<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St John of God Community Services Ltd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003989</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Louth</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:Seamus.carrie@sjog.ie">Seamus.carrie@sjog.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>St John of God Community Services Ltd</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Bernadette Shevlin</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Siobhan Kennedy</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>8</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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</table>
About monitoring of compliance

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 05 June 2014 09:30
To: 05 June 2014 18:00

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<tbody>
<tr>
<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
</tr>
<tr>
<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<tr>
<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<tr>
<td>Outcome 13: Statement of Purpose</td>
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<tr>
<td>Outcome 17: Workforce</td>
</tr>
<tr>
<td>Outcome 18: Records and documentation</td>
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</tbody>
</table>

Summary of findings from this inspection
The designated centre can accommodate 8 residents for respite care. The allocation alternates between adults and children. This was the first inspection of the centre and adults were being accommodated.

The inspector met all of the residents and some residents confirmed their satisfaction with the respite experience while others were unaware of the inspection process.

The inspector found that the privacy and dignity of residents was respected and staff had developed relationships with the residents which assisted them to interpret the residents’ non-verbal mode of communication, however, there were instances whereby residents’ rights had not been promoted. For example there were no formal systems set up in order to give residents an opportunity to make and take decisions about their care and about the routines in the centre.

Staff members emphasised the importance of communicating with residents’ family members in order to gain knowledge of residents’ preferences and lifestyles so that each resident could be enabled to exercise control over their lives in accordance with their wishes and choices. The inspector noted that there was input from a multidisciplinary team and that care plans were reviewed. However, individual
behavioural support plans were not in place and the care planning process was under review. There were appropriate staff members and skill mix to meet the assessed needs of residents however, all staff had not participated in mandatory training. Some records/documentation and policies and procedures were not fully in compliance with the regulations.

In the main, the design and layout of the premises, was not suitable for residents’ use, as there was insufficient space in residents’ bedrooms. The health and safety of residents, visitors and staff was not fully promoted and protected as the inspector identified a number of risks.

The action plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013.
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:
The inspector observed that some residents communicate nonverbally and saw that staff had developed relationships with the residents which included learning their non-verbal modes of communication in order to advocate on their behalf. The inspector saw staff members communicating with residents to ascertain their wishes in respect of an activation programme and going to the on-site cafe. However there was no formal system set up such as a house meeting in order to give residents an opportunity to make and take decisions about their care and about the routines in the centre.

The inspector noted that while residents had their own bedrooms there were no locks on the bedroom doors.

In general the communal rooms did not have any signage for example the bathroom door and while there was signage on some residents’ bedroom doors in some instances it was not in placed at a height where residents could see it.

The inspector saw that records were maintained of residents’ belongings and personal possessions. However, there was inadequate space in residents’ bedrooms to store and maintain residents' clothing and personal property and possessions as there were no wardrobes in any of the bedrooms and no locked facility.

The inspector found that there was a complaints policy and procedure and that currently there are no ongoing investigations. The person in charge is the nominated person to manage complaints. The policy had not been interpreted in an accessible format for residents for example in pictorial form or use of large print.

The inspector noted that when the telephone (located in the office) rang a loud bell
sounded in the residents’ communal sitting room however, none of the residents being accommodated could respond to the telephone.

**Judgment:**
Non Compliant - Moderate

### 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:**

The admission process was explained to the inspector and much emphasis was placed on arranging the bookings so that the resident group tolerated/ enjoyed each other’s company. The overall responsibility for this was managed by a designated coordinator. However there was no policy and procedure regarding the admission discharge and transfer of residents. See outcome 18 for action plan.

The inspector was given a copy of a respite agreement which contains information in relation to the roles, duties and responsibilities of each party. The fees for the service provided are not detailed as it is not practicable to do so due to the funding arrangements.

**Judgment:**
Non Compliant - Moderate

### 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:
In total the designated centre accommodates 8 residents. The inspector found that while there were care plans available for residents, they had not been fully tailored to meet the needs of residents who were being accommodated for respite care. For example there were no goals identified for a resident and the care plans were not in an accessible format for residents.

Some risk assessments had not been completed for example continence, the residents’ dependency tool did not include the details and description in respect of the scoring mechanism and some documentation had not been signed and dated for example speech and language assessment. The person in charge explained to the inspector that this aspect of the service was being developed and was able to show the inspector a format which may be used in future.

There was evidence of referrals and meetings with key significant personnel in the lives of residents including psychologist, care staff, key workers and family members.

The inspector saw that residents’ communication needs were not fully identified for example “use of noises and gestures”, however this was not detailed.

