

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	A designated centre for people with disabilities operated by Stewarts Care Limited
Centre ID:	OSV-0003908
Centre county:	Dublin 20
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Stewarts Care Limited
Provider Nominee:	Eddie Denihan
Lead inspector:	Julie Pryce
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	19
Number of vacancies on the date of inspection:	2

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 inform a registration decision. This monitoring inspection was announced and took place over 3 day(s).

The inspection took place over the following dates and times

From:	To:
08 October 2014 11:00	08 October 2014 19:30
09 October 2014 09:00	09 October 2014 21:00
10 October 2014 10:00	10 October 2014 14:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
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 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the first inspection of a designated centre provided by Stewarts Care in response to an application from the provider to register the centre under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities 2013. The inspector met with management, residents and staff members during the inspection, observed practice and reviewed documentation such as personal plans, medical records, accident and incident records, meeting minutes, policies and procedures, and staff training records.

This designated centre comprised five community houses, all of which were two storey detached houses, which accommodated 19 residents in all.

Overall, the inspector found that residents received a good quality service. There was evidence of a good level of compliance, in a range of areas, with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and this was reflected in a number of positive outcomes for residents.

Residents appeared to be comfortable and content in their homes, and some residents discussed their homes and daily lives in a positive manner with the inspector.

While the inspector found evidence of a good quality service in the main, some improvements were required, for example in the area of sharing of rooms and this is discussed in the body of the report and included in the action plan.

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 found that there were some structures in place to consult with residents in the organisation of the designated centre. For example weekly residents meetings were held where issues such as advocacy, retirement, and menu planning were discussed. Goals were set at these meetings, and discussions also led to individual goals for some residents.

Residents were involved in their personal plans and many of them signed their plans and decided who would have access to them.

There was a complaints procedure in place which was detailed enough to guide staff, and was available in an accessible version so as to guide residents if required. However, a current complaint relating to two residents who were sharing a room against their wishes had not been resolved and the residents involved had not received a definitive response to their complaint.

This sharing of a room also restricted the rights of the two residents involved to exercise choice and control in their daily lives.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

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

Findings:

A communication profile was in place for residents who were unable to communicate verbally or who had other communication difficulties. These included pictures and descriptions of any signs used. Staff displayed knowledge of individual communication needs in all interactions observed by the inspector.

Accessible versions of personal plans were in place for many residents, and information such as the complaints procedure, the evacuations procedure, menus, schedules and staff on duty were available in an accessible version.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

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

Findings:

Visits to the designated centre were welcomed and outings by the residents to their family homes were facilitated. Families were involved in the management of the care of residents, for example, some of them attended case conferences in relation to their relatives. There was also evidence of the maintenance of links with former communities.

The houses in the designated centre were all well situated near community facilities, and the use of community facilities included attendance at literacy classes and community social activities, use of the local pharmacy and the local banks.

Judgment:

Compliant

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:

The provider had established a format of contracts which outlined the services to be provided and the charges to be incurred. However, these contracts were not yet signed for each individual resident.

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:

Personal plans were in place for each resident, and these were available in an accessible version and residents enjoyed having access to these and showing them to the inspector. The personal plans included a personal and social profile including the main issues and support needs. Personal plans were reviewed and updated regularly, and family involvement in the plans was recorded. There was evidence of assistance for residents to achieve their potential, for example in teaching new skills. Implementation of plans was recorded and there was evidence of the monitoring of effectiveness.

There was evidence of a meaningful day and of appropriate social activities for residents. Residents were facilitated with day services appropriate to their assessed needs, and social activities included community groups and individually chosen activities.

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 five houses of this designated centre were all comfortable, clean and homely, all had outside areas and all were well located within the community. Any outstanding maintenance jobs were minor or cosmetic.

However, two residents were sharing a room in one of the houses, and neither resident was happy with this arrangement. One of the residents was also unhappy with the amount of storage available in this shared room.

In addition this house had a room downstairs which was designated as a bedroom, and staff reported that there was a plan to move another resident into that room imminently. There was a large assistive shower cubicle dominating this room with no dividing wall, so that it was inappropriate to meet the needs of residents.

Judgment:

Non Compliant - Major

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 inspector found that systems were in place for the prevention and detection of fire and the management of emergencies. The training records examined showed that there was regular fire safety training for the staff and regular fire drills were conducted. The inspector found that staff were very aware of the fire evacuation procedures and were

able to describe the procedures involved. There was a personal emergency evacuation plan in place for each resident which included details of how they responded to fire drills and an appropriate plan to manage them in an emergency. In some cases engaging residents in the preparation for an emergency involved the inclusion of a quiz relating to fire emergencies in their group activities.

Fire safety equipment had been tested regularly and an emergency plan was in place which included the identification of alternative accommodation in the event that evacuation of the centre was necessary. However, where two residents shared a room, one of the residents preferred to have the bedroom door, which was a fire door, open at night. A risk assessment was in place in relation to this resident, the safety issues had been discussed and the resident could discuss their understanding of the implications of the door being left open, and reiterated a strong preference to have it left open. However this had implications for the other resident who did not indicate such a preference, and was therefore sleeping in a room to which the fire door was kept open all night.

