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-0003619 |
| Centre county: | Monaghan |
| Email address: | Des.byrne@sjog.ie |
| Type of centre: | Health Act 2004 Section 38 Arrangement |
| Registered provider: | St John of God Community Services Ltd |
| Provider Nominee: | John Pepper |
| Lead inspector: | Siobhan Kennedy |
| Support inspector(s): | Ciara McShane |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 13 |
| Number of vacancies on the date of inspection: | 3 |
About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
• Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
• Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
• to monitor compliance with regulations and standards
• following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
• arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 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: 06 June 2014 09:30  
To: 06 June 2014 18:30

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

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Summary of findings from this inspection
This was the first inspection of the centre. The inspectors reviewed documentation, ascertained the views of residents and staff members, observed practices, assessed the premises and reviewed documentation relevant to the legislation/regulations during the one-day inspection.

The designated centre consists of 4 residences situated in community settings. Accommodation is provided for 17 residents. The centre provides facilities and services for residents with a diagnosis of intellectual disability, age related, medical conditions, dementia, sensory impairment and mental health conditions. The age range of residents being accommodated was approximately from 40 to 70 years of age. Thirteen residents were being accommodated at the time of the inspection.

The inspectors met with the person in charge and staff in the various settings and outlined the inspection process and methodology and provided feedback to one member of the management team per telephone and to the deputising person in charge at the conclusion of the inspection.
Throughout the inspection the deputising person in charge demonstrated knowledge of the legislation and standards, residents’ conditions and pertinent issues relevant to the designated centre.

The inspectors met all of the residents being accommodated. Some of the residents were aware of the inspection process, however, others were not able to comprehend the purpose of regulatory activity. Some residents expressed their satisfaction in respect of living in the community, having transitioned from a congregated setting and while others did not express an opinion, they appeared happy and content in their community environment. However, a resident was currently inappropriately placed as the condition of the resident was deteriorating.

In the main, residents’ rights, dignity and consultation were upheld, however, it was identified that a resident had not been provided with an advocate and staff had not respected the resident’s wishes regarding a first name preference.

The policies and procedures in respect of medicines were not fully implemented. There were measures in place to protect residents from being harmed or suffering abuse. The inspectors saw that person centred care was promoted and there was evidence of opportunities for residents to participate in meaningful activities, appropriate to their interests and capacities.

The location, design and layout of the designated centre met the needs of the majority of residents, however, the environment, was inappropriate for a resident being accommodated and some non-compliant issues were identified.

The health and safety of residents, visitors and staff was promoted and protected as there were systems in place, however, general risks and risks associated with fire safety and infection control were identified.

From an examination of the day time staff duty rota, communication with/observation of residents and staff the inspectors found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents. While there was evidence that staff had access to education and training, not all staff had participated in training appropriate to their roles and responsibilities. Staff demonstrated that they had good knowledge of the residents and their needs. They emphasised the importance of promoting a social care model of care and support which embraced the concept of each resident being enabled to exercise choice and control over their lives in accordance with their preferences and maximising their independence.

Areas requiring improvement are identified in the action plan at the end of the report for action by the provider and person in charge in order to ensure 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:
There was evidence that residents are consulted with and participate in decisions about their care and about the organisation of the designated centre. For example, house meetings had been convened in order to work out menus for the evening meals and social programmes.

The inspectors observed staff engaging with residents in a manner that was respectful. Staff who communicated with the inspectors confirmed that they had worked with in the service for many years and the inspectors found that they were familiar with the residents’ needs, capabilities, and their life history and family support circles.

The inspectors met residents who willingly shared their views and opinions regarding living in the community. These views were positive. Some residents showed the inspectors their private bedroom accommodation and others who were attending activation programmes and were not in the designated centre had agreed in communication with staff members that the inspectors could view their private bedroom space. One resident took the time to explain to the inspectors the care planning documentation and reviews held to determine whether the care plan met the resident’s assessed needs and preferences.

In the main, residents had individual bedrooms which met their needs, however, it was noted that the premises, was not suitable for a resident with dementia and in one of the residencies there was no suitable private area which is not the resident’s bedroom in which a resident could receive a visitor. See Outcome 3 for action plan.

Residents’ bedrooms were personalised with photographs of families and friends, were decorated in accordance with the residents’ preferences and choices, had tasteful soft
furnishings and the private spaces reflected their personalities and interests.

Inspectors identified that one resident in retirement, had not been given the opportunity to benefit from an independent advocate. The deputising person in charge was fully aware of this situation.

