# Health Information and Quality Authority

## Compliance Monitoring Inspection report

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0011636</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Dublin 15</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:jennifer.duffy@docservice.ie">jennifer.duffy@docservice.ie</a></td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>Daughters of Charity Disability Support Services Ltd.</td>
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<tr>
<td>Provider Nominee:</td>
<td>Mary O'Toole</td>
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<tr>
<td>Person in charge:</td>
<td>Jennifer Duffy</td>
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<tr>
<td>Lead inspector:</td>
<td>Michael Keating</td>
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<td>Support inspector(s):</td>
<td>Florence Farrelly</td>
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<tr>
<td>Type of inspection:</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>6</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
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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 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 announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: 10 March 2014 10:00
To: 10 March 2014 18:00

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

| 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 13: Statement of Purpose |
| Outcome 14: Governance and Management |
| Outcome 17: Workforce |

Summary of findings from this inspection
This was the first inspection of this centre by the Health Information and Quality Authority (The Authority). The purpose of the inspection was to assess the level of compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities, Regulations 2013, to monitor the standard of care delivered to residents. As part of the inspection, inspectors met with residents and staff members and reviewed staff files, organisational policies and procedures and other relevant documentation.

This centre forms part of a number of diverse services to persons with disabilities delivered by the provider Daughters of Charity on the St Joseph's campus in Clonsilla Dublin. As part of the inspection, inspectors met with residents, relatives, staff members, the nominated person on behalf of the provider as well as other members of the management team.

The centre is a purpose built centre opened in November 2013 and provides accommodation for up to 6 residents. Each resident had their own apartment which has a sitting room, bathroom and bedroom. The centre is built to cater for the needs of people on the autistic spectrum, and/or who present with other challenges that require significant staffing supports. The overall aim of the centre is to provide a 'recovery' model of care, which aims to prepare residents to transition to a less secluded living environment, where they can live more independently within a more integrated community model of care. All individuals care plans viewed during the course of the inspection described various limitations and challenges within previous
living environments. Conversations with staff and residents, and a review of
documentation confirmed significant improvement in residents lives, as a result of
this new living environment, which had provided individual supports around specific
needs and choices.

Overall inspectors judged that while there were some areas to improve upon,
residents were well cared for and supported by staff who know the residents very
well. While there was evidence of good practice found across all outcomes, areas of
non compliance with the regulations were identified in areas such as personal
planning, fire risk, staff training self care protection, restrictive practices and
governance and management.

These non compliances are discussed in the body of 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 and the National
Standards for Residential Services for Children and Adults with Disabilities.

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

Judgement:
Non Compliant - Major

Findings:
In general, the inspector found that residents were involved in the development of their
personal plans and staff familiar to the residents were provided as key workers to help
support residents in their choices around social activities. This in depth knowledge of
residents by staff helped ensure individualised personal plans reflected residents'
interests and capacities. However, some improvements were required to ensure
personal plans were outcome focused rather than solely activity based.

Each resident had a personal plan and the inspector reviewed three of these plans. They
were based upon the interests of residents and there was evidence of regular monthly
reviews with the participation of the residents in the development of their plans. For
example, a recent review had highlighted the need for one resident to be more involved
in planning activities for the month; this had been done with an activity plan mapping
out the residents chosen activities.

The personal plans contained important information about residents' backgrounds including details of family members and other people important in their lives. Individualised risk assessments were being used to ensure that residents could participate in activities with appropriate levels of risk management in place. For example, one resident was supported to cycle his bike as was witnessed by the inspector.

While the personal plans included planned activities such as going out for lunch or doing cookery lessons in the house, they were not focused on outcomes for residents, and it was not possible to use the plans to evaluate whether the activities enhanced the quality of life for residents. This was particularly relevant in considering the overarching aim of the centre in preparing residents for a transition towards a more integrated and independent lifestyle as highlighted by the person in charge. For example, while residents were being taught cooking skills, this was not being developed into an opportunity for this to become a more meaningful activity for participants through full meal preparation. Centralised mass managed practices such as central kitchens minimise the opportunity to enhance independent living skills in this regard.

Discussion with staff highlighted significant improvement in living conditions for residents since moving to this centre, and highlighted the example of more one to one support for residents to access the community more frequently. These staff had worked with the residents in their previous living environment. However, the plans referred to above did not highlight these developments as plans were not effectively assessing the development of residents for the perspective of ongoing incremental improvement.

**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**
Effective Services

**Judgement:**
Non Compliant - Major

**Findings:**
While there were arrangements in place to manage risk, non compliances were identified in relation to the precautions that were in place to protect residents against the risk of fire.

