

**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 St Michael's House
Centre ID:	OSV-0002373
Centre county:	Dublin 9
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	John Birthistle
Lead inspector:	Nuala Rafferty
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:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 29 July 2014 10:00 To: 29 July 2014 18:00

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 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This was the first inspection of this 6 bed centre for persons with disabilities. The centre forms part of a diverse number of services nationally delivered by the provider St Michaels House Group. As part of the process the inspector met with the, person in charge, the services manager, staff and residents and reviewed documentation such as clinical care records, accidents and incidents and rosters. The purpose of the inspection was to assess the level of compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities 2013 and the standard of care delivered to residents in the facility.

Throughout the inspection it was noted that there was an emphasis on delivering safe suitable and appropriate care in a relaxed and unhurried manner. Daily routines for each resident reflected their general status following assessment by staff and the pace of care delivery tailored accordingly. There was a deliberate lack of routine which allowed care to be provided within a low key atmosphere of domesticity and socialization. Staff were found to deliver effective care in an unobtrusive and respectful manner.

The findings from this inspection are detailed under each outcome in this report. Although in general evidence of good standards of practice were found improvements were noted to be required in some aspects of service delivery such as; care planning and risk management. Where non compliances are identified an action plan is included under each outcome and identifies areas where improvements are required to comply with the regulations and Authority's standards.

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:

Evidence that residents were consulted with and enabled to participate in decisions about their care and about the organisation of the centre was found on this inspection. Regular weekly meetings took place and minutes of these meetings outlined discussions and decisions taken on activities and meal planning. Daily routines respected individual choice and preferences such as times for rising or returning to bed. Promotion of independence was strongly supported by staff and was reflected in facilitating residents to access local amenities and services alone such as going to visit family and friends, coffee or shopping where this was assessed as appropriate and safe. Risk management processes whereby staff had knowledge of approximate whereabouts and expected time of return were established.

It was found that resident's privacy and dignity was respected through personal care practices, maintaining private communications and contacts with relatives and friends and maximising independence. Locks were available on all bedroom doors and some residents were provided with their own front door key. Use of CCTV or other monitoring devices were not in use in the centre at this time.

Staff were observed to facilitate residents' capacity to exercise personal autonomy and residents were enabled to exercise choice and control in their daily lives in accordance with their preferences. Independence was promoted and encouraged through development and maintenance of life skills.

Systems to safeguard finances were in place and supports to facilitate residents to safely manage their finances were reviewed. It was found that resident's belongings and finances were protected on this inspection. A robust system which involved recording, balancing and auditing three separate account records was in place consisting of an

expenditure record, receipts and bank account statements. Each aspect of the three records were reconciled for every lodgement, withdrawal or transaction conducted. These were audited by the person in charge monthly. Records indicated full reconciliation and corroboration of purchases/payments with receipts expenditure records and bank statements.

There was a written operational policy and procedure relating to the making, handling and investigation of written complaints. The procedure identified the nominated person to investigate a complaint and the appeals process. There was a nominated person who held a monitoring role to ensure that all complaints were appropriately responded to and records were kept. A diagrammatic outline of the process was available, in word and pictorial format which was specific to the centre and facilitated ease of understanding and in conversation with residents it was found they were aware of the process and to whom they could and would make a complaint. It was also noted that residents were facilitated to have access to advocacy services.

At the time of this inspection the inspector was informed that no complaints had been received in the centre.

Judgment:
Compliant

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:

Evidence that residents' admissions were determined on the basis of criteria in accordance with the current Statement of Purpose was found although further clarifications on emergency admissions and improvements to the Statement of Purpose were found to be required and this is referenced under outcome 13 further in this report.

In discussion with the person in charge and services manager the inspector learned that all referrals were considered by a New Referrals and Discharge Committee. All appropriate referrals were assessed by a clinical team who recommended placement to the person in charge and services manager who then input into the process by facilitating informal visits to the potential resident and their family/representatives. The referred person then met with the other residents' whose views were considered before

a final decision was made. In conversation with staff and residents the inspector learned that this process was currently being implemented in practice by the person in charge.

At the time of the inspection there was a vacancy in the centre and a series of 'getting to know you' opportunities have been arranged to facilitate residents get to know the person under consideration for placement. These opportunities included informal visits to meet over a cup of tea and then progress to dinner and respite stays over two weekend periods.

