

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Steadfast House Limited
Centre ID:	OSV-0001631
Centre county:	Monaghan
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Steadfast House Limited
Provider Nominee:	Malachy Marron
Lead inspector:	Jillian Connolly
Support inspector(s):	None
Type of inspection	Unannounced
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 un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 27 August 2014 14:30 To: 27 August 2014 21:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 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
Outcome 18: Records and documentation

Summary of findings from this inspection

This inspection was the first inspection for the designated centre. The centre is a bungalow situated in a housing estate on the outskirts of a busy town. The centre provides residential services for up to five individuals with an intellectual disability. The centre had full capacity on the day of inspection. The centre is run by Steadfast House Ltd. The role of provider nominee and the person in charge are completed by the manager of the company.

The inspection took place on one day and was conducted by one inspector. The inspector met with the provider nominee at the commencement of the inspection and provided feedback to the provider nominee on the conclusion of the inspection. The inspector met with residents, staff, observed practice and reviewed documentation. Staff were observed supporting residents in a dignified and respectful way. Residents stated that they were happy with their home, the support they received and felt safe.

Twelve outcomes were inspected on this inspection. Two minor non - compliances were identified in relation to the social care needs of residents and medication. Nine moderate non - compliances were identified in relation to privacy, complaints, premises, health and safety, safeguarding and safety, health care needs, staffing and

records and documentation. The findings of the report resulted in a major non - compliance in relation to the governance and management of the designated centre.

The action plan also identifies the failings identified by the inspector and the actions the provider/person in charge is required to take 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.

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

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

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

Findings:

The organisation had a policy in place regarding communication with residents, however the focus of the policy was primarily regarding how to engage with residents as opposed to consultation regarding how the centre is run or other operational matters. Residents meetings were conducted with residents and minutes maintained by both the residents and management. There were inconsistencies in the regularity of the meetings with the last minuted meeting being in March 2014. Residents, however, did inform the inspector that a meeting was due to take place in the week of inspection. The minutes evidenced that both operational and day to day matters were discussed. For example, an extension had recently been built in the designated centre and the capacity of the centre had increased from four residents to five. This was discussed and the opinion of residents sought. There was also discussion regarding facilitating individual residents to achieve their personal goals. The designated centre was also in the process of recruiting a new staff member. A resident informed the inspector that they had been invited to be on the interview panel.

Each resident had their own bedroom and en suite. There was also a visitor's room available to meet friends and family in private. Some residents had a mobile phone whilst other residents utilised the portable house phone. The inspector observed residents being supported to call family during the inspection. Whilst there was no personal information in sight, documentation was stored in the staff office/sleepover room. This was unlocked and residents had free access, therefore having the opportunity to access personal information other than their own. There was also an absence of privacy locks on bedroom doors and no assessment to support this practice. The inspector observed staff to engage with residents in a dignified manner and documentation regarding the intimate care of residents promoted the dignity of resident. For example, offering choice to a resident if possible of the staff supporting them. One resident had a listening device in place at night, in the event they required assistance.

This was documented and the resident confirmed that this was their choice and that they only turned it on when they got into bed and it was turned off in the morning and they were content with the arrangement. The receiver was in the staff office/sleepover room.

Residents stated that they felt that they had choice and were happy with their life and the activities that they took part in. There was evidence that residents were supported to engage in activities within the wider community such as local knitting clubs and basketball. They stated that they had choice regarding their food and when they got up in the morning and went to bed.

The organisation had a policy in place regarding the management of complaints, however it was not readily available on the day of inspection. The inspector identified the provider nominee/person in charge as the person they would complain to. Residents who attended the day service managed by Steadfast Group Ltd. stated they could access the provider nominee there. Other residents stated that although they did not see the provider/person in charge regularly, that they had his telephone number and could phone him. They felt that any issues they had been responded to appropriately and in a timely manner. There was no record of complaints logged in the designated centre on the day of inspection. There was evidence of an ongoing complaint that was being addressed by the provider however this was not maintained in a complaints log.

