<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>A designated centre for people with disabilities operated by St John of God Community Services Ltd</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>ORG-0011517</td>
</tr>
<tr>
<td><strong>Centre county:</strong></td>
<td>Louth</td>
</tr>
<tr>
<td><strong>Email address:</strong></td>
<td><a href="mailto:Shirley.cassidy@sjog.ie">Shirley.cassidy@sjog.ie</a></td>
</tr>
<tr>
<td><strong>Type of centre:</strong></td>
<td>Health Act 2004 Section 38 Arrangement</td>
</tr>
<tr>
<td><strong>Registered provider:</strong></td>
<td>St John of God Community Services Ltd</td>
</tr>
<tr>
<td><strong>Provider Nominee:</strong></td>
<td>John Pepper</td>
</tr>
<tr>
<td><strong>Person in charge:</strong></td>
<td>Shirley Cassidy</td>
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<tr>
<td><strong>Lead inspector:</strong></td>
<td>Siobhan Kennedy</td>
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<tr>
<td><strong>Support inspector(s):</strong></td>
<td>Ciara McShane;</td>
</tr>
<tr>
<td><strong>Type of inspection</strong></td>
<td>Announced</td>
</tr>
<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>14</td>
</tr>
<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
<td>0</td>
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</table>
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 1 day(s).

The inspection took place over the following dates and times
From: 16 May 2014 09:30  To: 16 May 2014 17:30

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
<th>Outcome 05: Social Care Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 06: Safe and suitable premises</td>
<td>Outcome 07: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 11: Healthcare Needs</td>
<td>Outcome 13: Statement of Purpose</td>
</tr>
<tr>
<td>Outcome 17: Workforce</td>
<td>Outcome 18: Records and documentation</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection
The designated centre comprises of 3 residencies in the community and was the first inspection of the centre.

Some residents welcomed the inspectors and demonstrated that they had good knowledge of the role of the Authority. They freely communicated with the inspectors and confirmed that they had residents'/house meetings in order to make and take decisions about their care and about the routines in the centre. The inspectors found that staff had developed strong relationships with residents and for those residents who communicate nonverbally this assisted the staff to interpret their gestures and non-verbal cues in order to advocate on their behalf. One resident described what was involved in being a member of an advocacy committee and a local community committee whereby a suggestion regarding a community event had been adopted and progressed.

Staff members emphasised the importance of promoting a social care model which embraced the concept of each resident being enabled to exercise choice and control over their lives in accordance with their preferences and choices and maximising their independence. The inspectors found many examples which evidenced this philosophy of care, for example some residents showed the inspectors their personal care plans and highlighted the aspects of the plans which demonstrated their achievements and hobbies/interests. Inspectors noted that there was input from a multidisciplinary team and that plans were regularly reviewed. Staff were appropriate
in numbers and skill mix to meet the assessed needs of residents.

In the main, the location, design and layout of the premises, were suitable for residents’ use, however, there was insufficient space in some residents’ bedrooms, limited space in a shower en-suite, inadequate toilet facilities and some maintenance issues. The health and safety of residents, visitors and staff was in the main promoted and protected, however, some risks were identified. The action plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013.
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 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

Judgement:
Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
The inspectors witnessed some residents vocalising about their rights and were told about the systems and practices in place which gave them the opportunities to make decisions about their own lifestyles and routines in the home, for example the house meetings. Residents freely accessed all aspects of the communal living space and some residents invited the inspectors to view their private/bedroom space. Bedrooms were personalised to reflect residents' lifestyles, choices and preferences and saw that a record is maintained of residents' belongings and personal possessions.

The inspectors noted that staff advocate on behalf of all the residents and particularly those who do not vocalise by interpreting their non-verbal cues to ensure that they are consulted and can make choices regarding the centre’s daily routines such as meals and activities. One resident described what it is like being a member of an advocacy service and another resident had used the service to gain greater knowledge and understanding of an issue.

In the main, inspectors found that residents' privacy and dignity was respected for example staff had sought the prior permission of residents who were not available in the centre for inspectors to view their private/bedroom space. However, it was noted that the electrical switch of the immersion heater is located in a resident's bedroom which staff need to enter in order to switch it on.

