

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ballin Services
Centre ID:	OSV-0004853
Centre county:	Galway
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Anne Geraghty
Lead inspector:	Stevan Orme
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	12
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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 following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 09 November 2016 09:20 To: 09 November 2016 18:55

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

Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
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

Background to the inspection:

This announced inspection was carried out in response to an application to vary the designated centre's conditions of registration. As part of the inspection, the inspector reviewed actions the provider had undertaken since the previous inspection on the 1 and 2 December 2015. The designated centre is part of the service provided by the Brothers of Charity in Galway. The centre provided residential services to adults with an intellectual disability

How we gathered our evidence:

As part of the inspection, the inspector met with seven residents. Where able to, residents told the inspector that they enjoyed living at the centre and were supported with respect and dignity by staff. Residents told the inspector they were involved in the running of the centre and participated in regular house meetings where they choose the weekly menu and activities. Furthermore, residents were involved in advocacy groups and user forums in the provider organisation. Throughout the inspection, the inspector observed residents being supported in a respectful and dignified manner by staff.

The inspector met with four staff members. The inspector spoke with staff about the management and operation of the centre, as well as observing care practices during the inspection. The inspector reviewed documentation such as personal care plans, medical records, risk assessments, policies and procedures, and staff training records.

Furthermore, the inspector interviewed the person in charge in relation to the needs of residents and management of the centre.

Description of the service:

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided, and was reflective of the centre. The centre comprised three community houses located in a town in Galway.

House one accommodated six residents with a further two residents being supported in an attached two bed apartment. House two accommodated four residents. Furthermore, house three which related to the application to vary comprised of accommodation for two residents. At the time of the inspection, house three was unoccupied.

Overall Findings:

Overall, the inspector found that residents had a good quality of life reflective of their assessed needs and were supported by staff to access the local community and achieve their personal goals. The inspector reviewed actions taken by the provider following the previous inspection. The inspector found that improvements had been made by the provider in relation to goal planning for residents' social care needs and risk management since the previous inspection, however further action was required to ensure compliance with regulation as outlined in the inspection report.

Summary of regulatory compliance:

The centre was inspected against eleven outcomes. The inspector found compliance in five out of 11 outcomes inspected. The inspector found four outcomes were moderate non-compliance relating to social care needs, safe premise, risk management, safeguarding and regulatory notifications. The centre was substantially compliant in two outcomes relating to safeguarding and workforce. The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

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 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

Contracts of care included all charges to be met by residents.

Following the previous inspection's findings, the inspector reviewed a sample of residents' contracts of care. Contracts included details of services to be provided and the total charges. Information on additional charges to be met by the resident was included within the contracts examined.

The centre had an up-to-date admission policy. Staff told the inspector that when admissions had occurred at the centre they had involved consultation with the prospective resident, their families and the centre's residents. Furthermore, visits to the centre are arranged and a full assessment of the new resident's needs is completed as well as regular placement reviews. Staff knowledge and experience was reflective of the provider's policy.

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:

Overall residents were supported to achieve their personal goals, although the inspector found inconsistencies in goal planning.

The inspector reviewed residents' personal plans and found them to be reflective of residents' needs and included multi-disciplinary input such as occupational therapy, psychologists, dieticians and speech and language therapists. The person plans examined outlined residents' support needs in areas such as independent living skills, communication, personal care and home and community activities. The inspector found that personal plans were not available in an accessible format for residents.

Following the previous inspection's findings, the inspector found that although residents' goals were reflective of their assessed needs, there were still inconsistencies in goal planning. The inspector found that goals were not consistently specific in nature and did not identify the smaller steps required to ensure their achievement or assessment of the goal and personal plan's effectiveness. Furthermore, the inspector found that goal planning records did not consistently show the named support staff and timeframes for the goal to be completed. In Addition, the inspector reviewed activity charts and daily notes and found that they were not reflective of residents' goals and staff knowledge.

Residents' personal plans were reviewed annually, although the inspector found examples where families or residents' attendance was not consistently recorded on documentation.

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):

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

Findings:

The centre's premises were reflective of residents' need, although maintenance works were identified in house three.

The designated centre comprised three separate houses with access to amenities in a local town. At the time of inspection, house three was unoccupied.

House one comprised six bedrooms of which three had access to an ensuite toilet and shower. Residents had access to two communal bathrooms with either a shower or adapted bath. The bathroom which contained the adapted bath was equipped with an overhead hoist. House one provided a communal dining, main sitting room and a smaller sitting room, as well as a kitchen, utility room and staff office. In addition an apartment was attached to house one, which comprised of two bedrooms, a communal bathroom with shower and kitchen.

