

**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 Health Service Executive
Centre ID:	OSV-0002481
Centre county:	Westmeath
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Joseph Ruane
Lead inspector:	Jackie Warren
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 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: 08 March 2016 08:50 To: 08 March 2016 17:15

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

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 centre by the Health Information and Quality Authority (the Authority). The purpose of the inspection was to assess 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.

The centre comprised of a large detached house in a suburban setting which provided residential accommodation for six male and female adults with disabilities. At the time of inspection one of the residents was in the process of moving to supported independent living. The person in charge did not intend to make a new admission to the centre and occupancy would, therefore, be reduced to five. The residents gave their consent for the inspector to enter their home and review their documentation.

As part of the inspection, the inspector met with residents and staff members, observed practices and reviewed documentation such as health and social care files, medication records, staff files and health and safety documentation. Eight of the eighteen outcomes were examined on this inspection. During the inspection the inspector found a good level of compliance with the regulations, with three of the outcomes reviewed being assessed as compliant and two as substantially compliant.

Two outcomes were judged as moderately non compliant and one constituted a major non compliance.

The provider and management team had developed fire safety controls and other measures to promote the health and safety of residents. However, as there were some significant risks identified in relation to fire safety this outcome is judged as being majorly non compliant.

Governance and management and the statement of purpose were judged as moderately non-compliant.

Good practice was found in other areas throughout the inspection. This included the following:

- safeguarding and safety
- medication management
- staffing and staff recruitment.

Areas of substantial compliance, where some improvement was required were health care and social care goals.

The inspector found that residents were supported to achieve independence and community participation according to their wishes. There were adequate staffing levels to meet the needs of all residents living in the centre and to ensure that person-centred care was delivered. Assessments had been undertaken and personal plans developed for each resident and residents had good access to general practitioners (GP) and health care support services.

The centre was comfortable, appropriately furnished and well maintained. Staff and residents knew each other well, residents were observed to be relaxed and happy in the company of staff. Residents told the inspector that they enjoyed their life in the centre and that they were well cared for by the staff.

Findings from the inspection and actions required are outlined in the body of the report.

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 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:

The inspector found that each resident's social wellbeing was maintained by a good standard of assessment, care and support. However, some improvement was required in the development of residents' personal goals. There was evidence of individualised assessment and personal planning and residents had opportunities to pursue interests appropriate to their individual preferences both in the centre, at their resource services and in the community.

All residents had personal plans which contained important information about the residents' backgrounds, including details of family members and other people who are important in their lives. Plans set out each resident's individual needs and life goals and there was evidence of participation by residents and/or their relatives in the development of their plans. Annual goals were identified yearly at personal planning meetings and additional short term goals were identified each month.

In the sample of files viewed, the inspector found that these goals had been successfully achieved. For example, individual goals such as holidays, outings and re-establishing contact with families had been achieved for residents. One resident had achieved a significant goal which was to move to independent living. This had been achieved with the support of the management team and staff. The resident told the inspector about his new apartment which he expected to be moving into in the coming weeks. However, many identified annual goals for residents did not identify any new plans or aspirations but instead reflected an on-going delivery of good health and social care and ensuring that privacy, dignity and rights continued to be respected.

There was a range of activities and educational opportunities taking place in the day services which all the residents attended on some weekdays in addition to having days at home when they could pursue other interests. Residents frequently went to town, visited relatives, celebrated birthdays, went on outings and had meals in local restaurants. On the day of inspection, one resident went out for a family visit and another went out independently to a retirement club in the community.

The inspector met with other residents both before and after they attended the resource service. She was told how they liked to spend their days there, doing activities such as gardening, arts and crafts, music sessions and playing bingo. These residents confirmed that they enjoyed and looked forward to attending the resource services, which they referred to as 'going to work' and discussed projects that they were involved in. One resident showed the inspector a selection of framed pictures which she had painted. Residents also stated that they enjoyed meeting other friends at the resource services.

Judgment:
Substantially Compliant

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 inspector found that the management team had measures in place to promote and protect the health and safety of residents, visitors and staff. However, significant improvement was required to fire safety, the risk management policy, risk management and the emergency plan.

The inspector found that the internal doors to residents' bedrooms were not fire doors. The person in charge informed the inspector that the centre had recently been examined by a fire safety consultant and he supplied a copy of the findings to the inspector. The report highlighted several unsafe fire safety issues which posed a risk to residents and required to be addressed. The person in charge confirmed that this work was being carried out in the near future and that all internal doors were being replaced with suitable fire doors. Staff on duty described to the inspector the interim measures that they would take in the event of a fire occurring while residents were in their bedrooms. However, this information was not recorded in the risk register to guide other staff.

