<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St Vincent's Centre Ltd</th>
</tr>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003325</td>
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<td>Centre county:</td>
<td>Cork</td>
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<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>St Vincent's Centre Ltd</td>
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<tr>
<td>Provider Nominee:</td>
<td>Frank Stephens</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Breeda Desmond</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection</td>
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<td>Number of residents on the date of inspection:</td>
<td>54</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
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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 2 day(s).

**The inspection took place over the following dates and times**

<table>
<thead>
<tr>
<th>From:</th>
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<tr>
<td>12 August 2014 09:00</td>
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<tr>
<td>13 August 2014 09:00</td>
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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>
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<tr>
<td>Outcome 05: Social Care Needs</td>
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<tr>
<td>Outcome 06: Safe and suitable premises</td>
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<tr>
<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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<tr>
<td>Outcome 09: Notification of Incidents</td>
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<tr>
<td>Outcome 11. Healthcare Needs</td>
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<td>Outcome 12. Medication Management</td>
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<tr>
<td>Outcome 13: Statement of Purpose</td>
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<tr>
<td>Outcome 14: Governance and Management</td>
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<tr>
<td>Outcome 17: Workforce</td>
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</tbody>
</table>

**Summary of findings from this inspection**

This was the first inspection undertaken by the Authority in this centre. As part of the inspection process the inspector met with residents, the designated provider (Director of Services), person in charge (Co-ordinator of Services), and care staff members. The inspector observed care practices and reviewed documentation such as personal care plans, medical records, accidents and incidents logs, complaints log, residents’ finances records, staff training, policies and procedures.

The designated provider and person in charge displayed knowledge of the standards and regulatory requirements and were found to be committed to providing quality person-centred evidence-based care for the residents. Overall, the inspector found that residents were appropriately cared for in a homely atmosphere, with privacy and dignity respected.

The action plan at the end of the report identifies improvements necessary to ensure compliance with the Health Act 2007 (as amended) (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. These included:

1) complaints and complaints policy
2) contracts of care
3) statement of purpose
4) care plan documentation including the ‘OK Health Check’
5) staff training
6) finances.
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):
This was the centre’s first inspection by the Authority.

Findings:
The inspector noted that staff respected the privacy and dignity of residents in their interactions, care and how they addressed them. Each resident was treated as an individual with different levels of support provided in accordance with their needs, preferences and communication. Picture-enhanced communication was available and displayed in the activation room to support non-verbal communication to relay information regarding daily activities, choice and staff on duty. The inspector observed that residents were consulted with informally on all aspects of their daily lives, for example, activities, excursions, and meals. Formal consultation with residents occurred approximately every six months. Minutes from these meetings were reviewed, however, they were not reflective of the practice observed on inspection regarding the level of communication or the positive feedback given by the residents regarding their interaction with staff. Some minutes were not signed by the staff chairing the meetings.

‘How to make a complaint’ was a recurring topic at the formal consultation meetings with residents. However, the complaints procedure was not displayed in the centre. The policy required attention as it did not include the necessity to document the outcome of the complaint and whether the complainant was satisfied or not with the outcome. While it relayed the status level of responsibility to whom complainants had recourse, it did not name people as described in the Regulations. Nonetheless, residents relayed to the inspector that they could talk with staff and bring their worries to them. Residents were assigned a key worker who acted on the behalf of individual residents and this was evidenced in their personal plans of care. Residents and their next-of-kin had access to independent advocacy services should the need arise.

The centre appeared to be managed in a way that maximised residents’ capacity to exercise their personal autonomy, freedom, independence and choice. However, their
care plan documentation or risk assessments did not reflect this and these will be discussed under Outcome 5.

**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
Written agreements with residents which deal with the support, care and welfare of the resident in the designated centre to include details of the services provided for that resident and the fees to be charged, as described in the Regulations, were not in place.

**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
Residents had timely access to specialist services with appropriate treatment and interventions. Referrals were evidenced for residents for allied health care services such
as speech and language, dentist, chiropody and dietician. Reports were evidenced of specialist interventions and follow-up appointments.