The person in charge was clear that where it was believed a potential residents needs could not be met or the proposed new resident would not fit with the existing profile then the placement would not be facilitated. The protocol for filling vacancies also included assessments associated with the suitability of the environment to meet potential residents needs; level and skill mix of staff and familiarity with the local community and area.

Judgment:

Compliant

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:

Some evidence that resident's well being and welfare were maintained by a good standard of evidence-based care and support was found. Detailed personal plans that identified the supports to be provided to maximise each resident's abilities to reach potential for personal development in all spheres of daily life, i.e. personal, social, health and education were in place for some residents. These plans were found to reflect resident's involvement to the extent that the resident was consulted in relation to their wishes and preferences on social needs relating to family and community based contacts visits and outings. Plans were in place for all residents and it was found that they were moving to an outcome rather than activity based focus to promote independence and life skills maintenance or development. Opportunities for education, training and development were provided and all residents were attending day services to maintain

and develop life skills, some were also availing of supported employment and other developmental opportunities such as literacy courses.

However, on review of a sample of clinical documentation it was found that improvements were required to ensure that arrangements to meet each resident's assessed needs were set out in a personal plan (or care plan) that reflected their needs and capacities. A comprehensive care planning system with evidenced based risk assessment tools was being introduced into the centre and all staff including the person in charge were in the process of becoming familiar with the system.

A comprehensive risk assessment or care plan was not in place for every identified need, examples included behaviour that challenges, mobility and epilepsy. Where care plans were in place they were not sufficiently specific to manage the needs identified, examples included, risk of choking and nutrition. In some instances where evidence of interventions of allied health professions were found, the guidance was not referenced in a care plan to ensure the recommendations or guidelines for care were implemented and reviewed to determine effectiveness.

All risk assessment tools were not evidenced based and the comprehensive assessments of all care needs were not assured. Examples included moving and handling and use of restraints. Although plans in place were reviewed on at least an annual basis, the reviews were not sufficiently robust to determine their effectiveness.

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:

Although all aspects of the lines of enquiry for this outcome were not reviewed on this inspection it was found that in general the health and safety of residents, visitors and staff was promoted and protected in that policies and procedures for risk management and health and safety were available and staff were aware of them.

Arrangements were also in place for responding to emergencies including procedures and policies covering responses in the event of a resident being absent or missing without staff knowledge. In conversation with them it was found that staff were aware of these procedures.

Evidence of effective review of the systems in place to assess and manage all risks associated with response to emergencies was found. A centre specific emergency plan to direct and guide staff in response to any major emergency such as power failure, flooding or other form of emergency was available and had recently been reviewed. The plan identified all resources available to ensure residents safety such as alternative accommodation. Some additional equipment to effectively and safely respond to emergencies was available such as search torches, blankets and lists of emergency numbers.

Accident and incident records reviewed indicated systems were in place to derive learning, improve standards of care and improve safe systems in place to prevent recurrence.

Records were maintained regarding the regular servicing of fire equipment and fire officer's visits. Fire escape routes were unobstructed. Fire equipment and alarms were tested and arrangements were in place for the maintenance of the system and equipment. Staff had received annual training in fire safety as required under the legislation and although staff spoken too demonstrated knowledge of the procedures to be followed in the event of a fire, these procedures were not displayed.

Personal emergency evacuation plans for all residents were in place and were sufficiently specific to guide staff in that they referenced difficulties associated with residents' individual capacities behaviours or responses in the event of an emergency. However, they did not identify the requirement to evacuate all residents through the same exit route when only one staff member was available to provide direction and supervision.

It was also found that the fire procedures were not fully reflective of the actual process used by staff when conducting fire practices. The inspector learned that, although the fire procedures identified only one assembly point at the front of the house, during fire drill practices, staff also used fire exits to the rear of the house to simulate evacuations and assembled in an enclosed rear garden. Staff utilised this approach due to the design and layout of the premises and explained that this was the most practical and reasoned approach to ensure the safe evacuation of all persons in the centre in a timely manner.

In discussions with staff and on review of the layout of the centre, the inspector found that this approach taken by staff was reasonable in the current circumstances however, there were associated risks which required to be addressed.

