Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002360
Centre county:	Dublin 5
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	Unannounced
Number of residents on the date of inspection:	6
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, Health Act 2007 (Registration of 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 inform a registration decision. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
21 April 2015 12:30	21 April 2015 17:30
22 April 2015 09:00	22 April 2015 17:00

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

Outcome 02: Communication
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 11. Healthcare Needs
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the third inspection of this centre by the Health Information and Quality Authority's (the Authority). The purpose of this inspection was to follow up on matters arising from a registration inspection carried out on 9 and 10 December 2014 and to monitor progress on the actions required arising from those inspections.

As part of the inspection the inspector met with staff members, residents and relatives and reviewed documentation such as policies and procedures care plans and clinical records.

It was found that some progress was made by the provider in implementing the required improvements identified by the registration inspection although the time frames indicated in the majority of actions had not yet expired. As further actions are required to fully address the requirements identified in the registration report and a review of the time frames proposed by the provider were in some instances not appropriate, these actions are repeated in this report to ensure improvements are instigated and maintained in key areas such as; premises; risk management; assessment and review of care needs, care planning and resources.

The Action Plan at the end of the report identifies those areas where improvements were required in order to comply with the Regulations and the 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, Health Act 2007 (Registration of 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 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

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Communication systems and plans to support and enable all residents communicate using a variety of alternative methods were found to be in place.

The resident profile had a variety of communication needs; these were found to be set out in communication care plans which identified the specific methods suitable for each individual.

The plans included the forms of expression used, the meaning of various expressions, the level of understanding to interpret verbal and non verbal interactions and the emotions or behaviours associated with various communication signals.

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):
Some action(s) required from the previous inspection were not satisfactorily

implemented.

Findings:
Actions required under this outcome were found to be partially addressed.

Aspects of the actions which were addressed related to improvements specifically related to healthcare plans and included;
- care plans were now in place for all identified health care needs such as; communications, epilepsy, behaviour that challenges and apnoea
- updated reviews of residents health status and current medical condition
- plans in place were reviewed as needs changed however, it was noted that the reviews did not include a determination of the effectiveness of the interventions in place to manage the needs and this aspect requires to be constantly monitored
- improvement of access to and frequency of review by allied health care professionals
- risk assessments to determine level of needs were in place for most identified clinical needs but a validated nutritional screening tool to determine risk of malnutrition for those residents with dysphagia and weight loss was still not in place.

Aspects of the actions which were not addressed primarily related to social care needs and included;
- comprehensive assessments of social and personal needs were not reviewed within the time frames stated in the provider's response to the registration report
- individual personal plans to support resident's continued personal independence and life skills development were not in place for 2015
- plans in place for 2014 related primarily to basic life rights such as going for a walk, drive or meeting with friends and family.These
plans did not include identified supports to achieve the goals and limited progress was found to have occurred, these plans had not been reviewed
- the plans which were in place for 2014 did not fully reflect residents assessed social care needs, were not appropriate or adequate enough to support resident's continued personal independence and life skill development
- a review of the facilities of the centre to determine its suitability to fully meet residents assessed needs in relation to areas of diversion and accessibility was carried out by the provider within the time frame indicated however, no progress was found to have been made to address the negative impacts the lack of these facilities were having on meeting residents needs.

It was noted that the time frames identified in the provider's response to the registration report under this outcome had expired.

Judgment:
Non Compliant - Moderate

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Actions required under this outcome were found to be partially addressed. However, it was noted that there had been limited progress made on many of the actions required.

Aspects of the actions which were addressed included;
- many parts of the centre was re painted including the main hallway, residents bedrooms and sitting room.
- a wash hand basin was installed in the utility room
- a concrete pathway and level concrete plinth was in place to enable the installation of an external storage shed.