From all of the evidence presented to the inspectors it was clear that residents are involved in a variety of activities including attending an activation programme, developing social relationships and attending a variety of social outings/occasions. Other activities included shopping, going out for an evening meal, seeing friends and re-establishing acquaintances.

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 accommodation consists of 6 single bedrooms and one twin bedroom none of which are ensuite and no wash hand basins in any of the bedrooms. There is an open plan sitting cum dining room, kitchen where breakfast is prepared and lunch and evening meals are served from heated trolleys provided by the main catering service. Sanitary facilities include one bathroom and 2 toilets. A conservatory opens out to an enclosed garden accessible to the extensive external grounds surrounding the centre. There were no separate facilities for residents to meet families and others in private.

In general, the inspector found that the design and layout of the centre was not suitable to meet the assessed needs of residents as the bedroom accommodation was spatially insufficient for residents’ use particularly if residents were using modern wheelchairs and equipment.

Residents’ vision of the television was obstructed by a wooden box used for holding the television remote controls which protruded from the wall.

The windows were all single glazed, the flooring was damaged approaching the kitchen from the communal sitting area and kitchen cupboards were in a poor state of repair.

The centre was clean and pleasantly decorated with some modern fabrics and furnishings.

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:
The health and safety of residents, visitors and staff was not fully promoted and protected, as a number of risks were identified as follows: –
• The windows in the conservatory area were not restricted yet a resident was prone to absconding.
• A fire door with a sign stating “keep closed” was held open with a bar at the bottom of the door which would not release in the event of fire.
• The date of service of a hoist was not current.
• There was an unlocked cupboard in the bathroom containing liquids.
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. The designated person responsible for the investigations of allegations and suspicion of abuse was prominently displayed on a notice board in a prominent position for residents. Staff who communicated with the inspector were knowledgeable of what to do in the event of an incident, allegation or suspicion of abuse.
The inspector reviewed the systems in place regarding the positive behavioural support plans and found that staff had access to specialist and therapeutic interventions, however there was no behavioural support plan in place for a resident who displayed behaviours that were challenging.

Judgment:
Non Compliant - Moderate

**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 inspector reviewed the incident/accident logs and found that a notification had not
been forwarded to the Authority in respect of an altercation between 2 residents. The person in charge agreed to retrospectively forwarding this to the Authority.

**Judgment:**
Non Compliant - Major

**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

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

**Findings:**
The statement of purpose described the services, facilities and care provided to meet the diverse needs of residents and which contained, in the main, the information set out in schedule 1 of the legislation however the following points were omitted/not clarified:

- The organisational structure did not include care staff.
- There were a variety of adjectives used to describe the word "resident"
- The admission policy procedure did not include any exclusion criteria.
- The arrangements made for consultation with, and participation of, residents in the operation of the designated centre.
- The document was written pertaining to the resident as opposed to general information.
- The arrangements made for dealing with reviews of a resident individualised personal plan – Page 16.
- While the whole time equivalent staff had been identified the number of staff members was omitted.
- On page 6 paragraph 2 is it correct to state “and some of these residents remain with us today”
- On page 6 paragraph 4 is it correct to state “there a wakening night staff in all houses given that the designated centre consists of one house.
- On page 19 paragraph 3 reference is made to "a fully equipped?? garden area"
- The last paragraph under section 9 only applies to children- why not adults?.

**Judgment:**
Non Compliant - Major
<table>
<thead>
<tr>
<th><strong>Outcome 17: Workforce</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

**Theme:**
Responsive Workforce

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

**Findings:**
The inspector saw that there was adequate staff on duty to meet the needs of residents.

The staff members demonstrated that they had knowledge of residents’ care needs and were aware of the necessity to have continuity of staff in the provision of care to residents.

While there was evidence that staff had opportunities to participate in training the inspector noted that no staff had attended infection control training and one staff member did not have training in moving and handling.

Verbal and written language used by staff was not respectful of adult hood, for example “cot sides” in reference to bedrails and "pocket money" in relation to residents' monies.

**Judgment:**
Non Compliant - Moderate

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

**Theme:**
Use of Information

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
Findings:
The inspector was informed that the centre has the policies and procedures as per schedule 5 in place and currently some of these are being reviewed and updated. However it was noted that there that there was no comprehensive policy/procedures on the admission, discharge and temporary transfer of residents. Throughout a number of documents for example Assessment and Advisory Services – Respite Agreement many adjectives were used to describe “resident(s)”. Some language was not respectful of adult hood for example “cot sides” and “pocket money”

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:

Siobhan Kennedy
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 report

<table>
<thead>
<tr>
<th>Centre name:</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003989</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>05 June 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>31 July 2014</td>
</tr>
</tbody>
</table>

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the 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:
When the telephone, located in the office, rang a loud bell sounded in the residents’ communal sitting room however, none of the residents being accommodated could respond to the telephone.

