

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Ltd
Centre ID:	OSV-0003612
Centre county:	Louth
Email address:	paula.doyle@sjog.ie
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Ltd
Provider Nominee:	Bernadette Shevlin
Lead inspector:	Jillian Connolly
Support inspector(s):	Siobhan Kennedy
Type of inspection	Announced
Number of residents on the date of inspection:	56
Number of vacancies on the date of inspection:	1

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:	To:
06 May 2014 10:00	06 May 2014 17:30
07 May 2014 13:30	07 May 2014 18:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety

Summary of findings from this inspection

This inspection was the first inspection for the designated centre which is part of the larger voluntary organisation, St. John of God Community Services. The designated centre provides services to both men and women with an intellectual disability. The inspection took place over two days and was conducted by two inspectors. The inspection focused on four specific areas, premises, the social care needs of residents, the safeguarding and safety of residents and the management of risk. Throughout the inspection, inspectors gathered comprehensive evidence regarding the privacy and dignity of residents, and therefore included the findings within this report.

Evidence was gathered through observation, speaking with staff and relatives and through review of documentation. Due to the needs of residents, inspectors were unable to attain feedback from residents on this inspection. Staff spoken to had knowledge of the residents needs however there was insufficient evidence to support that this knowledge was effectively utilised to ensure positive outcomes for residents. Relatives spoken to stated that they were satisfied with the standard of care that their loved one receives and that staff could not do enough for their relative. They further stated that they felt consulted in the care of their loved one. However inspectors found limited additional evidence to support this and discussed this with the management team during feedback.

Inspectors were not satisfied that the premises of the designated centre are fit for purpose and meet the needs of the residents. The design and the layout in turn compromise the privacy and dignity of the residents. There was also numerous risks

identified pertaining to the premises. Inspectors also found that the arrangements in place to meet the social care needs were not satisfactory and were not meeting the actual assessed needs of the residents.

Although the organisation has a comprehensive policy in place regarding the management of behaviours that challenge, inspectors found that the policy was not translated into practice which in turn had negative impacts on the outcomes for residents. The findings and the level of risk was communicated to staff throughout the inspection process and to the management team at the end of the inspection.

Following the inspection (8 May 2014) the Authority received a copy of the immediate action plan compiled by the management of St John of God Northeast Services to address the major findings of the inspection. These areas included fire safety, staffing, safeguarding/safety, social care needs positive behaviour support and restrictive practices and dignity and respect. In addition, the Chief Executive has requested a meeting with representatives of the Authority to provide additional assurances that the services will be compliant with the legislation.

The action plan at the end of this report identifies the breaches identified and the actions which the provider and person in charge need to take to attain compliance with Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Quality Standards for Residential Services for Children and Adults with Disabilities.

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

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

No actions were required from the previous inspection.

Findings:

Inspectors were not assured that the dignity and privacy was maintained at all time within the designated centre. As stated in Outcome 6, due to the size and layout of the designated centre, there was inconsistencies in the access residents had to private areas. In bathroom areas there were curtains instead of doors on cubicles of toilets. Some residences comprised of one communal area, a multi-occupancy bedroom and a bathroom which consisted of toilet cubicles and a shower area which was divided by a curtain. The result being that residents did not have the opportunity to be alone or to access an area to meet visitors in private. Inspectors observed groups of residents spending all day in a communal area together. There was evidence that access to a visitors room was being addressed by the provider in some areas.

Throughout the designated centre, inspectors observed the name and contact details for an independent advocate in which residents have access to. The charter of rights for the organisation was also clearly displayed throughout the designated centre in prominent locations. However inspectors observed inconsistencies in the practices of staff. Staff spoken to demonstrated that they had knowledge of the residents needs and their personal likes and dislikes. However there was evidence that this knowledge was not utilised to inform positive outcomes for residents. Efforts had been made to ascertain the communication needs of residents in the form of communication profiles completed for residents. Despite this, information gathered was not utilised to inform the choices available to residents and autonomy of residents. Residents did not have the opportunity to participate in meaningful activities, appropriate to their interests and preferences. Throughout the inspection, inspectors observed residents in communal areas of the designated centre for long periods of time without any stimulation or activity. Inspectors observed efforts were made to activate residents in one area by a staff member throwing a ball to residents however residents did not have a formal activation

programme or plan in place. Inspectors were informed that residents had the opportunities to attend activities provided by the day service of the organisation however that this was resource dependent.