Aspects of the actions which remain to be addressed included;
Maintenance issues;
- skirting, architrave, lintels and door frames were very scratched and wood exposed in some areas which does not enable staff to ensure proper cleaning and the prevention of spread of infection
- linoleum flooring in the kitchen and dining areas and flooring throughout the centre such as in the hallways bedrooms and sitting room was torn stained and some parts of the hallway and sitting room flooring was loose and 'lifting'
- review of lighting throughout not commenced.

The provider's response to the findings of the registration inspection including the above was to make available the report of a full review of the premises by the technical services department which was completed in January 2015. However, there was no evidence of any progress made to address these issues and on this unannounced inspection risks were found in relation to the lack of storage and lack of maintenance.

Examples include;
- the utility room was a small area with limited floor space which was found to be very cluttered with; two large linen baskets sitting on the floor in front of the washing machine and tumble dryer
- the hoover and two sweeping brushes and dust pans were stored behind the door, the hose of the hoover and the brushes were found to fall forward when the door was pushed open almost hitting the person trying to enter the room
- a clinical waste bin and domestic pedal bin were stored directly in front of the wash

hand basin and staff had to stretch over them to wash their hands
- all mops and mop buckets were found to be stored outside in the garden on a rack which had been rusted by the elements.
- the side panel of an old boiler (recently replaced) was propped behind the sink.
- exposed electrical wiring was noted above the door of the utility room.

Aspects of the actions which remain to be addressed but for which the time frame had not yet expired included the provision of additional storage was not yet available. The inspector was told this was on order and expected delivery date was 8 May although time frame expiry was not until 15 May 2015.

On the registration inspection the design and layout of the centre was not found to meet the needs of the current resident profile in line with the statement of purpose in that adequate private and communal accommodation was not available for residents including adequate social, recreational dining and private accommodation. It was also found that the full needs of residents were not being met in relation to skill development, maintenance or to enable residents be involved in the daily life and operation of the centre.

The provider's response identified that a number of consultation processes with residents, families and other services had to be entered into and completed prior to any alterations or review of the premises could be commenced. The provider gave time frames by which these preparatory processes would be concluded and also gave a time frame by which the premises would then be re configured to address the findings of the registration inspection. These time frames although accepted by the Authority were noted to be lengthy in that they were seven months from the registration inspection.

However, although substantial progress was found to have been made in relation to one consultation process, within the time frame, no progress was found to have been made for the remainder of the preparatory work and ultimately it is highly unlikely the time frames of 31 July 2015 for completion of any of the re configuration works will be met.

Judgment:
Non Compliant - Major

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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
A revised risk management policy was available in the centre this had only been received the previous week and the person in charge had not had an opportunity to read fully or commence implementation of the policy including the establishment of a

risk register as required.
However it was noted that the existing risk register had been updated to include risks associated with the provision of oxygen amongst other revised risks.
Updated fire safety and evacuation training was arranged for the end of May 2015 to include training on recently acquired evacuation sheets to enable safe evacuation of immobile or less ambulant residents.
All lines of enquiry in relation to fire was reviewed on the registration inspection and in response to queries raised by the inspector the provider pro actively engaged the services of a fire safety engineer to review the fire safety arrangements within the centre whose report was amalgamated within an overall review of the centre premises by the provider's technical services department.

Recommendations in relation to upgrades of the centre's fire systems within a six to twelve month period were made and included;
-intumescent smoke seals were fitted to all communal doors.
- automatic door closures due to be fitted to all doors with the exception of bedroom doors were not yet fitted but were on order.
- upgrade of the fire alarm and emergency lighting systems.
-improvements to fire retardant materials of the attic to include increase insulation; enclose skylight shaft; replace attic hatch with 30 minute fire rated hatch; fire stop ceiling membrane and remove all storage.
All of these actions were recommendations included in a report from a fire safety engineer commissioned by the provider and were risks rated in terms of priority and time frames. The time frame for completion

These were not yet implemented on this inspection but it was noted they remain within the time frame recommended for completion by the fire engineer which is due to expire on 21 January 2016.

