

**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-0004633
Centre county:	Westmeath
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Joseph Ruane
Lead inspector:	Jillian Connolly
Support inspector(s):	Paul Pearson
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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: 23 January 2015 11:00 To: 23 January 2015 17:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management

Summary of findings from this inspection

Inspectors undertook ten inspections in eight centres operated by the Health Service Executive (HSE) through St Peter's Services in Westmeath in 2015, four of which were announced and six unannounced.

These inspections found evidence of poor outcomes for residents and areas of risk to residents relating to safeguarding and health and safety. Poor managerial oversight and governance arrangements were also a recurrent finding in these designated centres. Due to the seriousness of the concerns, HIQA issued immediate actions and warning letters. Regulatory and escalation meetings were also held with the provider and members of senior management of the Health Service Executive.

Due to the overall failure of the provider to implement effective improvements for residents identified throughout all inspections, a notice of proposal to refuse the registration of one of the centres was issued. Following on from this, the provider informed the Chief Inspector of their intention to cease the operation of four houses within the region. The purpose of this was to consolidate the staffing levels in the remaining twelve houses.

HIQA has been informed by the provider that the process for assuming operational and governance responsibility is now complete and the contract has been awarded to another service provider.

HIQA will continue to monitor these centres to ensure that the actions taken by the provider are sustained and result in continued improvements to the safety and quality of life of residents.

This was the first inspection of this designated centre which is operated by the Health Service Executive. As of the day of inspection, the centre was the home for five residents. On arrival at the centre, inspectors were informed that the centre was due to close in the coming two weeks as it was deemed not fit for purpose, however the intention to cease operation had not been notified to the Chief Inspector as required by the Health Act 2007.

The findings of this report confirm that the premises were not suitable to provide a residential service. The centre is a large building which historically was a congregated setting. The majority of residents had been transitioned from the designated centre to community living. This resulted in five residents living in a large, mainly unoccupied building.

Seven outcomes were inspected and five major non - compliances were identified in respect of:

- Residents rights, dignity and consultation
- Social Care Needs
- Safe and Suitable Premises
- Health and Safety and Risk Management
- Safeguarding and Safety

Inspectors found that residents' quality of life was restricted and opportunities for integration in the wider community were absent due to an absence of positive behaviour support.

Compliance was identified in Health care needs and Medication Management.

Inspectors acknowledged that the centre was due to close however, immediate action was required by the provider to ensure that the safety of residents was maintained whilst they remained in the centre. Improvements were required to ensure that residents were discharged in a planned and safe manner in accordance with the requirements of Regulation 25 (4) (b).

The Chief Inspector was informed that the centre ceased operation in March 2015.

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 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

Inspectors confirmed that there were policies and procedures in place regarding the management of complaints. A review of the complaints' log demonstrated that there were two complaints recorded. However whilst complaints were recorded, there was no evidence that the complaint had been investigated in line with the organisation's policy for complaints and that the complainant was informed of the outcome of the complaint as required by Regulation 34. There was an external advocate available for residents, and there was evidence that referrals had been made by staff on behalf of residents. Progress records demonstrated that the advocate had visited residents, however the outcome of this meeting was not clear. Inspectors were verbally informed that this had been in relation to the residents being discharged from the designated centre due to closure. Record keeping did not support this.

One of the complaints reviewed was from a family member expressing dissatisfaction that they were not consulted regarding their loved ones discharge from the designated centre. Evidence on inspection, supported the complaint, as documentation was indicative of family members being informed as opposed to the discharge being discussed, planned for and agreed as required under Regulation 25 (4) (d).

Assessments completed were supportive that due to residents' capacity, residents' meetings would not be an appropriate or meaningful forum. However in the absence of such a forum there was no evidence that alternative forums had been explored. Residents' assessments recorded areas in residents' lives in which they had opportunity for choice such as the time residents' retire for the evening and the clothes they would choose to wear. The assessments also recorded the areas that choices were made for

residents, such as the amount of exercise residents access or the time residents get up in the morning.