The inspector read the Health and Safety Statement which had been recently revised by the provider. There was a risk assessment log in place which documents all local environmental health and safety issue such as identifying when beds need to be replaced, and the risk of injury due to the risk of bed rails. Individual risk assessments were also in place with risks identified in residents personal files. Personal moving and handling profiles with associated risk assessments were also in place which had been
recently reviewed and were all up to date.

Accidents, incidents and near misses were being recorded in detail and a copy of the reports were submitted to and reviewed by the provider and the health and safety review committee. Reports were being reviewed and discussed with a view to learning from them and reducing the risk of recurrence.

The inspector viewed evidence that fire equipment was serviced regularly, as were fire alarms and emergency lighting. Fire evacuation plans were posted clearly at all exits. There were two recent fire drills which took place on the 6 March 2014. These drills were held as part of demonstrating the use of the fire alarm panel to staff. Up to this point no drills had taken place in the centre, and staff had not been aware of how to use the alarm panel. Staff spoken with on the day of inspection were not appropriately informed of the fire evacuation procedures. For example, the fire drills referred to, documented one resident's refusal to leave the premises and not all staff spoken with were aware of this. Staff also informed the inspector that they would be unsure as to how residents would respond in a fire drill. Staff had not received any training in fire safety in the past year, and not all staff had participated in a drill. This matter was brought to the attention of the provider during the feedback meeting following inspection and the provider was requested to attend to this issue as a matter of priority.

One week later inspectors returned to carry out further inspections on St Joseph's campus and were given information from the provider to confirm fire drills had taken place and all staff on the campus were in the process of receiving up to date fire training however, this process was not complete and remained a non compliance as outlined in the action plan of this report.

**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

**Judgement:**
Non Compliant - Major

**Findings:**
Generally, there were arrangements in place to safeguard residents and protect them from the risk of abuse. However, there were a number of non compliances identified in the areas of abuse prevention training, self-care and protection and restrictive practices.
Staff spoken to were knowledgeable about what constituted abuse and how they would respond to any suspicions of abuse. Staff were familiar with the organisational policy on the protection of vulnerable adults and were able to refer to it. However, staff had not been provided with training on the protection of vulnerable adults, and it was not documented as to when this training had last taken place.

The policy on protecting residents from abuse was currently under review, and was being updated in line with the revision of the national (HSE) safeguarding policy. Staff said they were aware of the importance of promoting the safety and respect for each resident. The inspector observed staff interacting with residents in a respectful and friendly manner. Staff also spoke passionately about residents they support, and this passion was evidenced in the fact that a number of staff had applied to transfer to this centre with the residents, as they had worked with them in their previous centres.

There were no intimate care plans in place to promote self-care and protection for residents who were receiving a high level of support in the area of personal care from male and female staff members. There was a draft version provided to the inspector which was an organisational document, and there was a ‘personal hygiene and dressing’ document provided within personal files which provided some limited information in this regard. However, clear plans which outline the assistance and support that was required by residents which promoted and developed skills of self care and protection were not in place.

The person in charge highlighted restrictive practices operating in the centre. There were many types of recording and documentary evidence relating to restrictive practices in individual files. Some of this documentation was confusing and repetitive. Some ‘rules’ as well as functional behavioural assessments had not been signed off by relevant clinicians. Documentation for individuals did not clearly demonstrate that restrictive procedures were being reviewed from a safeguarding and quality assurance perspective. It was also not clearly documented if incidents of restraint or restriction were being evaluated and monitored from the perspective of ensuring a reduction in such incidents. However, the inspector did read minutes of a recent multi-disciplinary review committee which highlighted significant reductions in the use of restrictive practices and the monitoring of these practices, such as the significant reduction in the use of closed circuit television (CCTV) and physical restraint. This information was not used to update individuals behavioural support plans.

There were other common restrictive practices operating for all residents without individual assessment of need. For example the practice of checking all residents on a half hourly basis during the night, this was done by sliding back panels in the wall which expose a window into the residents bedroom. The inspector reviewed three residents files and noted that these residents slept throughout the night, there was no clear rationale for this practice and the residents personal plans did not provide any reason for this. Other common restrictive practices not reviewed included the practice of locking all doors leading to individual courtyards, locked doors leading out of apartments to communal areas and the practice of residents eating alone (or with a staff member). The inspector determined that these group practices were contributing to the secluded environment in which residents lived.
One resident spoken to who currently required the support of two staff members to access the community talked about when they used to be supported by one staff member to do so. This resident became quite excited when talking to the inspector about this, indicative of a desire to get to a point when this may be possible again. This preference was not featured within the resident’s personal plan.