However, written confirmation from a properly and suitably qualified person with experience in fire safety design and management that all statutory requirements relating to fire safety and building control have been complied with as required in the Registration Regulations had not been provided. An action in relation to this is included under Outcome 14

Judgment:
Non Compliant - Moderate

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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
All actions in relation to this outcome were addressed.

The system of referral and review of residents by allied health professional staff within the broader St Michael's house organisation was found to have been streamlined and in the case of this particular centre had improved.

Individual co ordination meetings were held and where needs were identified for further care, follow up or treatment this was responded too in a timely and appropriately manner.

Evidence that residents had a full review of all of their healthcare needs was available and regular and ongoing review processes and assessments to maintain health were in place.

Improvements to the ongoing management and review of medical needs and responding to signs of deterioration was improved and ongoing monitoring of and interventions for clinical needs relating to for example, neurology; gastrology; urology were found.

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The statement of purpose was found to contain all of the information required by Schedule 1 of the Regulations and copies were available for residents in the centre.

However, the statement did not reflect the service being provided in the centre in that the facilities and services outlined in the document were not in place in order to meet the diverse needs of the client group the designated centre is intended to meet.

Judgment:
Non Compliant - Major

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
During the registration inspection, evidence that the governance and management system was responsive to the needs of residents and supported the delivery of safe quality care was not found.

Aspects of this action which have been addressed including the introduction of an interim system to monitor risk and quality of care which included;
- a service manager with an intellectual disability nursing qualification now provides clinical support to the person in charge and the staff team
- ongoing supervision of staff to ensure the delivery of safe standards of care by the person in charge and monthly individual staff performance meetings with the person in charge and the service manager to identify on going learning needs and performance development
- an increased amount of management time was allocated to the person in charge to carry out the duties associated with the role in relation to the governance, operational management and administration of the centre
- the six monthly safety and quality review process now being conducted on a three monthly basis by the service manager and person in charge. The process includes an action plan and this was found to identify areas of improvement and the person responsible for follow up such as; ongoing liaison with the technical services department to follow up on maintenance; further improvements to care planning and assessment; improvements to the inclusion of residents in the operation of the centre.

Aspects of this action which have not been addressed included;
- two documents one in relation to planning compliance and the other relating to fire compliance remained outstanding and are required to be submitted to the Authority before a recommendation for registration can be made

Since the registration inspection a new person in charge had been appointed and engaged with the process to determine fitness as part of the inspection. The recently appointed person demonstrated sufficient knowledge of the legislation and statutory responsibilities associated with the role, was engaged in the governance, operational management and administration of the centre on a regular and consistent basis,

provided good and consistent leadership to staff, support to families and was clearly resident focused

Judgment:
Non Compliant - Major

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.

Theme:
Use of Resources

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

Findings:
Improvements to the resources available to meet the social and health care needs of residents were found although further prioritisation of targeted resources was required.

Aspects of this action which had been addressed included;
- improved access to the multi disciplinary team and timely reviews of healthcare needs
- some increase in staffing complement was noted with additional supernumerary hours for the person in charge which the inspector was told related to 1.0 wte but due to leave cover and vacant posts the full wte could not be identified on the roster. There was also 0.5 wte staff support for housekeeping
- changes to staff skill mix although not yet completed was ongoing. Conversion of 0.5 wte direct care hours plus additional 0.5 wte combined to provide a full time housekeeping post to enable other staff concentrate on improved quality of direct care to residents to meet social and healthcare needs
- previously identified restrictions to community activities and outings were being eliminated through; ensuring the majority of staff held the necessary driving licence and were willing to drive the centre transport; sourcing additional transport to separate into two groups if necessary
- training in safe administration of medication was provided to the care staff team which enabled these staff accompany residents on outings who previously could only be accompanied by nursing staff and/or stay with those residents who did not wish to go or were unwell or were exhibiting aspects of behaviour that challenges
- volunteers to enable improved variety of internal activities such as art and music were being explored.