Inappropriate practices also occurred such as the use of language which was not age appropriate both in documentation and in conversation with staff. Inspectors also observed staff stepping over a resident who had chosen to lie on the floor as opposed to step around the resident.

The organisation has systems in place to inform and engage with residents and their families on organisational issues, however inspectors were not satisfied that the systems in place enabled engagement regarding the day to day life of residents. Families spoken to confirmed that they are informed regarding any changes to the needs of their loved one. However documentation did not reflect consultation with residents and/or their representatives regarding the supports in place to meet their needs. This is discussed further in Outcome 8 regarding the positive behaviour support of residents and the use of restraint.

The organisation has a complaints policy in place which has been communicated to residents and their families. There was evidence of the complaints policy being clearly displayed throughout the designated centre in an accessible format, informing residents of the complaints officers in a picture format. There were also documented records of verbal complaints and evidence of the complaint being responded to and resolved. Families spoken to stated that they were satisfied that they could make a complaint if necessary and have confidence in the process.

Laundry was completed in a central location in the designated centre however each individual residence had a washing machine in which clothes could be laundered if requested. Residents' personal property and finances were not reviewed on this inspection.

Judgment:

Non Compliant - Major

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Staff demonstrated from speaking to inspectors that they were aware of the needs of the residents, however as stated in Outcome 1, inspectors were not satisfied that this information was utilised to ensure positive outcomes for residents. While there were personal plans in place there was no evidence that personal plans were drawn up with the maximum participation of residents or their representative and that they were fully implemented and improved the quality of life of residents. Personal plans reviewed had a health focus and did not adequately provide information on the social, emotional or participation needs of residents. There was also no information available of the aspirations of residents including friendships and where they would like to live. There was evidence that personal plans were reviewed annually however they were not always reviewed as a result of a change in circumstance. For example, there was documented evidence that it had been recommended that a resident should be removed from their chair for one hour every day however there was no evidence of this being included in their personal plan and or linked to the actual care delivered.

The policies and practices around admissions and discharge of residents was not inspected on this inspection.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

The designated centre consists of eight individual unit/homes. The layout of the designated centre varied between each of homes, however the findings of the inspectors were that the design and layout of the centre was not suitable to meet the purpose intended and the individual and collective needs of the residents. Although inspectors recognised that efforts had been made to decorate the centre in a homely manner, there were numerous examples of the centre not being well maintained. Throughout numerous bedrooms, bathrooms and communal areas the paint work was in a state of disrepair. Inspectors observed rust in bathroom areas and shower curtains in

place of doors on toilet cubicles. There was also areas where there were no privacy locks on toilet doors.

The layout of the designated centre did not promote the dignity and privacy of some residents. In one area access to another home was via the bedroom of another home. There was a combination of residents having their own bedrooms and multiple occupancy rooms. However there was insufficient space in a number of individual bedrooms and double bedrooms. In the dormitory bedrooms there was insufficient screening between residents' beds for the privacy and dignity of residents. Inspectors also observed areas of risk associated with fire management and risk management as stated in Outcome 7. In each area residents had access to an external area, such as a garden however the accessibility of these gardens were not appropriate to meet the needs of all residents who reside there. The garden furniture was also not maintained and extremely weathered.

On the day of inspection, inspectors observed a deep clean being undertaken of the designated centre. However due to the disrepair of some of the bathrooms, there were areas which inspectors assessed would be unable to be maintained as clean. There was an absence of bedside lights or other alternatives being present in shared bedrooms, therefore resulting in the main light of the bedroom being the only source of light, determining the light for residents at night. There were single glazed windows in the designated centre which were cold to touch from the inside and drafts were felt. In some bedrooms the windows were at a height that residents did not have a view outside.

