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<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Peter Bradley Foundation Limited</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0001519</td>
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<td>Centre county:</td>
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<td>Registered provider:</td>
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<tr>
<td>Provider Nominee:</td>
<td>Barbara O'Connell</td>
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<tr>
<td>Lead inspector:</td>
<td>Mairead Harrington</td>
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<td>Support inspector(s):</td>
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<td>Type of inspection</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
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<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, Health Act 2007 (Registration of 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 September 2014 10:30 To: 16 September 2014 18:30

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

| Outcome 04: Admissions and Contract for the Provision of Services |
| Outcome 05: Social Care Needs |
| Outcome 06: Safe and suitable premises |
| Outcome 07: Health and Safety and Risk Management |
| Outcome 08: Safeguarding and Safety |
| Outcome 11: Healthcare Needs |
| Outcome 12: Medication Management |
| Outcome 13: Statement of Purpose |
| Outcome 14: Governance and Management |
| Outcome 17: Workforce |
| Outcome 18: Records and documentation |

Summary of findings from this inspection
This centre, operated by Acquired Brain Injury Ireland, is a designated centre providing accommodation and care for people with disabilities and behavioural needs as a result of an acquired brain injury.

This was an announced monitoring inspection over one day. The findings of the inspection are set out under ten outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Care Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

As part of the inspection there was a review of premises and care and administration practices were observed. The inspector met with the person in charge and several members of staff including the clinical psychologist. The inspector also spoke with several residents. The inspector also reviewed documentation in relation to standard policies and procedures, resident care-plans and staff files.

In summary the person in charge was found to be actively involved in the day-to-day
running of the unit and readily available and accessible to both residents and staff. There was evidence of individual residents' needs being met and the staff supported residents encouraging them to achieve or maintain their independence where possible, including training and education. Inspectors noted that community and family involvement was also encouraged.

In general the inspector observed evidence of good practice during the course of the inspection and was satisfied that residents received an appropriate standard of care with access as required to a general practitioner (GP), dentist and other allied healthcare professionals. There was a range of social activities available to residents in the local community and the centre provided support to facilitate engagement by residents in these activities.

The inspector found that whilst the service was generally of a good standard, it did not meet all of the requirements of the Health Care Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. Areas identified for improvement included the following:

- Statement of purpose
- Health and safety risk management
- Record keeping
- Premises
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, Health Act 2007 (Registration of 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 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:
A statement of purpose was in place which summarised the ethos and purpose of the centre and also outlined the criteria for admission. The person in charge explained that all prospective residents, and their representatives, were afforded an opportunity to experience the centre in advance of admission, through day visits and short term stays, to allow the development of relationships and facilitate the transition for existing residents. Senior staff explained to the inspector that consideration was always given to ensure the needs and safety of the resident being admitted were considered along with the safety of other residents currently living in the centre. An admissions policy was in place that outlined pre-admission arrangements and the admission process. However, it did not detail the suitable arrangements to take account of the need to protect residents from possible abuse by their peers and was not reflected in the admissions criteria of the statement of purpose.

Copies of written agreements which were signed and dated by residents were reviewed. These agreements were drawn up with the residents and their next of kin, or designated carer, and were based on an assessment of risks and needs and the development of a personalised rehabilitation programme. The contract summarised the services to be provided at the centre which included details of additional costs where applicable.

Judgment:
Non Compliant - Minor

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:**
Individualised, personal plans were in place for each resident. The inspector saw that a system was in place to ensure residents were actively involved in assessments to identify their individual needs and goals. Documentation was in place that reflected the discussion between residents and their key workers around their aims and ambitions. It was clear from the records that there was collaboration around strategies and goals agreed were seen to be meaningful and achievable. Records of residents engagement and progress with their personal plans was maintained on a daily, weekly and monthly basis with a system for quarterly review also in place.

Staff spoken with demonstrated a well developed knowledge and understanding of their residents personal preferences. Both discussion with staff, and the personal plans reviewed, indicated that where adverse circumstances were encountered in the pursuit of personal goals for residents alternative strategies were considered and implemented if possible. Evidence of multi-disciplinary team input was recorded in the documentation with the last meeting dated 11 September 2014. The inspector also spoke with the clinical psychologist who had been providing a service since February 2014 and was available to attend the centre two days a week. The psychologist reported a high level of care at the centre and explained how substantial work had already been completed by the staff in relation to the behavioural support of residents prior to the commencement of her role.