Judgment:

Non Compliant - Moderate

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

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

Findings:

The Statement of Purpose had an admission criteria documented however it did not reflect the process of the designated centre. There was also a policy in place. It was generic and did not reflect the actual practice of the centre. For example, the referrals process or the pre assessments process was omitted. One resident had been residing in the designated centre for approximately three months at the time of inspection and stated that they were happy with the transition. The other residents stated that they were consulted regarding the transition.

There was an agreement in place between the service provider and the resident.

However the content of the agreement was not satisfactory and did not state the cost to the resident, additional funding received on behalf of the resident, the services received, additional charges the resident may be subject to and the terms and conditions of residency inclusive of criteria for transition or discharge. Of the sample of contacts reviewed they had been signed by the resident and the service provider.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Each resident had a personal plan and an accessible person centred plan which was both written and pictorial. The personal plans were reviewed annually in consultation with the resident. This was completed in the form of a meeting which was minuted. The resident also had the opportunity to invite people in their lives who were important to them such as family members. From a review of a sample of minutes, the meeting addressed if the resident was happy with the services they received, a review of the previous year inclusive of the progress achieved towards goals. There was also a review of the resident's financial status, relationships, choices, health status and general well being. The meeting also provided the forum for the goals for the following year to be set. Action plans were in turn developed from these goals. The action plans however did not provide sufficient information regarding the staff accountable to support the resident and actions/skills the resident must take/learn to achieve the goal. Goals included visiting family homes, meeting up with friends or going to the cinema. Therefore were short term as opposed to long term and aspirational.

Residents also had additional assessments completed by staff which addressed both the social care needs and health care needs. Needs identified from these assessments were then risk assessed with control measures in place. However there were inconsistencies in the relevancy of the information contained in the risk assessments and the actions to be taken to address an identified need. This was particularly in relation to the health care needs of residents and is discussed in Outcome 11. There was evidence of input

from Allied Health Care Professionals if a need arose, however Allied Health Professionals were not included in the planning process. Not all assessments were signed or dated by staff.

Each resident had access to a formal day service and reported that they were provided with the opportunity to access work experience or educational opportunities in their day service. There was evidence of achievement maintained in their personal file or displayed within bedrooms.

Judgment:

Non Compliant - Minor

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The designated centre is a detached bungalow in a housing estate on the outskirts of a busy town. The centre was purpose-built and is owned by an external housing agency who are responsible for the upkeep, maintenance and adaptations to the house in return for a rent payable by residents. The residence is a six bedroom house, five residents' bedrooms and one staff sleepover room/office. Each bedroom is en suite and contains a toilet, shower and hand-basin. There is also one communal bathroom. The communal areas consist of a kitchen/dining room, sitting room and visitor's rooms. There is also a utility room for laundry and an external shed for storage of cleaning equipment. The inspector determined the house to be homely and reflective of the residents living there. Residents showed the inspector their bedrooms, and each reported that they were happy with their room and the decoration of same.

There was suitable ventilation and heating in the designated centre. The kitchen had the appropriate fittings and appliances. There was general waste and recycling which was regularly collected. There were also facilities for the disposals of clinical waste such as sharps which were transported to the day service of Steadfast Ltd. to be disposed of. The utility room contained a washing machine and dryer. Residents stated that they brought their laundry nightly to the utility room and were satisfied for staff to do their laundry on their behalf.

There were sufficient fittings in place to support the mobility needs of residents however

there were restrictions to the access residents who utilised wheelchairs independently had to communal areas such as the kitchen, sitting room and their own bedroom. They required the assistance of staff to open the doors. Two of the fire exits had steps impeding the ability of residents in wheelchairs to access same. This is reported further in Outcome 7.

The external grounds were pleasant and well maintained, with a level patio area for residents to access in fine weather. It was secured to ensure no unauthorised person could access the back garden.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The designated centre had an organisational safety statement and risk policy in place. The inspector determined that the both documents were generic and addressed operational matters as opposed to the actual practices of the designated centre. There was no risk register in place assessing the actual hazards in the designated centre. For example the inspector observed the inaccessibility of residents who required wheelchairs to certain areas of the designated centre or to two fire exits. This was not assessed.