In each house there was a kitchen area and a communal area. The size of the communal space varied from each residence with inspectors observed some areas as being crowded due to the number of residents availing of it. Not all homes had a private area for residents to meet with friends and family in private and considering the multiple occupancies of some rooms this compromised the privacy of residents. Inspectors observed inadequate storage which resulted in cleaning products and equipment being stored in bathrooms designated for staff or in front of fire exits. Inspectors also found that areas where chemicals such as cleaning products were left open despite a sign stating that it should be kept locked at all times. Equipment such as hoists were stored in rooms where paint was stored. There was inadequate storage for the personal belongings of staff therefore resulting in items being stored in communal areas of residents.

Each area had a washing machine however inspectors observed one washing machine being rusted, despite being informed that this can be used for residents' clothing if it was not sent to the central laundry. Food was prepared in a central kitchen although alternatives were available in each house for residents if they so wished. However inspectors observed inadequate facilities for staff to wash their hands and to wash dishes in kitchens, with the dishwasher being utilised in a vacant house to wash the utensils and dishes.

During the feedback session, the provider nominee acknowledged the significant deficits found by inspectors and stated that the organisation has a plan prior to the inspection occurring to address some of the areas which had been identified.

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):

No actions were required from the previous inspection.

Findings:

The organisation had policies and procedures related to health and safety and risk management however inspectors observed that the risk register did not reflect the actual level of risk within the designated centre. The policy of the organisation stated that it is not intended to address all of the local hazards and control measures as it is overarching. Inspectors observed that this was the case, however the risks identified at a local level were inadequate. For example, specific areas of risk such as sloping ground or uneven external grounds were not assessed. Inspectors observed cigarette butts on the ground directly outside fire exits without adequate facilities in place to dispose of same. Inspectors also observed hazards such as cleaning equipment and tools being left by external contractors on the day of inspection which was not addressed by staff. Staff spoken to were able to inform inspectors of the actions to be taken in the event of an emergency, and management provided inspectors with documentation to support this, however the information displayed throughout the designated centre was more generic and less informative to visitors.

The centre has a policy in place for the prevention and control of infection. Staff informed inspectors of the systems in place to ensure that laundry is washed at appropriate temperatures and inspectors observed appropriate equipment for the management of soiled laundry. There were inconsistencies in the facilities available for hand hygiene, as mentioned in Outcome 6, not all kitchen areas had appropriate facilities. Also as a result of the layout of bathrooms, inspectors observed risk of cross infection due to the lack of storage and doors on toilet cubicles.

Inspectors observed staff assisting residents and found that the manual handling practices of staff were satisfactory.

There was evidence that fire drills were conducted at appropriate intervals within the designated centre and each resident has an individual evacuation plan informing staff of the supports residents require in the event of an emergency. Fire equipment was displayed prominently throughout the designated centre and was due to be serviced in the month following the inspection. Throughout the inspection, inspectors observed areas of risk relating to the evacuation routes in the designated centre. Inspectors

observed the absence of break glass units at fire exits and that fire exits were obstructed in places by cleaning equipment. Evacuation routes were not accessible, requiring residents who need large chairs to be assisted over large areas of grass reducing the ability of staff to assist residents to evacuate effectively. There were areas where the fire exit had a step down despite residents residing in the designated centre being non-ambulant. This was brought to the attention of the person in charge on the day of inspection and action was taken by people participating in management to minimise the risk identified where possible immediately.

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:

The designated centre has a policy and procedure in place relating to the prevention, detection and response to an allegation or suspicion of abuse. Information regarding the process to be taken in the event of an allegation or suspicion of abuse was displayed throughout the designated centre. For example the designated person responsible for the investigations of allegations and suspicion of abuse was prominently displayed in a picture format. Staff spoken to were able to inform inspectors of what to do in the event of an incident, allegation or suspicion of abuse. There was documented evidence of staff reporting concerns regarding unexplained bruising of residents and the reports being responded to by the designated person or the deputy officer in an appropriate time frame as stated in the centre's policy. All records reviewed demonstrated that the outcome was that no misconduct had occurred.

Inspectors reviewed the systems in place regarding positive behaviour support. There was access available within the designated centre of specialist and therapeutic intervention being available however this was inconsistent and recommendations were not always utilised prior to the least restrictive practice being utilised. For example, there was evidence that a resident had been administered medication in response to exhibiting behaviours that challenge however there was no evidence that the proactive strategies recommended in the positive behaviour support plan were attempted prior to

this.

