

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ashington Group - Community Residential Service
Centre ID:	OSV-0003979
Centre county:	Dublin 7
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Provider Nominee:	Mary Lucey-Pender
Lead inspector:	Helen Thompson
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	10
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: 06 July 2017 10:00 To: 06 July 2017 19:30

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 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection

This was an unannounced inspection that was conducted in line with HIQA's remit to monitor ongoing compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. This inspection was scheduled as a follow up to assess the provider's implementation of their action plan responses to the last unannounced inspection in February 2017. The previous inspections of this centre highlighted ongoing regulatory concerns regarding an inappropriate admission to this designated centre. In summary, this inspection was conducted to assess if the residents were experiencing an improvement in their quality of life through the achievement of a higher level of regulatory compliance. The inspection was conducted by one inspector over one day and concentrated on two of the houses that constituted the centre.

How we gathered our evidence

The inspector met with members of the staff team which included social care workers, nurses, household staff and the person in charge . The inspector also met with the provider nominee and a clinical nurse manager 3. Residents were present in the centre on the day and the inspector spoke with them both informally and in a formal manner. Additionally, the inspector observed staff engagement and interactions with residents. Centre and resident's documentation was also reviewed.

An inspection of the premises was completed by the inspector. Overall, residents were observed to be unhappy and frustrated with their current compromised living situation. This finding was also reiterated by staff members, particularly the inappropriateness of the environment in meeting some residents' needs and the associated challenges that this subsequently posed for all.

Description of the service

The service provider had produced a statement of purpose which outlined the service provided within this centre. In total, the centre was comprised of three community based houses. However, as identified above, this inspection again focused on two of the three houses in the centre.

These two semi-detached houses were located in a suburban residential area. The houses had a separate front door but had a shared front and back garden space. Additionally, the houses had a shared conservatory area to the rear which could be accessed by residents from both locations through their respective kitchen back door. There were also connecting doors between the dining area and in an upstairs bedroom. These doors were kept closed to allow separate functioning of the houses and to ensure residents' privacy and dignity.

The statement of purpose stated that the houses are long stay, providing high support nursing care and are open 24 hours, seven days a week to support residents with a moderate level of intellectual disability. Residents' support needs were cited as including mental health conditions, behaviours that challenge, mobility problems, cardiac problems, epilepsy and dementia.

Overall, there was capacity for 10 residents in the centre and on the day of inspection it was home to nine female residents over 18 years of age, seven of whom were residing in the two locations that were inspected.

Overall judgment of our findings

The seven outcomes that were assessed on the previous inspection were followed up, and inspected against the provider's action plan responses. The inspector found that a high number of the required actions were not achieved and therefore, there continued to be a high level of regulatory non-compliance across all outcomes inspected. Firstly, the centre's overarching governance and management was found to be in major non-compliance as it had failed to deliver on the required remedial actions to improve the quality of life for residents of this centre. This finding was also evident through the non-compliances observed across all other outcomes and associated regulations. This included the core outcomes of safeguarding and safety management, and health, safety and risk management.

Critically, the centre's premises was also found to be inappropriate to residents' assessed needs and thus in major non-compliance. This was observed to negatively impact on residents' day to day lives with restrictive measures subsequently utilised by the provider as interim solutions. These findings contributed to the regulatory non-compliances and judgement of major non-compliance found in residents' rights, dignity and consultation. Significant improvements were also still required in the centre's workforce and resident's social care needs.

These findings along with others are further detailed in the body of the report and 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 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):

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

Findings:

Overall, the inspector found that significant improvements were still required in the facilitation of choice and control for residents. Improvements were also necessary to ensure that some residents' privacy and dignity needs were continuously honoured. The centre's complaints system needed to be addressed to ensure that it met all regulatory requirements.

The inspector observed that the current compromised living arrangements and associated restrictive practices negatively impacted on, and hindered some residents in exercising choice and control in their daily lives. For example, these residents did not have continuous free access to all areas of their home and were at times on a daily basis confined to usage of certain rooms only. Also, their decision regarding when they might choose to return to their home or have a meal was dictated by other factors. Additionally, the inspector noted that some residents' privacy and dignity needs were not consistently ensured. This included the intrusion of others into their private space.