### Outcome 11. Healthcare Needs

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

**Theme:**
Health and Development

**Judgement:**
Compliant

**Findings:**
The inspector found that residents were supported to access health care services relative to their needs. The inspector reviewed the personal plans and medical plans for three residents and found that they had access to a general practitioner, including an out of hour’s service if required. There was evidence that residents accessed other health professionals such as chiropodists, psychiatry, psychology, clinical behavioural specialists and other multi-disciplinary supports.

There were individual health care plans in place for specific needs such as in the area of skin care. Residents' dietary and nutritional needs, as well as food preferences were also detailed in their health care plans. These were used to inform the catering staff of dietary and menu requirements.

### Outcome 12. Medication Management

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**
Health and Development

**Judgement:**
Non Compliant - Moderate

**Findings:**
Generally, the inspector found that the provider had put arrangements in place to support the person in charge in protecting residents in relation to medication management. There was a medication policy in place which was detailed and informative and was under review. The policy highlighted that the designated centre had nursing staff on duty at all times, and that they were responsible for administering
medication. While the policy was detailed and provided good direction to staff, aspects of the policy had not been fully implemented in the area of medication storage, auditing and management.

The person in charge has been completing a regular stock take since December 2013. The deputising person in charge informed the inspector that the local pharmacy completed audits on a regular basis but could not provide a copy of these audits.

A number of additional specific non-compliances in this regard were identified by the inspector:

- controlled drugs which had been discontinued were not stored separately and disposed of in a timely manner

- a sleeping tablet discontinued on the 21 February 2014 was still in the individuals residents' container of medication

- controlled as required (PRN) medication was not been audited or checked

All medication was stored in a locked cabinet in the staff office. Only the nurse in charge had access to the medication. All documentation and record keeping in relation to the prescribing and administration of medication well maintained and kept up to date.

**Outcome 13: Statement of Purpose**

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

**Theme:**

Leadership, Governance and Management

**Judgement:**

Non Compliant - Minor

**Findings:**

There was a written statement of purpose that generally reflected the service provided in the centre. However, it did not contain some of the information as required in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013.

Elements to be addressed within the statement of purpose include:

- 2.(a) the specific care and support needs that the designated centre is intended to meet

- 2.(d) criteria used for admission to the designated centre, including the designated centre's policy and procedures (if any) for emergency admission.
- 4. a description (either in narrative form or a floor plan) of the rooms in the designated centre including their size and primary function.

- 7. the organisational structure of the designated centre (did not include reporting structure for all staff)

- 9. details of any specific therapeutic techniques used in the designated centre and arrangements made for their supervision.

- 11. the arrangements for residents to access education, training and employment.

Personal information such as names and dates of birth must also be removed from the document in line with data protection guidelines. This information should be stored separately within the directory of residents.

In addition, while a copy of the statement of purpose was available in the main entrance hall on view to visitors the inspector found that all residents and their representatives had not been provided with a copy of the statement of purpose.

### 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

**Judgement:**
Non Compliant - Major

**Findings:**
The designated centre formed part of a larger service provider with a complex management structure and associated levels and lines of authority and accountability. These lines of accountability were not clear to inspectors. Additionally, the person in charge and nominee provider referred to many people with responsibility for clinical governance that they report to or relied upon for support.

The provider and the person in charge had a comprehensive knowledge about the centre. However, these persons did not provide evidence of their complete understanding of their roles and responsibilities in relation to the overall governance and management of the centre. For example, during the inspection the inspector discussed the care and welfare of a resident living in the centre, both persons identified the resident was inappropriately placed and the person in charge informed the inspector
that the residents needs were being met by staff external to the rostered staff in the
centre. The resident was also not included in the induction of residents and staff to the
centre. The person in charge informed the inspector that she was not responsible for
this resident and was not part of the decision making process around this residents
admission as she was not in post at the time of his admission to the centre. The
inspectors discussed the roles and responsibilities of the provider and person in charge
during the feedback meeting and requested that a full review of the residents needs be
undertaken to ensure the best outcome for the resident.

The person in charge was deemed to be suitably qualified and experienced and provided
solid leadership to her staff team. Residents could clearly identify with her, and were
very relaxed and comfortable in her company. There were appropriate deputising
arrangements in place for the person in charge, and the inspector met with this
deputising staff nurse during the inspection and deemed him to be competent in his
role.