The inspectors saw that there is a complaints policy and procedure and a resident made a complaint in respect of the designated centre's vehicle currently not being operational.
Inspectors were told that this matter is being investigated, however, a log of the complaint was not retained in the designated centre. The person in charge is the nominated person to manage complaints. The policy had been translated into an accessible format for residents for example in pictorial form and one resident was able to identify the staff member who would address any expression of dissatisfaction.

**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:**
Compliant

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
In total, the designated centre accommodates 14 residents who have a diagnosis of moderate to severe intellectual disability.

Overall the inspectors found that the arrangements to meet residents’ assessed needs were set out in an individual personal care plan. These plans showed that there were services and supports in place to assist residents to achieve a good quality of life. For example each resident had their personal care plans, goals and lifestyles reviewed on a regular basis. There was evidence of referrals and meetings with key significant personnel in the lives of residents including psychologist, behavioural therapist, occupational therapist, care staff, key workers and family members. A behavioural therapist and psychologist are available to assist/support residents and care staff. The plans were drawn up on a holistic approach to care and included the social, emotional, psychological and health care needs of the residents and contained information in relation to residents’ aspirations including friendships and relationships. Residents were involved in compiling their plans and some residents agreed to show/explain (mainly from the pictorial information available) their plans to the inspectors. It was considered in accordance with Standard 2.1.5 that a copy (shorter version) of the residents’ personal care plans be made available in an accessible format for residents’ specific use.

Staff in their communications with the inspectors demonstrated that they were knowledgeable of residents' needs and there was evidence of behaviour management plans and risk assessments in respect of residents’ daily living routines for example
socialising, shopping and travelling. Inspectors saw that residents' communication needs are identified in the residents’ personal care plans in an accessible format suitable to the needs of residents for example with the use of pictorial aids.

From all of the evidence presented to the inspectors it was clear that residents are involved in a variety of activities including attending an activation programme, developing social relationships and attending a variety of social outings/occasions. Other activities included shopping, attending a health spa, yoga, reflexology, going to the cinema and holidaying.

**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

**Judgement:**
Non Compliant - Major

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
The designated centre consists of 3 individual houses in the community. These were set in their own grounds providing safe outdoor space for residents. In general, the design and layout of the centre was suitable to meet the assessed needs of residents with the following exceptions: –

- some bedrooms had insufficient space for residents’ use,
- limited space in a resident’s shower en-suite and inadequate number of toilets.

In addition the following maintenance matters were found: –

- The handle of a kitchen door was broken.
- The wooden flooring in a hallway was chipped.
- The cold and hot water taps of a wash hand basin were crusted.
- The paint/varnish surface on kitchen cupboards was worn.

**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 - Moderate

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
The inspectors found that in the main, the health and safety of residents, visitors and staff was promoted and protected. They were informed that there are policies and procedures relating to health and safety and that there is a system for responding to emergencies.

Residents were sufficiently protected as standards for the prevention and control of health care associated infections were in place for a example staffs' hand hygiene practices.

There were adequate precautions in place against the risk of fire as fire drills were carried out at appropriate intervals within the designated centre and each resident had an individual evacuation plan informing staff of the support residents require in the event of an emergency. Some residents described to the inspectors what to do in the event of the fire alarm sounding. Inspectors saw that fire exits were not obstructed. The training records showed that the majority of staff had been trained in fire safety and prevention, however one staff member had not participated in this training but was currently on annual leave.

While there was a risk management policy it was not implemented fully in practice as the following risks were identified by the inspectors: –
- Insufficient ventilation in a small toilet area and residents’ shower en-suite facilities.
- There was a hanging light bulb in a walk-in linen store room.
- Insufficient directional signage for fire exits.