As stated previously, on arrival to the designated centre, inspectors were informed that the centre was due to be decommissioned in the coming fortnight. From inspecting the premises, as detailed in Outcome 6, inspectors found that this was essential as the layout, structure and condition of the premises significantly compromised the dignity of residents.

Inspectors reviewed a sample of weekly activities timetables for residents and whilst they recognised improvements had been made to the opportunities available, the choice was still limited and repetitive. For example, in a five day period, one activity timetable consisted of the following:

- Relaxation
- Bed rest
- Arts and Crafts
- Table top activities
- Hand and Foot Massage
- Floor exercises

Inspectors compared the above planned activities with what had actually happened and found that the plan had not been implemented and events such as oral hygiene had been included as an activity in the activity sheets. In addition, inspectors found that one of the residents had not been outside of the designated centre in a twenty seven day period. Another resident did not have an adequate positive behaviour support plan and subsequently, was unable to access the local community.

Judgment:

Non Compliant - Major

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:

Inspectors reviewed a sample of personal plans for residents and identified that there was a system in place for assessing the needs of residents and plans of care being created once a need was identified. However, inspectors determined that a review was required of the assessments and subsequent care plans developed to ensure that they were accurate, measurable and informed of the actual needs of residents. Inspectors determined that the supports required to meet the health care needs of residents, which are discussed in Outcome 11, were more informative than the social care needs of residents. However there were numerous dates omitted from assessments and care plans therefore inspectors were not able to consistently ascertain when assessments took place for residents.

The assessment of social care needs for residents was inadequate. For some residents the assessment consisted of identifying the likes and dislikes of residents, and the present opportunities for the activities that residents had access to. In other instances there was no assessment outlining the present opportunities for residents. There was an absence of long term goals for residents and the necessary skills and supports required to attain the proposed achievement. As stated in Outcome 1, inspectors observed that the opportunities residents had to take part in activities were limited. Documentation supported that the rationale for this was due to residents exhibiting inappropriate behaviours that challenge. As stated in Outcome 8, this had been identified weeks prior to the inspection and assessment had commenced however the assessments had not been completed on residents admission to the designated centre. Records of incidents demonstrated that this was required sooner.

There was evidence that multi-disciplinary assessments had been conducted. However the recommendations derived from same were not consistently implemented in the plans of care. For example, inspectors reviewed a report that had been developed by an Occupational Therapist however there was no date on this assessment or evidence that it was implemented in practice.

As the centre was due to cease operation two weeks post inspection, inspectors reviewed the system in place to support the transition of residents. There had been accessible transition plans created for residents, in respect of their new homes and progress notes demonstrated that residents had been to visit their new home. However the plans in place to inform of the actual supports residents will require to transition were inadequate. Inspectors were verbally informed at feedback that conversations had commenced the week prior to the inspection. However considering the needs of the residents and the length of time in which they had resided in the centre, inspectors determined that more specific plans were required for a successful transition. As stated in Outcome 1, a complaint had also been submitted regarding the communication with families for the transition. Inspectors reviewed the policy in place for the Admission and Discharge of residents and determined that it was inadequate as whilst it outlined the procedure for admission and discharge from and to external providers, there was no specific procedure or guidance of the practical supports required for residents transitioning to designated centres which were operated by the same provider.

Judgment:

Non Compliant - Major

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

There were five residents due to be discharged in the coming two weeks, as of the day of inspection. Inspectors confirmed that the closure of the centre was a necessity as the premises were not fit for purpose and compromised the dignity of the residents residing there. The centre also, as stated in Outcome 7, contained significant hazards to the safety and welfare and residents and staff.