Risks identified included;

- layout of the premises; main kitchen running along the length of one side of the house with the entrance doorway at the base of the stairs; laundry containing all main electrical equipment situated on corridor leading to ground floor bedrooms and adjacent to the kitchen at a 90 degree angle.

- a lack of internal compartmentalisation on corridors which limits the effectiveness of horizontal progressive evacuation procedures

- a lack of intumescent smoke seals on all internal doors to limit the spread of smoke

- lack of a shelter in the rear garden to provide safe placement

- lack of clarity on the arrangements to safely evacuate residents from the enclosed rear garden should this be required.

Evidence of a review of the systems in place in relation to evacuation processes was not found and risk management processes which ensure the full identification and assessment of all hazards together with the appropriate measures to manage the risks were not in place.

Judgment:
Non Compliant - Major

Outcome 08: Safeguarding and Safety

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

Theme:
Safe Services

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

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

Findings:

Measures were in place to protect residents from being harmed or suffering abuse. There was a policy which provided guidance for staff to manage incidents of elder abuse. Evidence that staff were competent in their knowledge regarding reporting mechanisms within the centre and what to do in the event of a disclosure about actual, alleged or suspected abuse was found. In conversations with them some residents expressed feeling safe and the inspector found that these residents were very familiar with all staff including the person in charge. Although all residents spoken too were unable to express feeling safe, the inspector observed they appeared comfortable with staff and did not exhibit behaviours associated with distress or anxiety.

A restraint-free environment was observed to be promoted within the centre. It was found that restrictive measures such as use of bed rails were not in use.

Judgment:
Compliant

Outcome 11. Healthcare Needs

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

<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: Residents had access to medical services. On review of a sample of documentation, some evidence of access to specialist and allied health care services such as general practitioners (GP), psychiatry and physiotherapy services was found. Historically, all information in relation to reviews of residents health status by medical officers or other allied health care such as psychology or psychiatry were not held in the centre, although this was now being addressed and a clinicians note section in each file to facilitate improved information sharing and provision of a complete record of each residents current health status had recently commenced.</p> <p>Residents were provided with food and drink at times and in quantities adequate for their needs. All meals were prepared in the centre and residents were encouraged to be involved in the preparation of evening meals in the centre as appropriate to their ability and preference. On this visit the evening meal was being prepared as the inspection concluded with a roast, potatoes and vegetables on the menu. Most residents were proactive in the preparation, cooking and partaking of meals in the centre.</p> <p>Residents were supported on an individual basis to achieve and enjoy the best possible health through the promotion of healthy lifestyle options. Examples included healthy diet choices and regular exercise participation.</p>
<p>Judgment: Compliant</p>

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

<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: Evidence that the processes in place for the handling of medicines were safe and in accordance with current guidelines and legislation were found and systems were in place for reviewing and monitoring safe medication practices. There were written operational policies relating to the ordering, prescribing, storing and administration of</p>

medicines to residents and appropriate procedures for the ordering, storing and returning medication including unused and out-of-date medicines.

Regular reviews of residents' medication was found including review of the frequency and requirement for pro re nata (PRN) or as required, anti psychotic medication and monitoring of blood levels for persons on psychotropic and anti epileptic medications.

There was evidence that safe medication management and prescription practices were being implemented.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

A written statement of purpose was available which broadly reflected the service provided in the centre. On review it was found that some improvements were required to ensure the document contained all of the information required by Schedule 1 of the Regulations. Information which requires to be included in the statement of purpose includes;

- the specific criteria used for admission including policy and procedures for respite and emergency admissions;
- range of needs and the facilities and services available to meet those needs;

It was also noted that aspects of personal information was included in the document which may identify resident's or staff and may represent a potential breach of their privacy, dignity and rights to protection of confidentiality under the Data Protection Act 1988 & 2003.

Judgment:

Non Compliant - Minor

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

While all lines of enquiry in relation to this outcome were not reviewed on this inspection the inspector formed the view that within the centre there was evidence of good management systems to support and promote the delivery of safe care services. However, it was noted that this centre forms part of a larger service provider with a complex management structure and associated levels and lines of authority and accountability, to which the person in charge and service manager referred for clinical governance and relied upon for support.

The centre was managed by a person in charge who demonstrated good leadership skills and sufficient knowledge to ensure suitable and safe care was delivered to residents. All staff were familiar with each resident's personal and social interests, background and history. Residents' were familiar with all staff including the person in charge on sight, those who could communicate verbally called staff by name and the interactions between all staff and residents displayed warm and mutually respectful and caring interpersonal relationships.