Aspects of this action which have not been addressed include;
- as outlined in full under premises Outcome 6 the facilities and services do not reflect the statement of purpose
- as outlined under Outcome 13 the facilities and services outlined in the statement of purpose were not in place in order to meet the diverse needs of the client group the designated centre is intended to meet
- although some improvements to the numbers and skill mix of staff had occurred it was

noted that further changes were required to ensure sufficient staff with the diversity of skills, and qualifications required to meet the needs of the current profile. For example nurses with an intellectual disability or psychiatric qualification, although evidence that this is planned from the beginning of May 2015 was found

Judgment:
Non Compliant - Moderate

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Aspects of this action which had been addressed included;
- eight of the 11 staff now held a driving license to facilitate the social needs of residents to access leisure activities at times of their choice
- one full time staff member with specific responsibility for household tasks was in place
- some increase in staffing complement was noted with additional supernumerary hours for the person in charge which the inspector was told relates to 1.0 wte but due to leave cover and vacant posts the full wte could not be identified on the roster
- improved supervision and performance development and management systems to monitor delivery of safe effective quality care.
- improved access to clinical guidance and leadership and availability of literature on scope of practice; clinical practice and developing a clinical quality environment
- training opportunities being provided to staff.

Aspects of this action which have not been addressed include;
- vacant posts were not yet filled
- diversity of skills, and qualifications required to meet the needs of the current profile such as nurses with an intellectual disability or psychiatric qualification not provided
- evidence that the person in charge and service manager were endeavouring to create and provide a supportive learning environment and to encourage staff to engage in continuous professional development processes was found but evidence that staff were engaged with these processes and undertaking training in clinical areas was limited to date.

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): The action(s) required from the previous inspection were satisfactorily implemented. **Findings:** This action was addressed. A directory of residents which meets all of the requirements of the care and welfare regulations was in place and maintained. All policies and procedures required under Schedule 5 were available in the centre.
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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002360
Date of Inspection:	21 April 2015
Date of response:	26 May 2015

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, Health Act 2007 (Registration of 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:
Comprehensive assessments of personal or social care needs were not reviewed annually or as needs changed.

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

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

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:
All comprehensive assessments of personal or social care needs will be reviewed by the designated key-worker on a quarterly basis (or as the individuals needs change). This review will include a clear determination of the effectiveness of the interventions in place and will be documented and available for review. All reviews required by an allied health professional will be followed up by the key-worker to ensure a timely response.

Individuals needs relating to nutrition and the risk of malnutrition will monitored with the support of the SMH dietician. Specific local guidelines have been developed by the PIC in consultation with the dietician and are available for review in the centre. All concerns identified will be followed up by the key-worker. A dietetic review will take place yearly or more frequently when indicated.

Proposed Timescale: 28/05/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Personal and social plans which were in place did not fully reflect the residents assessed needs, had not been reviewed as needs changed and were not adequate or appropriate to support resident's continued personal independence and life skills development.

Action Required:
Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

Please state the actions you have taken or are planning to take:
Personal and social plans have been reviewed for 2015. Information gathering will be completed and goals set by the given timeframe. Goals identified will focus on the individual and will promote the persons independence and life skills development, while ensuring the activity is fulfilling and enjoyable for the resident.

Proposed Timescale: 01/06/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The facilities within the designated centre was not suited to fully meet the needs of residents

Action Required:
Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

Please state the actions you have taken or are planning to take:
The kitchen area in the centre was identified as being unsuitable for some residents.

This area has been extended by removing the partition and cupboard between the kitchen and dining area. Part of the dining area (approx 110 x 270cms) has now been integrated into the kitchen to facilitate more space. A waist height counter and gate between the kitchen and dining area ensures the safety of residents who must be supervised while in the kitchen area. In the counter a shelf at a lower level can be accessed by a person in a wheelchair. The dining table and chairs have been re-configured to fit in the remaining space, while cupboards in the dining area have been removed.

