| Centre name: | A designated centre for people with disabilities operated by Western Care Association |
| Centre ID: | OSV-0003916 |
| Centre county: | Mayo |
| Type of centre: | Health Act 2004 Section 39 Assistance |
| Registered provider: | Western Care Association |
| Provider Nominee: | Bernard O'Regan |
| Lead inspector: | Nan Savage |
| Support inspector(s): | None |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 13 |
| Number of vacancies on the date of inspection: | 3 |
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: 02 September 2014 12:00
To: 02 September 2014 19:00

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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</thead>
<tbody>
<tr>
<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 08: Safeguarding and Safety</td>
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<tr>
<td>Outcome 11. Healthcare Needs</td>
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<tr>
<td>Outcome 12. Medication Management</td>
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<tr>
<td>Outcome 17. Workforce</td>
</tr>
<tr>
<td>Outcome 18: Records and documentation</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection
This was the first inspection carried out by the Health Information and Quality Authority in this centre. The inspector met with the provider, person in charge, regional service manager, residents and staff, observed practices and reviewed documentation such as personal care plans and records, staff files, policies and procedures.

While some areas for improvement were identified, overall the inspector found that residents received a good person centred quality service. Staff supported residents to maximise their independence and encouraged them to make decisions and choices about their lives. Residents’ communications needs were promoted and their health needs regularly reviewed and met.

The inspector found that the residents were comfortable and individualised care was provided by committed staff. The person in charge had implemented appropriate medication management procedures and practices which were evidence during the inspection. Plans were in place to provide medication training to some staff that had not yet received this training.

The inspector found that systems were in place to protect the health and safety of
residents although improvement was required to promote the safety of all residents and in order to meet the requirements of the Regulations. Arrangements were in place for safeguarding residents from harm, however, improvements were required to practices in relation to the management of residents' finances and related policies.

The findings are discussed further in the report and improvements required are included in the Action Plan at the end of the report.
### 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 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 examples were residents’ rights, privacy and dignity was respected and residents’ choice encouraged and supported. Some improvement was required to the complaint's policy and procedure. There was also evidence that residents were consulted with and participated in decisions about their care and about the organisation of the centre.

The centre had a complaints process in place, which included a complaints policy and procedure but it did not meet all of the requirements of the Regulations. For example, the policy did not identify the nominated person with a monitoring role who ensures that the required procedures and paperwork were completed.

The inspector noted that a complaints procedure had been developed and a copy was available in an information folder for relatives and residents. However, the procedure had not been displayed in a prominent position as required by the Regulations. The inspector found that the procedure did contain most of the necessary information, but was incomplete and not in a user friendly format suitable for the individual needs of all the residents. The inspector reviewed the complaint's log and noted that a complaint had been received and was appropriately investigated by the person in charge, however, the satisfaction level of the complainant with the outcome of the complaint had not been recorded.

Residents were consulted with and participated in decisions about their care and about the running of the centre in so far as their conditions allowed. The inspector noted that house meetings took place and items discussed included activities and the menu.
Discussions also occurred with residents on an individual basis to support their current needs being met and some residents also had volunteers to assist them. While there was a wider advocacy forum established within the organisation the inspector noted that arrangements had not been implemented in this centre to facilitate residents and relatives’ access to an advocacy service.

The inspector observed many interactions between residents and staff that were respectful and caring and were delivered in a way that ensured the dignity and privacy of the resident was maintained. However, the inspector saw that some private information regarding residents was not stored securely and therefore did not fully support residents’ right to confidentiality.

Staff were knowledgeable of the preferences of the residents and this corresponded with information in the care plans and entered into the daily records. One matter regarding obsolete lockable doors was identified but this is discussed under Outcome 6.

The inspector reviewed the system in place to ensure residents’ financial arrangements were safeguarded and found that improvements were required through appropriate practices and record keeping. While there was a policy in place on the management of residents’ monies this policy had not adequately informed practice. The inspector viewed a sample of residents’ financial records and noted that they had not been kept up to date and some balances did not correspond with the records maintained. An adequate system had not been implemented to ensure all financial transactions were documented in a timely manner. The inspector noted that written receipts were retained for purchases made on the residents’ behalf.

**Judgment:**
Non Compliant - Moderate

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**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:**
The inspector found that the care and support provided to residents reflected their
assessed needs and wishes.

The inspector reviewed a sample of residents’ personal plans and found that the resident’s care needs were identified and plans were put in place to address those needs. A number of documents were in use including the resident’s health action plan which outlined needs relating to health and well being and ‘my life plan’ which contained important details about the residents’ life, their likes and dislikes, their interests, family members and other people who are significant in their lives. The plan also included a summary of the resident’s personal outcomes and actions plans with progress updates to track the accomplishment of personal goals. There was evidence that residents and/or their representatives were involved in the development of their personal plans and that staff provided support but this had not been consistently documented.