The inspector reviewed fire safety procedures. There were up to date servicing records which indicated that the fire alarms were serviced quarterly and fire extinguishers annually. Two-monthly fire evacuation drills took place involving all residents. Internal

checks of fire safety systems were in place, such as, daily checks of fire alarms, and these were recorded. The procedures to be followed in the event of fire were displayed. At the time of inspection all exit doors were free from obstruction.

The inspector viewed training records that indicated that most staff had received up to date training in fire safety although, there was evidence that one staff member had not attended fire safety training in this centre. This staff member continued to be rostered for duty although a member of the management team confirmed that this staff member was never rostered to work alone in the centre. Other staff who spoke with the inspector were very clear on what actions they would take in the event of a fire and confirmed that they had received recent fire safety training.

'Missing Person' profiles had been completed for all residents and which contained resident-specific identifying information. In addition, there was a personal emergency evacuation plan on file for each resident. While there was a fire evacuation plan, there was no emergency plan to guide staff in the management of other emergencies

There was a risk management policy, a risk register and a recently revised health and safety statement available to guide staff. The clinical nurse manager had recently attended training on risk assessment and management and was planning to use this learning to review and update the risk register. However, two risks identified during the inspection had not been entered on the risk register and for which no preventive measures had been identified. The inspector found that there was no system for the control of water temperature at taps in the centre and at the time of inspection the water was extremely hot and presented a scalding risk to residents. The clinical nurse manager in the centre had recently identified this risk and arrangements were being made for it to be addressed in the near future. However there were no interim measures for the immediate protection of residents. In addition, interim measures to protect residents while awaiting the installation of fire doors had been omitted from the risk register.

The inspector also found that the risk management policy did not include guidance on all the specific risks identified in the regulations. For example, there was no guidance on the control of self harm.

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 abused. There was a policy on the safeguarding residents from abuse and a training schedule which ensured that each staff member attended training in prevention of abuse at two yearly intervals.

Staff who spoke with the inspector confirmed that they had received training in relation to adult protection and were knowledgeable regarding their responsibilities in this area. The manager of the centre was also knowledgeable regarding her responsibilities in this area and was clear on how she would respond to any allegation or suspicion of abuse.

No incidents, allegations or suspicions of abuse had occurred in the centre. All residents told the inspector that they were very well supported by staff and felt safe living there.

There was a policy on responding to behaviours that challenge to guide staff, although at the time of inspection there were no residents with behaviours that challenge living in the centre.

The inspector observed staff interacting with residents in a respectful and friendly manner. There were no residents using bed rails or any other form of restraint.

Judgment:

Compliant

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 found that residents' health care needs were met and they had access to appropriate medical and health care services. However, some improvement to documentation of residents' plans of care was required.

All residents had good access to general practitioner (GP) services. The inspector reviewed a sample of files and found that GPs reviewed residents as required. In addition, all residents had annual medical health checks undertaken by the GP.

Residents had access to a range of health care professionals including speech and language therapy, psychology, psychiatry and occupational therapy within the organisation and referrals were made as required. Appointments were also routinely made for residents to be reviewed by, for example, dentists, opticians and chiropractors. Referrals to other consultants were also made when necessary and records and recommendations were retained to inform the delivery of suitable care.

Each resident had a personal plan which outlined the services and supports to be provided to achieve good quality health care. Personal plans were in an accessible format and each resident's plan for health care was reviewed frequently and when there was a change in needs or circumstances.

The plans viewed contained detailed information around residents' health care needs, assessments, medical history and any treatment received and also health care support required from staff. However, while the plans were generally informative and recorded to a good standard, in some files, interventions relevant to residents' care had been omitted. For example, in one instance a resident's exercise plan had not been included and for another a falls care plan was not recorded. This was not reflective of the information supplied by staff who knew the residents well and were familiar with their required care interventions. However, absence of some relevant information presented a risk that care may not be consistently delivered in line with residents' assessed requirements.

At the feedback meeting, the management team explained that the issue in relation to care planning had been identified and that measures were in progress to address it. It was stated that a new and more comprehensive care planning system was being introduced, staff had received training in its implementation and this was expected to be in place in two months time.

End of life assessments had been undertaken for all residents.

All residents were encouraged to eat healthy balanced diets and partake in regular exercise. The inspector found that residents' nutritional needs were being monitored. All residents were weighed monthly and had their body mass index calculated and recorded. There was a plan in place to support a resident identified as being overweight, which included care planning and support from staff to maintain a healthy eating routine. This plan was being successfully managed and the resident involved was achieving weight loss.

While most residents ate a normal diet, one resident required a special diet and this was supplied. She told the inspector that she enjoyed the alternatives that were provided to her. At the time of inspection she was trying out some new biscuits that suited her requirements and she said that they were very good.