There was a policy in place regarding the prevention and control of infection. This document did not inform the actual practices of the designated centre. For example, staff informed the inspector that clothing was washed on a 30 degree cycle including clothes which were soiled. This is not in line with best practice. There was no guidance available to staff and staff had not received training in this. There was a colour coded system in place for cleaning. There was no cleaning schedule in place. On the day of inspection, the designated centre was clean however the inspector found evidence that communal areas had been soiled on previous occasions and there was no information or guidance on the actual procedures which occurred to ensure appropriate infection control. Residents were actively involved in the cleaning and maintenance of their own home.

The designated centre had a fire system in place which was serviced at regular intervals. There were also up to date records of servicing of fire equipment such as emergency lighting and fire extinguishers. There was an evacuation plan in place and each of the rooms had fire doors, with the building being segregated into two zones by automatic

fire doors. Residents had personal evacuation plans in place, which stated the level of support they required. All staff had up to date training in the prevention, detection and management of fire. There was evidence that fire drills took place regularly, however the documentation did not inform of the amount of time it took to evacuate the centre. Residents were able to inform the inspector of what to do in the event of a fire including the location of the fire exits and the fire assembly point.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

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

Findings:

There was a current policy in place for the prevention, detection and response to abuse in place which was supported by a policy on intimate care. There was evidence that staff had read the policy, however there was no evidence that staff had received training in the subject. Staff spoken to were able to inform the inspector of the appropriate actions to be taken in the event of a suspicion or allegation of physical abuse however were not clear on the actions to be taken in the event of an allegation being made against the person in charge. The policy informed of this. Residents reported that they felt safe and there had been no allegations or suspicions of abuse recorded in the designated centre. There was a risk assessment in place regarding residents who were assessed as having particular vulnerabilities in relation to safeguarding however the control measures were no adequate and did not translate into practice. For example, residents were supported to access community activities independently however they were also documented as requiring supervision when out in the community, this was risk rated as high. The actions, control measures or education provided to mitigate the risk to enable independent community access did not address the actual hazard present to the resident or others.

There were no residents requiring positive behaviour support residing in the designated centre on the day of inspection. Residents did utilise supports such as bed rails, which were not assessed or recorded as restrictive practice. However there was evidence that consultation had taken place with the residents regarding their consent.

<p>Judgment: Non Compliant - Moderate</p>

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector was satisfied that residents had regular access to a general practitioner if a need was identified. There was also evidence of referrals to the appropriate Allied Health Professional or specialist if required. However there was limited evidence available to support the interventions in place to support residents on a daily basis with their health care needs. As stated in Outcome 5, risk assessments were conducted if a need was identified and control measure in place. The information contained was inadequate. For example, residents who were identified as requiring regular checks for skin integrity, had no formal evidence based assessment in place and the actions identified were not specific. There was also no evidence based assessments for residents identified at being at risk of falls or obesity. There was evidence of Allied Health Professionals being involved in the mobility needs of residents, such as adaptive equipment. There was no evidence of the appropriate Allied Health Professionals being involved in the nutritional needs of residents. Residents stated that they were on diets, however there was no clear diet plan in place, or instructions for staff to enable residents to eat healthily. Documentation indicated that certain health care needs were being addressed in day service, however the transfer of this information to the designated centre was not present.

Residents informed the inspector that they were satisfied with the food, and had the opportunity to have food of their choice. They participated in the weekly shopping and the likes and dislikes of residents were recorded. The inspector observed a meal and found the experience to be enjoyable and sociable with residents being supported to be as independent as possible.

Judgment:
Non Compliant - Moderate

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

medication management.

Theme:

Health and Development

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

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

Findings:

The centre had an organisational policy in place for the management of medication. It was not reflective of the actual practices of the designated centre. For example, the policy stated that clear written instructions must be in place for medication prescribed as required, however this was not in practice. It also stated that if nurse transcribing occurred there should be the signature of two staff nurses present. This was also not the practice of the designated centre. Medication was administered to residents from a blister pack system by care staff. The inspector was satisfied that all staff had received the appropriate training in the administration of medication in July 2014. Medication was collected monthly from the pharmacy.

Inspectors reviewed the prescription and administration sheets and were satisfied that all the necessary information was present. Of the sample reviewed the administration record correlated with the times prescribed. All medications administered were signed for and there was a record of signatures maintained. Medication was stored securely and clearly identifiable for the resident it was prescribed for. However not all residents had individual medication as required such as pain relief available, which had been prescribed. There were no audits available for the medication management practices in the designated centre.