The inspector found that house one was well maintained and reflected residents' needs. House one was decorated to a high standard and included residents' photographs in communal rooms. Residents' rooms reflected their interests and preferences. Residents were proud to show their rooms to the inspector. Where able, residents told the inspector that they liked living at the centre.

Following the previous inspection findings, the provider had conducted a health and safety assessment into the backdoor steps leading from the two bedded apartment. The inspector found that the centre had addressed the risk in line with the assessment's findings.

House two comprised four bedrooms. Residents had access to two communal bathrooms with both a shower and bath facility. Due to the layout of the house, residents had access to two communal kitchen dining rooms and two communal sitting rooms. One resident had access to a separate activity room due to their personal preferences. In addition, the house consisted of a utility room, staff office and overnight room for sleep over staff.

As with house one, house two was well maintained and decorated to a high standard. Residents showed the inspector their bedrooms which reflected their personal interests and preferences.

Following the previous inspection findings as with house one, the provider had conducted a health and safety assessment into the steps leading from a resident's bedroom. The inspector found that the centre had addressed the risk in line with the assessment's findings.

House three was unoccupied at the time of the inspection and comprised two bedrooms. In addition, the house included a staff office, kitchen dining room and communal lounge. The house in the main was decorated to a good standard, although the kitchen was unclean and poorly maintained, which was reflective by staff knowledge. The heating stove in the sitting room had been removed leaving the chimney ducting and pipe work exposed. In addition, the house did not include communal furniture in the

kitchen dining room and sitting room area. The inspector observed that curtains were not provided in all room as well as adequate lighting.

Following the previous inspection's findings, the inspector found that the effects of damp had been treated in house three and were no longer apparent.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

All risks at the centre had not been adequately assessed.

The centre had an up-to-date risk management policy which was reflective of staff knowledge.

Following the previous inspection's findings, the inspector reviewed risk registers in both house one and two. The inspector found that risks identified were reflective of both environmental and resident related risks observed by the inspector. Risk assessments identified control measures implemented, which were reflective of staff practices and knowledge.

Risk assessments were regularly reviewed and updated. Residents' risk assessments were reviewed in conjunction with the multi-disciplinary input such as psychology, speech and language therapy and positive behaviour specialists.

The inspector reviewed the centre's accident and incident records. The inspector found that actions following accidents and incidents were incorporated into residents' risk assessments. Furthermore learning from accident and incidents was discussed at regular staff meetings and minutes reviewed and discussions with staff.

The inspector found that although risk management arrangements were robust in house one and two, a risk assessment had not been undertaken on house three which was unoccupied at the time of the inspection. Following the inspection, the provider forwarded a risk assessment on house three addressing risks identified during the inspection as referenced in outcome six.

The inspector reviewed fire safety arrangements at the centre. The inspector found that suitable fire equipment was available in all three houses and included fire alarms, fire doors, fire call points, extinguishers and emergency lighting. The inspector reviewed training records and all staff had received up-to-date fire safety training.

Following the previous inspection's findings, illuminated fire exit signage had been modified to ensure its effectiveness in house one. Furthermore, additional emergency lighting had been installed in house two.

Fire equipment including alarms, emergency lighting and extinguishers were regularly serviced by an external contractor. The inspector reviewed weekly fire equipment checks conducted by the centre, although checks were carried out in house one and two they had not occurred in house three in line with the centre's policy.

The inspector reviewed fire drill records in house one and two. Records showed that regular simulated fire drills were conducted. Records showed that all residents had participated and drills were conducted under minimal staffing conditions. Furthermore, the inspector found evidence of actions undertaken by the centre to address any difficulties highlighted by drills conducted such as the widening of external ramps to assist wheelchair users to safely evacuate in an emergency.

The fire evacuation plan was prominently displayed in house one and two and reflected staff and residents' knowledge, although a plan was not available in house three.

All residents had an up-to-date 'Personal Emergency Evacuation Plans' (PEEPs). The inspector reviewed residents' PEEPs and found them to be reflective of residents' needs and both residents and staff's knowledge.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The centre had policies in place on the prevention, detection and investigation of abuse and provided personalised support in the management of behaviour.

Throughout the inspection, the inspector observed residents being supported in a respectful and dignified manner by staff. Residents appeared comfortable and happy with the support they received. Where able, residents told the inspector that they were happy with the support they received and liked the staff in the centre.

The centre had a policy and procedure in place on the prevention, detection and investigation of abuse, which was reflective of staff knowledge. Staff had received safeguarding training and told the inspector what constituted abuse and the actions they would take, which was reflective of the centre's policy. The inspector reviewed safeguarding plans in place for residents which were comprehensive in nature and reviewed regularly. Staff knowledge was reflective of safeguarding plans reviewed by the inspector.

