| **Centre name:** | A designated centre for people with disabilities operated by Acquired Brain Injury Ireland |
| **Centre ID:** | OSV-0001517 |
| **Centre county:** | Louth |
| **Email address:** | nhiggins@abiireland.ie |
| **Type of centre:** | Health Act 2004 Section 39 Assistance |
| **Registered provider:** | Acquired Brain Injury Ireland |
| **Provider Nominee:** | Barbara O’Connell |
| **Lead inspector:** | Siobhan Kennedy |
| **Support inspector(s):** | None |
| **Type of inspection** | Announced |
| **Number of residents on the date of inspection:** | 5 |
| **Number of vacancies on the date of inspection:** | 0 |
About monitoring of compliance

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

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

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

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

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

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

The inspection took place over the following dates and times
From: 16 July 2014 10:00
To: 16 July 2014 19:00

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 inspector 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 one residency situated in the community. Accommodation is provided for 5 residents and there were no vacancies at the time of the inspection. The centre provides facilities and services for residents with a diagnosis of acquired brain injury. The age range of residents being accommodated is approximately from 22 to 50 years of age. Throughout the inspection the person in charge demonstrated knowledge of the legislation and standards, residents’ conditions and pertinent issues relevant to the designated centre.

While there was a written statement of purpose it did not accurately describes the service provided in the centre and the manner in which care is provided, to reflect the diverse needs of residents.
The inspector met with the person in charge and staff and outlined the inspection
process and methodology and provided feedback at the end of the inspection.

The inspector met all of the residents being accommodated. In the main, the residents were aware of the inspection process and those who were not fully knowledgeable regarding regulatory activity had acquired greater understanding as a result of communications with the inspector. Residents expressed their satisfaction in respect of living in the community and were satisfied with the accommodation and the routine day to day operations of the centre which encourages them to be more independent with a view to being able to independently live in the community.

The inspector saw that residents’ rights, dignity and consultation were upheld, and a resident and advocate had returned to the centre in the afternoon following day time meetings with key/significant personnel in the resident’s life.

There is an admissions and discharge policy and procedure and currently one of the residents is transitioning into independent care. From a review of documentation the inspector noted that each resident did not have 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 and the fees to be charged. There was evidence that residents were supported on an individual basis to achieve and enjoy the best possible health as residents had access to the general practitioner and Allied health professional services. However the inspector noted that each resident had not been fully protected by the centre’s policies and procedures in respect of medication management.

The inspector 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, some aspects of the premises were not maintained adequately. One resident told the inspector of a keen desire to move on but was also aware of the need to do more preparatory work to achieve this aspiration.

The health and safety of residents, visitors and staff was not fully promoted and protected as the inspector recorded risks which had not been previously identified and assessed.

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

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, the inspector heard that house meetings were an opportunity for residents to bring up issues in respect of independent living.

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

The residents were enthusiastic and keen to meet the inspector and share their views and opinions regarding living in the centre and the community. These views were positive. Some residents showed the inspector their private bedroom accommodation and one resident took the time to specifically meet with the inspector to gain a greater understanding of the inspection process, particularly in regard to inspecting the resident’s private /bedroom space. The resident appeared satisfied following this meeting.

Residents had individual bedrooms which met their needs. These 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.

There was a comprehensive complaints policy and procedure, devised in 2006 which had been reviewed in subsequent years, and audited by the Commission for Accreditation of Rehabilitation (CARF). However, it had not been translated into an understandable/easily accessible format for all residents.
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:
The inspector saw that there was a policy and procedure in respect of the admission transfer and discharge of residents. Admission criteria includes a resident who has a primary diagnosis of brain injury which may be the result of a road traffic accident, fall, assault, aneurysm, stroke, brain haemorrhage, viral infection or anoxia. Residents can be male or female between the ages 18 to 65 years of age and in addition have cognitive, physical, sensory or behavioural difficulties.

The inspector saw that every effort is taken to ensure that residents are appropriately placed and reviewed subsequent to a placement. The inspector heard about a resident who could have been accommodated in a designated centre in closer proximity to family and relatives, however, this was declined as the resident was happy and content living in this centre.