The designated centre has a system to ensure that any restrictions of human rights which were implemented such as mechanical restraint are reviewed by a committee however recommendations from this committee were not always implemented. Inspectors found evidence that although the committee had recommended that residents could benefit from accessing a 'soft floor' area to ensure that they are not confined to a chair for the day, there was no evidence that this had been initiated. There was no documented evidence that residents and or their representative had been consulted regarding the use of restraint. The policy of the designated centre stated that a record of the use of mechanical restraint must be maintained. Inspectors also reviewed the documentation maintained in the designated centre for the length of time that individuals were in chairs with lap straps and in some instances found evidence that residents remained in their chair with a lap strap for a period of twelve hours, without any record of the lap strap being removed or the resident being mobilised. Staff spoken to stated that this was not the practice however there was no additional evidence to support this.

Judgment:

Non Compliant - Major

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:

Jillian Connolly
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 St John of God Community Services Ltd
Centre ID:	OSV-0003612
Date of Inspection:	06 May 2014
Date of response:	09 June 2014

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

Theme: Individualised Supports and Care

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

Not all residents have access to meet visitors in private.

Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

1. All residents shall be able to meet visitors in private. This has been facilitated by

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

providing a designated area within the canteen where residents can meet visitors in private.

2. All residents and staff have been notified of the availability of the designated area and to encourage visitors to utilise the area.

3. The residents' families shall be notified by staff when they attend on visits that the Canteen is open for them to spend time with the residents in a more private setting.

4. A full review of all buildings shall be undertaken to identify specific areas that can be utilised for residents to meet their visitors in private, permanent visitor areas shall be designated by end July 2014.

Proposed Timescale:

1. 06/06/2014

2. 06/06/2014

3. 09/06/2014

4. 30/07/2014

Proposed Timescale: 30/07/2014

Theme: Individualised Supports and Care

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

Inspectors observed staff stepping over residents and utilising inappropriate language.

Action Required:

Under Regulation 09 (1) you are required to: Ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.

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

Saint John of God Community Services is fully committed to achieving full compliance with the Health Act 2007 (Care & 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. Dignity and Respect are two core values within Saint John of God Organisation and all new staff members receive an induction which includes our expectations in this regard. There are continuous reminders to staff on an on-going basis using monthly info share newsletters, team meeting, performance management and review process, education and training events including specific training for all staff in the area of personal outcome measures and the Orders Hospitality programme which focuses on the organisations core values. In Quarter 4 of 2014 all services within St. John of God Community Services will be audited using the Saint John of God Hospitaller Services Values Audit tool. All staff have again been communicated with in relation to the use of Age appropriate language and our expectations regarding our commitment to upholding the privacy and dignity of each resident.

Proposed Timescale: 31/12/2014

Theme: Individualised Supports and Care

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

Evidence demonstrated that residents are not supported to exercise control over their day to day life.

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:

1. An Additional 25 staff has been roistered within the Designated Centre to ensure there is sufficient staff available to enable residents to participate in activities. This has immediately impacted resident lives through increased activity on campus and in the community. The additional staff has been specifically recruited to increase the staff level to focus on supporting the resident engage with meaningful activities.
2. A full review of every resident's Personal Plan shall be undertaken in each area to ensure that the resident's individual needs and their choices for meaningful activities have been appropriately identified.
3. A comprehensive summary of supports will be developed for each resident.
4. Each area shall clearly document the weekly activities schedule for each individual resident. The aim shall be to provide appropriate activities for all individual residents to promote meaningful days. This will include a combination of services provided within the residential centre, in specific facilities of the Designated Centre (e.g. hairdressing, swimming pool) and within the community.

The Supervisor in each area shall ensure that the activities are undertaken as per the planned weekly schedule. Any changes to the schedule shall be approved by the Supervisor and the rationale documented.

Proposed Timescale:

1. 16/06/2014
2. Commenced 06.05.14 to be completed 18.07.14
3. 13.06.14
4. 31/07/2014

Proposed Timescale: 31/07/2014

Theme: Individualised Supports and Care

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

There was no evidence to demonstrate that residents were consulted in the running of the designated centre.