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:
The bell will be removed from the living area and . A mobile wireless telephone is being

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
fitted which will provide residents with appropriate access to use the phone should they require to do so.

**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 formal system set up such as a house meeting in order to give residents an opportunity to make and take decisions about their care and about the routines in the 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:**  
Resident’s meetings will be held on the admission days to discuss issues and plan routines, menus and activation opportunities during the residents’ stay.

**Proposed Timescale:** 28/07/2014  
**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
There were no locks on bedroom doors.

**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:**  
Thumb locks have been fitted to all bedroom doors.

**Proposed Timescale:** 30/06/2014  
**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
There was no signage on communal rooms for example the bathroom door.

**Action Required:**  
Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the
Please state the actions you have taken or are planning to take:
Appropriate signage has been fitted to the relevant communal doors in the designated centre.

**Proposed Timescale:** 27/07/2014  
**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The signage on some residents’ bedroom doors was not positioned in a place or at a height where residents could see it.

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

Please state the actions you have taken or are planning to take:
This was amended immediately after inspection visit and signage is now placed at the residents line of sight.

**Proposed Timescale:** 06/06/2014  
**Theme:** Individualised Supports and Care

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was inadequate space in residents’ bedrooms to store and maintain residents clothing and personal property and possessions as there were no wardrobes in any of the bedrooms and no locked facility.

**Action Required:**
Under Regulation 12 (3) (d) you are required to: Ensure that each resident has adequate space to store and maintain his or her clothes and personal property and possessions.

Please state the actions you have taken or are planning to take:
Individual wardrobes and storage facilities for residents’ clothes and personal property and possessions will be fitted.

**Proposed Timescale:** 31/08/2014  
**Theme:** Individualised Supports and Care
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints policy/procedure had not been interpreted in an accessible format for residents.

**Action Required:**
Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

**Please state the actions you have taken or are planning to take:**
- The accessible complaints procedure in place will be revised to meet the communication needs of all residents availing of respite.

**Proposed Timescale:** 30/09/2014

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**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:
Care plans had not been fully tailored to meet the needs of residents as there were no goals identified.

**Action Required:**
Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

**Please state the actions you have taken or are planning to take:**
1. A format for a revised personal plan has been agreed in July 2014 and key workers will commence revising personal plans for their key residents.
2. Short term goals will be set at the beginning of each respite stay - in consultation with the resident.

**Proposed Timescale:** 28/07/2014

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**Theme:** Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Care plans were not in an accessible format for residents.

**Action Required:**
Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their
representatives.

**Please state the actions you have taken or are planning to take:**
Personal Plans have been redesigned and will be implemented into practice. The new format incorporates accessible documentation for the main sections.

<table>
<thead>
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<th>Proposed Timescale: 31/01/2015</th>
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<tr>
<td><strong>Theme:</strong> Effective Services</td>
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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Residents’ communication needs were not fully assessed/identified for example “use of noises and gestures”,

**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:**
A communication passport will be completed for all residents and incorporated into the new personal plans

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<td><strong>Theme:</strong> Effective Services</td>
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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some risk assessments had not been completed for example continence, the residents’ dependency tool did not include the details and description in respect of the scoring mechanism and some documentation had not been signed and dated for example speech and language assessment.

**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:**
All Assessments will be audited and corrective action taken to ensure all are signed off and dated.
Appropriate guidance documents are available to staff members when applying assessment tools in practice.
**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Residents' bedroom accommodation was spatially insufficient for residents’ use particularly if residents were using modern mobility equipment.

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

**Please state the actions you have taken or are planning to take:**
A Draft Development Plan has been developed by the Management Team. This outlines the 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 comfort needs of the residents. Regular updates on the progress of the plan shall be provided to the Authority.

3-monthly progress reports will be submitted commencing 31/08/2014

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**Proposed Timescale:** 31/08/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The bedroom accommodation (6 single and one twin) does not have any ensuite facility nor wash hand basins.

**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:**
1. Wash hand basins will be fitted in each bedroom.
2. A Draft Development Plan has been developed by the Management Team. This outlines the 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 comfort needs of the residents. Regular updates on
the progress of the plan shall be provided to the Authority.