An area in the centre has been identified to be converted into a second sitting room for residents. The conversion of this room will commence when one of the residents has completed the consultation process and moved to a more suitable designated centre. This resident will permanently move to her new home on 28-05-2015. Furniture and textiles for the second sitting room have been purchased and families have been consulted around the changes. Minor maintenance works are required to convert the bedroom to a sitting room.

Proposed Timescale: 12/06/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The design and layout of the centre was not found to meet the needs of the current resident profile in line with the Statement of purpose

Action Required:
Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

Please state the actions you have taken or are planning to take:
The kitchen area in the centre was identified as being unsuitable for some residents. This area has been extended by removing the partition and cupboard between the kitchen and dining area. Part of the dining area (approx 110 x 270cms) has now been integrated into the kitchen to facilitate more space. A waist height counter and gate between the kitchen and dining area ensures the safety of residents who must be supervised while in the kitchen area. In the counter a shelf at a lower level can be accessed by a person in a wheelchair. The dining table and chairs have been re-configured to fit in the remaining space, while cupboards in the dining area have been removed.

An area in the centre has been identified to be converted into a second sitting room for residents. The conversion of this room will commence when one of the residents has completed the consultation process and moved to a more suitable designated centre. This resident will permanently move to her new home on 28-05-2015. Furniture and textiles for the second sitting room have been purchased and families have been consulted around the changes. Minor maintenance works are required to convert the

bedroom to a sitting room.

The current statement of purpose for the centre identifies what facilities are currently available. The statement of purpose will be up-dated and submitted to the authority as all adaptations to the building have been completed. A copy of the most up-to-date statement of purpose was submitted with this action plan and is available for review in the centre.

Proposed Timescale: 12/06/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A full maintenance programme is required- this was identified but not addressed since the registration inspection. Overall it was noted that the majority of fixtures and fittings needed replaced or repaired including but not limited to;exposed electrical wires linoleum flooring in the dining and kitchen area and flooring needs review throughout the unit; skirting, doors, door surrounds and lintels and review of lighting.

Action Required:
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:
• All floors in the main corridors have been levelled and new flooring put down.
• New Altro flooring has been put down in the kitchen area.
• New flooring has been put down in the dining and living room areas.
• All skirting boards/ doors/ door surrounds and lintels are in the process of being sanded down and re-varnished. This will take time as it needs to be done one door at a time due to very strong odour of the products used.
• A review of all emergency lighting within the centre has taken place. Actions from this review are on-going.
• Dining table and chairs have been replaced.
• All couches and soft furnishings in the living room have been replaced.
• The fridge has been replaced.
• A new wall light has been installed in the corridor to replace the table lamp that sat on the piano.
• Cupboards have been installed in the staff bathroom for storage.
• All cupboards in the dining area have been removed. Medication cupboard has been moved to the office. Medication fridge has also been moved into the office.
• All shelving in the sleepover room has been removed to provide more space.
• Shelving in the main bathroom was removed to provide more space. All personal toiletries are kept in residents bedrooms now.
• All boxed files have been put in storage.
• Residents were consulted around re-decorating their bedrooms, this work is on-going at present.
• Kitchen and dining area/ living room have been re-painted.

Proposed Timescale: 12/06/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centre does not currently meet all of the requirements of schedule 6 including but not limited to;
Adequate private and communal accommodation was not available for residents including adequate social, recreational dining and private accommodation. There were no areas of diversion or interest available for residents other than the sole sitting room
Suitable or sufficient storage was not available to store domestic equipment such as mops hoover and brushes or larger items of equipment such as hoists, or chest freezers.