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

Judgement:
Non Compliant - Minor

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
From an examination of documentation and the views of residents and staff it was
evident that residents are supported on an individual basis to achieve and enjoy the best possible health. There was a health care plan available in the residents’ care planning documentation. This showed evidence of referrals and appointments to residents’ GPs and Allied health professionals for example physiotherapists, opticians and speech and language therapists. However some of the documentation had not been kept up to date for example a resident’s exercise programme and some forms/documentation had not been signed and dated. (The action plan for this failing is found under outcome 18 Records and Documentation to be kept at a Designated Centre)

Residents had opportunities for new experiences and this was progressed through their goal planning. For example one resident had become involved in the local community who responded favourably to the suggestion of a social event and other residents had participated in planning a cruise.

From the menus made available to the inspectors it was considered that residents’ had nutritional and varied meals which were made provided at times suitable to the residents. In general, residents had breakfast and an evening meal in their homes and had lunch at the day centre they attended. Residents were encouraged to have snacks and there were fruit bowls in the kitchens. Residents' records showed that they were weighed on a regular basis and some residents told inspectors that they were satisfied with this aspect of their care.

**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

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

No actions were required from the previous inspection.

**Findings:**

The statement of purpose described the ethos and philosophy underpinning the service, contained the majority of the information required in schedule 1 of the regulations, however, did not fully describe all aspects of the service as the following matters were noted: –

- There was a variety of adjectives used to describe the word "resident"
- Adequate measures taken in respect of "Other Emergencies" had not been adequately described.
- The admission policy procedure had not included the exclusion criteria.
- The document was written pertaining to the resident as opposed to general information.
• While the whole time equivalent staff had been identified the number of staff members was omitted.
• The term "Domus" in reference to the designated centre was not clear.

**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:**
Compliant

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
The inspectors examined the staff duty roster, obtained the views of residents and staff and saw that there was adequate staff on duty to meet the needs of residents. The staff members demonstrated that they had knowledge of residents’ care needs and were aware of the necessity to have continuity of staff in the provision of care to residents. There was evidence of staff having participated in training relevant to meet the needs of residents such as physical management of aggression, moving and handling, fire safety training and food hygiene.

**Outcome 18: Records and documentation**
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Theme:**
Use of Information

**Judgement:**
Non Compliant - Minor
**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
The inspectors were informed that the centre has the policies and procedures as per schedule 5 in place and currently some of these are being reviewed and updated.
The inspectors examined some of the records to be kept in the centre in respect of each resident and found that these were being maintained satisfactorily for example: –
- The assessment of residents’ needs and the resident’s individual personal plan.
- The directory of residents.
- Medical assessment, treatment and care provided by the residents’ medical practitioner.
- The occasions on which restrictive procedures were used.
However some of the documentation had not been kept up to date for example a resident’s exercise programme and some forms/documentation had not been signed and dated. (See Outcome 11 Health Care Needs)

**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:**

Siobhan Kennedy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<td>ORG-0011517</td>
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<tr>
<td>Date of Inspection:</td>
<td>16 May 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>06 June 2014</td>
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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 01: Residents Rights, Dignity and Consultation

<table>
<thead>
<tr>
<th>Theme:</th>
<th>DCAD10 Individualised Supports and Care</th>
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The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staff access a resident's bedroom to operate the electrical switch of the immersion heater.

Action Required:
Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

Please state the actions you have taken or are planning to take:
This situation will be rectified by the 27.06.14 which will involve relocating the electrical switch of the Immersion heater to another location other than the resident’s bedroom.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Proposed Timescale: 27/06/2014
Theme: DCAD10 Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A record of complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of complaints and whether or not the resident was satisfied was not being maintained in the designated centre.

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:
1. A copy of all complaints are now kept locally in each Residential House/Designated Centre. It is now maintained in the resident's local Integrated Personal Planning file.
2. The outcome of complaints will be scored to the resident's level of satisfaction and this outcome will be documented on the complaints form.
3. All appropriate follow-up into the investigation of the complaint will be held within the local Residential House/Designated Centre.
4. The Complaints Logging Template is now maintained locally for each Residential House and updated on a weekly basis by the Person In Charge.

Proposed Timescale: 09/06/2014

Outcome 06: Safe and suitable premises
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some bedrooms had insufficient space for residents' use.