The inspectors saw notice boards conveying information to residents in relation to the dates and times when staff would be working, however, on a notice board in the resident’s private space the resident’s wishes were not respected regarding preferences for the resident’s personal name choice.

There was a complaints policy and procedure which was translated into an understandable format for those residents who had the capacity to understand it and a resident had been assisted to invoke the procedure which is currently being investigated.

**Judgment:**
Non Compliant - Moderate

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**Outcome 02: Communication**
*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**
Individualised Supports and Care

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

**Findings:**
In residents’ personal care plans the inspectors saw that the mode of communication used by the individual residents were described and staff working with residents were able to interpret residents’ verbal and non-verbal expressions. There was also documentary evidence in respect of speech and language professionals providing a service to some of the residents.

Some of the residents communicated freely with the inspectors and the inspectors observed other residents using gestures in order to express their wishes, for example a resident communicated to the staff member the time to leave the dining room to rest in the sitting room.

The inspectors saw that information that was relevant to residents was in an appropriate format for the residents’ communication abilities and capacity of understanding, for example, menu planning and the resident’s care plan.

The inspectors noted that a resident had recently been provided with information
relevant to having a hearing loss, and has been assigned a social worker who would assist in deficits in this area.

Televisions, radios, information technology and newspapers were available in the designated centre.

**Judgment:**
Compliant

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

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

**Theme:**
Individualised Supports and Care

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

**Findings:**
The inspectors found that there was no suitable private area in one of the residencies, which is not the resident's bedroom in which a resident could receive a visitor if required as per Outcome 1.

**Judgment:**
Non Compliant - Minor

### Outcome 04: Admissions and Contract for the Provision of Services

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**
Effective Services

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

**Findings:**
Applications for admission to the designated centre is determined by a committee and the inspectors heard evidence that residents considering moving into the designated centre had visited the centre and met the resident group. The inspectors heard that if and when the admission is deemed appropriate written agreement is forwarded to the
resident/or their representatives, if the resident is not able to give consent. Documentation includes the terms of occupancy.

The inspectors saw that residents had a tenancy agreement, which detailed the services to be provided and the fees charged. However the inspectors were informed that at national level the tenancy agreement document is being reviewed for the entire organisation.

Judgment:
Compliant

Outcome 05: Social Care Needs

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

Theme:
Effective Services

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

Findings:
The centre provides facilities and services for residents with a diagnosis of intellectual disability, age related, medical conditions, dementia, sensory impairment and mental health conditions. The age range of residents being accommodated was approximately from 40 to 70 years of age. Thirteen residents were being accommodated at the time of the inspection.

The care planning documentation identified that residents’ individual needs were assessed, social and health care risk assessments carried out, intervention/treatment plans in place and evidence of reviews. However a resident who was assessed as having dementia was being accommodated on the first floor of a community residency which was inappropriate in meeting the resident’s needs.

Each resident had an Individual Personal Plan (IPP) which referenced assessments completed and identified the arrangements in place to meet their needs. The personal care plans were developed in respect of each resident’s care and addressed key aspects of the social, emotional, psychological and health care needs of the residents. Many residents’ aspirations and goals were stated in addition to evidence that residents were empowered and supported in achieving their personal goals, which many did successfully. There was evidence of regularly reviewing residents’ care plans and
consultation with residents and or their next of kin/families.

Staff in their communications with the inspectors demonstrated that they were knowledgeable of residents' needs and there was evidence of behaviour management plans.

The inspectors saw that residents' communication needs were identified in the residents’ personal care plan and pictorial aids were used to assist the resident to understand the care planning process.

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):
No actions were required from the previous inspection.

Findings:
The location, design and layout of the community houses were suitable for their stated purpose and in the main, met residents’ individual and collective needs in a comfortable and homely way.

The designated centre consists of 4 residences situated in community settings. Two bungalows have facilities for 2 persons sharing with a communal kitchen, dining, and living room space. Another residency consists of a detached dormer bungalow with 6 individual bedrooms and communal sitting, kitchen/dining room, storerooms bathroom and toilet. A purpose built bungalow has 7 wheelchair accessible ensuite facilities, and communal accommodation including kitchen/dining room, sitting room, office, utility room, store room, toilet and main bathroom which has a Parker bath and garage used for storage.

The premises have been well maintained and the furnishings and fixtures are modern and bright.

There was appropriate equipment for use by residents and staff which was maintained in good working order.

Externally, the grounds were well maintained and there was adequate car parking.
The following matters were identified which required to be addressed: –
  • The decoration/paint work on a door, corridor and in a resident’s private space/bedroom was scraped/flaking/stained.
  • A stair banister was loose.
  • A resident was using a second sitting room as a bedroom which depleted residents’ communal space.