The person in charge had a comprehensive knowledge of the centre and informed the inspector that as head of unit she was involved in decisions such as agreeing suitability for admission. Additionally the inspector was told that as head of unit the person in charge was allocated a budget for which she had control on expenditure relating to for example, maintenance, equipment and refurbishment of the centre.

Judgment:

Compliant

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:

Although all lines of enquiry were not reviewed it was found that at the time of this inspection, the levels and skill mix of staff were sufficient to meet the needs of residents and staff were supervised appropriate to their role. The inspector observed staff and residents interactions and found that staff were respectful patient and attentive to residents needs. It was noted that staff provided reassurance to residents by delivering care to them in a quiet confident manner.

Evidence that all staff received up-to-date mandatory fire training, moving and handling and vulnerable adult protection was available. Training provided also included hand hygiene, safe administration of medication and oral care.

A sample of staff files were reviewed and were found to meet the requirements of Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons with Disabilities) Regulations 2013.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Nuala Rafferty
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 St Michael's House
Centre ID:	OSV-0002373
Date of Inspection:	29 July 2014
Date of response:	8 September 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 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 plan was not in place for every identified need for all residents

Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

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

The (PIC) & her staff team are in the process of completing an assessment of need & a care plan for each resident residing at OSV-0002373. Following on from this the Allied Health professionals will assess each resident as appropriate in line with each resident's individuals needs.

Proposed Timescale: 09/10/2014

Theme: Effective Services

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

Plans in place were not sufficiently specific to appropriately manage residents identified needs and risk assessments and health care plans were not always linked.

Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

The PIC will put in place specific plans that identify the needs of each resident & will update the risk assessments associated to those needs. The PIC will ensure that the identified needs are linked to each individual care plan.

Proposed Timescale: 09/10/2014

Theme: Effective Services

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

Reviews of health care plans in place were not sufficiently robust to determine their effectiveness

Action Required:

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

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

Each care plan will be revised by the PIC with the support of the Allied Health professionals to ensure that the care plans are specific to manage the identified needs of residents. This care plan will be updated accordingly to reflect any new changes & new developments.

Proposed Timescale: 09/10/2014

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:

Evidence of effective review of the systems in place to identify assess and manage all risks was not found.

Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

Health & safety manager/Fire officer will review all the systems in place & the associated risks in the centre & put in place a plan to respond effectively to all emergencies.

Proposed Timescale: 09/10/2014

Theme: Effective Services

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

The measures and actions identified in the risk management policies were not sufficiently specific to control the risks identified.

Action Required:

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

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

A centre specific risk management plan identifying all of the risks will be drawn up by the PIC. All of the staff will be appraised of the risk management policy & will sign off same.

Proposed Timescale: 17/10/2014

Theme: Effective Services

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

Adequate arrangements for evacuating where necessary all persons in the designated centre and bringing them to safe locations were not available such as; zoning and compartmentation of the centre to allow for progressive horizontal evacuation; provision of shelter in the rear garden and safe means of egress from the enclosed garden area.

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:

An evacuation plan will be drawn up by the PIC & the Fire Officer to review the evacuation of all service users safely using the back entrance of the house.

Proposed Timescale: 16/09/2014

Theme: Effective Services

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

Adequate arrangements for the containment of fire were not available such as; intumescent smoke seal strips on all internal doors.

Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

Technical services will be contacted to ensure the intumescent smoke seals are put on all internal doors. The PIC, Technical services & Fire Officer will be contacted to review the layout of the house to ensure the maximum amount of safety for all residents & staff alike.

Proposed Timescale: 16/09/2014

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The following information was not included in the statement of purpose;

- range of needs and the facilities and services available to meet those needs
- specific criteria used for admission including policy and procedures for respite, time share and emergency admissions

It was also noted that aspects of personal information was included in the document and represents a potential breach of privacy, dignity and rights to protection of confidentiality under the Data Protection Act 1988 & 2003

Action Required:

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

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

The statement of purpose has been amended accordingly so that any personal information pertaining to residents & staff has been removed. The statement of purpose has also been amended to determine the type of residents that would be suitable for a permanent placement or for respite purposes.

Proposed Timescale: 05/09/2014