There were activities available to the residents both in the centre and out in the community including music therapy, art and crafts, going to the cinema, shopping and swimming. Records viewed demonstrated that activities took place regularly.

A daily plan was devised for each resident and transport was available to residents within the centre. The inspector saw where visual illustrations of the daily plan had been developed to assist residents when things were happening or to help plan and introduce new ideas.

There was evidence that residents were supported in transition between services. Residents were accompanied when attending hospital or appointments and documentation was available to accompany residents on admission to the general services.

Judgment:
Non Compliant - Minor

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 made up of three separate houses and the inspector visited each area during the inspection. The inspector found that a homely and comfortable environment had been created and overall each area was well maintained. Appropriate equipment for
use by residents or staff was available and kept in good working order. The inspector noted that parts of the centre had been recently renewed although some improvement was required to meet all resident's individual and collective needs. These improvements are discussed under this Outcome and Outcome 7.

The inspector noted that private and communal accommodation had been provided for residents, however, some improvement was required to enhance the facilities available for some residents. The inspector visited some bedrooms with a staff member and saw that residents had been facilitated to personalise their bedrooms and there was adequate space for their belongings. Sitting rooms were nicely furnished and the inspector noted that some rooms were decorated in the County colours to mark sporting events that were taking place at the time of inspection. However, due to limited space the inspector found that the sun room in one house which was used as a recreational/relaxation area for residents was also used as an office and storage area. The inspector also saw that unused locks on the base of some doors had not been removed. The person in charge and staff confirmed that these locks were not in use and would be removed immediately.

The inspector found that the centre was maintained in a very clean condition and a maintenance programme was in place. Some parts of the centre had been repainted and the inspector noted that where possible residents were consulted with regarding the choice of colours.

Kitchen and dining areas were provided in each house with sufficient cooking facilities, kitchen equipment and tableware. Adequate facilitates and equipment were also available for laundering residents’ clothing.

Outside areas had been provided for use by the residents and there was evidence of regular maintenance in these areas. For example, the inspector saw that a well kept sensory garden had been created directly outside one of the houses. The inspector noted that this area was used by residents for reasons including sensory activity and relaxation. Vegetables were also grown in this area and used in the kitchen as part of residents’ meals.

This centre provided residential and respite services. Designated rooms were used for respite services and the person in charge described appropriate arrangements that were in place to safeguard residents. This included safe storage of residents’ belongings and deep cleaning the bedroom between admissions.

Judgment:
Non Compliant - Minor

<table>
<thead>
<tr>
<th>Outcome 07: Health and Safety and Risk Management</th>
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<tbody>
<tr>
<td>The health and safety of residents, visitors and staff is promoted and protected.</td>
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</table>

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

Findings:
The provider and person in charge had measures in place to promote and protect the safety of residents, staff and visitors to the centre although some improvements were required in areas of risk management and fire safety training.

There was a risk management structure which included an organisational and localised health and safety statement, a risk management policy and formalised precautions for specific risks identified in the Regulations such as self harm and unexpected absence of a resident. Risk assessments had been completed for different areas within the centre including the utility room and the bathroom although some assessments required updating to reflect additional appropriate control measures that had been implemented in recent months.

Some aspects of risk management required further improvement to promote the safety of all residents. The inspector noted that the grounds had not been adequately risk assessed and one area which was accessible to residents had not been maintained in a safe condition. The inspector also saw that sections of the floor covering were lifting in one of the living rooms and could pose a risk to some residents.

Adequate arrangements were not in place regarding fire training. While some staff had completed fire training during 2014 training records viewed confirmed that other staff had not received this training since 2012. The inspector noted that the organisation policy for staff to complete fire training was every three years which was not adequate as annual training is required in this area. The inspector found that staff spoken with were knowledgeable regarding fire safety evacuation procedures and the use of fire fighting equipment.

Aspects of the physical environment required review to ensure adequate fire safe measures were in place. Prior to the inspection, the provider and person in charge had identified that some doors had not been fitted with a mechanism to enable them to close automatically in the event of a fire and had a plan in place to address this issue.

Other fire safety measures were adequately implemented including a programme for the servicing and checking of fire safety equipment. Fire drills including night time evacuation were carried out regularly and involved residents. The inspector noted that important details such as the effectiveness of the drill were recorded and any required actions were taken. The procedures to be followed in the event of fire were displayed in prominent locations. Records reviewed also demonstrated that staff completed regular internal safety checks and that personal emergency evacuation plans had been developed for each resident.