**Judgment:**
Non Compliant - Moderate

**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:**
In the main, the inspectors found that the health and safety of residents, visitors and staff was promoted and protected as there was a policy and procedure in respect of managing risk which included documentation in relation to recording and analysing general risks. However, the policy/procedure had not been fully implemented throughout the designated centre as the following general risks were identified: –
  • There was no security/camera at a resident’s front door.
  • The cement around a manhole was cracked and broken presenting as a trip hazard.
  • An attic door was unlocked, leading to an unsafe area.
  • Chemicals were not stored/locked in a safe area.

Fire equipment was easily accessible and prominently placed throughout the designated centre and servicing was up to date. A fire panel, smoke detector and carbon monoxide alarms were in place. The inspectors observed that fire exit doors had not been obstructed. Each resident has an evacuation plan and staff and residents are involved in fire safety and evacuation procedures. Staff and a resident were able to inform the inspectors of the procedure in the event of the fire alarm sounding or an emergency occurring. However, the following matters were identified: –
  • The rear door in a residency led to an enclosed patio door which did not provide a safe evacuation pathway in the event of an emergency.
  • The stairway in one of the residencies was narrow and steep with no right hand rail.
  • Externally garden furniture obstructed a fire evacuation pathway.
  • There was insufficient information for a resident in respect of a carbon monoxide alarm and this was not linked up to an alert externally.
  • A resident did not have an awareness of the sound of the fire alarm system.
  • A resident using a second sitting room as a bedroom did not have an adequate fire
evacuation escape route.

There was evidence of good infection prevention and control measures, for example, paper waste disposable bins, toilet roll holders and paper dispensers were available, however, the following issues were identified:

- The cleaning room was located in the centre’s electrical/plant room where the electrics and fuse boxes were located.
- The designated cleaning room did not have a wash hand basin.
- The radiator in the kitchen area was rusted.
- Kitchen tiles were missing.
- In one of the residencies there was a mal odour from a toilet facility used by 4 male residents and a female resident.
- The floor tiling in a shower/bath room was split at wall level.
- There were perforations in the wall of the bathroom/shower room.
- Toilet rolls were stored on the windowsill.

**Judgment:**  
Non Compliant - Major

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**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 inspectors saw that there were measures in place to protect residents from being harmed or suffering abuse and appropriate response to allegations, disclosures, or suspected abuse as outlined in the policy and procedure relating to the prevention, detection and response of any abuse. The inspectors communicated with staff, who confirmed that they had participated in relevant training and were knowledgeable with regard to what constitutes abuse and their duty to report any allegation, suspicion of abuse, and were aware that this should be fully investigated and protective procedures put in place for residents.

Staff had access to specialist and therapeutic interventions in relation to resident’s individual behavioural support plans and it was evident that staff working with individual residents had assimilated the information in the plan in order to provide consistency in
implementing care delivered.

The inspectors noted that a restraint free environment was being promoted with the reduction in bedrails and chemical restraint.

**Judgment:**
Compliant

### Outcome 09: Notification of Incidents

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**
Safe Services

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

**Findings:**
The inspectors saw that a record of incidents occurring in the designated centre is maintained and, where necessary, notified to the Chief Inspector. The inspectors noted that, notifications in respect of serious injury to residents, altercation between residents and quarterly reports had been forwarded to the Authority. An internal processing/auditing system is available within the organisation. Currently, an incident is under investigation.

**Judgment:**
Compliant

### Outcome 12. Medication Management

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

**Theme:**
Health and Development

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

**Findings:**
There was a written operational policy informing ordering, prescribing, storing and administration of medicines to residents. A staff member on duty was able to explain the procedures to the inspectors. The inspectors saw that medicines were secured safely.
and staff on duty were knowledgeable of residents’ prescribed medicines and explained the documents in use to administer prescribed medicines to residents. However, inspectors noted an instance whereby staff had not signed the administration sheet for medicines administer. This matter is under investigation and a report of the findings to be forwarded to the Authority. The inspectors were informed and saw evidence in the care planning documentation that residents’ medication was reviewed.

**Judgment:**
Non Compliant - Moderate

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**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

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

**Findings:**
There was a statement of purpose which described the services, facilities and care provided to meet the diverse needs of residents and contained, most of the information required as set out in schedule 1 of the legislation. However, the following was noted:

- Criteria used for admission to the designated centre did not describe the exclusion criteria.
- The organisational structure of the designated centre did not detail the reporting lines.