The personal plans reviewed were balanced and reflected efforts to develop residents specific social, emotional and participation needs with an emphasis on the development of confidence levels to achieve independent living skills and abilities. To this end resources in the local community such as training and education, as well as opportunities to participate in voluntary work, were made available whilst the skills required to access these resources, such as confidence in using public transport, were continually facilitated by staff. The inspector noted that residents were involved in the organisation of the daily routine in the centre including food preparation, doing their own laundry and shopping. The inspector spoke with the residents throughout the inspection and they outlined their interests such as music and poetry and going into town.

**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):**

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

**Findings:**

The premises were set back slightly from the main road with sufficient parking for several cars at the front of the building which was also the designated fire assembly point. The building itself was laid out over two floors with most of the accommodation on the ground floor and one resident's room and bathroom on the first floor. The size and layout of the premises was in keeping with the statement of purpose and adequate to the needs of the residents. The entrance of the building was wheelchair accessible and led into a hallway area off which there was a comfortable communal sitting room where residents could watch TV or receive visitors. However, there was no separate private space, other than the residents' room, for residents to receive visitors should they so wish. The kitchen area was bright and well equipped with a large dining table where both staff and residents shared their meals. The kitchen was bright and welcoming and opened out onto a patio area where there was seating and which led further down to a garden area. A separate out building was used as a laundry room which was appropriately equipped and allowed residents to perform their own laundry duties for themselves. Another out building had seating in it and was used for recreation by the residents. Overall the premises were adequately decorated with sufficient space for storage of supplies and equipment. The premises were well maintained with suitable, lighting, heating and ventilation. Residents spoken with said they were comfortable and content with the accommodation. Bathroom and toilet facilities were appropriate to the needs and layout of the centre.

**Judgment:**

Non Compliant - Minor

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

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

**Theme:**

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

Findings:
The centre had many, but not all, of the policies and procedures relating to health and safety as per the requirements of Regulation 4, Schedule 5; a number of these had not been reviewed in more than 3 years. Satisfactory procedures were in place for the prevention of infection control with colour coding systems in place around cleaning and food preparation processes. However, the infection control policy had not been reviewed and/or updated since October 2008.

Although a risk assessment policy was in place there were on-site hazards for which there was no documented risk assessment in place, including the night-time smoking habits of a resident. A system was also in place for recording, investigating and learning from adverse incidents however the centre had no risk management policy in place and no measures to specifically address risks around the unexpected absence of a resident, accidental injury to residents and visitors or staff, aggression and violence or self-harm. A policy on missing persons was in place but had not been reviewed or up-dated since June 2010. A policy on the prevention and detection of abuse was in place but was dated April 2011 and there was no evidence of review in the past 3 years.

In general satisfactory procedures were in place for evacuation procedures with personal evacuation plans in place including designated assembly points of which residents were aware. Emergency contact details were on display in the centre. Fire safety equipment including extinguishers were readily accessible. Equipment was serviced annually and last inspected in July 2014. Fire drills were carried out monthly the last being on 14 August 2014. A health and safety check-list was in place dated February 2012 with procedures for checking items such as exits, electrical equipment and smoke detectors; records indicated checks had been carried out in August and September 2014.

All staff were trained in the techniques of manual handling and had also received current fire training.

An up-to-date insurance schedule was seen that was valid to the end of September 2014.

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:
Policies and procedures were in place for the prevention, detection and response to abuse. A site-specific policy was seen which included procedures for responding to allegations against staff, visitors and other residents. However it was dated April 2011 and had not been reviewed within the last three years as per requirements. Action on this is recorded at outcome 7. Training in recognising and reporting abuse had been delivered to all staff within the last 12 months. Staff with whom inspectors spoke understood what constituted abuse and were clear on how to report allegations. A policy on the provision of intimate care was in place dated August 2011 which outlined procedures on the protection of dignity and respect in the management of a residents' personal care. Residents spoken with said they felt safe and well cared for at the centre. They understood issues in relation to self-protection and also understood who was in charge if they wished to report any concerns. There had been no allegations or incidents of abuse reported at the centre.