A clinical team reviews the applications for admission taking into consideration that the resident’s needs can be met and suitability regarding the resident group being accommodated.

The inspector found that while there was a service level agreement, which identified, in general, the services provided it did not specify the fees, including additional charges in respect of the service provision for all of the residents being accommodated.

Judgment:
Non Compliant - Major

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident’s assessed needs are set out in an individualised personal plan that
reflects his/her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

**Theme:**
Effective Services

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

**Findings:**
The centre provides facilities and services for residents with an acquired brain injury. The service has been designed to enable people with neuro-rehabilitation needs to lead meaningful lives in the community by promoting personalised quality rehabilitation and support. Five residents were being accommodated at the time of the inspection and the age range is approximately from 22 to 50 years of age.

Residents have individual rehabilitation plans (IRP) which identify residents’ assessed needs, risk assessments, intervention/treatment plans and reviews. Residents’ aspirations and goals are stated, and there was evidence that residents were empowered and supported in achieving their personal goals, in a staged process. Residents told the inspector about the review of their goal and care plans and confirmed that family members attended some of these meetings. Staff who spoke with the inspector demonstrated that they were knowledgeable of residents' needs and confirmed that they meet on a monthly basis to discuss residents’ ongoing goals to ensure that support systems are available. A resident was full of praise for the service and confirmed that goal planning and the dedication of staff changed the quality of the resident’s life as the resident was in a wheelchair on admission to the centre and is now moving into independent accommodation.

**Judgment:**
Compliant

**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 designated centre consists of a bungalow in a community setting facilitating 5 residents with each resident, having a private bedroom space and sharing communal facilities which includes 4 sitting areas and a conservatory, dining and kitchen facilities, shower room and staff offices.
In the main, the location, design and layout of the community house was suitable for the stated purpose and met residents’ individual and collective needs in a comfortable and homely way. Furnishings and fixtures are modern and bright. However, some areas were not well maintained and the following matters were highlighted by the inspector for further improvement: –
• Insufficient shelving to store items in a resident’s bedroom.
• Sofa upholstery (situated in sitting room) was not clean.
• There was insufficient storage because items were stored in the conservatory, for example, a mattress and a drying rack for clothes.
• Cushion covers were torn.
• Toilet holders were broken.
• The carpet in a resident’s bedroom was stained.
• Signage was inaccurate in respect of bathing facilities for example a shower room was signed as a bathroom.
• Overhead mirror lighting was not working.
• The external garden/grounds were overgrown.
• Some bedside/overhead mirror lighting was not working.
• A bedside lamp shade was stained.

Externally there was adequate car parking.

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:
Although there was a policy/procedure in respect of managing risk and evidence of recording and analysing risks the inspector found that the policy/procedure had not been fully implemented throughout the centre as as the following general risks were identified by the inspector: –
• A resident’s bed was placed against a radiator and no risk assessment had been carried out.
• A residents’ alarmed system was not installed by the shower.
• A freestanding full sized mirror had not been secured to the wall.
• There was no service record in respect of the central heating boiler.
• Mechanical/natural extraction in residents’ en suite facilities was insufficient as the walls at ceiling level and the ceiling were black/moulded.
• Mechanical/natural extraction in the shower room was insufficient as the walls at ceiling level and the ceiling were black/moulded.
• There was no privacy lock on residents’ en suite and main shower room.

Fire equipment was easily accessible and prominently placed throughout the designated centre. Servicing was up to date. The inspector observed that fire exit doors had not been obstructed. Each resident had an evacuation plan and staff and residents are involved in fire safety and evacuation procedures. Staff and a resident were able to inform the inspector of the procedure in the event of the fire alarm sounding or an emergency occurring. However, full effective, fire safety management systems were not in place as the following matters were identified: –
• The designated centre did not have a fire alarm system, including a fire panel to identify fire zones to assist in the safe evacuation of residents. The only fire alarm system available in the centre was via smoke detectors.
• A fire officer had not carried out an inspection of the centre.
• Staff had not participated in a simulated fire drill in the evening and annual fire safety training.
• Internally, the rear door which was designated as a fire exit door was blocked with cleaning equipment.
• Externally, the fire evacuation pathway was obstructed by the placement of a barbecue.
• Recently acquired fire equipment (fire extinguishers) were placed on the floor.