Records were maintained of discussion with residents regarding their choice to self-administer or for staff to administer. No residents were self administering at the time of inspection.

Judgment:

Non Compliant - Minor

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

A Statement of Purpose was maintained in the designated centre and the inspector observed residents having copies of same in their bedrooms. In the main, the Statement and Purpose described the services that the designated centre provides, however improvements were required in order for compliance with Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. For example, as stated in Outcome 4, the process for admissions was not explicit. The fire precautions and associated emergency procedures were also absent and the details in respect of the person in charge/provider was not clearly stated.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

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

Findings:

The manager of the designated centre was the person in charge and the provider nominee. The inspector met with them at the commencement of the inspection, throughout the inspection and on the conclusion of the inspection. Based on the failings identified throughout the inspection, the inspector was not satisfied that the governance and management systems in place were effective. For example, there was no evidence of audits completed in the designated centre or a review of the quality and safety of care. There was also no evidence, as further reported in Outcome 17, of staff supervision. Residents were able to identify the person in charge/provider nominee. Residents who did not attend the day service associated with the organisation stated that they could phone the person in charge if needed however they did not see them regularly.

There was evidence that the person in charge/provider nominee attended the designated centre in a timely manner if requested to. However there was no evidence of being a regular presence in the centre. There was no staff nominated to be in charge and ensure safe and quality services in the absence of the person in charge.

In light of these findings, and others in the report such as the inadequate information available to ensure the health care needs of residents were being met or the absence of a risk register, the inspector was not satisfied that the person in charge could meet the statutory requirements based on their role within the organisation.

Judgment:

Non Compliant - Major

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

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

Findings:

There were two staff present in the designated centre until 21.00 hours on the day of inspection. From 21.00 hours until 23.00 hours one staff was on duty and then completed a sleepover shift. A second member of staff was rostered on duty from 07.00 hours until 10.00 hours to support the sleepover staff the following day. The inspector confirmed that this is the standard staffing levels from a sample of rosters reviewed. Residents reported that they were satisfied that the staffing levels were meeting their needs.

The inspector reviewed a sample of staff files and identified that the job description was omitted from the files. However all other information stipulated in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 was present. Staff had received the mandatory training in Manual Handling and Prevention and Management of fire. There was no evidence available to support they had received training in the protection of vulnerable adults. There was also an absence in training in infection control as stated in Outcome 7.

There was no evidence of staff supervision or support from management available.

Judgment:

Non Compliant - Moderate

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

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

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

Findings:

There was a directory of residents maintained which contained all of the necessary information stated in Regulation 19 (1) of the the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Throughout the inspection however deficits were noted in the operating policies and procedures such as the infection control policy or the policy regarding communicating with residents. There were also failings identified in the absence of staff signatures and dating of assessments or records. There was also no record of any occasion in which restrictive procedures were utilised such as bed rails or lap straps.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Jillian Connolly
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Steadfast House Limited
Centre ID:	OSV-0001631
Date of Inspection:	27 August 2014
Date of response:	03 October 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The privacy of residents was compromised by:

- The storage of residents documentation
- The absence of privacy locks on bedroom doors

Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living

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

space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

All Residents documentation will be stored in each Individual's bedrooms in a locked press.

Privacy locks will be fitted on all bedroom doors.

Proposed Timescale: 31/10/2014

Theme: Individualised Supports and Care

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

There was no record of complaints maintained in the designated centre.

Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

Complaints Log Book is now available

Proposed Timescale: 24/09/2014

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:

The contract of care did not stipulate the fees to be charged and the services received.

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:

Initial contacts with companies legal representative to develop Service Level Agreement for each Resident

Proposed Timescale: 09/01/2015

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:

Access to multi - disciplinary team was as a result of a need being identified as opposed to involvement in the planning process.

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:

Members of Multi Disciplinary Team will be notified to attend all Residents Personal Plan reviews.

Proposed Timescale: 30/03/2015

Theme: Effective Services

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

The action plans arising from the personal plans did not adequately inform of the supports required for the resident to achieve their goals.