A centre-specific policy was in place, dated August 2012, on managing challenging behaviour and physical intervention. Staff spoken with demonstrated a competent knowledge of appropriate strategies and techniques in managing challenging behaviour and could reference the use of positive behavioural supports and illustrate by example. However, staff at the centre had not received training in managing challenging behaviour or personal safety since 2011. An up-to-date policy on the use of restraint was also in place though at the time of inspection there was no restraint in use at the centre.

Judgment:
Non Compliant - Moderate

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

Findings:
There was a current, centre specific policy on healthcare provisions in general though
this did not include a specific policy on food and nutrition. The inspector noted however that good practice was in place; personal plans reviewed recorded the preferences of residents and observations by staff on patterns of consumption by residents were referenced in the daily communication notes. Action in relation to the maintenance of a food and nutrition policy is recorded against outcome 18. The inspector reviewed a number of medical and healthcare files on the day and found that, overall, the healthcare needs of residents were well met and that the centre facilitated regular access to appropriate medical and allied healthcare services. Records of referrals and appointments were noted in residents' files and where recommendations had been made appropriate actions were reflected in the personal plans.

Records indicated that residents were regularly reviewed by their GP and that, if required, an out-of-hours service was available. Residents could exercise choice around the GP services they wished to use.

Residents were actively involved in the selection and buying of food and ingredients and also had input and choice around meal menus and times. Facilities were available throughout the day for the preparation of snacks and refreshments. The food preparation area was suitably equipped and adequate to the size, layout and occupancy of the premises. Storage facilities were in keeping with the relevant standards of hygiene and systems such as colour coded chopping boards were in place to promote good infection control. The food seen to be served was nutritious, varied and appetising. The staff and resident interaction around the experience of meal preparation and dining was seen to be a positive one with good communication and courtesy in evidence.

**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 centre-specific medication policy dated March 2014 which included procedures for the recording, safe-keeping and disposal of medication. All staff had been trained in the safe administration of medication and were aware of, and understood, the medication management policy and practices.

The inspector reviewed a sample of prescription/administration charts and noted that all medications were individually prescribed and regularly reviewed by a GP. No resident at
the centre presented with any nursing needs. The inspector noted that a process was in place to support residents in the management of their own medication though no resident was self-administering at the time of inspection. The person in charge told the inspector that all medication was delivered in pre-sealed blister packs and that medication management checks were in place.

Systems were in place for checking medications on receipt from the pharmacy and recording medications on return to the pharmacy. Medication errors were recorded and reported to the person in charge and staff were familiar with this process. Although no formal audit process was in place there was a system whereby incidents were reviewed on a monthly basis with a preliminary screen by the person in charge. The system allowed for referral to the regional manager for further review and to capture and return any relevant learning from the incident. The person in charge stated that, to date, there had been no such incident.

Judgment:
Compliant

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 in place which set out the aims, objectives and ethos of the centre including the facilities and services provided to residents. Staff spoken with were aware of the statement of purpose, copies of which were available at the centre. The statement of purpose was incomplete and did not cover all the areas listed 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. No reference was made to arrangements to accommodate the religious preferences of residents and no information was provided around the availability or supervision of specific therapeutic techniques. Also, the statement of purpose did not outline the arrangements for consultation with residents on the running of the centre.

Judgment:
Non Compliant - Minor
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:
An effective organisational structure was in place with overall governance across all centres delivered from a Board of Directors and CEO via a Director of Services and Regional Manager. The governance arrangements for the centre being inspected were satisfactory with delivery of care directed via a designated person in charge who was suitably qualified and experienced and was employed on a full-time basis.

Key members of staff spoken with demonstrated a good knowledge of the standards and regulatory requirements in general, and were found to be committed to providing quality, person-centred care to their residents. Governance was supported by effective systems of communication and supervision. The person in charge was deputised by the team leader who had day-to-day responsibility for the supervision of all five members of staff. A formalised performance management system was in place with appraisals conducted with staff every four months, the last being in June 2014. The person in charge explained that informal systems of supervision were also in place where issues were addressed on an ongoing basis; this process was supplemented by one-to-one supervision by the person in charge every six weeks. Minutes of a team meeting dated 14 August 2014 were reviewed with action points identified and delegated to specific team members to address with follow-up dates set. The minutes reflected that previous action points agreed were reviewed and outcomes recorded with points of learning noted where applicable. Input by residents in relation to the day-to-day running of the centre was facilitated through weekly meetings which were minuted. Residents spoken with by the inspector indicated that they could voice their opinion at meetings and regularly contributed.