Documentation reviewed and practice observed demonstrated that clinical care and positive behavioural support strategies were in place. A daily report was written from both night and day staff describing care and welfare status of residents. The inspector reviewed a sample of personal care plans (PCPs) for residents, which comprised assessments of activities of daily living and were reviewed annually. There was excellent person-centred narrative in the 2010 assessments, however, this information was not included in the subsequent assessments. They did not inform care or degree of assistance necessary to facilitate independence and they were not reflective of best practice observed by the inspector. The ‘review PCP sheets’ required attention as there was inadequate space to accommodate the narrative. Overall, the PCPs required attention as they did not capture the assessed needs, interests and capacities of residents or how these were facilitated to maximize independence. Residents had bi-annual planning meetings, however, minutes from these meetings did not form part of residents’ PCPs.

Staff had received training on identifying antecedents to behaviours of concern, preventative and response strategies and alleviating the underlying causes of challenging behaviour. Some narrative was evidenced in personal care plans to enable positive behavioural support, however, the appropriate risk assessment tools were not in place to facilitate the process.

Some residents went off-site to the day service; others attended the activation room where the array of activities was displayed. Evidence-based risk assessment tools were not evident in residents’ care plans; associated interventions to support risk taking, for example, taking responsibility for money, smoking or restraint was not evidenced. Consent forms were not in place for photographic identification, restraint or other interventions.

The sample of annual ‘OK Healthcare Checks’ as part of the PCPs were evaluated and demonstrated that these were not up-to-date and did not reflect the current medical history of residents.

**Judgment:**
Non Compliant - Moderate

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**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):
This was the centre's first inspection by the Authority.

Findings:
The centre was located in an urban area. There was an avenue leading into the centre which comprised the main house and two semi-detached houses and these were situated to the rear of the main building. There were secure gardens with shrubbery, garden furniture and features for residents’ enjoyment.

The main house could accommodate 44 residents and was divided into the infirmary (9 residents), the elder-care unit (10 residents) and upstairs (15 residents). It was bright and warm with a homely calm atmosphere. It was a two-storey building with stairs and lift access. Communal space comprised a large dining room with table settings of four which could accommodate all residents. There were three large sitting rooms; each with comfortable armchairs, couches, music centres and a large flat-screen television. One sitting room had an expansive glass wall where residents could view one of the enclosed courtyards. Two of the sitting rooms were downstairs and the third was upstairs. The latter required de-cluttering as it was previously a music room and many of the items from that era were defunct and were stored here. There were two smaller visitors’ rooms and other seating areas throughout for residents to rest or entertain visitors. With the exception of one three-bedded room in the infirmary, all residents’ bedrooms were single rooms with wash hand basins. There were two single rooms in the infirmary with full en suite facilities, however, there were inadequate window screens on the doors to ensure the privacy and dignity of residents. Each resident had a minimum of a double wardrobe and bedside locker as storage space for their belongings; others had chest-of-drawers and additional shelving. All bedrooms in the infirmary and the elder-care unit had overhead hoists to enable repositioning of residents. There were toilet facilities throughout the centre within easy access of bedrooms and communal areas. While there were adequate number of showers/baths, most of these were domestic-type facilities and were not fit for the purpose of accommodating older people or those with diminished ability. Many toilet seats and toilet-roll covers were missing on the first day of inspection and this was remedied by day two of inspection. Two bathrooms upstairs were in the process of being upgraded as they were not fit-for-purpose. The activation room was a large place which accommodated three tables, one seating 12 residents and the other two seating eight residents each. The laundry facilities were accessible through the activation room as well as externally.

There were two semi-detached two-storey houses which were independent of one another but were joined by a corridor upstairs and downstairs. Each house could accommodate eight residents each. Both houses had a comfortable homely sitting room with soft furnishings; a fully equipped kitchen with dining area; a shower/wet room with toilet facilities alongside the dining room. Upstairs, there were two bathrooms with bath/shower facilities. These were domestic-type shower and bath and following enquiry, it was reported to the inspector that they were seldom used as they were difficult to access. Most of the windows upstairs had restrictors, however, one window did not and this was remedied by the second day of inspection. The staff office was secure and residents’ files, medications and petty cash were securely maintained within the staff room. Staff had their own over-night accommodation alongside the main
entrance to the houses.

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):
This was the centre’s first inspection by the Authority.

Findings:
There was a health and safety policy and safety statement available, however, the health and safety policy was not comprehensive and did not contain all the items as listed in the Regulations. Emergency protocols in accessible format were not displayed throughout. Some fire evacuation advisory signage did not identify ‘where I am now’. Fire exits were identifiable with over–door illuminated signage and these exits were unobstructed. Emergency lighting and detectors were in place. Certificates were evidenced for annual servicing of fire safety equipment and emergency lighting. While some fire drills and evacuations were completed by staff and residents, an established routine for fire safety was not evidenced. While each resident had an 'Emergency Egress Plan' in place, the evaluation was not comprehensive and did not demonstrate the degree of assistance required for each resident.