Action Required:

Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

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

1. Quarterly meetings shall be scheduled and held with residents and families/representative where information is provided about the service, and where residents and families are encouraged and supported to provide feedback on the service.
2. Where residents are unable to participate, key workers (in consultation with Supervisors) shall identify family members / advocates where appropriate and consult with them.
3. A quarterly newsletter for residents and families shall be produced which contains details of changes in the centre and any relevant information.

Proposed Timescale:

1. 30.07.14
2. 16.06.14
3. 30.07.14

Proposed Timescale: 30/07/2014

Theme: Individualised Supports and Care

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

Residents were not provided with the opportunity to participate in meaningful or purposeful activity.

Action Required:

Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

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

As per the response to Regulation 09 (2) (b) above:

1. An Additional 25 staff have been roistered within the Designated Centre to ensure there are sufficient staff available to enable residents to participate in activities. This has immediately impacted resident lives through increased activity on campus and in the community. The additional staff have been specifically recruited to increase the staff level to focus on supporting the resident engage with meaningful activities.
2. A full review of every resident's Personal Plan shall be undertaken in each area to ensure that the resident's individual needs and their choices for meaningful activities have been appropriately identified.
3. A comprehensive summary of supports will developed for each resident.
4. Each area shall clearly document the weekly activities schedule for each individual resident. The aim shall be to provide appropriate activities for all individual residents to

promote meaningful days. This will include a combination of services provided within the residential centre, in specific facilities on site (e.g. hairdressing, swimming pool) and within the community.

The Clinical Nurse Manager in each area shall ensure that the activities are undertaken as per the planned weekly schedule. Any changes to the schedule shall be approved by the Clinical Nurse Manager and the rationale documented.

Proposed Timescale:

1. 16/06/2014
2. Commenced 06.05.14 to be completed 18.07.14
3. 13.06.14
4. 31/07/2014

Proposed Timescale: 31/07/2014

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:

There was evidence that personal plans were updated periodically, however not as a result in the change in circumstance of a resident.

Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

1. All personal plans shall be reviewed as a priority by a Clinical Nurse Manager to ensure all residents' assessed need (from members of the nursing team and from the wider multidisciplinary team) have been identified and incorporated into the Resident's Personal Plan.
2. A schedule shall be introduced for reviewing residents' Personal Plans on two further occasions in 2014 and then annually from 2015 or as needs change.
3. Supervisors shall ensure that any change in circumstance has resulted in a review of the Personal Plan.
4. A full review of the process for management of Personal Plans shall be undertaken with staff and this shall be documented in policies and procedures, which shall be signed off by all relevant staff.
5. Education and Training has been rolled out on the management of Personal Plans. Staff who has not attended this training will be trained by the end of July.

Proposed Timescale:

1. 20.06.14
2. 13.06.14

3. 28.05.14
4. 25.07.14
5. 30.07.14

Proposed Timescale: 30/07/2014

Theme: Effective Services

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

There was no evidence that personal plans were drawn up with the maximum participation of the resident.

Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

1. Key workers shall ensure residents or their representatives are involved in their Personal Plan development. Clinical Nurse Managers are working directly with staff to support them to involve residents or their representatives in the review of Personal Plans.
2. Where residents are unable to participate, key workers (in consultation with Supervisors) shall identify family members / advocates where appropriate and consult with them.
3. The process for involving residents in their Personal Planning, and involving their families, shall be reviewed with staff and documented clearly in a policy and procedure for all staff to reference.
4. Education and Training has been rolled out on the on the management of Personal Plans. Staff who has not attended this training shall be trained by the end of July.

Proposed Timescale:

1. 18.07.14
2. 16.06.14
3. 30.07.14
5. 30.07.14

Proposed Timescale: 30/07/2014

Theme: Effective Services

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

Personal plans were prepared but did not comprehensively address the aspirations and wishes of residents and there was no evidence that they were implemented in practice.