Staff were aware of the requirements in relation to the Regulations and a copy of the National Standards for Residential Services for Children and Adults with Disabilities was available and accessible at the centre.

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:
Robust recruitment and vetting procedures were in place which verified the qualifications, training and security backgrounds of all staff. The inspector reviewed a sample of staff files and noted that the requirements of Schedule 2 of 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 were not fully met.

Records were managed centrally at head office and the hard copies available at the centre on the day of inspection were incomplete.

An effective appraisal system was in place that provided formal support and management of performance in relation to staff conduct of duties and personal development.

Staff were aware of policies and procedures in relation to the general welfare and protection of residents and all had received up-to-date mandatory training in fire prevention and the identification and management of abuse. Staff had also received specialist training in Acquired Brain Injuries and were competent to deliver appropriate care and support according to the residents’ profile of needs.

Staff spoken with also demonstrated an effective knowledge of techniques in managing challenging behaviour though none had received training in this area. Based on observations by the inspector, staff members were knowledgeable of the needs of individual residents and provided assistance to them in a respectful, caring and timely manner.

The level of staffing on the day of inspection was adequate to the requirements of the layout and design of the centre and the skill mix of staff was appropriate to the needs of the resident profile. A volunteer member of staff had been vetted and had also received appropriate induction training and was seen to receive supervision appropriate to their role.

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

Theme:
Use of Information

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

Findings:
Although there was a policy on healthcare in general it did not specifically cover the monitoring and documentation of food and nutritional intake though evidence of this was apparent in the communication notes around daily living as maintained in the personal care plans of residents. This finding is considered in more detail at outcome 11 of the report.

Judgment:
Non Compliant - Minor

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:

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

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<td>16 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, Health Act 2007 (Registration of 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 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 protection of residents from peer abuse was evident in practice and procedure but not reflected in the admissions policy or in the admissions criteria as summarised in the statement of purpose.

**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 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

**Please state the actions you have taken or are planning to take:**
Admissions policies and practice will take account of the need to protect residents from abuse by their peers by 14th November.

Locally our statement of purpose has also been updated to include the requested action.

**Proposed Timescale:** 14/11/2014

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**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Other than the communal sitting room and kitchen/dining area, there was no private space other than the residents' bedrooms for them to receive visitors should they so wish.

**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:**
Second sitting room identified as visitors room. Formal booking procedure in place for this room and residents notified that if they wish to have private time with guests this room can now be booked.

**Proposed Timescale:** 01/10/2014

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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:**
There was no risk management policy as per paragraph 16 of Schedule 5 that identified the hazards or assessed risks throughout the centre; including measures to specifically address the unexpected absence of a resident, the accidental injury to residents, visitors and staff, aggression and violence or self-harm.

**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
Please state the actions you have taken or are planning to take:
The Risk management policy as per paragraph 16 of Schedule 5 that identified the hazards or assessed risks throughout the centre; including measures to specifically address the unexpected absence of a resident, the accidental injury to residents, visitors and staff, aggression an violence or self harm will be in place by 14th November.

Under regulation 26 (1) We will have local risk assessments in place for each of the Risks mentioned which will be reviewed quarterly.

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The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no documented risk assessment in relation to the night-time smoking habits of a resident.

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:
Risk assessment completed in response to the action requested. This assessment is reviewed quarterly and includes a system of responding to emergencies.

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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:
Staff had not received training in the management of challenging behaviour.

Action Required:
Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

Please state the actions you have taken or are planning to take:
Challenging behaviour training has been organised for Staff in the Oakwood residence.
### Outcome 13: Statement of Purpose

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose was incomplete in that it did not include information on the arrangements for consultation with residents or the arrangements to accommodate religious preferences and also did not indicate whether any therapeutic techniques were available or arrangements for their supervision.

**Action Required:**
Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

**Please state the actions you have taken or are planning to take:**
Statement of purpose reviewed and updated to include the actions requested.

**Proposed Timescale:** 06/11/2014

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### Outcome 18: Records and documentation

**Theme:** Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The general healthcare policy in place did not specifically cover the monitoring and documentation of food and nutritional intake.

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

**Please state the actions you have taken or are planning to take:**
A policy specifically to cover the monitoring and documentation of food and nutritional intake will be in place by 14th November 2014.

**Proposed Timescale:** 14/11/2014