

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Honeysuckle Services
Centre ID:	OSV-0004469
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:	Anne Marie Byrne
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	2
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: 28 February 2017 09:10 To: 28 February 2017 17:15

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 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

The purpose of this unannounced inspection was to monitor the centre's on-going regulatory compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres' for Persons (Children and Adults with Disabilities) Regulations 2013.

How we gathered our evidence:

The inspector met with two residents, three staff members, two persons participating in management (PPIMs) and the person in charge (PIC) during the inspection. The inspector reviewed practices and documentation, including residents' personal plans, incident reports, policies and procedures, fire management related documents and risk assessments.

Description of the service:

This centre is managed by the Brothers of Charity Services Roscommon. The centre has two houses which are both located near a local town in Co. Roscommon. Honeysuckle Services is a mixed centre and can provide accommodation and respite support for up to five adults and children with intellectual and physical disabilities.

People can access this service from school-age.

The PIC has the overall responsibility for the centre. She is supported in her role by two PPIMs. The PPIMs work directly within the centre, in both an administrative and operational capacity. There were two residents in the centre on the day of inspection who were using the residential services. One building is a bungalow while the other is a two-storey building, both houses were found to provide sufficient space to meet the assessed needs of the residents. Staff spoke respectfully of residents and were found to be very knowledgeable of these residents' care and support needs. Overall, the inspector found the centre provided a warm, pleasant and homely environment for residents.

Overall judgment of our findings:

Although this centre provided very individualised and person-centred care to the residents, a number of improvements were required from this inspection. The inspector found that all actions arising from the centre's previous inspection were completed.

This inspection identified that of the 10 outcomes inspected, three outcomes were found to be compliant, four outcomes were found to be substantially compliant and one outcome in moderate non-compliance. Two outcomes were found to be in major non-compliance relating to social care needs and health and safety and risk management.

These findings are discussed further in the report and 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):

No actions were required from the previous inspection.

Findings:

Residents' privacy and dignity was promoted within the centre. Staff were observed to address residents in a respectful manner and were very familiar with each resident's preferences. Advocacy services were available to residents. No actions were required in relation to this outcome from the centre's previous inspection. However, some improvements were required to complaints management and the management of residents' monies.

There were nominated people to deal with complaints within the centre and records of complaints made were maintained. These records were observed to detail the nature of complaints received, any investigation activity carried out and the overall outcome of complaints. However, the complainants satisfaction with the outcome of some complaints received was not clearly documented.

Residents' money was maintained and records of all transactions and lodgements made were maintained. Residents' money was stored in a locked cupboard. Residents were supported to manage their own money on outings from the centre. On the day of inspection, a sample of residents' finance logs were reviewed which identified a discrepancy in the overall total balance documented and the balance available in a residents' account. This was brought to the attention of the PIC and PPIM. Furthermore, some gaps were identified in staff signatures for transactions made to residents' accounts.

Judgment:

Substantially 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 centre had arrangements in place to meet the assessed communication needs of residents. The action required from the previous inspection were satisfactorily completed.

Staff were aware of the different communication needs of residents and there were mechanisms in place to meet these needs. Individualised communication needs were identified in residents' personal plans and reflected in practice. For instance, the use of visual prompts were used by one resident to facilitate staff to communicate to him when it was time to carry out certain tasks. Other residents used audio-visual devices to communicate their wishes. The use of photographs and pictures were regularly used to let residents know what activities were scheduled during the day. Residents were encouraged and supported to maintain communication with their families. The centre had access to televisions and a radio at all times.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

There were no actions required from the last inspection and there had been no recent admissions to the centre.

The centre had policies and procedures in place for admitting residents which included transfers, discharges and the temporary absence of residents. The criteria for admission was clearly outlined in the centre's statement of purpose. Each resident had a written agreement in place which set out the service to be provided and all fees to be paid. However, the inspector found that not all written agreements were signed by the resident or their representative on the day of inspection.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

Each resident's health, personal and social care needs were assessed prior to their admission to the centre. No residents were transitioning to or from the centre at the time of inspection. The centre had no actions required in relation to this outcome from the last inspection. However, significant improvements were identified on this inspection in relation to social care.