Staff had completed up-to-date training in prevent and control of cross infection, hand hygiene and food safety. Advisory signage for best practice hand hygiene was displayed in some areas only. While opportunities for completing hand hygiene were observed to be taken by staff in line with best practice, there were very few hand hygiene foam dispensers throughout the centre. Hand wash sinks in clinical areas were non-compliant with best practice guidelines. The hand wash sink in the main kitchen required urgent attention and the issues were remedied by the second day of inspection.

Incidents and accidents were recorded and these forms were maintained in residents care folders. Appropriate actions and interventions were documented.

A risk assessment was necessary regarding the stairway near the main entrance as the doorway led directly onto the stairs and not onto a landing and the angle of elevation appeared more vertical.

Judgment:
Non Compliant - Moderate
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):
This was the centre's first inspection by the Authority.

Findings:
The policy to inform protection of vulnerable adults was the Health Services Executive (HSE) Trust in Care policy. Both the person in charge and the designated provider were aware of their statutory requirements regarding notification to the Authority of any allegation of abuse.

The person in charge was involved in the management of the centre and the day-to-day running of the centre and residents addressed the person in charge by her first name. The inspector observed staff interacting appropriately with residents and demonstrated their knowledge regarding interventions necessary when residents required attention. While some staff had completed their training in adult protection, all staff had not completed up-to-date training in protection of vulnerable adults. The inspector spoke with residents in all units and they gave positive feedback regarding staff and free access to chat with staff and bring any worries or troubles to staff.

Residents’ finances were securely maintained in the centre. There were individual logs for each resident. Most transactions were co-signed by a staff member and the resident, however, some were not. A separate financial log was evidenced for household expenses, however, signatures were not in place for credit and debit transactions. The accounts person maintained computerised records of transactions regarding residents’ allowances/pensions and these were maintained in line with best practice.

Judgment:
Non Compliant - Minor

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):
This was the centre's first inspection by the Authority.

### Findings:
The person in charge and the designated provider outlined the process for recording any incident that occurred in the centre. They demonstrated their knowledge regarding notifications as described in the Regulations, to the Authority. Notifications were timely submitted to the Authority.

### Judgment:
Compliant

### Theme:
Health and Development

### Outcome 11. Healthcare Needs
*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

### Findings:
There was a designated general practitioner (GP) for the centre and he routinely visited weekly and when necessary, and residents had access to out-of-hours GP services. The inspector examined a sample of medical notes which evidenced regular reviews as well as referrals to specialist consultant services in the acute care setting. Residents relayed healthy living choices in relation to exercise, weight control, balanced diets and skin care. Resident had access to psychiatry and counselling off-site. Other specialist referrals were done through the GP.

While a recognised nutritional assessment tool formed part of their policy on food and nutrition, this risk assessment was not implemented to ensure residents had appropriate dietary intake. Residents had their meals in the dining hall; residents from the houses had their breakfast and evening meal in their house and mid-day meal was had in either the main dining hall or the activation centres they attended. The inspector joined residents at breakfast and lunch where residents were offered choice. Good interaction observed between staff and residents and between residents. Some residents assisted staff in the preparation of meals and stowing away afterwards. It was reported to the inspector that some residents were undergoing training for independent living which included meal preparation and cooking, so residents took turns cooking the evening meal and meals at weekends, under supervision.

### Judgment:
Non Compliant - Minor

**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):**

This was the centre’s first inspection by the Authority.

**Findings:**

There was a site-specific policy and procedure for medication management which was up-to-date. A signature sheet as described in An Bord Altranais medication management guidelines 2007 was in place. A pre-packed medication dispensing system was in place which was delivered weekly and staff reported that this was an effective safe system. Photographic identification was in place for all residents as part of their prescriptions in line with best practice. Prescriptions reviewed demonstrated that maximum dosages for PRN (as required) medications were documented and the doctors’ signature was evident for prescribed and discontinued medications. Medication errors were completed in designated medication error incident forms. These were reviewed by the person in charge. The person in charge also completed medication management audits as part of their quality improvement strategy. All staff had completed up-to-date medication management training. The pharmacist attended the centre once a week. Records were demonstrated of best practice regarding return of medications including controlled drugs. The medication management policy was reviewed. While it described that a risk assessment for self-medicating was in place, this was not evidenced as part of the policy. Residents who were self-medicating had a medication management form with narrative rationalising individuals self-medicating but it was not a risk assessment.

