

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Pine Services
Centre ID:	OSV-0004460
Centre county:	Roscommon
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Margaret Glacken
Lead inspector:	Thelma O'Neill
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	8
Number of vacancies on the date of inspection:	3

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 compliance with National Standards. 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 February 2017 09:30 To: 06 February 2017 20:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
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 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This monitoring inspection was the fourth inspection of this residential service carried out by The Health Information and Quality Authority, HIQA. It was an unannounced one-day monitoring inspection. This service is one of sixteen residential services in Co. Roscommon run by the Brothers of Charity Ireland organisation.

How we gathered our evidence:

As part of the inspection, the inspector met with five residents, staff members, an area manager, and the provider nominee. The inspector sought the consent of residents to enter their bedrooms and review personal plans and care files. The inspector observed practices and reviewed documentation, such as; personal plans, risk management documentation, medical records, policies and procedures.

Description of the service:

The centre provides residential accommodation and support services for 10 adults with an intellectual disability. There were three houses in this designated centre. Two

houses were modern purpose built bungalows located in a village in Co. Roscommon. The third house was an older style bungalow which was located approximately 9km away in a town in Co. Roscommon. The three houses were situated in quiet estates in a residential part of the village and town. The two houses situated together accommodated a maximum of five residents. One house was opened on a part-time basis Monday to Friday and one weekends per month, the second house was opened full-time seven days a week. The third house could accommodate four residents per night; however, only three residents used the service per night. This respite service was shared among six individuals. There were three vacancies on the day of inspection.

The inspector found the houses were well maintained and offered a comfortable homely environment for residents. Residents' bedrooms were decorated according to their wishes and tastes. There was evidence that residents' diverse health and psychosocial needs were appropriately met and promptly responded to by staff as required. In addition, access to a range of allied health services including psychology and mental health specialists was evident. Staff interviewed displayed good knowledge and understanding of individual residents' needs, wishes and preferences and the inspector observed good interactions between staff and residents. Residents and their families were involved in decisions about the care delivered and were supported to promote their independence and exercise choice in their daily lives.

Overall judgement of our findings:

The inspector found that the centre was an organised, well run service that provided a person-centred approach to meet the health and social care needs of residents. While evidence of significant compliance was found across most outcomes, there were a few areas that required action. For example, fire safety management, policies and procedures required update and the vehicle used to transport residents did not meet the needs of the residents. These issues were found not to be in compliance with the regulations and the National Standards. These issues are discussed further in the main body of the report and are included in the action plan at the end of this report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 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):

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

Findings:

The provider had put appropriate measures in place to ensure that residents' rights and dignity were promoted and that residents were consulted about the management of the centre.

There were two actions issued following the last inspection and these were reviewed by the inspector and found to be complete.

There was evidence that residents were consulted about the day-to-day operation of the centre. Regular residents' meetings were held, and the inspector read a sample of the minutes of the meetings which demonstrated that residents were consulted about their daily routines, choices around food and social activities.

All residents, except one individual who was retired, attended day services in their local community. The staff members supported residents to attend these activities daily and the inspector observed staff displaying a positive and supportive attitude to residents when providing an individualised service to residents, both inside and outside the centre.

The provider had effective arrangements in place to manage residents' finances. Residents' money was safeguarded through appropriate practices and record keeping. Financial transactions were signed by staff, and where possible, the residents themselves. In addition, transactions were checked and counter signed by a second staff member and written receipts retained for purchases made on residents' behalf. A regular random audit of the financial records was carried out by a member of the senior management team and there was written evidence of this shown to the inspector.

Staff members interacted with residents in a respectful manner and the inspector observed that their privacy was respected. All residents had their own bedroom, which were decorated to their individualised taste.

The inspector reviewed the systems and documentation in place for the management of complaints. The complaints policy complied with the regulations and there were no open complaints. The inspector found that where issues were raised by residents or family members, they were adequately addressed by the staff. A nominated complaints person was identified to ensure that complaints were appropriately responded to and records maintained. Advocacy services were available to residents on request.

Judgment:

Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

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

Findings:

The provider had arrangements in place to ensure that the communication needs of all residents in the centre were being met.