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

Judgement:
Non Compliant - Moderate

Findings:
The provider had ensured that there were robust recruitment processes in place and
that staff employed in the centre were suitable to work with vulnerable adults. Training
records were observed for some staff and outlined the previous training provided to
staff. However, mandatory up to date training in the areas of safeguarding and
protection of vulnerable adults and fire safety had not been provided to all staff, and
there was no plan in place to address this training need.

Four staff files, including a member of agency staff files were reviewed and contained all
of the documents as required by Schedule 2 of the Health Act 2007 (Care and support of
Residents in Designated Centres for Persons (Children and Adults) with Disabilities)
Regulations 2013.

All staff spoken with had an in depth knowledge of the residents they worked with. All
residents living in this centre presented with complex needs, and did not respond well to
unfamiliar staff. Residents’ received continuity in the care that was provided through the
implementation of a comprehensive induction programme for all staff, the induction
programme in place ensured that residents were familiar with the staff working with
them on a daily basis. For example, the person in charge detailed how staff members who had moved to the centre when it opened in November 2013, were still not adequately inducted and familiarised with all residents, and were therefore not yet supporting these residents. The person in charge informed the inspector the induction process would continue until such time as residents and staff were fully familiar with each other.

The provider also insured that staff moved with residents from their previous residence, in order to ensure a continuity of care and a smooth transition of moving home for the residents. Staff also provides support to residents in the provision of day services, and staffing needs were assessed for each individual living in the centre. The roster reviewed demonstrated that staffing levels were flexible and the centre was staffed to meet the needs of residents for example there was a reduction in staffing numbers on two days per week when one resident went home to their family.

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

**Report Compiled by:**

Michael Keating  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider's response to inspection report

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**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 and the National Standards for Residential Services for Children and Adults with Disabilities.

**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:**

The designated centre is not suitable for meeting the needs of one resident as identified on inspection who had been moved into the centre on a respite basis.

**Action Required:**

Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

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

This individual was formally admitted as a full time resident of this centre 19/03/2014. He is now receiving 24 hour care under the management of the person in charge. Currently his team are supporting him to access community activities of his choice.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Family involvement regarding long term housing needs has taken place, 19/03/2014 and a community house has been secured for this individual. His MDT will be meeting 10/06/2014 to discuss the most appropriate transition plan that best meets the needs of this individual.

**Proposed Timescale:** 30/04/2014

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Personal plans are not being effectively assessed and evaluated from the perspective of ongoing development.

**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:**
Within each personal plan all areas of person developments will have a correlating outcome based goals allowing for clear evaluation of personal outcomes for each resident. Skills teaching procedures are used to assess incremental improvement in each area identified. For example, cookery, shopping. Quality assurance system is used to ensure the implementation of goals. This is reviewed by the core team weekly and MDT on a three monthly basis or before if required. These processes have commenced for each resident and it is anticipated that full implementation will be complete before 30th July 2014.

**Proposed Timescale:** 30/07/2014

**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:**
Not all staff are aware of the evacuation procedures and are unsure as to how residents would respond to a fire drill, or in the event of a real fire.

**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:**
All residents have individual evacuation plans located in the fire safety folder. These were developed 18/3/14. Fire Safety Training has taken place, 18/03/2014 and
16/04/2014, 14/05/2014 and 20/05/2014. All staff have received this training. Local training on procedures used within this centre has been carried out 13/03/2014, 1/04/2014 and 08/05/2014. This will continue until all staff are trained. Regular fire drills are being carried out to ensure all staff has participated in a fire drill. Day time fire drills have been carried out; 08/05/2014 and 16/05/2014. Simulated daytime fire drills were carried out 13/03/2014, 1/04/2014. Night time fire drills carried out; 1/04/2014, 3/04/2014, 24/04/2014 and 14/05/2014

<table>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Staff were not trained in the local fire procedures and had not participated in fire evacuation drills.

**Action Required:**
Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

**Please state the actions you have taken or are planning to take:**
All residents have individual evacuation plans located in the fire safety folder. These were developed 18/3/14. Fire Safety Training has taken place, 18/03/2014 and 16/04/2014, 14/05/2014 and 20/05/2014. All staff have received this training. Local training on procedures used within this centre has been carried out 13/03/2014, 1/04/2014 and 08/05/2014. This will continue until all staff are trained. Regular fire drills are being carried out to ensure all staff has participated in a fire drill. Day time fire drills have been carried out; 08/05/2014 and 16/05/2014. Simulated daytime fire drills were carried out 13/03/2014, 1/04/2014. Night time fire drills carried out; 1/04/2014, 3/04/2014, 24/04/2014 and 14/05/2014

**Proposed Timescale: 30/04/2014**

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Communal restriction were in operation within the centre the need for which has not been individually assessed as required, with no plan to remove the restrictions.
Action Required:
Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

Please state the actions you have taken or are planning to take:
All residents have up to date comprehensive positive behaviour support plans. Currently residents without Positive behaviour support plan are under-going functional behaviour assessment. This is to identify what is maintaining the behaviour and allows for the development of appropriate interventions for each individual. All restrictive practices have been identified and needs assessed for each service users. Positive behaviour support plans and restrictive practices to be reviewed by MDT on a three monthly basis or before if required. All work has been commenced. Due to the comprehensive information gathering process it is expected that full behaviour support plans will be in place for all service user with a four month period.