Action Required:

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

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

As per the response to Regulation 09 (2) (b) above:

1. All personal plans shall be reviewed as a priority by a Clinical Nurse Manager to ensure all residents' assessed need (from members of the nursing team and from the wider multidisciplinary team) have been identified and incorporated into the Resident's Personal Plan. This shall include ensuring the resident's aspirations and wishes are met.
2. A schedule shall be introduced for reviewing residents' Personal Plans on two further occasions in 2014 and then annually from 2015 or as needs change.
3. Supervisors shall ensure that any change in circumstance has resulted in a review of the Personal Plan.
4. A full review of the process for management of Personal Plans shall be undertaken with staff and this shall be documented in policies and procedures, which shall be signed off by all relevant staff.
5. Education and Training has been rolled out on the management of Personal Plans. Staff who have not attended this training will be trained by the end of July.

Proposed Timescale:

1. 20.06.14
2. 13.06.14
3. 28/05/2014
4. 25.07.14
5. 30.07.14

Proposed Timescale: 30/07/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Areas of the designated centre were not maintained in a state of good repair, including rust and peeling paint work.

Action Required:

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

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

A prioritised Maintenance Action Plan has been developed which identifies all areas that

require attention regarding painting, maintenance, safety, cleanliness, decoration and presence of rust etc.

Proposed Timescale: 29/08/2014

Theme: Effective Services

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

Although efforts had been made to decorate some areas, the disrepair of the designated centre did not allow for it to be maintained in a clean state and decorated in a homely manner.

Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

1. The environment shall be assessed for cleanliness and infection control to identify areas for improvement.
2. A new cleaning schedule shall be developed by the Person In Charge to ensure all areas are cleaned effectively,
3. Training shall be provided to housekeeping staff on cleaning method and infection control.
4. Household supports for each area of the designated centre shall be enhanced.
5. Each Clinical Nurse Manager shall ensure each resident's room is personalised to meet their needs.

Proposed Timescale:

1. Complete 26.05.14
2. 30/05/2014
3. 25/07/2014
4. 30/05/2014
5. 30/07/2014

Proposed Timescale: 30/07/2014

Theme: Effective Services

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

Areas of the designated centre needed to be accessed via the bedrooms of residents.

Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

One Area the bedrooms are not closed off by doors or walls at present. An Architect has been commissioned to review this area and create plans for constructing walls to close off the rooms to maximise resident privacy. We are awaiting the report from this review.

Proposed Timescale: 14/06/2014**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Adequate private and communal accommodation was not available for 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:

1. A Draft Development Plan has been developed by the Management Team. This outlines the medium and long term strategy of the organisation to support residents to transition out of the premises and into the community. In the interim a schedule of works has been developed to address immediate privacy /comfort needs of the residents. Regular updates on the progress of the plan shall be provided to the Authority. There is currently a no admissions policy to DC 2, where twin rooms are in place and a resident vacates the room, this room shall be converted to a single occupancy room.
2. As per the response to Regulation 09 (3) above, a designated area has been identified where residents can meet with visitors.

Proposed Timescale:

1. 20/06/2014
2. 06/06/2014

Proposed Timescale: 20/06/2014**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There was inadequate space in single and double rooms for 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:

1. A Draft Development Plan has been developed by the Management Team. This outlines the medium and long term strategy of the organisation to support residents to transition out of the premises and into the community. In the interim a schedule of works has been developed to address immediate privacy / comfort needs of the residents. Regular updates on the progress of the plan shall be provided to the Authority. There is currently a no admissions policy to the Designated Centre, where twin rooms are in place and a resident vacates the room, this room shall be converted to a single occupancy room.
2. One Area the bedrooms are not closed off by doors or walls at present. An Architect has been commissioned to review this area and create plans for constructing walls to close off the rooms to maximise resident privacy. We are awaiting the report from this review.

Proposed Timescale:

1. 20/06/2014
2. 14/06/2014

Proposed Timescale: 20/06/2014**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The layout of the dormitory rooms did not promote the privacy and dignity 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:

1. In areas where residents in the medium term continue to share a bedroom, rails and curtains shall be installed to maximise privacy.
2. A Draft Development Plan has been developed by the Management Team. This outlines the medium and long term strategy of the organisation to support residents to transition out of the existing premises and into the community using the residential models to meet current and emerging needs of residents. In the interim a schedule of works has been developed to address immediate privacy / comfort needs of the residents. Regular updates on the progress of the plan shall be provided to the Authority. There is currently a no admissions policy to the Designated Centre, where twin rooms are in place and a resident vacates the room, this room shall be converted to a single occupancy room.
3. One Area the bedrooms are not closed off by doors or walls at present. An Architect has completed a review of this area and is currently completing plans to explore the construction of walls to close off the rooms to maximise resident privacy. We are awaiting the report from this review.