There were risk assessments in place including individual risk assessments for residents relating to their social activities and medical conditions. There was a comprehensive risk assessment in place in relation to residents' smoking including both safeguards and health promotion. However, not all risk assessments were dated so that it was not clear that they were contemporary.

The person in charge could describe the system of risk escalation in the event that a risk could not be managed locally. However, documentation of this process was not available, there was no documented risk register and no record of discussions reported.

In addition there was no risk assessment or risk management strategy available in relation to lone workers in the designated centre.

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:

Training in relation to protection of vulnerable adults had taken place for all staff, there was a policy in place in sufficient detail to guide staff and all those staff engaged by the inspector demonstrated adequate knowledge in this area.

There were systems in place to safely manage resident's finances in the designated centre, all receipts, personal spending and balances reviewed by the inspector were in order. All residents' personal possessions were recorded clearly. However, it was not clear to the inspector why some residents who, with support, managed their own bank accounts could not have their income paid directly into these accounts.

All residents had intimate care plans, and there was evidence that either the resident or their family had been involved in these plans.

There were behaviour support plans in place for those residents that required them, and accessible and detailed communication plans for those residents whose behaviour related to their communication difficulties. Incidents of challenging behaviour were observed by the inspector during the course of the inspection and were managed in accordance to the behaviour support plans in place. However, where such occasions were managed successfully in accordance with the plan, no record was kept. Records were only maintained in those occasions where the behaviour management was not effective. The inspector was concerned as to how the management of behaviour was effectively evaluated when interventions were not all recorded.

Judgment:

Non Compliant - Moderate

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 was aware of the requirements in relation to notifying the Authority, and notifications were up to date.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: The inspector was satisfied that all residents had a meaningful day, both with a day service and with skills teaching within the centre, for example a resident was being supported to learn independent shopping skills. There was evidence of access of residents to occupation and recreation.</p>
<p>Judgment: Compliant</p>

<p>Outcome 11. Healthcare Needs <i>Residents are supported on an individual basis to achieve and enjoy the best possible health.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: There had been significant improvements in this area since the last inspection, for example residents now have an annual health check and medical review. In addition health care plans were in place based on the assessed needs of the residents. Implementation of these plans was recorded and there were current reviews in place. Staff demonstrated knowledge of these plans and their role in their implementation.</p> <p>Residents had access to appropriate health care professionals in accordance with both their needs and their choices, including out of hours General Practitioner cover. There was evidence of the recommendations of such professionals being implemented.</p> <p>Residents were given choice in relation to meals, for example in some of the houses meals were planned at a weekly residents' meeting, and in other houses choice was facilitated by the use of pictures, including pictorial representation of takeaway meals for a weekly treat. Records of nutritional intake were recorded.</p>
<p>Judgment: Compliant</p>

<p>Outcome 12. Medication Management <i>Each resident is protected by the designated centres policies and procedures for medication management.</i></p>
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Theme:

Health and Development

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

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

Findings:

There were systems in place in relation to the management of medications, for example, there was a medication management policy in place, and in accordance with this policy each resident had a current medication management plan. For example, a medication management plan was in place to safeguard storage and transfer of medications for a resident who went to their family home regularly. There were appropriate structures and process for the ordering, storage and stock control of medications.

There was some evidence of safe management of 'as required'(PRN) medications, and a protocol was in place for some such medications which included the circumstances under which the medication should be administered. However, this was not yet in place for all PRN medications. In addition, not all prescriptions included the times for administration, some of them stated how many times the medication should be administered but did not state the times.

Judgment:

Non Compliant - Moderate

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The statement of purpose was examined by the inspector and was found to contain inappropriate information in relation to the maintenance of privacy and dignity for those residents who were sharing a room. In other regards it contained the information required by the regulations and reflected the service provided.

Judgment:

Non Compliant - Moderate

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, was appropriately qualified and skilled and demonstrated the necessary experience to manage the designated centre. Her leadership skills were evident throughout the inspection, and in the improvements which had recently been made. The person in charge reported that she was now supernumerary, and no longer required to be counted in the staff roster or to fill in for relief work in the absence of other staff.

Regular staff meetings and management meetings were held and required actions were identified. However, there was no documentary evidence of monitoring of these actions.

A system of audits was in place. Unannounced visits had been conducted, as had other audits, for example, in the areas of medication management, restrictive interventions, and abuse awareness. These audits identified required actions and completion dates, and there was evidence of the monitoring of the completion of these actions.

Judgment:

Non Compliant - Minor

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

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

Findings:

There were appropriate structures and processes in place to manage any absence of the

person in charge, and the person in charge was aware of her obligations in relation to informing the Authority of absences.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

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

Findings:

There was evidence of adequate resources to ensure effective delivery of care and support. The houses were adequately furnished and equipped and there were resources to facilitate residents' occupational and social requirements.