**Judgment:**
Non Compliant - Minor

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**Outcome 17: Workforce**
*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

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

Findings:
A person in charge has been appointed to the designated centre and the post is a full-time position, however, this person was not available at the time of the inspection but the deputising person in charge facilitated the inspection process. The inspectors noted the position of deputising person in charge is a shared responsibility between 2 staff members, but, the staff member who facilitated the inspection process had worked in excess of the contacted hours. The inspectors examined copies of planned rosters for the centre and found that staffing levels were adequate to meet the needs of residents. A review of staffing levels at night time had been carried out by the deputising person in charge, which resulted in additional staff provided primarily by agency staff. The inspectors were informed that a recruitment drive is currently in place.

Arrangements were in place to manage planned and unplanned staff leave and there was evidence of staff participating in staff meetings.

The inspectors found staff had a comprehensive knowledge of the residents’ likes, dislikes and life histories and staff throughout the inspection were helpful and knowledgeable.

Documentation in relation to training showed that there was a planned schedule identifying dates and times of various different training modules. There was evidence of scheduled training that staff had participated in relevant to their role and responsibility for example all of the staff working in the designated centre had participated in training in safeguarding and in fire safety. However, staff had not received mandatory training in food safety and hygiene.

Judgment:
Non Compliant - Moderate

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:

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

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<td>OSV-0003619</td>
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<tr>
<td>Date of Inspection:</td>
<td>06 June 2014</td>
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<td>11 August 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

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A resident did not have access to an advocacy service.

**Action Required:**
Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access to advocacy services and information about his or her rights.

**Please state the actions you have taken or are planning to take:**
1. The resident who was identified during the inspection visit has been referred for an external advocate.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Proposed Timescale: 01/08/2014

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staff had not respected a resident’s decision regarding first name preference.

Action Required:
Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support.

Please state the actions you have taken or are planning to take:
1. All staff supporting residents have been informed to always address and engage with the resident using their preferred name.
2. All documentation relating to the resident as identified during the inspection visit reflects the residents preferred name.

Proposed Timescale: 01/08/2014

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

Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no suitable private area in one of the residencies, which is not the resident’s bedroom in which a resident could receive a visitor if required.

Action Required:
Under Regulation 11 (3) (b) you are required to: Provide a suitable private area, which is not the resident's room, to a resident in which to receive visitors, if required.

Please state the actions you have taken or are planning to take:
A current bedroom as identified during the inspection visit will be changed into a second sitting room which will be a suitable private area for residents to receive visitors. The resident who is currently accommodated in this current bedroom is transferring to a vacant bedroom within this house.

Proposed Timescale: 30/11/2014

Outcome 05: Social Care Needs

Theme: Effective Services
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Arrangements were not put in place to meet a resident's assessed needs as a resident was assessed as having dementia and was being accommodated on the first floor of a community residency which was inappropriate in meeting the resident’s needs.

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

Please state the actions you have taken or are planning to take:
The resident who presents with dementia is currently being accommodated in a suitable bedroom and has always resided in a bedroom on the ground floor of the house.

Proposed Timescale: 06/06/2014

Outcome 06: Safe and suitable premises
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The decoration/paint work on a door, corridor and in a resident’s private space/bedroom was scraped/flaking/stained.

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:
Residents have chosen paint colours for the door, corridor and bedrooms and the painting contractors will be completing the work relating to the areas as identified during the inspection visit.

Proposed Timescale: 30/10/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A stair banister was loose.

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:
The stair banister as identified during the inspection visit as requiring attention will be secured.

**Proposed Timescale:** 11/08/2014

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The communal sitting room accommodation was inadequate in one residence as a sitting room was being used as a private bedroom space for a resident.

**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 current bedroom as identified during the inspection visit will be changed into a second sitting room which will be a suitable private area for residents to receive visitors.

**Proposed Timescale:** 30/11/2014

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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:
Review of risks were not managed on an ongoing basis of the following risks were found:
- There was no security/camera at a resident’s front door.
- The cement around a manhole was cracked and broken presenting as a trip hazard.
- An attic door was unlocked, leading to an unsafe area.
- Chemicals were not stored/locked in a safe area.

**Action Required:**
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:
1. A Security camera has been installed at the residents front door
2. Cement around manhole has been replaced
3. The attic space will be made a safer area for resident with the installation of shelving which will present as a shelved enclosed storage unit.
4. A review with regard to the safe storage of all chemicals is being completed based on
the risk assessment needs of residents.

