<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Redwood Extended Care Facility Ltd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002438</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Cavan</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:teresa@talbotgroup.ie">teresa@talbotgroup.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Redwood Extended Care Facility Ltd</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Corinne Pearson</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Sonia McCague</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Catherine Rose Connolly Gargan;</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>5</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>2</td>
</tr>
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About monitoring of compliance

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

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

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

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

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

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

The inspection took place over the following dates and times
From: 22 May 2014 09:00
To: 22 May 2014 15:00

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 02: Communication</td>
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<tr>
<td>Outcome 03: Family and personal relationships and links with the community</td>
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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 12: Medication Management</td>
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<td>Outcome 15: Absence of the person in charge</td>
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<tr>
<td>Outcome 18: Records and documentation</td>
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</tbody>
</table>

Summary of findings from this inspection
This was the first inspection of this centre which was announced one week in advance.

This centre is operated by Redwood Extended Care Facility Ltd and provides services seven days a week to residents with varied dependencies as a result of intellectual disabilities, acquired brain injury and/or conditions associated with mental health and wellbeing. Inspectors were informed that this centre was set up and operational from October 2013 and intended to have a maximum capacity of seven residents. A total of 5 residents were living in the centre at this time who had varying degrees of dependency, supports and independence in accordance with personal plans described.

The centre included a two bed apartment and a house located on an elevated site with ample car parking space and extensive grounds. A double garage adjoined the house and had been equipped as a games room and entertainment area where residents’ personal equipment and musical equipment was stored. Adjoining the garage was a large indoor squash court with a basket ball hoop. Plans to develop and decorate these areas were being considered with residents input. The centre initially intended to cater for up to eight residents; however, the provider nominee told inspector that the maximum capacity would be seven. Both male and female residents were accommodated, female residents were occupying the apartment and
three male residents were living in the house. Residents from both areas socialised and dined together in the house on a regular basis or as desired. Inspectors had an opportunity to meet four residents who assisted in providing a tour of their facilities.

The person in charge and provider nominee has responsibility for a number of centres; however, both were available throughout the inspection. The centre is primarily operated by care assistants and overseen by the person in charge. Residents and care assistants were also present throughout the day, and accommodated inspectors in carrying out the inspection process. Inspectors met with residents living in both areas of the centre.

Overall, inspectors found the centre provided a good service in a home-like environment with supports for residents to develop and make informed choices to fulfil their ambitions and aspirations outlined to inspectors. Staff were knowledgeable of residents and of their day to day routine. Inspectors observed respectful and positive interactions between residents and staff.

Independence was promoted by supporting residents to recognise, maintain and strive on areas of strength, while identifying and progressing areas for development and management of risk. Recent examples of opportunities for residents to engage in education, training, leisure, recreation and work provided and supported was demonstrated. In general, it was evident that residents who met with inspectors were satisfied with their living and support arrangements.

While many examples of good quality care and potential developments were found, areas for improvement were required. In particular, significant improvements were required in relation to the development and implementation of policies and procedures relevant to the services provided and resident profile in order to guide staff, govern practice and ensure residents are suitably and sufficiently supported in accordance with regulatory requirements, national policy and evidence best practice.

Policies for improvements along with others are outlined in the body of the report and in the Action Plan at the end.

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:**
Systems were described and confirmed by residents as in place to support their rights, dignity and consultation.

Staff and residents told inspectors that a system of regular meetings were held and facilitated by staff to enable residents discuss matters arising and plan for the coming week. This included consultation in relation to menu planning, food shopping, transport arrangements, preferred activities and outings.

A rights review committee comprising of staff and multidisciplinary team members involved with residents, external professionals and family/residents representatives was described as in place to review and inform decisions in relation to residents care and welfare.

A complaints process was in place and residents who spoke with inspectors expressed an awareness of who to raise concerns with and felt able to confide in staff if needed. An easy read version of the complaints procedure was displayed and available in an accessible format to convey the complaints process, the complaints officer identified within was the person in charge for this centre. The complaints policy and appeals procedure was under review to ensure compliance with the regulatory requirements and potential changes in management discussed.

Staff were observed by inspectors to interact and engage with residents in a respectful and appropriate manner. Residents had been informed of the inspection taking place and were afforded a choice to meet inspectors. Staff told inspectors of residents communicated preference and choices regarding engaging in the inspection process, which was respected.

Key-worker arrangements were described as an identified staff member who supported residents on an individual basis. Residents who met with inspectors demonstrated an awareness of their allocated key-worker and were satisfied with this arrangement. Assisting residents to engage in education, training, leisure, recreation and work formed part of the key-worker role. Some residents were supported to attend health care appointments by staff and others by family members. Arrangements for transfer of relevant information following appointments and completion of age appropriate health screening had not been strategically managed to date and is an area requiring improvement and underpinning of operational policies as outlined below.