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:

For the most part the houses were adequately staffed to meet the assessed needs of the residents. For example, extra staffing had been provided in one of the houses to meet the changing needs of one of the residents and additional staff were provided to meet the social needs of some of the residents. However, in one of the houses this extra staff was only available on alternate weekends, resulting in the curtailment of the social activities for residents on those weekends with lower staffing levels. In addition, there were no extra staff to meet the assessed needs of residents when their day services were closed for holidays.

Staff training had been provided and staff demonstrated knowledge gained in this training, for example, in fire safety and in the protection of vulnerable adults. A system of staff appraisal had been introduced and a schedule of continuous appraisal was in place.

Judgment:

Non Compliant - Moderate

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:

All policies required in schedule 5 of the regulations were in place, as were all other documents as required by the regulations.

Judgment:

Compliant

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:

Julie Pryce
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Stewarts Care Limited
Centre ID:	OSV-0003908
Date of Inspection:	08 October 2014
Date of response:	29 December 2014

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:

Not all residents had the freedom to exercise choice and control in their daily lives.

Action Required:

Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Please state the actions you have taken or are planning to take:

Each resident now has their own bedroom as per their own choice.

Proposed Timescale: 15/12/2014

Theme: Individualised Supports and Care

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

Complaints were not investigated promptly

Action Required:

Under Regulation 34 (2) (b) you are required to: Ensure that all complaints are investigated promptly.

Please state the actions you have taken or are planning to take:

The complaint referred to in the report has been successfully resolved to the satisfaction of all concerned.

Proposed Timescale: 15/12/2014

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:

Agreements in writing relating to the terms on which residents resided in the designated centre had not been signed.

Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

Please state the actions you have taken or are planning to take:

Contracts of care have been sent to all residents next of kin to be signed. On return they will be signed by person in Charge/Deputy Person in Charge on behalf of the organisation. Presently in the absence of a next of kin the contract of care will be signed by the Executive Director of Care on behalf of the resident.

Proposed Timescale: 31/01/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

The provider had not made provision for all the matters set out in schedule 6 of the regulations.

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:

The requirements of Schedule 6 have now been fully implemented.

Proposed Timescale: 15/12/2014

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

There were not adequate systems in place to ensure the assessment and management of all risks.

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:

The system for the management of risk escalation will be documented and the process will be available in the risk register in each house.

All current risk assessments will be reviewed dated and signed.

A Lone worker policy has been developed and ratified by the C.E.O. Risk assessments will be conducted to identify the hazards associated with working alone. Control measures will be put to prevent/ reduce the risk to a reasonably practicable level.

Proposed Timescale: 31/03/2015

Theme: Effective Services

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

Effective fire safety management systems could not be ensured for one of the residents.

Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

Please state the actions you have taken or are planning to take:

The issue of effective fire safety management for residents has been resolved and fully implemented as all residents now have their own individual bedrooms.

Proposed Timescale: 15/12/2014

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:

Not all efforts were made to alleviate the residents' challenging behaviour.

Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

Please state the actions you have taken or are planning to take:

Residents who have a behaviour support to guide and support staff will also have a needs sheet developed to record the implementation of the plan. The management interventions used and outcome of each incident will be clearly stated to enable effective evaluation of the behaviour supports used. Records to indicate successful behaviour management as well as occasions when it was not effective will be maintained.

Proposed Timescale: 31/12/2014

Theme: Safe Services

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

Residents were not all assisted and supported to develop the knowledge and skills required for self care in relation to the management of their finances.

Action Required:

Under Regulation 08 (1) you are required to: Ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

Please state the actions you have taken or are planning to take:

An assessment will be undertaken to identify residents financial capacity/ choice to manage their own funds. Where appropriate, training and support will be given to develop the knowledge and skills needed and will have their incomes paid directly into their bank accounts.

Proposed Timescale: 30/04/2015

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:

Not all practices in relation to the management of medication were suitable to ensure medication was administered as prescribed.

Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:

A protocol has been developed for all 'as required' (PRN) medications to ensure medication is administered as prescribed. Each resident who is prescribed a PRN medication will have a protocol developed detailing circumstances, times and frequency of when the medication should be administered.

Proposed Timescale: 31/01/2015

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:

Some of the information required in schedule 1 in the statement of purpose was inappropriate.

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:

The statement of purpose has been amended to contain appropriate information in relation to privacy and dignity for residents who share a bedroom.

Proposed Timescale: 17/10/2014

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

Not all systems were in place to ensure that service was effectively monitored.

Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:

Staff meetings will review agreed actions from previous meeting, person responsible, outcomes achieved or otherwise and signed off by staff responsible. Minutes of all meetings, required actions, person responsible, timeframes and evidence of monitoring will be available in house meetings folder in each house.

Proposed Timescale: 31/03/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

The number of staff was occasionally inappropriate to the number and assessed needs of residents.

Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:

Dependency level assessments will be reviewed and discussed with HR department to facilitate preparation of a business case for the HSE for funding of appropriate staffing.

Proposed Timescale: 31/03/2015