will ensure that services users' past and present medical history will be evidenced and up-dated as appropriate in their personal plan.

Proposed Timescale: 29/08/2014

Theme: Health and Development

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

Staff had not completed training in food preparation, cooking, storage or hygiene.

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:

We are in the process of developing a training package which we aim to deliver to staff by 31st October 2014.

Proposed Timescale: 31/10/2014

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:

Photographic identification was not in place for any residents as part of their prescriptions in line with best practice.

Action Required:

Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

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

Photographic identification has been put in place for all our Service Users as part of their prescriptions.

Proposed Timescale: 06/06/2014

Theme: Health and Development

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

Maximum dosages for PRN (as required) medication were not always documented.

Discontinued medicines were not always discontinued in line with best practice.

Regular medications were recorded under PRN medications.

Action Required:

Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

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

All service users' medical practitioners will be asked to document maximum PRN dosage on the Medical Administration Record. PRN medication will be recorded and signed for on the appropriate section on the MAR. The MAR will be up-dated as appropriate.

Proposed Timescale: 18/07/2014

Theme: Health and Development

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

Some medications were administered without a prescription.

Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

No medication will be administered in future without the appropriate prescription and documentation.

Proposed Timescale: 03/06/2014

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

While a written statement of purpose was available, it did not contain all the items listed in Schedule 1 of the Regulations.

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:

We will review the statement of purpose and function to ensure that all items in Schedule 1 will be included.

Proposed Timescale: 30/09/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

Professional references, photographic identification, full employment history and documentary evidence of qualifications were missing from some staff files.

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 staff files will be reviewed and appropriate action will be taken to ensure that all

required documentation is in place.

Proposed Timescale: 31/10/2014

Theme: Responsive Workforce

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

Mandatory training including protection and fire safety, as well as infection prevention and control was not up to date.

Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

Training will be provided to staff in fire safety, infection control and welfare and protection.

Proposed Timescale: 31/10/2014