**Judgment:**

Non Compliant - Minor

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**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Leadership, Governance and Management

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

This was the centre’s first inspection by the Authority.
**Findings:**
A written statement of purpose was available which described the overall aims, objectives and ethos of the centre. However, it required further review to ensure compliance with the items listed in Schedule 1 of the Regulations including:

1) inclusion of the pre-admission assessment
2) time-frame for completion of the resident care plan on admission
3) the complaints procedure as described earlier.

**Judgment:**
Non Compliant - Minor

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**Outcome 14: Governance and Management**
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The person in charge was full-time, suitably qualified with the necessary experience to ensure effective safe care and welfare of residents. She demonstrated adequate knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. She demonstrated a positive approach towards meeting the regulatory requirements and a commitment to improving quality of life and care. She was committed to her own professional development and had completed many courses, for example, Gerontology Further Education and Training Awards Council (Fetac) Level 6, Supervising Management Fetac Level 6, Train the Trainer.

**Judgment:**
Compliant
**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):**  
This was the centre’s first inspection by the Authority.

**Findings:**  
The inspector was satisfied that the number and skill mix of staff available during the inspection were appropriate to meet residents’ needs both on day and night duty. Night duty staff were supported by the senior nurse in charge. Staff spoken with outlined that most staff had been employed in the centre for some time and this resulted in positive outcomes for residents as there was continuity of care. While agency and relief staff were prevailed upon, the same staff worked in the centre to minimise disruption to the residents.

Staff training files were also reviewed however, mandatory training including protection, fire safety was not up-to-date.

Staff had received training on identifying antecedents to behaviours of concern, preventative and response strategies and alleviating the underlying causes of challenging behaviour. Some narrative was evidenced in personal care plans to enable positive behavioural support, however, the appropriate risk assessment tools were not in place to facilitate the process.

**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:

Breeda Desmond
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 St Vincent's Centre Ltd</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003325</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>12 August 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>08 October 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

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:

Formal consultation with residents occurred approximately every six months. Minutes from these meetings were poorly maintained and they were not reflective of the practice observed on inspection regarding the level of communication or the positive feedback given by the residents.

Action Required:

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
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:**
Minutes of meeting will be maintained appropriately, will reflect practice and residents feedback

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

**Theme:** Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Consent was not obtained for photographic identification, restraint or other interventions.

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

**Please state the actions you have taken or are planning to take:**
Consent form will be formulated and consent obtained for all interventions

**Proposed Timescale:** 31/12/2014

**Theme:** Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints procedure was not displayed in a prominent position in the centre.

**Action Required:**
Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

**Please state the actions you have taken or are planning to take:**
Complaints policy updated and is displayed at reception

**Proposed Timescale:** 16/10/2014

**Theme:** Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The policy required attention as it did not include the necessity to document the outcome of the complaint and whether the complainant was satisfied or not with the outcome.

**Action Required:**
Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

**Please state the actions you have taken or are planning to take:**
Complaint policy is updated and necessity to document outcome of complaint and satisfaction is included

**Proposed Timescale:** 16/10/2014

**Theme:** Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
While the complaints procedure relayed the status level of responsibility to whom complainants had recourse, it did not name people as described in the Regulations, to ensure ease of understanding and accessibility.

**Action Required:**
Under Regulation 34 (1) (a) you are required to: Ensure that the complaints procedure is appropriate to the needs of residents in line with each resident's age and the nature of his or her disability.

**Please state the actions you have taken or are planning to take:**
People have been named in complaints policy.

**Proposed Timescale:** 16/10/2014

**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:
Written agreements with residents which deal with the support, care and welfare of the resident in the designated centre to include details of the services provided for that resident and the fees to be charged, as described in the Regulations, were not in place.

**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:
At present we are sourcing contracts of care and once in place will comply with Regulations.

Proposed Timescale: 31/03/2015

<table>
<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>Personal care plans did not inform care or degree of assistance necessary to facilitate independence and they were not reflective of best practice observed by the inspector.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>The PCP’s we have in place at present we are going to replace with a format that better reflects practice in the centre and once sourced will commence next year</td>
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</tbody>
</table>

Proposed Timescale: 31/01/2015

| **Theme:** Effective Services |
| **The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:** |
| The sample of annual ‘OK Healthcare Checks’ as part of the PCPs were evaluated and demonstrated that these were not up-to-date and did not reflect the current medical history of residents. |
| **Action Required:** |
| Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments. |
| **Please state the actions you have taken or are planning to take:** |
| The Health OK checks in place at the moment we are going to replace with a format that better reflects resident current medical history |
**Proposed Timescale:** 31/12/2014

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

Many of the baths and showers were not of a suitable standard to meet the needs of residents.