There was an emergency plan in place which identified what to do in the event of emergencies. The plan also included evacuation procedures and arrangements for emergency accommodation. The inspector also noted that a visitors' book and policy
was in operation.
All staff had attended training in minimal moving and handling.

**Judgment:**
Non Compliant - Moderate

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**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

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

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

**Findings:**

While there were a range of measures in place to protect residents from being harmed or suffering abuse some improvement was required to the policy on the prevention, detection and response to abuse.

There was a policy implemented on the prevention, detection and response to abuse that provided good guidance to staff on areas such as the detection of abuse. However, the policy did not include guidelines on how to appropriately investigate an allegation of abuse and did not reference the requirements in relation to reporting any allegations of abuse to the Chief Inspector. The provider informed the inspector that the policy was currently under review. A required action relating to the policy is included under outcome 18.

Staff spoken with and training records viewed confirmed that staff had received formal training in this area. Staff outlined clearly the procedures that they would follow should there be an allegation of abuse.

The inspector saw that residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that concern. The inspector observed staff interacting with residents in a respectful and caring manner. Staff were familiar with the correct communication strategies and residents and staff communicated comfortably between each other. A daily record was kept for each resident and the inspector noted that good details were maintained with regard to areas including the residents’ daily routines. From the sample of records viewed there were no recorded incidents of behaviours of concern.
There was a policy in place guiding the management of behaviours of concern and there were systems in place for the management of these behaviours. This included access to behaviour specialists and implementation of detailed behaviour support plans where necessary.

A restraint free environment was promoted and where restrictive practices were in use this practice had been assessed and kept under review.

**Judgment:**
Compliant

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**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:**
Arrangements were in place to support residents’ health care needs and the inspector was satisfied that residents' health needs were regularly reviewed with appropriate input and assessment from multidisciplinary practitioners when required including speech and language therapy and occupational therapy.

The inspector viewed a sample of residents’ care plans and medical notes and saw that they had access to a general practitioner (GP), to an out of hours GP service and other allied health professionals. Residents’ files also contained records of reviews completed by medical specialists.

The inspector was satisfied that residents’ nutritional needs were being met and that measures were in place to monitor residents’ nutritional status. For example, residents’ weight and body mass index (BMI) were recorded to monitor if the resident had lost or gained weight. Food journals and a menu planner for residents were also maintained along with specific guidelines and cooking tips for residents on specialised diets. The inspector noted that residents were gently supported to make healthy eating choices where appropriate.

Personal risk management plans had been completed for residents. The inspector read a sample of these plans and found that they contained comprehensive details on individual risks relative to the resident and strategies in place to manage these risks including potential seizure activity and falling out of bed.
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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector found that measures were in place to protect residents in relation to the management of their medication. The inspector noted that medication practices that took place during the inspection were in line with the medication management policy.

While the inspector saw evidence of safe medication practices some staff had not completed appropriate training on medication management. The inspector noted that the provider and person in charge had plans to provide this training to all relevant staff.

Each resident’s medication was stored in a locked press. Although no resident was self-medicating at the time of inspection the inspector read evidence that staff had been proactive and had risk assessed residents to determine the appropriateness for the individual resident. The staff spoken with were familiar with their role and responsibility as regards medication management. The inspector reviewed the prescription records and medication administration records for a sample of residents and found that this documentation was complete.

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:
This outcome was not inspected against and is included to ensure that the matter relating to staff training identified under Outcome 12, is addressed as part of the agreed action plan.

Judgment:
Non Compliant - Minor

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:
This outcome was not inspected against and is included to ensure that the matters identified under Outcomes 1 and 8 that relate to the policy on prevention, detection and response to abuse and policy on residents' finances and personal property are addressed as part of the agreed action plan.

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:

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Western Care Association</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003916</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>02 September 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>16 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, 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 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:
Some private information regarding residents was not stored securely and this did not support residents’ right to confidentiality.

Action Required:
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

**Please state the actions you have taken or are planning to take:**
A designated office space will be constructed in the staff room.

As a temporary measure the service users files are now stored securely in a closed cupboard in the kitchen – 02/09/2014

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**Proposed Timescale:** 31/10/2014  
**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Adequate arrangements had not been implemented in this centre to facilitate residents and relatives’ access to an advocacy service.

**Action Required:**
Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access to advocacy services and information about his or her rights.