The building was a large three storey building. There were six rooms on the ground floor in the centre of the building which were utilised by the residents residing there. A sitting room, activities room, dining room, and three bedrooms. The bedrooms were two twin rooms and one single room. However as they were originally dormitories, inspectors observed them to be large and not conducive to a homely environment. Food was served from a large kitchen which residents did not have access to and was accessed through an unused dining hall. There was also a staff office and two toilet areas used by residents. The rooms were also accessed by a long corridor which had an additional ten large unused rooms on either side of the residents' area. Inspectors observed each of these rooms to be unlocked and contained various pieces of old furniture, such as beds and mattresses and equipment, such as hoists. Whilst there was plenty of room for storage due to the excess of space not utilised, items were not secured and therefore as stated in Outcome 7, a risk was present. There was also three stair cases which led from the ground floor to the first and second floor, and an operational lift. Inspectors confirmed that any individual entering the building, including residents, staff and members of the public could access the unoccupied rooms on the first and second floor which equated to appropriately sixty.

As the original intended use of the building was for a large number of residents, inspectors observed the premises to be sparse and cold. The decoration was not homely with paint chipped and flaking. Inspectors were present when it was dark outside and identified that the only areas of the designated centre which were lit were the seven rooms utilised for residents, therefore the corridors on either side were in darkness. However there was no system in place to prevent residents accessing these areas.

There were accessible toilets, however inspectors observed them to be cold and damp. Inspectors identified a resident who was at risk of hypothermia and therefore received the majority of personal care in their bedroom as the bathrooms were too cold and therefore not fit to meet their need.

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):

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

Findings:

There was an organisational health and safety statement and a centre specific risk register in place. The risk register identified one hazard; the toilet/shower room was in a bad state of repair. The risks associated were documented as the impact to the dignity of the residents and a risk of cross infection. The controls measures were: -

- a shower curtain in use
- single use arrangements
- infection control guidelines
- Closure of premises

Inspectors confirmed that the risks identified were accurate and judged whilst the control measures identified minimised the risks, the only adequate control measure to reduce the level of risk appropriately was the closure of the building. Inspectors identified additional major hazards whilst on inspection which required immediate attention to safeguard residents and staff. These hazards had not been identified in the risk register and therefore were not assessed or had concomitant control measures identified. Inspectors observed that in practice there were also no control measures in place to address the significant risks present. The following are examples of some of the hazards inspectors identified:-

- Two external doors unlocked providing free access to unauthorised persons
- Open stair cases providing free access to the first and second floor
- Operational lift providing free access to the first and second floor
- Approximately eighty unoccupied rooms which were unlocked
- Unlocked/open doors between residents' bedrooms
- Unused old furniture and equipment throughout the building
- Storage of sharps such as razors unlocked

During the feedback meeting, management informed inspectors that they would attend to the aforementioned risks immediately to ensure that residents were safeguarded for the remaining time of occupancy.

Inspectors reviewed the arrangements in place for the prevention, detection and management of fire. Inspectors confirmed that there was a fire alarm system which was serviced appropriately. There was also evidence of servicing of emergency lighting and fire extinguishers. Residents had personal emergency evacuation plans in place which identified their individual method of evacuations, number of staff required to support the resident. There was also a generic evacuation plan however inspectors were not assured that it accounted for the increased risk due to the majority of the building being unoccupied. For example, there were eighty unoccupied rooms which were unlocked and there was a risk of a resident entering an unoccupied room and staff not being able to find them, in the event of a fire. Staff spoken to were aware of the evacuation needs of residents and the procedure to follow in event of a fire.

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:

There was a policy and procedure in place regarding the management of behaviours that challenge. Residents within the designated centre were identified as exhibiting behaviours that challenge which significantly impacted on their quality of life and ability to engage in activities within the wider community. As stated in Outcome 5, assessments had commenced 7th January 2015 to identify the factors which may contribute to residents engaging in inappropriate behaviour. Records supported that this assessment was required at an earlier point. Inspectors observed that prior to this medication was prescribed as a reactive strategy for incidents. However this medication had been discontinued as of January 2015 whilst the assessments were occurring to assist with the development of positive behaviour support plans for residents by the Appropriate Allied Health Professionals.