Ensure that all bedrooms are of a suitable size and layout for the needs of residents.

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

**Please state the actions you have taken or are planning to take:**
Our plan is provision of 2 wet rooms upstairs. Costings not yet available but will have them by year end, 31/12/14, but work to be completed upstairs by 31/12/15. Downstairs the infirmary and eldercare showers will be upgraded and refurbished. Costings available by 31/12/14 and work to be complete by 31/12/16

**Proposed Timescale:** 31/12/2016

**Theme:** Effective Services

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

Many of the areas throughout required painting to ensure it was suitably decorated.

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

**Please state the actions you have taken or are planning to take:**
Painting has been on going for the last 3 years. Areas still requiring painting are in progress

**Proposed Timescale:** 30/09/2015

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

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in
There was a health and safety policy was not comprehensive and did not contain all the items as listed in the Regulations.

**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:**
Health and safety policy to be fully reviewed to contain all items in regulations and be more comprehensive particularly in relation to hazard identification, risk assessment, and emergency planning.

**Proposed Timescale:** 31/03/2015

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Emergency protocols in accessible format were not displayed throughout.

**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:**
Emergency protocols in accessible format will be displayed by month end.

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

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A risk assessment was necessary regarding the stairway near the main entrance as the doorway led directly onto the stairs and not onto a landing and the angle of elevation appeared more vertical.

**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:**
This stairway is now accessible to staff only.
**Proposed Timescale:** 16/10/2014  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
There were very few hand hygiene foam dispensers throughout the centre.

Hand wash sinks in clinical areas were non-compliant with best practice guidelines.

**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:**  
Foam dispensers located in each bedroom, toilet, bathroom in the infirmary and elder care unit. Additional foam dispenser will be added upstairs along the corridors. The handwash sinks in the office in the infirmary and elder care offices will be replaced.

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**Proposed Timescale:** 31/03/2015  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
While each resident had an ‘Emergency Egress Plan’ in place, the evaluation was not comprehensive and did not demonstrate the degree of assistance required for each resident.

**Action Required:**  
Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

**Please state the actions you have taken or are planning to take:**  
Fire safety training will be given to each member of staff and regular fire drills will be introduced for both residents and staff.

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**Proposed Timescale:** 31/01/2015

**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:
While some staff had completed their training in adult protection, all staff had not completed up-to-date training in protection of vulnerable adults.

**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:**
Adult protection training will be provided to each member of staff

**Proposed Timescale:** 31/12/2014

**Theme:** Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Financial transactions were recorded and co-signed by a staff member and the resident, however, some were not.

**Action Required:**
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

**Please state the actions you have taken or are planning to take:**
All financial transactions will be co-signed.

**Proposed Timescale:** 16/10/2014

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
While a recognised nutritional assessment tool formed part of their policy on food and nutrition, this had not been rolled out to ensure residents had appropriate dietary intake.

**Action Required:**
Under Regulation 18 (2) (d) you are required to: Provide each resident with adequate quantities of food and drink which are consistent with each resident’s individual dietary needs and preferences.

**Please state the actions you have taken or are planning to take:**
MUST assessment tool will be completed on each resident
Proposed Timescale: 31/01/2015

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:
A risk assessment for self-medicating was in not place; residents who were self-medicating had a medication management form with narrative rationalising individuals self-medicating but it was not a risk assessment.

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:
At present we are trying to source a suitable risk assessment. Once sourced a risk assessment on each resident who are self medicating will be completed

Proposed Timescale: 31/12/2014

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:
A written statement of purpose was available however, it required further review to ensure compliance with the items listed in Schedule 1 of the Regulations.

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:
Statement of purpose being reviewed to ensure compliance

Proposed Timescale: 31/12/2014
<table>
<thead>
<tr>
<th>Outcome 17: Workforce</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Responsive Workforce</td>
</tr>
<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>Staff training files were also reviewed and mandatory training including protection, fire safety was not up-to-date.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>Mandatory training in relation to protection and fire safety will be given to all staff</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 31/03/2015</td>
</tr>
</tbody>
</table>