<p>Proposed Timescale:</p> <ol style="list-style-type: none"> 1. 30.08.14 2. 20.06.14 3. 13.06.14
<p>Proposed Timescale: 30/08/2014</p> <p>Theme: Effective Services</p> <p>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</p> <p>There was inadequate storage for cleaning equipment and other equipment such as hoists.</p> <p>Action Required:</p> <p>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.</p> <p>Please state the actions you have taken or are planning to take:</p> <ol style="list-style-type: none"> 1. Sheds have been purchased and delivered which will be located beside each facility. Cleaning equipment shall be stored in these sheds. 2. Clinical Nurse Managers are reviewing the premises that they are responsible for to identify storage areas for hoists and other equipment. Adequate storage for equipment shall be allocated where identified. 3. Where space cannot be identified in the short term for storage, existing arrangement shall be risk assessed and controls shall be put in place to maximise safety. <p>Proposed Timescale:</p> <ol style="list-style-type: none"> 1. 09/06/2014 2. 08/06/2014 3. 20/06/2014
<p>Proposed Timescale: 20/06/2014</p> <p>Theme: Effective Services</p> <p>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</p> <p>There was inadequate lighting provided in residents' bedrooms.</p> <p>Action Required:</p> <p>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.</p> <p>Please state the actions you have taken or are planning to take:</p> <p>A person-centred lighting system that meets the needs of each resident shall be installed.</p>

Proposed Timescale: 30/07/2014

Theme: Effective Services

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

There were washing machines available in each home however one was rusted.

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 washing machine with the rust has been removed from the premises and disposed and replaced with a new washing machine.

Proposed Timescale: 08/05/2014

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:

The identification of risk within the designated centre was not reflective of all of the actual risk present.

Action Required:

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

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

1. The Risk Management Policy and Procedure shall be reviewed and updated.
2. All staff shall be provided with training on the risk policy, this shall also form part of staff induction.
3. The Risk Register shall be reviewed and updated for each location by means of comprehensive risk assessment.
4. The Risk Register shall be reviewed and updated by the Management Team and Quality and Safety Committee on a monthly basis

Proposed Timescale:

1. 16.06.14
2. 30.07.14
3. 30.06.14
4. 25/07/2014

Proposed Timescale: 30/07/2014

Theme: Effective Services

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

Due to the layout of some of the bathrooms, there was inadequate protection against healthcare associated infection due to inadequate storage and doors on toilet areas.

Action Required:

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

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

1. All bathrooms have been reviewed to ensure appropriate storage space is available. Where insufficient storage space is available, additional storage is being installed.
2. Staff are aware that all items must be appropriately stored in bathroom storage areas
3. Toilet doors are being installed in all areas where they were missing.
4. Hand sanitizers have been installed throughout the premises.
5. Education and training shall continue to be provided to staff regarding hand hygiene.
6. An Infection Control Audit shall be undertaken and actions arising from the audit shall be implemented.

Proposed Timescale:

1. 30/07/2014
2. 03/06/2014
3. 30.06.14
4. 09/06/2014
5. Ongoing
6. 04.07.14

Proposed Timescale: 30/07/2014

Theme: Effective Services

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

Fire exits were obstructed by equipment and there was inadequate means of escape upon exiting through fire escape doors.

Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

1. Immediate action has been taken on this issue. In areas where there was shrubbery outside fire exits, all shrubbery has been cut back to allow full access.
2. New paths have been put in place for people to use when they come out through the fire exits. These paths have been laid in concrete
3. Staff is aware that all fire escapes need to remain clear at all times. A weekly audit shall be undertaken to ensure the fire escapes are clear.
4. All break glass units are in place throughout the designated centre and where required the units were lowered.