**Proposed Timescale:** 31/08/2014  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Procedures had not been adopted consistent with the standards for the prevention and control of health care associated infections as the following risks were identified:
- The cleaning room was located in the centre’s electrical/plant room where the electrics and fuse boxes were located.
- The designated cleaning room did not have a wash hand basin.
- The radiator in the kitchen area was rusted.
- Kitchen tiles were missing.
- In one of the residencies there was a mal odour from a toilet facility used by 4 male residents and a female resident.
- The floor tiling in a shower/bath room was split at wall level.
- There were perforations in the wall of the bathroom/shower room.
- Toilet rolls were stored on the windowsill.

**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. The cleaning room has been re-located to the utility room to ensure safety.  
2. New designated cleaning room has a wash hand basin  
3. Rust will be removed from radiator in the kitchen and it will be re-painted  
4. Kitchen tiles will be replaced  
5. The odour within the bathroom as identified during the inspection visit is currently being addressed through following up on the extractor fan and the completion of a cleaning schedule.  
6. Floor tiling in the shower/bathroom has been repaired  
7. Perforations in the wall of the bathroom/shower room will be repaired  
8. Enclosed toilet roll holder has been put in the bathroom to appropriately store toilet rolls.

**Proposed Timescale:** 30/09/2014  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Effective fire safety management systems were not in place as the following matters
were identified:

- The rear door in a residence led to an enclosed patio door which did not provide a safe evacuation pathway in the event of an emergency.
- The stairway in one of the residencies was narrow and steep with no right hand rail.
- Externally garden furniture obstructed a fire evacuation pathway.
- There was insufficient information for a resident in respect of a carbon monoxide alarm and this was not linked up to an alert externally.
- A resident did not have an awareness of the sound of the fire alarm system.
- A resident using a second sitting room as a bedroom did not have an adequate fire evacuation escape route.

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

**Please state the actions you have taken or are planning to take:**
1. The gate exit has been put on the enclosed fence which provides a safe evacuation in the event of an emergency
2. Hand rail will be put on the right side of the stairway to ensure the residents safety.
3. Garden furniture has been moved and they no longer obstructs a fire evacuation pathway.
4. Follow up took place with the resident with regard to the carbon monoxide alarm to ensure the residents understanding of this alarm and the actions to take when this alarm is activated. Linkage of this alarm to an external alert system will be progressed supported by a risk assessment.
5. Follow up with the resident with regard to her awareness and familiarity with the fire alarm system is on-going as the fire alarm is being activated weekly and the resident also participates in all fire evacuations.
6. The resident who is using a second sitting room as a bedroom is transferring to another downstairs bedroom which has two fire evacuation routes.

**Proposed Timescale:** 30/11/2014

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**Outcome 12. Medication Management**

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Appropriate and suitable practices were not being implemented in relation to the administration of medicines as inspectors noted an instance whereby staff had not signed the administration sheet. This matter is under investigation and a report of the findings to be forwarded to the Authority.

**Action Required:**
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered
as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:
1. Follow up with regard to practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medications in line the Designated Centre’s Person Centred Medication Policy have been addressed with all available staff.
2. A report relating to the follow up with regard to the matter that is under investigation will be presented to the Authority once it is completed.

Proposed Timescale: 30/09/2014

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 sufficiently describe the following matters:
• Criteria used for admission to the designated centre did not detail the exclusion criteria.
• The organisational structure of the designated centre did not detail the reporting lines.

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:
A revised statement of purpose and function is being developed in accordance with the Regulations to include detail of exclusion criteria and the reporting lines within the organisational structure.

Proposed Timescale: 31/08/2014

Outcome 17: Workforce
Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Continuity of night time care and support for residents was not being maintained by the employment of agency staff.

Action Required:
Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of
care and support, particularly in circumstances where staff are employed on a less than full-time basis.

**Please state the actions you have taken or are planning to take:**
A recruitment campaign was commenced by the Service in June 2014 to employ regular professionally qualified staff which will address the issue of continuity of care for the residents.

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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The actual staff rota identified that a staff member was working in excess of contracted hours.

**Action Required:**
Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

**Please state the actions you have taken or are planning to take:**
1. Follow up with regard to compliance with the Organisation of Working Time Act took place with all staff through the Monthly Info-share in May 2014.
2. A review of all Managers/Person’s In Charge roles and responsibilities and assignments is currently underway to endeavour addressing current deficits in structures.

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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Staff had not received mandatory training in food safety and hygiene.

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

**Please state the actions you have taken or are planning to take:**
Mandatory training in food and hygiene is planned for staff in the area of food and hygiene.

| Proposed Timescale: 30/09/2014 |