Action Required:
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

Please state the actions you have taken or are planning to take:
An area in the centre has been identified to be converted into a second sitting room for residents. The conversion of this room will commence when one of the residents has completed the consultation process and moved to a more suitable designated centre. This resident will permanently move to her new home on 28-05-2015. Furniture and textiles for the second sitting room have been purchased and families have been consulted around the changes. Minor maintenance works are required to convert the bedroom to a sitting room.

A purpose built shed has been installed in the back garden. This provides storage for the following;
• All assistive equipment
• A freezer.
• All household supplies
• All intimate care supplies
• Clinical waste bin.

A concrete pathway and outside lighting has been provided to ensure the safety of those accessing the shed.

A second shed in the garden has been de cluttered and houses the following;
• All gardening equipment
• All mop buckets
• The BBQ
• Miscellaneous decorations.

The utility room has been cleared of all clutter and only contains essential items.
The hoover and sweeping brushes have been moved and are stored in the staff bedroom now as there is more space.
All exposed wiring has been boxed off to ensure safety.
All unnecessary items have been removed from the centre and disposed of.

Proposed Timescale: 12/06/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A review of accessibility within the designated centre with reference to the statement of purpose to ensure the centre achieves and promotes accessibility for all residents specifically in relation to access to the kitchen area is required and any necessary alterations are carried out.

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:
The kitchen area in the centre was identified as being unsuitable for some residents. This area has been extended by removing the partition and cupboard between the kitchen and dining area. Part of the dining area (approx 110 x 270cms) has now been integrated into the kitchen to facilitate more space. A waist height counter and gate between the kitchen and dining area ensures the safety of residents who must be supervised while in the kitchen area. In the counter within the kitchen a shelf at a lower level can be accessed by a person in a wheelchair. The dining table and chairs have been re-configured to fit in the remaining space, while cupboards in the dining area have been removed. The kitchen and dining/ living area's have been re-painted Including all skirting/ lintels and doors.

Proposed Timescale: 28/05/2015

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:
Recommendations made and contained within the report of a fire safety engineer were not yet implemented.

Action Required:
Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

Please state the actions you have taken or are planning to take:
A risk register has been completed and is available for review.
The following items have been completed as recommended by a fire safety consultant.;
• The extinguishers were serviced 28-04-2015

• All cold smoke seals, batwing type have been fitted 28-04-2015
• The fire alarm system has been upgraded to type L1M standard per IS 3218, 23-04-2015
• A fire risk assessment has been carried out by the PIC and SMH fire officer 28-04-2015
• All latches have been removed from all bedroom doors.
• All staff have a master key which they keep on their person at all times.
• Freedor overhead door closures have been fitted to doors other than bedroom doors and cupboard doors.
• Top vision panel on kitchen door has been fitted with intumescent strip 28-05-2015
• Additional smoke detectors have been installed outside the kitchen door and utility room 23-04-2015
• Heat detectors have been added to hot press 23-04-2015
• Wall mounted lamp was fitted to the wall above the piano 28-04-2015
• A review of all emergency lighting has been conducted by the SMH fire officer in relation to emergency lighting being provided in escape routes in accordance with IS3217 2013 but excluding signposting, 21-05-2015.
• All exit signage has been reviewed and removed if deemed un necessary.
• All stored items in the attic have been removed, insulation in the attic to be increased and a 30 minute fire rated hatch to be installed. Skylight to be installed in the same construction as the ceiling. All existing service penetrations in the ceiling membrane will to be firestopped (to be completed in the 12month timeframe specified in the report).

Proposed Timescale: 01/09/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Recommendations made and contained within the report of a fire safety engineer were not yet implemented in relation to;
- upgrade of the emergency lighting system.

Action Required:
Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

Please state the actions you have taken or are planning to take:
A review of all emergency lighting has been conducted by the SMH fire officer in relation to emergency lighting being provided in escape routes in accordance with IS3217 2013 but excluding signposting, 21-05-2015. It is noted that all emergency lighting can be removed from bedrooms if desired.
Three new emergency lights to be installed, these will be dispersed throughout the hallway.