Most residents in this centre were able to communicate verbally, however, others communicated through the means of non verbal communication, such as, hand gesturing, or through the use of pictures or symbols.

There was one action issued following the last inspection, which was complete. Previously, a resident did not have the required communication aid, however, an iPad was purchased for this resident and they were currently receiving training on how to use the iPad to increase their communication options.

Staff members were qualified to care for individuals with a disability and this was evident in the expertise they displayed in communicating with residents that had limited verbal communication. For example, staff understood a resident's facial expressions, body movements and general demeanour.

Each resident's communication needs were set out in individual care plans. Residents, their families and the multi disciplinary team were involved in developing and reviewing these plans and the actions set out in the plans were seen to be implemented in practice.

Good documentation was in place to support the decisions taken at the personal care planning meetings. Residents' care plans documented the input from professionals including speech and language therapists, to enhance residents' communications; therefore ensuring residents' communication needs were met.

Residents had easy access to television and radio, residents' preferences in terms of what programmes or music they preferred were facilitated.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

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

Findings:

The provider had put appropriate resources in place to support residents to develop and maintain positive personal relationships with their family members and links with the wider community.

Residents had families who were actively involved in their care. Families were encouraged to participate in the lives of the residents and the inspector saw that they were regularly consulted and kept up to date. Residents had photographs displayed in their bedrooms of their family members which they had pleasure looking at and showing the inspector.

The inspector was told that visitors were welcome in the centre and were free to visit. There was evidence of this in the signed visitors' book. There was one action issued under this outcome in the last inspection relating to the use of a visitor's room as a staff bedroom, this had been rectified. There is now a night staff sharing responsibility between two houses and there was no need for a staff bedroom.

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):

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

Findings:

Each resident's wellbeing and welfare was maintained by a high standard of evidence-based care and support.

The inspector found significant improvements in the assessment and implementation of residents individualised needs and goals since the last inspection. There was one action issued and this was satisfactorily addressed.

The provider had arrangements in place to ensure that residents had opportunities to participate in meaningful activities appropriate to their interests and capabilities. For example, residents had daily activities programmes or recreational activities scheduled, during the day, five days a week. In addition, one resident was receiving a home based service due to their ill health.

The inspector viewed the actions from the previous inspection and found that personal plans now detailed the activities individual residents enjoyed and there was a system in place to track the activities attended by residents on daily basis and assist staff.

The inspector found that each resident had a personal plan in place, which included their health and social plans. There was evidence that these plans were reviewed consistently and at a minimum annually. There was evidence that residents and or their families were involved in preparing their personal plans. The inspector viewed a sample of residents' personal plans and found that they were individualised and person centred, regularly reviewed and reflective of residents needs. In addition, resident's abilities, needs and aspirations were clearly identified and there were opportunities for residents to participate in meaningful activities appropriate to his or her interests and capacities.

A key worker was assigned to each resident to help them to achieve their personal goals and the inspector saw that goals identified for the previous year had been reviewed and all had been achieved.

Residents living in this centre were very much part of the local community. Residents attended the local day services and they also visited the local business and community facilities in the town, such as local pubs, restaurants, library and church as well as taking part in social activities in the house such as cooking, art and massage.

Judgment: Compliant

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 premises generally met the needs of all residents living in this centre.

The inspector found that attention had been given to ensure that the premises were made as comfortable as possible for the residents. For example, colours were tastefully coordinated, rooms were personalised and had attractive paintings hung on the walls. All rooms had adequate provision for storing residents clothes; there space for chairs, and or a wheelchair if used by a resident. However, the entrance to one of the three houses had a step which was not suitable for one wheelchair user.

The premises were clean, comfortable and had a homely atmosphere. Residents had access to appropriate equipment that promoted their independence and comfort such as hoists and mobility aids. Staff were trained to use the equipment provided, it was fit for purpose and servicing of equipment had taken place.

Judgment:
Substantially Compliant

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

Findings:

The management of risk in the centre had significantly improved since the last inspection. There were four actions issued in the previous inspection report. Three of the four actions were complete.