A number of policies that relate to arrangements described to support residents’ rights, dignity, decision-making and consultation had been identified for development by the organisation as corporate body; however, many policies and procedures were not available to reflect the practice described, were incomplete and/or were insufficient, and included the following:

• visitors (TG016)
• communication (TG025)
• provision of information to residents (persons in receipt of services) (TG027)
• capacity and consent (TG034)
• sexuality and relationships (TG035)
• community participation (TG038)
• home leave (TG046)
• residents visiting the General Practitioner/G.P (TG047)

Personal and intimate care practices were not observed by inspectors, however, inspectors were permitted by some residents to examine their individual bedrooms and communal rooms. Residents’ rooms were personalised with photographs, personalised colour schemes, leisure equipment including a television and DVD, and preferred furnishing that was appropriate and meaningful to them. Inspectors found that in the main the layout and arrangements in place were respectful; however, inspectors noted that a privacy lock was not available on residents’ bedroom doors following a risk assessment.

Residents who met with inspectors described staff as supportive and one explained that their transition to the centre was well supported. The transition process described included staff from the previous placement supporting the resident in this centre, however, this process and the support structures available were not sufficiently detailed within a policy document. This requirement is also applicable to outcome 4 and outlined in the action plan for outcome 18.

Other findings that may compromise residents’ privacy and wellbeing was the ability to hear conversations within the staff office while sitting in the adjoining sitting room that was separated by glazed double doors. Bedrooms on the ground and first floor intended as residents rooms were being used by two sleepover staff.

The coordination and management of residents’ finances was not examined or inspected on this inspection and the policy related to residents’ personal property, personal finances and possessions (TG017) had not been completed to describe arrangements, practices and systems in use. This requirement is outlined in the action plan for outcome 18.

Judgment:
Non Compliant - Moderate

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:
Information booklets in an accessible format and related to the overall service was available and notice boards had relevant matters displayed. However, policies on communication, provision of information to residents and community participation had not been finalised to guide and facilitate means and methods of appropriate communication systems available and relevant to the resident group, as indicated in outcome one and required in action plan one and 18.

This outcome was not inspected in full: however, there was evidence of examples where good communication were adopted and supported.

On call nurse arrangements was not strategically communicated, displayed or available for residents on a planned basis or in an accessible format to inform staff and residents of the planned staff or visitors to expect coming to their centre on a daily or weekly basis. This finding is outlined in outcome 18.

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:
This outcome was not inspected in full; however, inspectors were informed that relatives and friends were welcome to visit residents, and that residents often visited their family with staff support and others went on leave to family each weekend. Examples of encouraged and supported friendships within the community were described by residents and staff.

While a protocol was available for the transfer of medication for leave, written policies and procedures for home leave, relationships and visiting arrangements were not sufficiently detailed to guide staff as outlined in outcome one. Residents’ temporary absence and leave from the centre had not been recorded/detailed in a resident register. These findings are included in action plan 18 for response.

Inspectors were informed that volunteers have not been involved with residents in the centre to date and national advocacy services were available on a referral basis.
**Judgment:**
Compliant

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**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

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

**Findings:**
This outcome was not examined at this inspection, however, an admissions policy specific to this centre was not available. This is a requirement in outcome 18 action plan.

**Judgment:**
Compliant

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

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

**Theme:**
Effective Services

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

**Findings:**
Arrangements for vehicles used to transport residents were not examined on this inspection.

Risk management procedures were described by staff and management, however, a risk management policy to include the measures and actions in place or to be adopted to control risks that include an unexpected absence of a resident, accidental injury to residents, visitors or staff, aggression and violence, and self harm was not available or completed.

This premises is relatively new, however, an assessment and register of risks associated with the centre including an environment risk assessment had not been completed.
Inspectors saw a small number of internal and external risks that may pose a risk to residents which included a trip hazard from a cable across the garage, unsecured access to an attic area and barbed wire in the garden area.

A system was described as in place to respond, record and report incidents and accidents, however a written policy and procedure was not available.

As previously reported, a significant lack of written policies and procedures was found and inspectors viewed this as a risk to residents. Policies associated with positive behaviour supports, behaviours that challenged, and restrictive procedures and interventions had not been completed to guide practice. The available protocol for on call working arrangements was not specific to this centre, was related to another community house and named on call staff members that no longer worked for the organisation.

An aspiration of one resident was accomplished when a significant amount of weight-loss was achieved; however, a policy on monitoring and documentation of nutritional intake required development and implementation to measure and control appropriate or continued weight loss. The services of a dietician were to commence in two week from the date of this inspection based on referral system.

A programme of staff training was described by staff and management. Inspectors were informed that mandatory training completed by all staff included training in manual handling, fire safety, food and hand hygiene, medication administration, adult protection and professional management of aggression and violence.