Staff encouraged and supported residents to participate in regular light exercises such as walking.

Judgment:
Substantially Compliant

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:

There were safe medication management practices in place.

At the time of inspection, no resident had been prescribed medication that required strict controls, no resident required medication to be crushed and there was no medication requiring temperature control.

A medication management policy was in place and guided practice within the centre. All medication was administered by nurses and training records indicated that these staff had received medication management training.

There were appropriate systems in place for the ordering, storage and return of medications. Medication for each resident was supplied in individual monitored dosage sealed packs which were prepared and delivered by the pharmacist.

The inspector reviewed a sample of prescription/administration charts and noted that they contained the information required to enable staff to safely administer medications. Names of medications, times and routes of administration and signatures of the staff members administering the medication were clearly recorded. There were colour photographs of each resident available to verify identity if required. The maximum dosage of as required (PRN) medications was prescribed.

A medication audit had recently been undertaken in the centre which showed a high level of compliance. In addition the pharmacist also carried out medication audits. There had been a low level of medication errors in the centre and those which had occurred related to medication being accidentally let fall. These had been suitably resolved and did not result in any risk to residents.

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

<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: The inspector found that the statement of purpose did not include much of the information specified in schedule 1 of the Regulations.</p> <p>Some required information, such as a description of the rooms in the centre and their size and primary function, details of specific therapeutic techniques and arrangements for their supervision and arrangements for residents to engage in social activities hobbies and leisure activities were not included in the statement.</p>
<p>Judgment: Non Compliant - Moderate</p>

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

<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: The provider had established a clear management structure and suitable staff support was available to deliver care and support to residents. The provider and management team also had measures in place to review and improve the quality of care. However, the provider nominee did not visit the centre every six months and produce a report on the quality and safety of care. Improvement was also required to the development of the provider's annual report, although systems had commenced to address these issues.</p> <p>There was a clinical nurse manager who was assigned responsibility for the management of the service on behalf of the person in charge. The inspector found that she was suitably qualified and experienced for her role and demonstrated a good knowledge of legislation and her responsibilities. She was present in the centre daily and knew the care needs of the residents well. She had overall responsibility for overseeing the care of residents, reviewing accidents, incidents and complaints, planning staff rosters and staff supervision.</p>
--

The clinical nurse manager said that the person in charge was readily available and that she met with him informally several times each week. In addition, she confirmed that the person in charge held weekly meetings with clinical nurse managers which she attended and these meetings were a useful forum for learning, exchanging views and discussing concerns. The person in charge previously had responsibility for the management of several designated centres but this had recently been reduced to three to allow him more involvement in the management process.

There were arrangements in place to cover the absence of the person in charge. There was also a clinical nurse manager employed at all times, both day and night, who was contactable by staff in the centre if additional support or advice was required.

There were systems in place for monitoring the quality and safety of care. There was a system for recording accidents, incidents, near misses and complaints. These records were reviewed by the person in charge who forwarded them to the organisation's quality and safety team for review and learning. These were also discussed at staff meetings with a view to devising action plans to reduce identified risks.

Systems were also in place to audit various aspects of care, undertaken both by the clinical nurse manager and by an external company. In the past year, the clinical nurse manager had audited care plans, medication management, person centred planning and rights, dignity and consultation. The provider had also employed an external company to carry out a schedule of auditing and auditing of medication management and complaints had recently been completed.

The inspector found that the provider nominee did not make an unannounced visit to the centre at least once every six months as required by the regulations and an annual report of the quality and safety of care in the designated centre had not been prepared to date. However, during the feedback meeting the inspector was told that a schedule for six monthly visits to the centre by a representative of the provider had been prepared for 2016. In addition, it was explained that the preparation of an annual report of the quality and safety of service had commenced. Family surveys had been developed and it was planned to incorporate the findings from these into the annual report and also results of residents' questionnaires, a review of notifications and outcomes from audits. The annual review was scheduled for completion by the end of June 2016.

Staff who met with the inspector during the inspection were very familiar with the needs of residents in the service and it was evident throughout the inspection that they knew the residents well. They demonstrated a clear commitment to improving the service offered to these residents.

The management team had developed a range of policies to guide practice and had organised relevant training for staff, including manual handling, epilepsy awareness, food safety, safe administration of medication, care planning, risk management, protection from abuse and fire training.

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):

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

Findings:

The inspector found that there were appropriate staff numbers and skill mix to meet the needs of residents at the time of inspection and that staff had been recruited in accordance with regulations and best practice. Feedback from residents indicated that they felt there was enough staff on duty and that they were being well cared for by staff.