This lived experience resulted in significant dissatisfaction for some residents, and for others a decision to spend time away from their home on both a short and longer term basis. These outcomes were evident from residents' and staff member's conversations with the inspector, and from a review of the centre's data sets, particularly some complaints raised since the previous inspection. The identified issues were still active and a daily experience for residents.

Improvements were still required with the centre's maintenance and processing of

complaints made by residents and their representatives. The inspector observed the complaints' log and noted that all the required fields were not completed. Thus, the current status of the complaint was unclear.

Post the implementation of a required action from the previous inspection, the centre's complaints procedure was now displayed in both houses. Residents were observed to be supported in accessing advocacy services.

Other aspects of this outcome were not assessed during this inspection.

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):

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

Findings:

The inspector found that the required action from the previous inspection had not been achieved and that improvement was still required with the updating and maintenance of some residents' supporting documentation and plans.

The need for further work and development of residents' care plans was readily identified to the inspector by members of the staff team. This finding was also noted during the provider's unannounced six monthly visit in March 2017. The inspector observed that a care planning workshop was recently facilitated by one of the service's clinical nurse managers to further support staff in addressing this regulatory deficit.

It was evident during the inspection that residents continue to have access to, and be supported by members of the service's multidisciplinary team. Residents and their representatives were also observed to participate in care planning and case conference meetings.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The inspector found that the centre did not meet residents' individual and collective needs in a comfortable and homely way.

The required actions from the previous two inspections in February 2017 and November 2016 were not implemented within the provider's identified timeframes. Thus, some residents' assessed needs were not optimally and comprehensively supported. As previously outlined this included the non-availability of ground floor accommodation, inadequate bathroom facilities and limited private and communal space options for residents.

The inspector also found that the premises was not maintained and decorated to an appropriate standard for the residents. Several examples of this regulatory deficit were observed, including plastering gaps on some walls, unused fittings left in situ, unsightly flooring, worn carpet, an unkempt garden area, painting required in several areas, broken shower doors and a lack of, or poorly hung curtains. The inspector was informed by staff that these matters were raised in residents' and staff meetings.

Whilst the management team acknowledged the outstanding maintenance and decoration issues, there was no definitive timeframe available for the completion of these improvements.

Additionally, some residents did not have their own separate bedroom space. Dissatisfaction with this shared bedroom situation for residents was previously expressed through the centre's complaints procedure.

Judgment:

Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

Theme:

Effective Services

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

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

Findings:

Overall, the inspector found that to ensure the health and safety of residents, staff and visitors, significant improvements were still required in all the centre's systems. This included infection control, fire safety and risk management.

The inspector observed that the centre's procedure to be followed in the event of a fire was not available, or prominently displayed on the day of inspection. Additionally, it was noted that the centre's fire procedure had not been updated to reflect recent changes for residents of the centre. The inspector observed that this was a concern given that on occasions less familiar staff supported residents.

As previously identified, the provider had not made arrangements with regard to addressing all fire containment measures in the centre and no time bound plan was available for this outstanding action.

Personal emergency evacuation plans were developed for residents and evidence of the completion of recent fire drills was viewed. However, the inspector observed that not all recommendations post this process were followed up.

Fire safety equipment was provided in the house. On the day of inspection, evidence of servicing was present for extinguishers and fire blankets. However, certification of servicing of the emergency lighting and the alarm was not present. This was subsequently forwarded to the inspector on the following day.

The inspector found that the centre's risk management system did not comprehensively identify and evaluate all possible risks for residents and staff of the centre. For example, a particular risk regarding travelling on centre transport was not assessed. Additionally, the inspector noted that there were gaps with regard to learning and follow up post incidents and events, for example, with the centre's fire risk assessment. Some cited risk control measures were also found to be inconsistently implemented. These findings were identified and discussed with the person in charge on the day of inspection.

The inspector observed that all measures had not been taken to address the centre's previously identified infection control issues. A specific hand washing sink was not available for staff usage. The inspector acknowledged that a cleaner was now employed to support staff with cleaning and some infection control related matters.

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):

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

Findings:

In summary, the inspector found that significant improvements were still required to ensure that residents in the centre were free from the risk of experiencing an abusive situation. A positive approach to residents' behaviour that challenged was evident and residents had access to a multidisciplinary team (MDT). However, some improvement was necessary regarding the implementation of restrictive practices.