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:

Refresher Training will be put in place for all residential staff regarding the development of personal plan reviews. Improved action plans to identify and support long term goals.

Proposed Timescale: 29/11/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Residents utilising wheelchairs could not access communal areas without the support of staff.

Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

Alterations have been made to the premises – all exit doors are now wheelchair accessible.

Assessment currently being carried out to determine most suitable means of wheelchair access to communal areas based on Residents' collective needs.

Proposed Timescale: 15/12/2014

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:

There was no risk register within 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:

Hazard identification and assessment of risks has commenced and upon completion will be included in risk management policy.

Proposed Timescale: 10/11/2014

Theme: Effective Services

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

There was no adequate training and support in place to ensure that staff were employing the appropriate infection control practices.

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:

Staff will receive training in Infection Control- scheduled for 23/10/2014

Proposed Timescale: 24/10/2014

Theme: Effective Services

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

Records of fire drills did not inform of the actual ability to evacuate residents to a safe location.

Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

All recent fire drills were carried out by the person on duty acting alone to ensure uniformity with day & night evacuation.

Protocol being developed as a result will ensure consistency in evacuation plan.

Proposed Timescale: 10/11/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

There was no evidence of the education or support provided to residents who were documented as being at risk due to their vulnerability to access community activities independently.

Action Required:

Under Regulation 08 (1) you are required to: Ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

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

Residents accessing community activities are supported by residential staff.

In-depth risk assessment is currently being undertaken of all community activities to maximise independence with minimal staff support.

Proposed Timescale: 31/10/2014

Theme: Safe Services

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

Evidence of staff training was not available.

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 will be provided to all Staff on "Protection of Vulnerable Adults"

Proposed Timescale: 28/11/2014

Outcome 11. Healthcare Needs

Theme: Health and Development

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

The evidence of the health care support residents received on a daily basis in the designated centre was inadequate.

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:

Residents Individual Health Care needs are currently being reviewed and documentation being updated.

Proposed Timescale: 17/11/2014

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:

Medication prescribed for as required was not available for each individual resident.

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:

All medication prescribed for as required is now available for each individual resident

Proposed Timescale: 29/08/2014

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 matters listed 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 were present in the Statement of Purpose and Function.

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:

Statement of Purpose is currently under review

Proposed Timescale: 28/11/2014

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The inspector concluded from interview with residents, review of documentation, evidence as reported throughout the report that the person in charge could not meet the statutory requirements based on their role within the organisation.

Action Required:

Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

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

Person in charge currently being recruited.

Proposed Timescale: 15/10/2014

Theme: Leadership, Governance and Management

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

Based on the failings identified by inspectors, there was no evidence of clear systems to ensure effective and safe services and positive outcomes for residents.

Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

On appointment, Person In Charge will review that the service provided is safe, appropriate to resident's needs, consistent and effectively monitored.

Proposed Timescale: 15/12/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

The actual role and responsibilities the staff member would complete was omitted from 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:

Staff members role and responsibilities (Job Description) are now in all Staff files.

Proposed Timescale: 30/09/2014

Theme: Responsive Workforce

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

Staff had not received mandatory training in the protection of vulnerable adults. There was evidence that staff required training in infection control.

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:

Refresher Training for all Staff in "Protection of Vulnerable Adults"

Staff to receive training in "Infection Control"

Proposed Timescale: 28/11/2014

Theme: Responsive Workforce

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

There was no evidence of staff supervision and support.

Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

On Appointment, Person In Charge will address shortcomings

Proposed Timescale: 15/10/2014

Outcome 18: Records and documentation

Theme: Use of Information

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

There was policy and procedures as listed in Schedule 5 not present in the designated centre.

Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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:

Review of all documentation outlined in Schedule 5 is currently under review.

Proposed Timescale: 08/01/2015

Theme: Use of Information

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

All of the records stipulated in Schedule 3 were not maintained in the designated centre. Of those maintained some were incomplete as staff signatures and dates were omitted.

Action Required:

Under Regulation 21 (3) you are required to: Retain records set out in Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 for a period of not less than 7 years after the resident has ceased to reside in the designated centre.

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

Review of all documentation outlined in Schedule 3 currently under review.

Proposed Timescale: 08/01/2015