**Please state the actions you have taken or are planning to take:**
1. The person in charge will build links with the advocacy group within the organisation.  
2. The person in charge will make information available about the Independent Advocate with the National Advocacy Service and display this information within the service. The person in charge to invite Independent Advocate with the National Advocacy Service to a residence house meeting.  
3. The person in charge will make information available to families about the advocate service and Independent Advocate’s role

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**Proposed Timescale:** 31/10/2014  
**Theme:** Individualised Supports and Care

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

**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:**
The person in charge has updated the complaints procedure, it is personalised and user friendly. It is displayed in a prominent position in all services.
<table>
<thead>
<tr>
<th>Proposed Timescale: 06/10/2014</th>
<th>Theme: Individualised Supports and Care</th>
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</thead>
<tbody>
<tr>
<td>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</td>
<td></td>
</tr>
<tr>
<td>The complaints policy did not meet all of the requirements of the Regulations. The policy did not identify the nominated person with a monitoring role who ensures that the required procedures and paperwork were completed.</td>
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<tr>
<td>Action Required:</td>
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<tr>
<td>Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.</td>
<td></td>
</tr>
<tr>
<td>Please state the actions you have taken or are planning to take:</td>
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</tr>
<tr>
<td>The Complaints Procedure is being revised to clarify who the nominated person is and their role in relation to complaints. Once completed this will be circulated to all services.</td>
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</table>

<table>
<thead>
<tr>
<th>Proposed Timescale: 30/11/2014</th>
<th>Theme: Individualised Supports and Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</td>
<td></td>
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<tr>
<td>The satisfaction level of the complainant with the outcome of the complaint was not recorded.</td>
<td></td>
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<tr>
<td>Action Required:</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>Please state the actions you have taken or are planning to take:</td>
<td></td>
</tr>
<tr>
<td>1. The person in charge to follow up with the family to establish the satisfaction level of their complaint. Date: 06/10/14</td>
<td></td>
</tr>
<tr>
<td>2. The complaints form will be updated and circulated with a prompt to ensure that the complainant is satisfied with the outcome. Date: 30/11/2014</td>
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<tr>
<th>Proposed Timescale: 30/11/2014</th>
<th>Outcome 05: Social Care Needs</th>
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</table>

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was evidence that residents and/or their representatives were involved in the development of their personal plans but this had not been consistently documented.

Action Required:
Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

Please state the actions you have taken or are planning to take:
1. The individual planning process has a number of ways that family participation is encouraged for example circle of support, annual action plans and the quarterly updates
2. The person in charge will conduct a review on each individual plan ensuring participation from service users and family where possible.
3. The person in charge will establish with each family the method and frequency of keeping them up to date on progress.

Proposed Timescale: 31/10/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Adequate space had not been provided in one house for recreation and relaxation in line with the needs of some 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:
A designated office space will be constructed in the staff room.
The sunroom to be used for recreation and relaxation.

Proposed Timescale: 31/10/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Unused locks on the base of some doors had not been removed to ensure residents accessibility is supported at all times.

**Action Required:**
Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

**Please state the actions you have taken or are planning to take:**
All unused locks on the base of some doors have been removed

**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:**
Some risk assessments that had been completed did not include additional appropriate control measures that had been implemented in recent months.

**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:**
The person in charge has updated, typed and electronically saved all hazard identification's (risk assessments) and included the additional control measures identified

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

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The grounds had not been adequately risk assessed and one area which was accessible to residents had not been maintained in a safe condition. Some sections of the floor covering were lifting in one of the living rooms.

**Action Required:**
Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.
Please state the actions you have taken or are planning to take:
The person in charge has completed the external hazard / risk assessment on the grounds – 22/09/2014

Maintenance will erect a fence along the boundary wall to reduce the risk of falling. This work to be completed by 31/10/2014

New floor covering in the living room to be in place by 31/10/2014

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

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some staff had not attended recent fire training.

**Action Required:**
Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

Please state the actions you have taken or are planning to take:
Fire Training will be provided to the staff during the current training calendar.

**Proposed Timescale:** 10/11/2014

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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:**
While plans were in place to provide fire safety training, some staff had not received regular formal training in fire safety.

**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:**
The organisation provides fire training on a three year refresher cycle. To date the organisation has been using this provision to meet the requirement in the Health and Safety 2005 Act for “periodic” refresher training. However, we will be seeking further clarification on this matter from the Federation of Voluntary Bodies as a matter of
Proposed Timescale: 31/10/2014

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 policy on the prevention, detection and response to abuse did not include guidelines on how to investigate an allegation of abuse and did not reference the requirements in relation to reporting any allegations of abuse to the Chief Inspector.

The policy on residents' personal property, personal finances and possessions had not been fully implemented.

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:
The protection and welfare policy is currently being revised to address these issues with clear linkages and directions to both the Investigations Policy and Trust in Care.
Date: 31/10/2014

A protocol has been put in place around service users monies which all staff must comply with. The person in charge will undertake weekly checks on service users monies. Date: 13/10/2014

The person in charge will audit all ledgers and sign off on all DA monthly returns prior to submitting to the finance department. Date: 13/10/2014

An annual financial audit has been scheduled with the financial controller.
Date: 27/11/2014

Proposed Timescale: 27/11/2014