Staff were present to support residents at all times both in the centre and when they wanted to do things in the local community such as shopping or going for coffee, visiting the hairdresser, going for walks or attending social events. Separate staff supported the residents while in their resource centres. There was always one staff on active duty at night time.

The organisation had identified fire safety, safeguarding, manual handling, infection control and cardio pulmonary resuscitation as mandatory training which all staff had attended. There was one exception to this which is discussed in Outcome 7. In addition, training records indicated and staff confirmed that they had attended a range of other training which included medication management, dementia care, epilepsy care, food safety and complaint management. Training in diabetic care and clinical auditing was also planned.

The inspector found that staff had been recruited, selected and vetted in accordance with the requirements of the regulations. The inspector reviewed a sample of staff files and noted that they contained the required documents as outlined 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 such as suitable references, photographic identification and employment histories.

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:

Jackie Warren
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 Health Service Executive
Centre ID:	OSV-0002481
Date of Inspection:	08 March 2016
Date of response:	05 April 2016

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

Many of the identified annual goals for residents did not set out new plans or aspirations

1. Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the

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

assessed needs of each resident.

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

PCP meetings will be arranged for all five residents to identify their individual goals and aspirations. Each resident will be supported by their key worker, staff member and relatives as appropriate.

Proposed Timescale: 31/05/2016

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:

Some risks and their control measures had not been entered on the risk register.

2. Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

A review of the risk register has taken place by the CNM of the designated centre to ensure that all identified risks and their control measures have been risk assessed and control measures recorded on the risk register, including;

- Fire safety issues – identified in the report carried out by the fire safety consultant,
- Control of water temperature at taps in the centre,
- Guidance on the control of self-harm.

An emergency plan is now in place to guide staff in the management of other emergencies in line with the policy "Emergency Evacuation Plan for HSE adult Intellectual Disability Services RID063" The Clinical Nurse Manager of the designated centre has ensured that staff are now aware of the plan and that all new staff are inducted accordingly.

Proposed Timescale: 04/04/2016

Theme: Effective Services

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

The risk management policy did not include guidance on the control of self harm.

3. Action Required:

Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

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

Guidance on the control of self-harm is included in the Procedure for listening and responding to individuals who demonstrate behaviours of concern RID079. The risk management policy is being revised to include this information also 15th April 2016
Risk register and Health and Safety Statement are updated to include self harm 5th April 2016

Proposed Timescale: 15/04/2016

Theme: Effective Services

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

There was no emergency plan to guide staff in the management of emergencies other than fire.

4. 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:

An emergency plan is now in place to guide staff in the event of emergencies other than fire.

Proposed Timescale: 04/04/2016

Theme: Effective Services

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

Adequate precautions were not in place to protect residents, staff and visitors to the centre in the event of fire. Suitable fire doors were not in place in the centre.

5. 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:

The installation of fire-doors at the designated centre will be completed.
In the interim the Clinical Nurse Manager of the designated centre will manage the risk in line with the report from the Fire Safety Consultant. Complete 4th April 2016

Proposed Timescale: 06/06/2016

Theme: Effective Services

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

One staff member had not attended fire safety training.

6. Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

All staff at the designated centre are now inducted in line with the regulations regarding local fire emergency procedures further to in-date, fire training already received. The induction policy for all new staff working at the centre has been revised to include this requirement.

Proposed Timescale: 04/04/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

In the sample of files reviewed, some interventions relevant to residents' care had been omitted.

7. Action Required:

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

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

A care plan is now complete in relation to an exercise plan for one resident Complete 22 March 2016

A care plan is now complete in relation to falls for one resident. Complete 22 March 2016

Care planning training is now taking place for all staff in the designated centre, attendance of two staff members 22nd March 2016.

Remaining staff will be trained 10th May 2016.

Proposed Timescale: 10/05/2016

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 of purpose did not meet some of the requirements of Schedule 1 of the regulations.

8. 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 is being reviewed by the clinical nurse manager to reflect the requirements of the legislation. This will be signed off by management on 12th April 2016.

Proposed Timescale: 12/04/2016

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:

An annual review of the quality and safety of care in the designated centre had not been prepared to date.

9. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

An annual review of the quality and safety of care in the designated centre has commenced and will be completed by 1st June 2016

Proposed Timescale: 01/06/2016

Theme: Leadership, Governance and Management

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

The provider nominee did not visit the centre every six months and produce a report on the quality and safety of care.

10. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

The provider nominee is scheduled to visit the designated centre on Thursday 14th April 2016. A schedule of visits to the centre has been drafted.

A report on the safety and quality of care will be produced by the provider nominee
28th April 2016

A plan will be put in place to address any concerns of the standard of care and safety
identified 12th May 2016

Proposed Timescale: 12/05/2016