The centre had a risk management policy in place; however, it did not provide clear guidance to staff on the management of risk in the centre. It did not contain all aspects of risk management required by the regulations, such as the management of individual or environmental risks. This was an action outstanding from the last inspection. Despite this action not being completed, the provider had arrangements in place for recording and analysing incidents, so that measures could be taken to prevent their reoccurrence. This was an action from the last inspection and was complete.

The inspector viewed a number of individual risk assessments for residents. Some related to social activities, or outings, or medical conditions. The inspector found evidence that staff took a proactive approach to control risk to residents whilst ensuring that residents could still take part in their chosen activity.

Accidents and incidents were recorded in the centre. These accidents or incidents were reviewed regularly by the person in charge. The inspector found evidence of learning and measures in place to prevent re-occurrences of accidents and incidents and this learning was included in a residents' care plans.

The provider had fire safety procedures in place. Appropriate fire equipment was located throughout the centre and there was evidence that this equipment, the emergency lighting and alarm system were serviced regularly. Weekly and monthly fire safety checks were recorded in the centre's fire register. The centre evacuation procedure was displayed in the centre. All fire exits were unobstructed and staff took part in regular fire evacuation drills which were documented. A personal evacuation plan was documented in each resident's personal plan and a copy of this was also kept near the entrance to the centre. Fire safety training for all staff had taken place and included evacuation procedures. However, there were no fire doors in any of the houses in this centre. The smoke alarm was broken in one house on the day of inspection; however, this was in the process of being fixed during the inspection.

Satisfactory procedures were in place for the prevention and control of infection which are in line with standards published by the HIQA. However, the infection control policy was inadequate, as it did not contain guidance to staff on national infection control procedures.

The car used to transport residents was 16 years old and was owned by the provider. The vehicle was shared between two houses in this centre. The vehicle was appropriately maintained, however, the inspector observed one resident with dementia trying to access the car with difficulty, this was due to a deterioration in their mobility and the car was no longer meeting their assessed needs.

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):

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

Findings:

Residents told the inspector that they felt safe in this designated centre. There were appropriate measures in place to safeguard residents from abuse and ensure residents were safe in this centre.

All staff were aware of the organisational policy and procedures for safeguarding residents including national guidance and legislation.

The inspector spoke with residents, and they reported that they felt safe and supported in their home. The inspector found, from the evidence provided, that all of the residents living in the centre were safe and that none of the residents had expressed any concerns for their safety. Most residents living in this centre did not have behaviours that challenge. However, all staff were trained to assist residents with behaviours that challenge. Restrictive practices were not used in this centre.

Judgment:

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:

A record of all incidents occurring in the designated centre was maintained. However, all notifiable events were not notified to the Chief Inspector. For example; in one incident a resident complained of pain in their right hip following a fall and was subsequently seen by a general practitioner. This accident was not reported to the chief inspector within three days of the incident as required by the regulations.

Judgment:

Substantially Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

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

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

Findings:

Residents are supported on an individual basis to achieve and enjoy the best possible health. There were two actions issued following the last inspection. These were both completed.

Residents' healthcare needs were met through timely access to health care services and appropriate treatments and therapies. The inspector found that individual residents health needs were appropriately assessed and met by the care provided in the centre. Staff and service users described good access to the local general practitioner and psychiatrist and there was evidence available of this in files reviewed. An out of hours service was also available if required. Allied health services which included dentist, physiotherapy, occupational therapy and chiropody were also available to residents as required.

The inspector reviewed a 'hospital passport' document on a resident's file - for use should the resident require transfer to hospital. The document was regularly reviewed and included information on aspects of the residents' care, including their emotional needs and preferences.

Residents had a choice about their meals and nutrition. Decisions around the meal choices were discussed at the weekly residents' meetings. Residents were supported to cook their own meals in their houses. The inspector observed residents having their evening meal and was told by the residents that the food in general was good and that they had enjoyed their evening meals.

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):

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

Findings:

A medication management policy was in place to guide practice and included the arrangements for ordering, prescribing, storing and administration of medicines to residents. The inspector reviewed the prescription records and medication administration records and found that documentation was completed in accordance with safe practice guidelines. There were protocols in place for the safe administration of medication for epilepsy.