A record was maintained of all restrictive practices within the designated centre.

Judgment:
Non Compliant - Major

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:

Documentary evidence such as residents' medical files demonstrated that residents had regular access to their General Practitioner. Residents were also supported to maintain good health through interventions such as the Influenza vaccination. There were assessments in place to identify residents' health care needs such as risk of pressure sores, pain assessment tools and epilepsy. Care plans had been developed as a result of these assessments which outlined the supports residents required to ensure that their need were met. The supports documented included both proactive strategies and reactive interventions. For example, if a resident experienced a seizure. There were clear plans of care in place for residents who required Percutaneous endoscopic gastrostomy (PEG) feeding to maintain appropriate nutrition. Interventions were prescribed by the appropriate Allied Health Professionals. Daily progress notes indicated that the interventions required to maintain a healthy lifestyle were implemented in practice. Residents were supported to have their weight checked monthly.

Judgment:
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:

Inspectors observed that medication was stored in a safe location within the designated centre. Inspectors reviewed a sample of prescription and medication sheets and confirmed that the times of administration correlated with the prescribed times. There was a signature in place for each medication administered. The prescriber's signature was in place for all medications, including medications which had been discontinued. The maximum dosage for medication was recorded for all medications administered as required. The name, date of birth and address for residents was included on the prescription sheets however the photograph of the resident was absent from some.

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:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0004633
Date of Inspection:	23 January 2015
Date of response:	27 March 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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Evidence was indicative that residents and/or their family members were informed as opposed to being involved in the decision making process regarding the operation of the designated centre.

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

1. Action Required:

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

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

1. Family members were consulted and Involved in the Transfer of all 5 Residents to their new home.
2. The family members were involved throughout the process.
3. All family members visited their relative's new home before the transition.
4. A Moving Home Plan was developed for all residents who were moving into their new home.
5. Residents were supported by staff to visit their new home frequently prior to the transition.

Proposed Timescale: 04/03/2015

Theme: Individualised Supports and Care

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

The premises compromised the dignity and privacy of residents.

2. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

1. All residents have transferred to their new Homes in the Community.
2. 2 Residents transferred to their new home in a Community house on 4th March 2015 and 3 residents transferred to their new home on Wednesday 4th March 2015.
3. The designated centre was closed on 4th March 2015.

Proposed Timescale: 04/03/2015

Theme: Individualised Supports and Care

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

Records demonstrated that the activities that residents had the opportunity to engage in were limited and repetitive. One resident had not left the designated centre in a period of 27 days.

3. Action Required:

Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

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

1. Each person will be supported to have a meaningful activity plan. 31.03.15
2. A meeting took place with support staff and the residents in their new home on 25/03/2015 to look at ways of accessing activities in the community. 25.03.15
3. Weekly art and relaxations sessions have commenced. 25.03.15
4. A reflexologist was sourced for one session weekly. 25.03.15
5. Additional support staff has been allocated from 09.00hrs to 17.00hrs Monday to Sunday to facilitate access to meaningful activities in the community. 04.03.15
6. Residents will be supported to access their local community. 04.03.15
7. The Person in charge will put a system in place to monitor and review the level of social engagement for each individual. 31.03.15

Proposed Timescale: 31/03/2015

Theme: Individualised Supports and Care

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

There was no evidence that complaints recorded were investigated.

4. Action Required:

Under Regulation 34 (2) (b) you are required to: Ensure that all complaints are investigated promptly.