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 toilet in a resident’s bedroom was not clean.
• Toilet rolls were placed on a cistern due to toilet holders being broken.
• Cleaning equipment (mops and buckets) was stored in shower and ensuite rooms.
• A radiator in the residents’ shower room was rusted.
• Bed linen was not clean in a resident’s bedroom.
• There was no waste paper bins in the toilets.

**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 inspector saw that there were measures in place to protect residents from being harmed or suffering abuse and appropriate action is taken in response to allegations, disclosures, or suspected abuse.
There was a policy and procedure in place relating to the prevention, detection and response to an allegation or suspicion of abuse. The inspector communicated with staff, who confirmed that they had participated in relevant training, however, refresher training in this area had not been updated and was currently overdue.

A restraint free environment was evident.

There was a policy and procedure in respect of managing residents’ finances and the inspector saw that this was carried out in accordance with the legislation and good practice guidance.

**Judgment:**
Non Compliant - Moderate

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

**Judgment:**
Compliant
### Outcome 10. General Welfare and Development

**Resident’s opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.**

**Theme:**
Health and Development

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

**Findings:**
The inspector saw that residents had opportunities for new experiences, social participation and education. Transport is available for residents to and from the designated centre to attend day care/programmes of their interest. The inspector heard that residents were involved in a variety of activities for example, attending day care facilities, leisure pursuits and sustaining family links and personal relationships. A resident returned to the centre with an advocate and had a meeting with staff to update on the outcome of an external meeting. This resident communicated with the inspector that while, a goal was to pursue independent living the resident was currently satisfied with the accommodation and assistance of staff who provided support in achieving life skills appropriate to living independently and pursuing favourite activities such as shopping for fashion and style. A resident shared the activities that were most popular for example swimming, walking, cooking and shopping and attending college to complete a business course. Another resident stated “I am on the go all of the time” and my life is “Paradise”. Residents have a variety of technological equipment to assist in improving the quality of their lives.

**Judgment:**
Compliant

### Outcome 11. Healthcare Needs

**Residents are supported on an individual basis to achieve and enjoy the best possible health.**

**Theme:**
Health and Development

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

**Findings:**
From an examination of documentation and the views of residents and staff it was evident that residents are supported on an individual basis to achieve and enjoy good
health. Residents’ healthcare needs were well monitored and treatments were implemented as recommended or prescribed. Referrals and meetings with key significant personnel in the lives of residents including occupational therapy, community medical, nursing, care staff, key workers and family members was evident. A clinical neuro psychologist is available to provide assistance to staff and residents in the centre on a weekly basis. There was evidence of appropriate referrals and appointments to residents’ GPs and allied health professionals such as, opticians and speech and language therapists as required. The person in charge informed the inspector that the Commission for Accreditation of Rehabilitation Facilities (CARF) has been auditing and assessing the designated centre for a number of years.

In the kitchen of the house the inspector saw a variety of foodstuffs and snacks in the cupboards, fridge and freezer and a variety of fruit available in a fruit bowl. Residents' records showed that weights were monitored. There was evidence that residents were able to choose their own foods.

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:**
A resident was assessed as being able to self administer medicines, however an examination of the records by the inspector during the fore noon of the inspection showed that a night-time medicine had already been signed as taken when this was not the case and medicines were not kept securely in the resident's private space/bedroom.

Judgment:
Non Compliant - Moderate

**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:
While there was a statement of purpose which contained some of the matters identified in the legislation the information was not sufficiently detailed and was written primarily from a resident’s perspective as opposed to the organisation describing the service provided in the centre and the manner in which care is provided in order to reflect the diverse needs of residents.
The following matters were omitted: –
• The criteria used for admission to the designated centre, including the designated centres policies and procedures (if any) for emergency admissions.
• The fire precautions and the associated emergency procedures in the designated centre.