The centre had systems in place to assess residents' individualised social care needs. The inspector observed that these individualised needs were very well documented and staff spoken to were familiar with each resident's preferred daily routines. Transport was available for residents to facilitate day trips to include outings to the cinema, coffee shops, restaurants and various local attractions. Photo books and prompts were in place for some residents to enable them to tell staff what activities they wanted to participate in. However, the inspector observed some residents social care needs had not been sustained by the centre due to a shortage in staffing resources. For instance, the inspector observed some residents were very actively involved in the local community and regularly accessed its amenities. However, these residents were not able to participate in these activities in recent months due to staffing resources. A sample of activity logs was reviewed by the inspector which identified DVDs as the only activity some residents participated in during that period.

Personal plans were in place for residents, which clearly identified their individualised care and support needs. Personal plans reviewed on an annual basis and provided clear guidance to staff on the care they were required to give to each resident. However, personal goals had not been agreed for all residents. A person participating in management (PPIM) for the centre informed the inspector that arrangements were in place to identify these goals in consultation with residents' representatives, in the coming weeks.

No planned admissions or discharges were taking place at the time of inspection.

Judgment:

Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Overall, the health and safety of residents, visitors and staff was promoted and protected within the centre. Actions from the centre's previous inspection were found to be satisfactorily completed. However, further improvements were identified in relation to the centre's fire safety and risk management systems.

The centre had arrangements in place for the assessment of resident and organisational specific risks. Residents' specific risk assessments were in place which guided on the risk identified, the control measures in place to mitigate the risk and the overall risk rating. A risk register was in place which identified specific risks associated with the centre. However, on the day of inspection, not all risks had been reviewed in accordance with the centre's review schedule. For instance, some risks were identified for review in June 2015; however, it was unclear if this review was completed. In addition, not all organisational specific risks had a supporting risk assessment in place. For example, there was no risk assessment in place which identified the control measures in place to support the on-going review and management of staffing resources.

The centre had conducted regular fire drills. Fire drills records detailed the participation of staff and residents and demonstrated that staff were able to safely evacuate all residents from the centre in a timely manner. Fire fighting equipment was available throughout the centre and was regularly maintained. However, the inspector found improvements were required in relation to the centre's overall fire safety management systems. A smoke alarm and heat detection alarm had been provided to the kitchen and

hallway of the centre. However, fire detection alarms had not been provided to any other areas of the centre to detect fire in residents' bedrooms. Furthermore, these fire detection systems did not provide a mechanism to alert staff of the location of the fire. In addition, emergency lighting had not been provided to the interior or the exterior of the centre. Personal evacuation plans were in place for residents which detailed the support required by residents during an evacuation from the centre. However, these plans did not provide guidance on the evacuation of residents from their bedrooms.

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):

No actions were required from the previous inspection.

Findings:

Measures were in place within the centre to protect vulnerable residents. There was a policy and procedures in place for the prevention, detection and response to abuse. No safeguarding plans were in place at the time of this inspection. The centre had no actions required in relation to this outcome from the previous inspection. However, some improvements were required to the assessment of restrictive practices.

The inspector found arrangements were in place to assess, monitor and support residents with behaviours that challenge. Comprehensive behavioural support plans were in place which clearly guided staff on the proactive and reactive strategies to be implemented. The centre had adapted its environment to meet the needs of some residents with behaviours that challenge. For instance, a sensory room had been created in the centre and was used regularly by residents as part of their behavioural support plan. Staff were supported by the organisation's behavioural support specialist who regularly reviewed plans and consulted with the centre on the management of specific behaviours that challenge. Staff spoken with demonstrated strong knowledge of residents' specific behaviours and the residents daily support needs.

Some restrictive practices were in place at the time of inspection. Staff were supported by a Human Rights Committee in the review and management of these practices. The centre had recently introduced a plan to reduce some restrictive practices and this was

currently in operation at the time of inspection. Staff spoken with were aware of each restrictive practice in place and of its appropriate application in practice. Protocols had been developed for these restrictive practices to guide on how they were to be applied. However, gaps were identified in the assessment of some restrictive practices.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that each resident was supported to achieve and enjoy the best possible health. Residents' healthcare needs were met in line with their personal plans and through timely access to healthcare services. No actions were required from the centre's previous inspection in relation to this outcome.