Proposed Timescale: 12/06/2015

Theme: Effective Services

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

Recommendations made and contained within the report of a fire safety engineer were not yet implemented in relation to;
- upgrade of the fire alarm system.

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:
The fire alarm system has been upgraded to type L1M standard per IS 3218, 23-04-2015

Proposed Timescale: 23/04/2015

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 statement did not reflect the service being provided in the centre in that the facilities and services outlined in the document were not in place in order to meet the diverse needs of the client group the designated centre is intended to meet.

Action Required:
Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

Please state the actions you have taken or are planning to take:
The current statement of purpose for the centre identifies what facilities are currently available. The statement of purpose will be up-dated and submitted to the authority as all adaptations to the building have been completed. A copy of the most up-to-date statement of purpose was submitted with this action plan and is available for review in the centre. Following the conversion of the bedroom to a sitting room the statement will be up-dated and forwarded to the Authority

Proposed Timescale: 12/06/2015

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:
Two documents one in relation to planning compliance and the other relating to fire compliance remain outstanding.

Action Required:
Under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. you are required to: Provide all documentation prescribed under Regulation 5 of the Health Act 2007

(Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
Please find attached a letter from the Authority dated January 2015 and a subsequent email confirming that planning and fire compliance documents are not required at this time.

Proposed Timescale: 28/05/2015

Outcome 16: Use of Resources

Theme: Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Facilities and services outlined in the statement of purpose were not in place in order to meet the diverse needs of the client group the designated centre is intended to meet. Evidence that sufficient funding and resources in order to ensure the provision of safe effective residential services now and into the future was not fully found.

Action Required:
Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

Please state the actions you have taken or are planning to take:
The current statement of purpose for the centre identifies what facilities are currently available. The statement of purpose will be up-dated and submitted to the authority as all adaptations to the building have been completed. A copy of the most up-to-date statement of purpose was submitted with this action plan and is available for review in the centre. Following the conversion of the bedroom to a sitting room the statement will be up-dated and forwarded to the Authority

Funding and resources to ensure the provision of safe and effective services will be available now and into the future.

Proposed Timescale: 12/06/2015

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Evidence that the number qualifications and skill mix of staff fully meets the assessed needs of all residents was not available in that;
vacant posts were not yet filled
- diversity of of skills, and qualifications required to meet the needs of the current profile such as nurses with an intellectual disability or psychiatric qualification not provided.

Action Required:
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
The diversity of skill mix/ qualifications within the staff team has been reviewed and the following actions have resulted;
• An Registered Nurse in Intellectual Disabilities with greater than five years experience has replaced one of the Registered General Nurse 06-05-2015
• An Registered Nurse in Intellectual Disabilities with greater than four years experience will replace one of the Registered General Nurse 31-05-2015
• An Registered Nurse in Intellectual Disabilities with greater than ten years experience working in Intellectual Disabilities will replace an Registered General Nurse 28-06-2015
• A Registered Intellectual Disabilities Nurse will start on 15-06-2015, this person has been employed as a Clinical Nurse Manager 2 and will take over the PIC role permanently on 27th July 2015. This will enable the current PIC to give a full six week handover. The Authority will be notified of the proposed change as per the notification process.
• Interviews will take place on the 28th/ 29th May and 3rd June to identify a fulltime Social Care Worker to replace a fulltime Care Assistant post.

Proposed Timescale: 27/07/2015

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Evidence that staff were accessing education, training and development opportunities to enable them to meet the full needs of residents was not available.

Action Required:
Under Regulation 16 (2) (a) you are required to: Make available to staff copies of the Act and any regulations made under it.

Please state the actions you have taken or are planning to take:
All internal training records/ attendance sheets will be kept on the unit for each individual staff. This will include dates and certificates of attendance for all staff on external courses in relation to Continuing Professional Development. All records will be in Centre and available for review.

Proposed Timescale: 28/05/2015