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

1. All staff will receive training in the Management of Complaints. This training will be delivered by the complaints officer. 30/04/15

2. A complaints log has been provided for staff to record and document the investigation and follow up on complaints. 31/03/15
3. Accessible information will be made available for residents on how to make a complaint. 31/03/15
4. Individuals will be supported to write complaints to the complaints officer.31/03/15
5. An Advocacy policy will be developed. 30/04/15
6. Accessible information will be made available for residents on how to access the Advocacy Service. 30/04/15

Proposed Timescale: 30/04/2015

Theme: Individualised Supports and Care

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

There was no evidence that complainant were informed of the outcome of the investigation conducted in response to their complaint.

5. Action Required:

Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed promptly of the outcome of their complaints and details of the appeals process.

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

1. Residents will be facilitated by staff to write complaints and to maintain a record of the actions/responses in their care plan.

2. Training was provided in complaints management. This Training was delivered by the Complaints Officer on 26/02/2015. 1 staff working in the designated centre received training on the management of complaints. Further training has been arranged for 13/04/2015.

Proposed Timescale: 28/02/2015

Outcome 05: Social Care Needs

Theme: Effective Services

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

There was an absence of comprehensive assessments conducted particularly in relation to the social care needs and positive behaviours support on admission to the designated centre.

6. Action Required:

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

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

1. Staff qualified in Behaviour support in conjunction with staff in the house will carry out an assessment of the supports required for residents experiencing Behaviours of concern. 31.03.2015
2. Behaviour Support Plans will be implemented by staff trained in Behaviour Support in conjunction with staff in the house. 31.03.2015
3. An Admission and Discharge Policy will be developed to identify procedures required to identify the practical supports required for residents when they are transitioning between houses. 30.03.2015
4. A strategic plan was put in place to support residents transitioning to their new homes. 28.01.2015
5. Residents Person Centred plans will be reviewed to reflect their short term and long term goals. 31.03.2015

Proposed Timescale: 31/03/2015**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There was evidence that recommendations from Allied Health Professionals were not implemented in practice.

7. Action Required:

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

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

1. Residents care plans will be reviewed to reflect the recommendations of the Allied Health Professional involved in their care.

Proposed Timescale: 31/03/2015

Theme: Effective Services

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

There was an absence of personal plans for residents, particularly in relation to social care needs.

8. Action Required:

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

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

1. Staff qualified in Behaviour support in conjunction with staff in the house will carry out an assessment of the supports required for residents experiencing Behaviours of concern. 31.03.2015

2. Each residents care plans will be reviewed to reflect their social care needs. 1.03.2015

3. Each resident Person Centred Plan will be reviewed to identify their goals. 31.03.2015

4. Resident's Meaningful Activity Plan will be reviewed in their care plan to include activities of their preference. 31.03.2015

5. An Additional Health Care Assistant has been provided from 09.00hrs to 17.00hrs Monday to Sunday to facilitate residents to access Meaningful Activities in the Community. 04.03.2015

6. The Policy for Admissions and Discharge will be reviewed by the review team in conjunction with the Nurse Practice Development Coordinator to incorporate guidelines for admissions within the designated centre. 30.03.2015

Proposed Timescale: 31/03/2015

Theme: Effective Services

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

The information to support residents to transition to another designated centre and be discharged from the designated centre was inadequate.

9. Action Required:

Under Regulation 25 (3) (a) you are required to: Provide support for residents as they transition between residential services or leave residential services through the provision of information on the services and supports available.

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

1. A Moving Home Plan was developed for all residents who were moving into their new home. 30.01.15

2. The Policy for Admissions and Discharge will be reviewed by the review team in conjunction with the Nurse Practice Development Coordinator to incorporate guidelines for admissions within the designated centre. 30.03.15

Proposed Timescale: 30/03/2015

Theme: Effective Services

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

Evidence supported that the discharge of residents from the designated centre was not discussed, planned for and agreed with the resident or their representative.

10. Action Required:

Under Regulation 25 (4) (d) you are required to: Ensure the discharge of residents from the designated centre is discussed, planned for and agreed with residents and, where appropriate, with residents' representatives.