The inspector reviewed if there had been progress made in outcomes for residents, and against the centre's cited action plan responses. Three of which were found to be outstanding. The inspector acknowledged that the centre had established safeguarding systems in situ for residents and that there had been slight improvement since the previous inspection in February 2017. However, some residents remained at risk of experiencing abusive situations in their home, particularly of a psychological and emotional nature. This distressing situation was observed to continue to impact negatively on residents' health, wellbeing and quality of life. Residents endorsed this observation to the inspector. Additionally, the current safeguarding issues and adverse environment had contributed to another resident now temporarily residing in another of the service's centres.

Staff training records were reviewed and the inspector found that since the previous inspection staff were facilitated with training to enhance their support of resident's behavioural needs. However, there were still gaps observed in the provision of full training for staff in the safeguarding of vulnerable persons.

The inspector observed that there were some restrictive practices in usage as a response to resident's behaviour that challenged and also as a planned safeguarding measure. However, as previously, improvement was required with the due process mechanism for the usage of chemical restraint, particularly the review of it's implementation. Evidence of consent from the resident's representative for this response was now evident in the resident's file, which cited that it would be reviewed by the MDT on a three monthly basis.

Residents' behavioural and emotional needs continued to be supported by members of

the service's MDT which included psychiatry, psychology, social work and a clinical nurse specialist in behaviour.

Judgment:

Non Compliant - Major

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

Overall, the inspector found that there were ineffective management systems in place to underpin, support and promote the delivery of safe and quality services for residents. Significant improvements were required to ensure effective oversight and accountability.

The inspector observed that the level of non-compliances across a number of core outcomes demonstrated the ineffectiveness of the current management systems. Critically, the centre's governance and management had failed to deliver on its identified actions from previous inspections. Subsequently, the safety and quality of care and support provided to residents was adversely impacted.

The provider had conducted a six monthly unannounced visit in March 2017. The inspector noted that some of the findings from this process correlated with those identified on this inspection.

However, there was no evidence that the action plan from the provider's visit had been systematically implemented to bring about the necessary improved outcomes for residents.

There was now a clearly defined management structure in the centre. Since the previous inspection a permanent person in charge (PIC) had been appointed to the centre. The PIC was responsible for this centre only. She worked in a fulltime capacity over five days a week and varied her hours to ensure that she met with staff on both day and night shifts.

Judgment:

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

In general, the inspector observed that on the day of inspection the number of staff available was appropriate to the number and needs of residents. However, improvements were still required with the provision of staff training, the supervision process for staff and the ensuring of continuity of care for residents.

Since the previous inspection there had been some changes with the centre's workforce and it was noted to still be in a period of stabilisation with new staff members having recently started. A new person in charge (PIC) was also in situ. Generally, if there were rota vacancies, management tried to ensure that residents were supported by familiar relief staff but on occasions agency staff were still utilised.

On the day of inspection some residents were observed to be supported by an agency staff that was working in this centre for the first time. It was noted by the inspector that there was no systematic, documented induction process in operation to comprehensively ensure familiarity with all residents' current support requirements. This was especially significant given the current situation for residents of the centre.

The inspector observed that staff were receiving some support and supervision through staff meetings which the PIC noted were now being established on a more regular basis, and additionally by the presence of the PIC in the centre.

However, at a time of such high demands for the staff team there was still no formalised supervision and support process in operation.

Some staff member's training records were reviewed. Gaps were found with the provision of some mandatory training, for example, manual handling. Additionally, a number of staff required Buccal Midazolam training, and education in the understanding and supporting of mental health conditions.

The inspector observed that permanent staff's knowledge of residents' needs was good and they were observed to be very concerned regarding the residents' best interests.

Judgment: Non Compliant - Moderate

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:

Helen Thompson
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 Daughters of Charity Disability Support Services Company Limited by Guarantee
Centre ID:	OSV-0003979
Date of Inspection:	06 July 2017
Date of response:	04 August 2017

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:

Some residents did not have the freedom to lead and self-direct their daily lives.

1. Action Required:

Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the

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

freedom to exercise choice and control in his or her daily life.

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

An alternative placement has been sourced for one resident to meet her assessed needs.

All restrictions will be removed when this resident moves to her new placement.

Proposed Timescale: 30/10/2017

Theme: Individualised Supports and Care

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

Some residents' privacy and dignity needs were not continuously ensured.

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:

An alternative placement has been sourced for one resident to meet her assessed needs.

Proposed Timescale: 30/10/2017

Theme: Individualised Supports and Care

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

Complaints were not maintained and updated in line with all regulatory requirements.

3. Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

All Complaints will be maintained and updated in line with regulatory requirements.

Proposed Timescale: 11/08/2017

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:

Residents' plans were not systematically reviewed and updated.

4. Action Required:

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

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

Residents Plans will be reviewed and updated monthly.

Proposed Timescale: 30/08/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The premises was not decorated in a suitable and homely manner.

5. 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:

A full maintenance review will be carried out and all necessary decoration completed.

Proposed Timescale: 31/10/2017

Theme: Effective Services

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

As outlined in the body of the report the requirements of Schedule 6 were not being provided for in the centre.

6. 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:

The requirements of schedule 6 will be reviewed in the centre.

The capacity of the centre will be reviewed.

Proposed Timescale: 30/12/2017

Theme: Effective Services

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

The premises was not maintained to an appropriate standard.

7. 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:

A full maintenance review of the centre will be carried out and all necessary works completed.

Proposed Timescale: 31/10/2017

Theme: Effective Services

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

The design and layout of the premises was not in keeping with the assessed needs of some residents.

8. 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:

An alternative placement has been secured for one resident to meet her assessed needs.

The Capacity of the designated centre will be reviewed.

Proposed Timescale: 30/10/2017

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:

As outlined in the body of the report:

- some centre risks were not fully identified, evaluated and assessed

- cited risk control measures were not in situ as outlined

9. 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. Risk assessments will be reviewed to ensure that all centre risks are identified.
2. A revised hygiene audit indicated that a hand washing sink not required.

Proposed Timescale: 01/09/2017

Theme: Effective Services

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

As outlined in the body of the report, all identified infection control measures were not in situ in the centre.

10. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

A review of all infection control measures will be carried out in the centre and identified necessary actions carried out.

Proposed Timescale: 01/09/2017

Theme: Effective Services

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

As outlined in the body of the report, a current evacuation procedure was not displayed or readily available in the centre.

11. 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 updated evacuation procedure is displayed and readily available.

Proposed Timescale: 11/08/2017

Theme: Effective Services

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

As per the body of the report adequate arrangements were not in place to contain fire.

12. Action Required:

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

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

The Provider Nominee and the maintenance manager will review the fire containment measures in the designated centre and take necessary action to ensure that all necessary fire containment measures are in place.

Proposed Timescale: 31/12/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

There was no clear systematic review process for the usage of chemical restraint as a response to behaviour that challenged.

13. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

All usage of chemical restraint will be reviewed at MDTS on at least a 3 monthly basis.

Proposed Timescale: 30/09/2017

Theme: Safe Services

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

Some residents were at risk of continuing to experience an abusive situation.

14. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

An alternative placement has been secured to meet the assessed needs of one resident.

Proposed Timescale: 30/10/2017

Theme: Safe Services

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

Some staff required the facilitation of training in the protection of vulnerable adults.

15. Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

A training needs analysis has identified staff requiring training in protection of vulnerable adults. These will be prioritized.

Proposed Timescale: 01/12/2017

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:

The centre's management systems did not ensure systematic, effective oversight and accountability for the quality of the service provided to residents.

16. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

1. An alternative placement has been sourced for one resident to meet her assessed needs.
 2. The provider nominee, CNM3 and the PIC will ensure that all recommendations from provider visits, audits are carried out in a timely manner.
- The CNM3 and the PIC will continue to meet regularly in relation to the management of the centre and will ensure that all requirements under the regulations are in place and kept up to date.

Proposed Timescale: 30/10/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Continuity of care and support for residents was not comprehensively facilitated.

17. Action Required:

Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

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

1. PIC in place – 5 days per week
2. Regular staff team in place.
3. Regular relief staff available to the centre.
4. Relief /agency induction folder available to less familiar staff who work in the centre.
5. Comprehensive handovers will be given to staff at the start and end of shifts.

Proposed Timescale: 11/08/2017

Theme: Responsive Workforce

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

Gaps were identified with some staff member's training requirements.

18. 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:

The training needs analysis for the centre will be reviewed and staff prioritized training.

Proposed Timescale: 01/12/2017

Theme: Responsive Workforce

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

Staff were not facilitated with the option of an appropriate supervision process.

19. Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

1. The PIC will be offered supervision training.
2. Supervision will be introduced to the centre.

Proposed Timescale: 01/12/2017