The centre was clean and practices observed and in place supported infection prevention and control.

Fire safety systems and emergency evacuation plans were in place. Smoke detectors were provided throughout the centre, emergency lighting and exit signage was available and a fire alarm system was in place with a panel located in the main hall of each building.

**Judgment:**
Non Compliant - Moderate

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**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:**
A written medication management policy was available relating to the ordering, prescribing, storing and administration of medicines to residents in congregated and community settings. However, this policy did not describe the practices in place for ordering and receipt of medication locally for residents in this centre or returning practice. The policy did not include practice demonstrated and stages adopted from controlled administration of medication by staff to joint responsibility and administration by staff and resident, to achieve self medication practice. This transition plan was in place in preparation for independent community living.

Residents at the designated centre were supported by the healthcare assistants to receive medication. Inspectors were informed that all healthcare assistants had undergone training in the safe administration of medication. However, on the day of inspection the purpose of prescribed medication was not known to a staff during discussion. Monitoring of blood pressure was undertaken by healthcare assistants who recognised the need to do so if on hypertensive medication, however, they were unsure of a normal blood pressure reading.

Inspectors were informed of some medication that healthcare assistants were not permitted to administer and which was to be administered by a staff nurse on call. These arrangements and limitations were not sufficiently outlined in a written policy.

**Judgment:**
Non Compliant - Moderate

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**Outcome 15: Absence of the person in charge**

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The governance structure and reporting mechanism for this centre was subject to change.

The provider nominee was aware that the Authority required written notification of a proposed absence by the person in charge for a continuous period of 28 days or more.

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

Theme: Use of Information

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

Findings:
Schedule 5 written policies and procedures had not been completed as discussed throughout this report.

Outcome one highlighted a lack of appropriate written policies and procedures including the transition process and the support structures available for residents were not sufficiently detailed within a policy document.

In addition, the coordination and management of residents’ finances while not examined or inspected on this inspection. the policy and procedures related to residents’ personal property, personal finances and possessions (TG017) had not been completed to describe arrangements, practices and systems in use in this centre.

Outcome two highlighted the lack on an appropriate and actual nurse on call roster.

Outcome three reported while a protocol was available for the transfer of medication for leave, written policies and procedures for home leave, relationships and visiting arrangements were not sufficiently detailed to guide staff as outlined in outcome one.

Residents’ temporary absence and leave from the centre had not been recorded/detailed in a resident register.

Outcome four reported the lack of an admissions policy specific to this centre.

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:

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

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<td>Centre ID:</td>
<td>OSV-0002438</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>22 May 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>01 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 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: Arrangements for transfer of relevant information following appointments and completion of age appropriate health screening had not been strategically managed to date and is an area requiring improvement and underpinning of operational policies as outlined below.

A number of policies that relate to arrangements described to support residents’ rights, dignity, decision-making and consultation had been identified for development by the organisation as corporate body; however, many policies and procedures were not available to reflect the practice described, or were incomplete and/or insufficient, and included the following:
- visitors (TG016)
- communication (TG025)

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
• provision of information to residents (persons in receipt of services) (TG027)
• capacity and consent (TG034)
• sexuality and relationships (TG035)
• community participation (TG038)
• home leave (TG046)
• residents visiting the General Practitioner/G.P (TG047)

**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:**  
Operational procedures that direct the staff on how to support the residents privacy and dignity with respect to personal communications, relationships, intimate and personal care, professional consultations and personal information for this centre will be available by 30th September 2014

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**Proposed Timescale:** 30/09/2014  
**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
A privacy lock was not available on residents’ bedroom doors following a risk assessment.

Findings that may compromise residents’ privacy and wellbeing was the ability to hear conversations within the staff office while sitting in the adjoining sitting room that was separated by glazed double doors.

Bedrooms on the ground and first floor intended as residents rooms were being used by two sleepover staff.

**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 service is exploring options to promote sound proofing for the staff office and will provide an update by 31st August 2014

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**Proposed Timescale:** 31/08/2014
### 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 risk management policy did not include the measures and actions in place or to be adopted to control risks that included an unexpected absence of a resident.

**Action Required:**
Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

Please state the actions you have taken or are planning to take:
Individual resident’s files will include a risk assessment, support plan and missing person form where appropriate.