Proposed Timescale:
1. 31/08/14
2. 3-monthly progress reports will be submitted commencing 31/08/2014

<table>
<thead>
<tr>
<th>Proposed Timescale: 31/08/2014</th>
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<tbody>
<tr>
<td>Theme: Effective Services</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There were no separate facilities for residents to meet families and others in private.

**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 private designated area has been created in the dining room on the complex where families can have privacy during visits

<table>
<thead>
<tr>
<th>Proposed Timescale: 30/06/2014</th>
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<tbody>
<tr>
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</table>

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The storage for the television remote controls in a wooden box protruding from the wall adjacent to the television, was inappropriate as it obstructed residents' vision of the television.

**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 storage box for television remote controls has been removed and alternative suitable storage for remote controls has been made available.

<table>
<thead>
<tr>
<th>Proposed Timescale: 10/06/2014</th>
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<td>Theme: Effective Services</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The windows were all single glazed.

**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:**
Double glazed windows will be installed

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

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The flooring was damaged approaching the kitchen from the communal sitting.

**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:**
All damaged flooring has been repaired.

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**Proposed Timescale:** 25/07/2014  
**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Kitchen cupboards were in a poor state of repair.

**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:**
All cupboard doors were scheduled for replacing and have now been replaced

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

**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 health and safety of residents, visitors and staff was not fully promoted and protected, as a number of risks were identified as follows:
• The windows in the conservatory area were not restricted yet a resident was prone to absconding.
• A fire door with a sign stating “keep closed” was held open with a bar at the bottom of the door which would not release in the event of fire.
• The date of service of a hoist was not current.
• There was an unlocked cupboard in the bathroom containing liquids.

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

Please state the actions you have taken or are planning to take:
1. Restrictors will be fitted to the conservatory windows
2. A magnetic / Sonic release / return will be fitted to the fire door
3. Hoist will be serviced
4. Cupboard in the bathroom is locked at all times

Proposed Timescale:
1. 10/08/14
2. 31/08/14
3. 31/08/14
4. 06/06/14

Proposed Timescale: 31/08/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no behavioural support plan in place for a resident who displayed behaviours that were challenging.

Action Required:
Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

Please state the actions you have taken or are planning to take:
The person in charge will;
1. Meet with keyworkers to review all behaviour supports of residents availing of respite
2. Consult with all residents day placements to develop an integrated behaviour support plans incorporating behaviour supports in the respite service
### Outcome 09: Notification of Incidents

**Theme:** Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A notification had not been forwarded to the Authority in respect of an altercation between 2 residents.

**Action Required:**
Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

Please state the actions you have taken or are planning to take:
1. A NF06D was submitted retrospectively
2. The person in charge will ensure all staff are aware of incidents for notification to the authority

Proposed Timescale:
1. 06/06/14
2. 31/07/14

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 omitted/did not clarify the following points: –
- The organisational structure did not include care staff.
- There were a variety of adjectives used to describe the word "resident"
- The admission policy procedure did not include any exclusion criteria.
- The arrangements made for consultation with, and participation of, residents in the operation of the designated centre.
- The document was written pertaining to the resident as opposed to general information.
- The arrangements made for dealing with reviews of a resident individualised personal
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:
The Statement of Purpose will be amended to remedy the points highlighted in this report

Proposed Timescale: 15/08/2014

Outcome 17: Workforce
Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
No staff had attended infection control training and one staff member did not have training in moving and handling.

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:
1. All staff will be trained in infection control
2. Staff member received refresher training in manual handling

Proposed Timescale:
1. 31/12/14
2. 11/06/14

Proposed Timescale: 31/12/2014
Theme: Responsive Workforce
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
It was not evident that staff had access to appropriate training, in that language used was not appropriate to adult hood, for example, "cot sides" in reference to bedrails for adults and "pocket money" in relation to residents' monies.

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:
1. All documentation which used inappropriate language e.g. cot-side have been reviewed and amended.
2. All respite staff will be trained in the appropriate use of language and report writing

Proposed Timescale:
1. 30/06/14
2. 22/08/14

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no comprehensive policy/procedures on the admission, discharge and temporary transfer of residents.

Action Required:
Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
1. A orders new policy ‘Application for Supports’ was approved by the board of St John of God Community Services on 24th July 2014
2. A local application for supports policy will be drawn up for Respite from the main Order policy.

Proposed Timescale: 31/08/2014
**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Throughout a number of documents many adjectives were used to describe “resident(s)” for example Assessment and Advisory Services – Respite Agreement.

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

**Please state the actions you have taken or are planning to take:**
All previous adjectives will be replaced and only the term Resident will be used from now on.

**Proposed Timescale:** 31/08/2014