Judgment:
Non Compliant - Moderate

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:
The inspector examined copies of planned rosters for the centre and found that staffing levels were adequate to meet the needs of residents. There are 10 full-time rehabilitation assistants employed in the designated centre. On a daily basis, there are 4 rehabilitation assistants and a team leader working a 12 hour shift from 08:00 hours to 20:00 hours. A wakening night staff member is rostered to be on duty every night. The team leader supervises rehabilitation assistants.
The person in charge is a full-time position managing two centres within the organisation and is available in this designated centre, approximately 3 days per week. Arrangements were in place to manage planned and unplanned staff leave and there was evidence of staff participating in staff meetings.
The inspector found staff had a comprehensive knowledge of the residents’ likes, dislikes and life histories and staff throughout the inspection were helpful and
knowledgeable.

Review of documentation in relation to training and discussions with staff confirmed that staff working in the designated centre had not participated in mandatory training for example food safety and hygiene, infection prevention and control, refresher training in moving and handling and the centre’s medication policy.

**Judgment:**
Non Compliant - Moderate

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**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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<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Acquired Brain Injury Ireland</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001517</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>16 July 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>22 September 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:
The complaints policy and procedure had not been translated into an understandable/easily accessible format for all 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:
Acquired Brain Injury Ireland on a national level has rebranded the complaints poster. This poster is displayed in a prominent position in the main hallway. The poster clearly highlights an appeals procedure, stating if the outcome is not satisfactory, the

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
complaint can be escalated to the regional manager. If the outcome remains unresolved the complaint can be submitted to the Chief Executive Officer (CEO).

Complaints poster will be transcribed into braille to ensure accessibility for visually impaired client.

The Complaints policy will also be available in spoken word format.

**Proposed Timescale:** 18/09/2014

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

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The inspector found that while there was a service level agreement, which identified, in general, the services provided it did not specify the fees, including additional charges in respect of the service provision for all of the residents being accommodated.

**Action Required:**
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

**Please state the actions you have taken or are planning to take:**
Clients service level agreement will be updated immediately to include the client contribution in respect of the service provision being accommodated for and residents will be presented with the new agreement with the amendment explained for them to agree to.

**Proposed Timescale:** 18/09/2014

### Outcome 06: Safe and suitable premises

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
- Insufficient shelving to store items in a resident’s bedroom.
- Sofa upholstery (situated in sitting room) was not clean.
- There was insufficient storage because items were stored in the conservatory, for example, a mattress and a drying rack for clothes.
- Cushion covers were torn.
- Toilet holders were broken.
- The carpet in a resident’s bedroom was stained.
- Signage was inaccurate in respect of bathing facilities for example a shower room was signed as a bathroom.
• Overhead mirror lighting was not working.
• The external garden/grounds were overgrown.
• Some bedside/overhead mirror lighting was not working.
• A bedside lamp shade was stained.

**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:**
All environmental issues have been rectified.

**Proposed Timescale:** 22/09/2014

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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:**
The risk management policy/procedure had not been fully implemented throughout the designated centre as the following general risks were identified:

- A resident’s bed was placed against a radiator and no risk assessment had been carried out.
- A residents’ alarmed system was not installed by the shower.
- A freestanding full sized mirror had not been secured to the wall.
- There was no service record in respect of the central heating boiler.
- Mechanical/natural extraction in residents’ en suite facilities was insufficient as the walls at ceiling level and the ceiling were black/moulded.
- Mechanical/natural extraction in the main shower room was insufficient as the walls at ceiling level and the ceiling were black/moulded.
- There was no privacy lock on residents’ en suite and main shower room.

**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. Radiator cover purchased to reduce risk.
2. Reversible locks placed on all bathrooms.
3. Mirror is now secured to wall.
4. Awaiting confirmation of service record from engineer. This will be placed on boiler.
5. Sourcing quotes from building contractors which will require approval from the Office of The Ward of Court for the funding of extraction in residents’ ensuite and main shower room.