The centre had an up-to-date policy on both the management of behaviours that challenged and the use of restrictive practices. The inspector examined residents' behaviour support plans which were regularly reviewed and approved by a behaviour specialist. Behaviour plans were comprehensive and included proactive and reactive strategies to support the resident. Plans reviewed by the inspector were reflective of discussions with staff.

Following incidents of behaviours of concern, the inspector found that risk assessments and behaviour plans had been updated and discussed at team meetings, as reflected in documents reviewed.

The inspector found that although staff knowledge and practices reflected behaviour support plans, not all staff had attended positive behaviour management training.

The inspector reviewed restrictive practices at the centre such as the use of bed rails at night. Records showed that practices were assessed with multi-disciplinary and family input. Where practices were operated the inspector found them to be the least restrictive and only used for the shortest duration required.

Judgment:

Substantially Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

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

Findings:

The centre had not notified the Chief Inspector of all incidents required under regulation.

Following the previous inspection's findings, the centre had submitted all quarterly notifications required under regulation.

The inspector reviewed the centre's accident and incidents records maintained and found that the Chief Inspector had not been informed of an incident of an unexplained absence of a resident from the centre as required under the Health Act 2007 (Care and support of residents in designated centres for persons (children and adults) with disabilities) regulations 2013.

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:

Residents had access to a range of allied healthcare services in line with their needs.

The inspector reviewed residents' healthcare records. Residents had access to a range of allied healthcare professionals including general practitioners, psychologist, psychiatrists, chiropodists and dentists.

Following the previous inspection's findings, the inspector found that the provider had accessed additional resources to meet the needs of residents and to reduce waiting lists for multi-disciplinary input such as psychology.

Residents had received annual health checks with their general practitioner. Residents' specific health needs were regularly reviewed with associated healthcare professional such as neurologists and psychiatrists. In the case of dietary needs, the inspector found that dietician and speech and language assessments had been completed which were reflected in residents' personal plans and staff knowledge. The inspector found that staff knowledge and practices were reflective of residents' health needs.

The centre maintained records of meals provided. The inspector reviewed food records which showed residents had access to a range of healthy and nutritious food. Residents told the inspector that they choose the weekly menu, which was evident in resident meeting minutes examined. Residents were involved in food shopping and meal preparation dependent on their abilities, which was reflected in daily records reviewed and staff knowledge.

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):

No actions were required from the previous inspection.

Findings:

The medication arrangements were reflective of the centre's policy.

The inspector found that medication prescription and administration records included residents' personal information as well as the medication's dosage, route and administering times.

Medications was given by nursing staff and care assistants that had completed 'Safe Administration of Medication' training, which was reflective of staff knowledge. The names of all staff administering medication were recorded in a signature bank included in the centre's medication records.

Protocols were reviewed for the administering of resident's emergency epilepsy medication, which clearly showed when medication should be given, maximum dosage, and when to contact the emergency services and were regularly reviewed. The inspector observed that staff knowledge was in line with protocols reviewed on emergency epilepsy medication.

The inspector observed that medication was securely stored at the centre, with out-of-date medication being segregated from current medications. Out-of-date or discontinued medication was returned to a local pharmacy, and staff knowledge and records reviewed was reflective of this practice.

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):

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

Findings:

The centre's statement of purpose was reflective of service provided to residents.

The statement of purpose was regularly reviewed to ensure it reflected the service provided. An accessible version of the statement of purpose was included in the centre's resident guide.

The inspector reviewed the statement of purpose following the previous inspection's findings and found that it included information on the centre's fire and emergency procedures. Furthermore, the document included supports available to residents to access education, training and employment.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

The centre's governance and management in the main ensured residents were kept safe

and supported with their identified needs.

The management structure was reflective of the centre's statement of purpose and staff knowledge.

The person in charge was full-time and was responsible for the centre along with two further designated centres in the local area. The person in charge was suitably qualified and knowledgeable on both residents' needs and their role's regulatory requirements. Staff and documents reviewed showed that the person in charge had a regular presence in the centre and were available as and when required.

The person in charge told the inspector that they provided formal supervision to the Team Leader in each house under the designated centre which was reflected in discussions with staff. Furthermore, the person in charge facilitated regular monthly Team Leader meetings and house staff meetings which was evidenced in meeting minutes and staff knowledge. Staff told the inspector that they found the person in charge both approachable and responsive to their needs.

The inspector reviewed systems used to ensure the effective governance and management of the centre which included risk registers, fire safety and accident and incident records. In the main, the inspector found the systems to be robust and effective, although they had not identified areas highlighted in the main body of the inspection report such as those outlined.