Action Required:
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

Please state the actions you have taken or are planning to take:
A Draft Development Plan has been completed by the Management Team. This outlines the short term/medium term and long term strategy of the organisation to support residents to transition out of premises which are deemed unsuitable and into more appropriate premises within the community and to outline proposals for the up-grading of existing premises to provide more appropriate spacious accommodation.
Proposed Timescale: 31/07/2014
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The space in a resident’s shower ensuite was insufficient.

Action Required:
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

Please state the actions you have taken or are planning to take:
The issue of insufficient space for a resident’s shower en-suite as identified during the Inspection visit will be rectified by 27.06.14.

Proposed Timescale: 27/06/2014
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were insufficient toilets suitable to meet the needs of residents.

Action Required:
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

Please state the actions you have taken or are planning to take:
A Draft Development Plan has been completed by the Management Team. This outlines the short term/medium term and long term strategy of the organisation to support residents to transition out of premises which are deemed unsuitable and into more appropriate premises within the community and to outline proposals for the up-grading of existing premises to provide more appropriate spacious accommodation.

Proposed Timescale: 31/07/2014
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The following matters were not kept in a good state of repair: –
• The handle of a kitchen door was broken.
• The wooden flooring in a hallway was chipped.
• The cold and hot water taps of a wash hand basin were crusted.
• The paint/varnish surface on kitchen cupboards was worn.

**Action Required:**
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:
1. The handle of the kitchen door which was broken as identified during the Inspection visit will be repaired by 13.06.14
2. The wooden floor in the hallway which was chipped as identified during the Inspection visit will be replaced by 20.06.14
3. The cold and hot water taps of a wash hand basin which were crushed as was identified during the Inspection visit will be replaced by 13.06.14
4. The paint /varnish surface on the kitchen cupboards that were worn as identified during the Inspection visit will be completed by 20.06.14.

**Proposed Timescale:** 20/06/2014

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**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:**
Sufficient measures had not been put in place to control the following risks identified: –
• Insufficient ventilation in a small toilet area and residents’ shower ensuite facilities.
• There was a hanging light bulb in a walk-in linen store room.
• Insufficient directional signage for fire exits.

**Action Required:**
Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

Please state the actions you have taken or are planning to take:
1. The insufficient ventilation in a small toilet area and resident’s en-suite as identified during the Inspection visit will be rectified by 27.06.14
2. The hanging light bulb in a walk in linen store room as identified during the Inspection visit has been completed on 3.06.14
3. The issue of insufficient directional signage for fire exits as identified during the Inspection visit have been addressed and are now in place on 23.05.144.
4. A maintenance Audit shall be conducted by the Person In Charge to develop a prioritised Action Plan to ensure all maintenance issues are addressed within appropriate time frames and reviewed on a monthly basis.

**Proposed Timescale:** 27/06/2014

**Theme:** Effective Services
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All staff had not received suitable training in fire prevention.

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:
1. The Staff member identified as not having received fire training during the Inspection visit has completed this training on 24.05.14
2. A fire training schedule is in place for all staff within this Designated Centre. (Ongoing)

Proposed Timescale: 24/05/2014

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 fully describe the service in accordance with schedule 1 in the regulations as follows: –
• There was a variety of adjectives used to describe the word "resident"
• Adequate measures taken in respect of "Other Emergencies" had not been adequately described.
• The admission policy procedure had not include the exclusion criteria.
• The document was written pertaining to the resident as opposed to general information.
• While the whole time equivalent staff had been identified the number of staff members was omitted.
• The term "Domus" in reference to the designated centre was not clear.

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:
1. The Centre’s Statement of Purpose shall be amended to include the outstanding items from Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.
2. The Centre’s Statement of Purpose shall be reviewed on a monthly basis by the Person In Charge to ensure it is reflective of the Designated Centre.

Proposed Timescale: 20/06/2014

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some of the documentation had not been kept up to date for example a resident’s exercise programme and some forms/documentation had not been signed and dated.

Action Required:
Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

Please state the actions you have taken or are planning to take:
An audit of Personal Plans to include the Health Action Plans for all resident’s shall be undertaken by the relevant Clinical Nurse Manger in each Residential House within each Designated Centre to ensure that all forms and documentation have been signed off and dated.

Proposed Timescale: 12/07/2014