**Proposed Timescale:**
1, 2 & 3 have been completed.
4 by 12/9/14
Proposed Timescale: 31/10/2014

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 healthcare associated infections as the following risks were identified:
- The toilet in a resident’s bedroom was not clean.
- Toilet rolls were placed on a cistern due to toilet holders being broken.
- Cleaning equipment (mops and buckets) was stored in shower and en suite rooms.
- A radiator in the residents’ shower room was rusted.
- Bed linen was not clean in a resident’s bedroom.
- There was no waste paper bins in the toilets.

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. Toilets holders have all been replaced.
2. Cleaning equipment is now stored in the storage room.
3. Waste paper bin is now placed in main toilet.
4. Toilet has been addressed.
5. All clients change the bed linen on a weekly basis.

Proposed Timescale: 22/09/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Full effective, fire safety management systems were not in place as the following matters were identified: –
- The designated centre did not have a fire alarm system, including a fire panel to identify fire zones to assist in the safe evacuation of residents. The only fire alarm system available in the centre was via smoke detectors.
- A fire officer had not carried out an inspection of the centre.
- Staff had not participated in a simulated fire drill in the evening and annual fire safety training.
- Internally, the rear door which was designated as a fire exit door was blocked with cleaning equipment.
- Externally, the fire evacuation pathway was obstructed by the placement of a barbecue.
- Recently acquired fire equipment (fire extinguishers) were placed on the floor.
**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 organisation has been in contact with the local fire officer. They are scheduling a visit for a later date. A competent person is auditing the service to make recommendations a fire alarm system.
2. Staff have participated in an evening fire drill. This has been documented and risk assessed.
3. Cleaning equipment has been moved.
4. Barbeque has been moved from fire evacuation pathway.
5. All fire extinguishers were and always have been wall mounted.

Proposed Timescale:
1 - 31/10/14.
2, 3, 4 & 5 are complete.

**Proposed Timescale:** 31/10/2014

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**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:**
Refresher training relating in the prevention, detection and response to an allegation or suspicion of abuse had not been updated and was currently overdue.

**Action Required:**
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

**Please state the actions you have taken or are planning to take:**
All permanent staff members have received prevention and detection of abuse training. This refresher training was provided as a regional training day in head office in September 2013. They also have access to the training presentation on site for reference purposes.

Proposed Timescale: Complete re permanent staff. Training will be completed for all staff including relief staff by 31/10/14

**Proposed Timescale:** 31/10/2014

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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:**
There was insufficient evidence that appropriate review and follow-up had been carried out by management in respect of a resident self medicating as the resident had signed the administration record indicating that the evening time, medication had been taken, and this was not the case.

**Action Required:**
Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

**Please state the actions you have taken or are planning to take:**
The management of self-medication plans now includes increased vigilance and spot checks to ensure that resident is complying with self-medicating company policy and procedures.

**Proposed Timescale:** 22/09/2014
**Theme:** Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Medicine was not stored securely by a resident who was self medicating.

**Action Required:**
Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

**Please state the actions you have taken or are planning to take:**
Medication is now a locked cabinet. Resident has been made aware of the risks of not storing medication securely.

**Proposed Timescale:** 22/09/2014

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**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 information in the statement of purpose was not sufficiently detailed and was written primarily from a resident's perspective as opposed to the organisation describing the service provided in the centre and the manner in which care is provided in order to reflect the diverse needs of residents.
The following matters were omitted: –
- The criteria used for admission to the designated centre, including the designated centres policies and procedures (if any) for emergency admissions.
• The fire precautions and the associated emergency procedures in the designated centre.

**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:**
Our Statement of purpose will be fully reviewed in accordance with schedule 1 of regulations.

**Proposed Timescale:** 31/10/2014

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**Outcome 17: Workforce**

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Staff working in the designated centre had not participated in mandatory training for example food safety and hygiene, infection prevention and control, refresher training in moving and handling and the centre’s medication policy.

**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:**
All permanent staff members have received a comprehensive mandatory training programme for which refreshers and additional local training is provided. That includes food safety and hygiene, infection prevention and control, refresher training in moving and handling and the centre’s medication policy “Safe Administration Medications”. Records for organisational training are held centrally and were available if requested in advance.

**Proposed Timescale:** 22/09/2014