Proposed Timescale:

1. 08/05/2014
2. 19/06/2014
3. 08/05/2014
4. 11/05/2014

Proposed Timescale: 19/06/2014**Outcome 08: Safeguarding and Safety****Theme:** Safe Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Although there is a committee in place to authorise restrictive practice, the recommendations of the committee are not implemented in practice.

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:

1. The Centre shall review all behavioural support plans to ensure they are fully completed with the multidisciplinary team and are in line with national policy and evidence based policy.
2. The Centre shall update all behavioural support plans to ensure they are fully completed with the multidisciplinary team. Residents presenting with more significant Challenging Behaviour shall be prioritised. The review and update shall ensure each behavioural support plan clearly outlines the proactive and reactive strategies for restrictive procedures.
3. Staff shall receive training on the implication of behavioural support plans and the promotion of proactive strategies; the Clinical Nurse Managers shall be prioritised for this training.
4. All restrictive practice practices shall be monitored each month with the presentation of the relevant documentation to the Governance of Restrictive Interventions Committee.
5. The data on restrictive practices from the Governance of Restrictive interventions

committee shall also be monitored by the Quality and Safety Committee on monthly bases.

6. The positive behaviour support committee shall support the process

Proposed Timescale:

1. Commenced 02/06/2014 for completion 20/06/14
2. Commenced 09/06/14 for completion 30/09/2014
3. 30/08/2014
4. 10.05.14
5. 30.06.14

Proposed Timescale: 30/09/2014

Theme: Safe Services

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

There was no evidence of consultation with residents and/or their representatives regarding interventions implemented to support individuals that require positive behaviour support.

Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

1. Key workers have met with the Clinical Nurse Managers and the process for involving residents in their behavioural support plans development has been reiterated. Clinical Nurse Managers are working directly with staff to support them to involve residents and their family / advocate in the review of behavioural support plans.
2. Where residents are unable to participate, key workers (in consultation with Clinical Nurse Managers) shall identify family members or advocate where appropriate and consult with the family members
3. The process for involving residents in their behavioural support planning, and involving their families or advocate, shall be reviewed and documented clearly in a standard operating procedure for all staff to reference.
4. Education and Training on all aspects of consent for residents shall be undertaken by staff.

Proposed Timescale:

1. 30/05/2014
2. 30/05/2014
3. 30.06.14
4. 30.07.14

Proposed Timescale: 30/07/2014

Theme: Safe Services

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

There was evidence that chemical restraint was utilised prior to alternative recommendations being utilised.

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:

1. All staff shall use all alternative measures before imposing a restrictive practice. All staff shall be instructed to document all interventions taken before restrictive procedures. This shall be documented in the behaviour support plan.
2. The Person In Charge shall ensure that all staff are aware and understand the Standard Operational Procedures and their obligation in relation to restrictive procedures, in particular the use chemical restraint.
3. All staff will be trained on the management of restraint and the use of chemical restraint on an annual basis.
4. All restrictive practice practices shall be monitored each month with the presentation of the relevant documentation to the Governance of Restrictive Interventions Committee.
5. The data on restrictive practices from the Governance of Restrictive interventions committee shall also be monitored by the Quality and Safety Committee on monthly bases.

Proposed Timescale:

1. 06/06/2014
2. 13.06.14
3. Ongoing
4. 10.05.14
5. 30.06.14

Proposed Timescale: 30/06/2014

Theme: Safe Services

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

There was evidence that residents were in their chairs with lap straps on for periods of 12 hours.

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:

1. The Clinical Nurse Manager shall undertake regular checks to ensure compliance with the instruction on the authorisation from the Governance of Restrictive Interventions Committee of all residents who require lap straps on their personal chairs.
2. Records which evidence when residents are not using their lap strap as outlined in their authorisation document are maintained on a mandatory basis by staff.
3. All restrictive practice practices shall be monitored each month with the presentation of the relevant documentation to the Governance of Restrictive Interventions Committee.
4. The data on restrictive practices from the Governance of Restrictive interventions committee shall also be monitored by the Quality and Safety Committee on monthly basis.

Proposed Timescale

1. 09/06/2014
2. 09/05/2014
3. 10.05.14 on going
4. 30.06.14 on going

Proposed Timescale: 30/06/2014