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

1. Family members were consulted and Involved in the Transfer of all 5 Residents from the Unit to their new home.

2. The family members of residents were involved throughout the process.

3. The family members visited their relative's new home before the transition.

Proposed Timescale: 28/02/2015

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 designated centre was not suitable for a residential service and therefore did not meet the needs of residents residing there.

11. 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:

1. There is a Plan in place for the residents to close the centre and for the residents to move into a house in the Community. All 5 residents moved into their new home on 04/03/2015.
2. Immediate measures were taken to ensure that the premises was made safe for the duration of time prior to residents moving into their new home. 26.01.15
3. The lift was decommissioned by the maintenance department. 26.01.15
4. All of the vacant rooms were locked. 26.01.2015
5. The external doors were secured. 26.01.15
6. The staircase was blocked from access. 26.01.15

Proposed Timescale: 04/03/2015

Theme: Effective Services

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

The building was in a considerable state of disrepair.

12. 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:

1. There is a Plan in place for the residents to close the centre and for the residents move into a house in the Community. All 5 residents moved into their new home on 04/03/2015.

Proposed Timescale: 04/03/2015

Theme: Effective Services

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

Inspectors observed paint chipping and flaking and equipment to contain rust and damp.

13. Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

1. There is a Plan in place to close the centre and for the residents to move into a house in the Community. All 5 residents moved into their new home on 04/03/2015.

Proposed Timescale: 04/03/2015

Theme: Effective Services

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

The premises did not meet the requirement of Schedule 6 due to:

- bedrooms for two residents being old large dormitories
- the centre being cold and sparse

14. 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:

1. There is a Plan in place to close the centre and for the residents to move into a house in the Community. All 5 residents moved into their new home on 04/03/2015.

Proposed Timescale: 04/03/2015

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:

Inspectors observed numerous hazards which had not been assessed and did not have control measures implemented.

15. 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:

1. There is a Plan in place to close the centre and for the residents to move into a house in the Community. All 5 residents moved into their new home on 04/03/2015.

2. The Risk register was reviewed by the person in charge to include risks identified in the designated centre. 26.01.15

3. Emergency response systems will be implemented in the designated centre. 26.01.15

Proposed Timescale: 04/03/2015

Theme: Effective Services

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

Evacuation procedures were not adequate.

16. Action Required:

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

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

1. There is a Plan in place to close the centre and for the residents to move into a house in the Community. All 5 residents moved into their new home on 04/03/2015.
2. All 10 staff have received fire training in the resident's new home. A fire evacuation plan has been completed. 23.03.15
3. A fire drill has been scheduled for every Monday in the resident's new home. The first fire drill was conducted on 23/03/2015.

Proposed Timescale: 23/03/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Evidence supported that residents' quality of life was restricted and opportunities for integration in the wider community were absent due to an absence of positive behaviour support.

17. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

1. Staff qualified in behaviour support in conjunction with staff in the house will carry out an assessment of the supports required for residents experiencing Behaviours of concern. 31.03.15
2. Each residents care plans will be reviewed to reflect their social care needs. 31.03.15
3. Each resident Person Centred Plan will be reviewed to identify their goals. 31.03.15

4. Resident's Meaningful Activity Plan will be reviewed in their care plan to include activities of their preference. 31.03.15

5. An Additional Health Care Assistant has been provided from 09.00hrs to 17.00hrs Monday to Sunday to facilitate residents to access Meaningful Activities in the Community. 04.03.15

6. A meeting took place with support staff and the residents in their new home on 25/03/2015 to look at ways of accessing activities in the Community. 25.03.15

7. Residents will be supported to access their local community. 31.03.15

8. The Person in charge will put a system in place to monitor and review the level of social engagement for each individual to ensure that all residents have the opportunity and are facilitated to engage in activities. 31.03.15

Proposed Timescale: 31/03/2015