The inspector reviewed six monthly unannounced visits to the centre by the provider. Reports examined were comprehensive in nature and identified areas for improvement to ensure compliance with the provider's policies and regulation. Documentation reviewed showed actions taken by the person in charge to address the defied areas for improvement against agreed timeframes. Unannounced visit reports were available at the centre.

The inspector reviewed the annual review of care and support at the centre which was completed by the person in charge. The review was comprehensive and examined the centre's compliance with regulation as well as analysis of complaints, user satisfaction questionnaires and accident and incident reports. The annual review of care and support was available at the centre.

Judgment:
Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

Staffing at the centre was reflective of residents' needs.

The inspector found the centre had both a planned and actual roster which was reflective of staffing during the inspection. The inspector found staffing in house one and two was reflective of residents' needs. Residents received respectful and timely support from staff throughout the inspection.

Although staff accessed mandatory and resident needs focused training, the inspector found that not all staff had attended training on positive behaviour management and personal outcomes.

Staff informed the inspector that they attended team meetings chaired by the person in charge. Records reviewed reflected the person in charge's attendance, and meeting involved discussions on resident needs, staff training and organisational policy.

Following the findings of the previous inspection, the inspector reviewed a sample of personnel files, which contained a full employment history for staff including gaps in employment. Furthermore, staff files reviewed contained all information as required under Schedule 2 of the regulations.

Judgment:

Substantially 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:

Stevan Orme
Inspector of Social Services
Regulation Directorate

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 Brothers of Charity Services Ireland
Centre ID:	OSV-0004853
Date of Inspection:	09 November 2016
Date of response:	23 November 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 Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Review meeting minutes examined did not show either residents or their representatives' attendance.

1. Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are

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

conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

We will ensure that in each residents plan the names of everyone attending the meeting will be recorded including the residents and their representatives. If representatives were invited and could not attend this will also be recorded.

Proposed Timescale: 21/11/2016

Theme: Effective Services

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

Some resident goals were broad in nature . Goals did not consistently include steps to be undertaken to achieve the goal and effectively measure its progress.

2. 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:

A review of all goals in resident's personal plans will be carried out and steps to be undertaken to achieve the goal and effectively measure its progress will be identified and carried out.

Proposed Timescale: 21/12/2016

Theme: Effective Services

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

Personal plans were not available in an accessible format to residents.

3. Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

An accessible format of the residents personal plan will be made available

Proposed Timescale: 15/01/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

1. The kitchen in house three was not in a good state of repair.
2. The heating stove had been removed from the lounge leaving chimney ducting and pipe work exposed.

4. 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:

The house is currently unoccupied and will not be occupied before April 2017.

1. There is a plan and design in place for a new kitchen. This will be installed into the house.
2. The chimney ducting and pipe work is no longer exposed.

Proposed Timescale: 1. 31/03/2017
2. 10/11/2016

Proposed Timescale: 31/03/2017

Theme: Effective Services

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

House three did not have adequate lighting available in all rooms.

5. 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:

Adequate lighting is now available in all rooms.

Proposed Timescale: 10/11/2016

Theme: Effective Services

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

Curtains and communal furniture was not provided in all rooms in house three.

6. 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:

Some curtains and communal furniture will be provided in house three. When new residents are identified they will be involved in selecting personalised furnishings and curtains.

Proposed Timescale: 31/03/2017

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:

Fire equipment in house three was not checked in line with centre policy.

7. Action Required:

Under Regulation 28 (2) (b)(iii) you are required to: Make adequate arrangements for testing fire equipment.

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

Fire equipment in house three has been checked in line with centre policy.

Proposed Timescale: 10/11/2016

Theme: Effective Services

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

A fire evacuation plan was not prominently displayed or available in house three.

8. Action Required:

Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the designated centre.

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

The fire evacuation plan is now prominently displayed in house three.

Proposed Timescale: 10/11/2016

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:

Not all staff had received training in positive behaviour management.

9. Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

Staff are scheduled to attend upcoming Studio III training.

Proposed Timescale: 28/02/2017

Outcome 09: Notification of Incidents

Theme: Safe Services

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

The centre had not notified the Chief Inspector of an incident of an unexplained absence of a resident from the centre.

10. Action Required:

Under Regulation 31 (1) (e) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any unexplained absence of a resident from the designated centre.

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

Unexplained absence of a residence will be notified to the Chief Inspector within 3 working days.

Proposed Timescale: 10/11/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Not all staff had received training in positive behaviour management and personal outcomes.

11. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

Staff are scheduled to attend upcoming Studio III and Personal Outcomes training

Proposed Timescale: 28/02/2017