Residents' healthcare needs were assessed upon admission and on an annual basis thereafter. Personal plans were in place to which identified residents' specific healthcare needs and of the care and support staff were required to provide to them. For instance, where residents were identified with specific neurological healthcare needs, plans were in place to inform staff of how they were required to assess, monitor and support these residents on an on-going basis. Similar guidance was provided to staff in the management of residents with specific elimination needs. Staff spoken with were aware of residents' healthcare needs and demonstrated to the inspector where the associated personal plans could be found and referenced.

Residents' meals were prepared by staff in the centre. Large kitchen and dining areas were available for residents to enjoy. Residents were provided with a choice of what they wanted to have for each meal. The inspector observed staff supporting residents at mealtimes with drinking and eating. Where residents were in use of modified diets, staff demonstrated a clear understanding of the preparation of these 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:

There were appropriate procedures in place for the prescribing and administration of medications within the centre. Actions required from the previous inspection were found to be completed.

Medication was securely stored within the centre. Blister pack medication systems were in operation and these were clearly labelled with the name of the medications dispensed. Prescription and administration records were well-maintained and all medications were prescribed and signed for by the residents' General Practitioner (GP). No residents were self-administering their own medications at the time of inspection. No controlled drugs were stored in the centre at the time of inspection. Staff had received training in the safe administration of medications and demonstrated a clear understanding of the centre's medication management procedures. Staff had a knowledge of what medication related incidents warranted reporting to the PIC. Guidance on the reporting of medication related incidents was clearly outlined in the centre's medication management policy.

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:

Actions required from the previous inspection were satisfactorily completed. However,

additional improvements were required to the governance and management arrangements of the centre.

The inspector met with the PIC who had a good operational knowledge of the centre and of the needs of each resident. The PIC was supported by two PPIMs who had the responsibility for overseeing the care delivery in each house. The inspector met with both PPIMs who also demonstrated a strong operational knowledge of the centre. The PIC was also supported by the provider in the management of the centre.

An annual review of the service had been completed for 2016. Unannounced provider visits were also occurring on a six monthly basis with the last visit conducted in September 2016. Actions were developed in accordance with the reports' findings. Both reports were available for the inspector to review on the day of inspection. The inspector observed that some actions identified from the annual review did not provide clarity on who was responsible for addressing areas for improvement or on the timeframes for when these actions would be addressed.

In the main, there were management systems in place that promoted the quality and care of services. However, gaps in maintaining these systems were identified by the inspector. The centre had used an interim staffing to meet the residents needs in the centre. However, the centre's governance arrangements while this interim arrangement was in place were unclear. For instance:

- The governance arrangements in place to ensure risk management related documentation was not maintained and updated while this interim arrangement was in place.
- Alternative arrangements in place to ensure residents' social care needs would continue to be met were not in place.
- Oversight of medication related incidents which occurred was not in place.
- Arrangements were not in place to facilitate management to oversee continuity in the rostering of staff in the centre.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

There was an actual and planned roster in the centre at the time of inspection. The centre was using interim staff at the time of inspection. The PIC informed the inspector that the use of interim staffing in the centre will shortly end as they were currently inducting full-time staff into the centre. Rosters for the interim staff were not under the supervision of the PIC as these were developed and maintained by an external service. However, a planned and actual roster was available to the inspector which demonstrated the centre's new staffing arrangements for the coming weeks. Where residents were assessed as requiring more than one staff member to support them, this was allocated for on the rosters.

The inspector reviewed the centre's staff training records. All staff were found to have received up-to-date mandatory training in fire safety, manual handling and safeguarding of vulnerable adults. Additional training was also provided to staff in areas such as infection control, food hygiene and management of epilepsy. The PIC had commenced supervision with staff members and this process was on-going at the time of inspection.

A sample of staff files were reviewed by the inspector and it was identified that not all files contained confirmation of relevant nursing registration status with professional bodies.

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:

Anne Marie Byrne
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-0004469
Date of Inspection:	28 February 2017
Date of response:	24 March 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 Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The provider failed to ensure systems were in place to effectively monitor the management of residents' finances.

1. Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably

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

practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

The Person in Charge has arranged for the discrepancy of €2.00 to be transferred from the organisational petty cash fund to the individual's money to ensure they are not out of pocket. The Person in Charge is linking with the Finance Manager to give refresher training to all staff to ensure that organisational policies and procedures are followed correctly.

Proposed Timescale: 31/03/2017

Theme: Individualised Supports and Care

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

The provider failed to ensure a record of the complainants satisfaction level was routinely recorded

2. 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:

The one complaint that was not signed off as resolved has now been signed off on.

Proposed Timescale: 01/03/2017

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The provider failed to ensure each resident had a signed written agreement in place.

3. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

The person's representative has previously declined to sign the Individual Service Agreement. This will be sent to the representative again with a request to sign.

Proposed Timescale: 31/03/2017

Outcome 05: Social Care Needs

Theme: Effective Services

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

The provider failed to put arrangements in place to meet the social care needs of all residents.

4. Action Required:

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

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

A full review of the social care needs of the person in question has commenced and a full planning meeting is scheduled to bring all records up to date and to re-establish a full itinerary of social activities.

Proposed Timescale: 10/04/2017

Theme: Effective Services

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

The provider failed to ensure personal goals were identified for all residents

5. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

A full review of the social care needs of the person in question has commenced and a full planning meeting is scheduled to bring all records up to date and to re-establish a full itinerary of social activities.

Proposed Timescale: 10/04/2017

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 provider failed to put effective systems in place for the assessment, monitoring and

review of all risks within the centre.

6. 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:

The Person in Charge is reviewing the systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Proposed Timescale: 28/04/2017

Theme: Effective Services

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

The provider failed to put in place effective fire safety management systems in relation to emergency lighting and detection of fire.

7. Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

The fire safety managing system in relation to emergency lighting and detection of fire has been reviewed and emergency lighting and additional smoke detectors have been installed.

Proposed Timescale: 10/03/2017

Theme: Effective Services

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

The provider failed to ensure adequate arrangements were in place for the safe evacuation of residents from their bedrooms.

8. Action Required:

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

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

An evaluation of the persons evacuation plan from the person's bedroom in the event of a fire was carried out by the PPIM and a social care worker in a deep sleep evacuation context.

A four point plan is now in place of some 3 minutes 40 seconds to evacuate the person from the bedroom in the event of a fire from the bedroom.
A fire alarm is now situated at the bedrooms end of the corridor
We continue to work towards a June '17 deadline for the conversion of the window to French door to aid evacuation in the event of a fire

Proposed Timescale: 30/06/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The provider failed to ensure each restrictive practice had a supporting assessment in place.

9. 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 restrictive practices are being reviewed to ensure that supporting assessments are in place.

Proposed Timescale: 31/03/2017

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 provider failed to ensure governance arrangements were in place at all times, to ensure the service being delivered was safe and appropriate to residents assessed needs.

10. 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:

The governance arrangements in place currently include the PIC and PPIM being on call Monday to Friday and an on call rota of a manager each weekend, the facility of a nurse phone support 24 hours a day.

Multidisciplinary Support as required
Weekly contact for staff with the PPIM or manager
Team meetings on a six weekly basis with PPIM to include review of the delivery of a safe service that is appropriately meeting the needs of the person.
3 monthly Team meeting with Manager and PPIM.
Attendance of PPIM at Leaders meetings.
Personal outcomes meetings and reviews for each resident.
Policies and procedures in place.

Proposed Timescale: 10/03/2017

Theme: Leadership, Governance and Management

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

The provider failed to ensure actions arising from the annual review guided on those responsible to address the actions or the timeframes for review.

11. Action Required:

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

The annual review of the quality and safety of care and support in the designated centre provides for consultation with people supported and their representatives. The Person in Charge is amending the annual review to ensure actions arising from the annual review guide on those responsible to address the actions and the timeframes for review.

Proposed Timescale: 31/03/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The provider failed to ensure that all information and documents as specified in Schedule 2 are obtained for all staff.

12. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

One person's nursing registration renewal was in the post at the time of inspection and

has now been received and forwarded to the HR department

Proposed Timescale: 06/03/2017