**Proposed Timescale:** 01/07/2014

<table>
<thead>
<tr>
<th>Theme: Effective Services</th>
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<tbody>
<tr>
<td>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</td>
</tr>
<tr>
<td>The risk management policy did not include the measures and actions in place or to be adopted to control risks that included accidental injury to residents, visitors or staff.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
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<tr>
<td>Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>The unit’s safety statement will incorporate a risk assessment that identifies control measures regarding accidental injury to residents, visitors or staff by 31st July 2014. Incident forms are completed in the event of any accidental injury to residents, visitors or staff. Data regarding accidental injury is submitted to the corporate risk management health &amp; safety group for review every 6 months and the unit is also supported by the community safety committee.</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 31/07/2014</td>
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<tr>
<td>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</td>
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<tr>
<td>The risk management policy did not include the measures and actions in place or to be adopted to control risks that included aggression and violence.</td>
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**Action Required:**
Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

**Please state the actions you have taken or are planning to take:**
The unit’s safety statement will incorporate a risk assessment regarding aggression & violence highlighting the control measures available by 31st July 2014. All staff complete training in the Professional Management of Aggression & Violence (PMAV) and where appropriate individual positive behaviour support plans will identify specific interventons for each resident.

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

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy did not include the measures and actions in place or to be adopted to control risks of self harm.

**Action Required:**
Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

**Please state the actions you have taken or are planning to take:**
The Safety statement will incorporate a unit risk assessment for self-harm by 31st July 2014. Where identified as a specific current risk for a resident within their person centred plan an individual positive behaviour support plan will be developed in keeping with the clinical management of the identified risk.

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

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
This premises is relatively new, however, an assessment and register of risks associated with the centre including an environment risk assessment had not been completed. Inspectors saw a small number of internal and external risks that may pose a risk to residents which included a trip hazard from a cable across the garage, unsecured access to an attic area and barbed wire in the garden area.

**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:**
**The Unit’s safety statement will include a unit specific hazard identification and assessment of the risks by 31st August 2014**

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

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
A system was described as in place to respond, record and report incidents and accidents, however a written policy and procedure was not available.

As previously reported, a significant lack of written policies and procedures was found and inspectors viewed this as a risk to residents. Policies associated with positive behaviour supports, behaviours that challenged, and restrictive procedures and interventions had not been completed to guide practice. The available protocol for on call working arrangements was not specific to this centre, was related to another community house and named on call staff members that no longer worked for the organisation.

An aspiration of one resident was accomplished when a significant amount of weight-loss was achieved; however, a policy on monitoring and documentation of nutritional intake required development and implementation to measure and control appropriate or continued weight loss.

**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:**  
Operational procedures to support the staff to minimise a risk once identified will be developed as required.

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

**Outcome 12. Medication Management**  
**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
The written medication management policy did not describe the practices in place for ordering and receipt of medication locally for residents in this centre or returning practice.

The policy did not include practice demonstrated and transition stages adopted from controlled administration of medication by staff to joint responsibility and administration by staff and resident, to achieve self medication practice.
The purpose of prescribed medication was not known to a staff during questioning.

Monitoring of blood pressure was undertaken by healthcare assistants, however, they were unsure of a normal blood pressure reading.

Inspectors were informed of some medication that healthcare assistants were not permitted to administer and which was to be administered by a staff nurse on call. These arrangements and limitations were not sufficiently outlined in a written policy.

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

**Please state the actions you have taken or are planning to take:**
The medication management policy will ensure that there is guidance for staff to support a resident to become independent in medication administration by 31st July 2014

**Proposed Timescale:** 31/07/2014

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**Outcome 18: Records and documentation**

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Schedule 5 written policies and procedures had not been completed as discussed throughout this report.

Policies highlighted, but not limited to, the transition process and the support structures available for residents were not sufficiently detailed within a policy document.

In addition, the coordination and management of residents’ finances while not examined or inspected on this inspection. the policy and procedures related to residents’ personal property, personal finances and possessions (TG017) had not been completed to describe arrangements, practices and systems in use in this centre.

**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:**
Schedule 5 polices will be reviewed and updated by 31st July 2014
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<th>Proposed Timescale: 31/07/2014</th>
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<td><strong>Theme:</strong> Use of Information</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Residents’ temporary absence and leave from the centre had not been recorded/detailed in a resident register.

An admissions policy specific to this centre was not available

**Action Required:**
Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 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 admissions policy will ensure that there is criteria listed for this unit by 31st July 2014
Resident’s home leave is recorded within the daily record for the residents and the unit will ensure that the register incorporates a means of tracking temporary absence from the unit by 31st July 2014

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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A roster to include on call nurse arrangements was not strategically communicated, displayed or available for residents on a planned basis or in an accessible format to inform staff and residents of the planned staff or visitors to expect coming to their centre on a daily or weekly basis.

**Action Required:**
Under Regulation 21 (4) you are required to: Retain records set out in paragraphs (6), (11), (12), (13), and (14) of Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 for a period of not less than 4 years from the date of their making.

**Please state the actions you have taken or are planning to take:**
The staff roster is available and accessible for all residents. The unit will ensure that they also ensure that they have available information regarding planned visitors to the unit on a daily and weekly basis by 31st July 2014

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