Proposed Timescale: 30/09/2014
Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all staff had received appropriate training in relation to safeguarding residents.

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:
All staff are familiar with the policy regarding protection and welfare of the service users. Training in this area is on-going. Staff attended training 03/04/2014. Staff will attend training 15/07/2014, 29/07/2014 and 12/08/2014. It is the aim to have all staff training following these training sessions.

Proposed Timescale: 12/08/2014
Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Personal plans did not provide guidance to staff providing personal intimate care to residents in a manner that respects the resident's dignity and bodily integrity.
Action Required:
Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

Please state the actions you have taken or are planning to take:
A revision of all personal plans has taken place for each service users. These personal plans provide a detailed account of each individuals support needs. This includes intimate care, positive behaviour support, personal development needs. This has commenced with the aim of completing each personal plan over a two month period

Proposed Timescale: 30/07/2014

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Discontinued medication was not being stored separately and disposed of in a safe and timely fashion.

Action Required:
Under Regulation 29 (4) (c) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

Please state the actions you have taken or are planning to take:
Review of local medication management policy additional actions with regard to medication management are identified. This includes a weekly PRN audit as well as ensuring all discontinued medication has been returned to the pharmacy.

Proposed Timescale: 30/04/2014
Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The storage and disposal of controlled drugs was not in accordance with national policy guidelines.
**Action Required:**
Under Regulation 29 (4) (d) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

**Please state the actions you have taken or are planning to take:**
Review of local medication management policy additional actions with regard to medication management are identified. This includes a weekly PRN audit as well as ensuring all discontinued medication has been returned to the pharmacy.

**Proposed Timescale:** 30/04/2014

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The medication management policy was not being fully implemented in relation to the storage of medication, including the management of medication stock.

**Action Required:**
Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

**Please state the actions you have taken or are planning to take:**
Review of local medication management policy additional actions with regard to medication management are identified. This includes a weekly PRN audit as well as ensuring all discontinued medication has been returned to the pharmacy. Monthly medication stock takes are completed between the pharmacy and the nursing team within this centre active from December 2013.

**Proposed Timescale:** 30/04/2014

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The statement of purpose did not contain all of the information as required in schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013. The information that was not provided is listed under Outcome 13.
Action Required:
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
Statement of Purpose has been updated. Admissions and discharge policy will be included once completed

Proposed Timescale: 30/04/2014
Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider has not made a copy of the statement of purpose available to residents or their representatives to date.

Action Required:
Under Regulation 03 (3) you are required to: Make a copy of the statement of purpose available to residents and their representatives.

Please state the actions you have taken or are planning to take:
A resident friendly/easy read copy of statement of purpose will be developed and on completion each service user will be given a copy. Representatives have access to the statement of purpose located in the entrance hall, active from Feb 2014. A copy of the statement of purpose has been sent to all families. 20th May 2014

Proposed Timescale: 30/08/2014

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 management and reporting structures were unclear and did not assign responsibility for all areas of service provision.

Action Required:
Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.
Please state the actions you have taken or are planning to take:
Currently the Centre has an organisational structure chart, and a service organisational structure chart. The centre links into the service organisational structure chart. At centre level rosters are provided to identify the person participating in management of the campus, cnm2 night duty, cnm3 day duty and service manager. This supports staff in identifying lines of authority across all duties.

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The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The management systems in place have not prevented the inappropriate placement of a resident.

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:
An admission and discharge policy will be developed specific to this centre, identifying clear admission and discharge criteria. This will ensure that the environment is appropriate to each individual resident.

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<td>Outcome 17: Workforce</td>
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<td>Theme: Responsive Workforce</td>
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The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all staff have received mandatory refresher training.

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

Please state the actions you have taken or are planning to take:
Staff will be training in all mandatory training before 30th August 2014. Refresher training will be provided to all staff and a systematic basis in line with mandatory requirement. Priority is placed on fire training and service user’s protection and welfare. This has commenced.

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