Medications were stored appropriately and there were no medications that required strict control measures, at the time of the inspection. There was a system in place for the reporting and management of medication errors and these were reviewed by the person in charge. Staff spoken with knew what process they had to follow if they made a medication error. There were no incidents of medication errors reported on this inspection.

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):

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

Findings:

This centre is jointly managed by two person's in charge. One person in charge was a qualified and experienced nurse and the other person in charge is a qualified social care worker. One of the person in charge had recently returned from long term leave, and deputising arrangements had been put in place while this manager was absent from work. The centre has been managed by the other person in charge and an on-call arrangement was now in place.

There was an effective organisational structure in operation and significant improvements were found in the governance and management of this centre since the last inspection. The managers in charge now reported to the area manager who in turn reported to the director of services. There was evidence of regular staff meetings with their managers and the decision making process was more transparent. For example, the inspector saw some of the minutes of these meetings which outlined the issues discussed and the decision made to address the issues recorded.

The provider had undertaken one unannounced visit to the centre and produced a written report on the safety and quality of care and support provided as required by the regulations. The inspector was provided a copy of this report. There was evidence that the quality of care and experience of the residents was monitored on an ongoing basis, and there was an annual review completed by the provider outlining the service and the quality of care provided in this 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:

The centre's workforce had significantly increased since the last inspection. Due to the declining health of one resident, staffing had been changed from a sleepover staff to a waking night staff since the last inspection.

The inspector found that the managers had adequately responded to residents healthcare needs and staff were meeting the assessed needs of the residents. However, one resident living in the second house, required a further needs assessment, to assess if additional staffing was required in the mornings, as their health had also started to decline.

There was evidence that staff were trained to meet the assessed needs of residents and records of training were documented on staff files. Staff had completed training, for example, in areas such as safeguarding training, fire safety management, safe moving and handling, and medication management training.

There was evidence of regular staff meetings, which were supervised by the person in charge. The provider had also completed a six monthly unannounced visit to the centre and also an annual review of the quality and safety of the service provided.

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:

Thelma O'Neill
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 Brothers of Charity Services Ireland
Centre ID:	OSV-0004460
Date of Inspection:	06 February 2017
Date of response:	05 May 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 06: Safe and suitable premises

Theme: Effective Services

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

There was a step at the entrance to house one which was not suitable for one resident who was a wheelchair user.

1. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed

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

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:

A new door and ramp are being sourced and these renovations will be completed before the end of the month.

Proposed Timescale: 26/05/2017

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:

The centre had a risk management policy in place, however, it did not provide clear guidance to staff on how to manage risks in the centre.

2. Action Required:

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

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

The risk management policy is being reviewed to include hazard identification and assessment of risks throughout the designated centre.

Proposed Timescale: 31/05/2017

Theme: Effective Services

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

The risks associated with the use of an unsuitable vehicle to transport residents to work or hospital appointments had not been highlighted on the centres risk register or addressed by the provider.

3. 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:

Additional funding has been received from our external funders for the specific needs of the person in question due to deteriorating health. Therefore, transport is no longer an issue. Due to this person's deteriorating health, the GP has recommended that an ambulance is required for the person to attend any hospital appointments and that

medical personnel visit the person at home when required.

Proposed Timescale: 04/05/2017

Theme: Effective Services

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

There was no fire doors in any of the three houses in this centre. Therefore, fire would not be contained and this may impact on the safe evacuation of residents from the centre.

4. 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:

1.Applications are being made to the landlords with regard to upgrading the three houses in this centre and installing fire doors throughout.

2.In the interim, quarterly fire drills are being carried out, fire safety refresher training is being delivered and night time procedures for fire safety have been implemented in all houses.

Proposed Timescale: 1. 30/06/2017; 2. Completed 30/03/2017

Proposed Timescale: 30/06/2017

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 provider did not give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of a injury to a resident which required medical attention.

5. Action Required:

Under Regulation 31 (1) (d) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any serious injury to a resident which requires immediate medical or hospital treatment.

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

There was some confusion around the reporting of this incident, as no injury occurred and no treatment was required. The incident was reported on an NF39 as opposed to

an NF03. Any future incidents can be reported on NF03's, if required.

Proposed Timescale: 31/01/2017