<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Muiriosa Foundation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004087</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Laois</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Muiriosa Foundation</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Brendan Broderick</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Julie Pryce</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>5</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
</tr>
</tbody>
</table>
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 2 day(s).

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

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 October 2014 11:00</td>
<td>15 October 2014 18:30</td>
</tr>
<tr>
<td>16 October 2014 10:00</td>
<td>16 October 2014 17:30</td>
</tr>
</tbody>
</table>

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>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 02: Communication</td>
</tr>
<tr>
<td>Outcome 03: Family and personal relationships and links with the community</td>
</tr>
<tr>
<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
</tr>
<tr>
<td>Outcome 05: Social Care Needs</td>
</tr>
<tr>
<td>Outcome 06: Safe and suitable premises</td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 08: Safeguarding and Safety</td>
</tr>
<tr>
<td>Outcome 09: Notification of Incidents</td>
</tr>
<tr>
<td>Outcome 10. General Welfare and Development</td>
</tr>
<tr>
<td>Outcome 11. Healthcare Needs</td>
</tr>
<tr>
<td>Outcome 12. Medication Management</td>
</tr>
<tr>
<td>Outcome 13: Statement of Purpose</td>
</tr>
<tr>
<td>Outcome 14: Governance and Management</td>
</tr>
<tr>
<td>Outcome 15: Absence of the person in charge</td>
</tr>
<tr>
<td>Outcome 16: Use of Resources</td>
</tr>
<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 of Muiriosa Community Living Area E 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.

The designated centre comprised two houses which accommodated five residents
altogether. The homes were well decorated and furnished, and equipped according to the needs of the residents. Residents appeared to be comfortable and content in their homes.

While the inspector found evidence of a good quality service in the main, some improvements were required, for example in the area of personal planning, which are 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 structures in place to promote the rights of residents, for example, residents who chose to vote were supported and facilitated to do so. There was a positive approach to upholding residents rights in relation to restrictive practices, and residents had access to an independent advocate if required. A list of each resident’s property and possessions was maintained in their personal plans.

However, while most of the residents had their own bank accounts which they were assisted to manage, one of the residents did not. Staff reported that this resident would have the ability to manage a bank account with support.

Residents were involved in the organisation of the designated centre, residents’ meetings were held weekly and notes of these meetings were kept. Issues relating to the daily life in the centre were discussed at these meetings. Residents had been informed of the role of the Authority and the inspection process. They were involved in the development of their personal plans where they chose to be.

There was a complaints procedure in place in sufficient detail as to guide staff, residents and their families, it was available in an accessible version and was clearly displayed in the centre. The was a structure for the maintenance of a complaints log.

**Judgment:**

Non Compliant - Minor
### 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:**
- There was a communication profile in place for each resident which outlined their preferred methods of communication. Staff were knowledgeable about the content of these profiles, and demonstrated this in their interactions with residents.
- There were various accessible versions of information for residents to assist their understanding, for example, pictures of staff on duty, pictorial schedules and pictorial menus. There were televisions in all the communal areas, and in residents’ rooms, and radios for those residents who liked to listen to the news.

**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:**
- There was evidence that links with the local community had been forged and maintained. The houses were both centrally located within the community and residents accessed community facilities including cafés, shops, gym and local church.
- Visits were welcomed and facilitated and residents were supported to make and receive phone calls to families and friends.

**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:**
Written agreements relating to the services provided to residents and the charges incurred had been developed. These were not yet all signed.

**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 residents. They all began with an overview of relevant information about the resident including their likes and dislikes, communication and preferred activities. Some of the assessed needs of the residents had led to the development of a plan which was detailed enough to guide staff, for example, there was a plan in place for a resident who liked to spend a significant amount of time alone in his room and detailed plans for some residents in relation to social aspects such as autonomy and coping skills.

However, the personal plans reviewed by the inspector were unstructured and
disorganised, information could not be located and the inspector was concerned as to how these plans guided staff in the delivery of care when the information was not accessible to them.

Many of the plans were undated so it was unclear as to whether they were contemporary, and unsigned by the staff member who had developed them. Any review which had taken place did not include an evaluation of the effectiveness of the plans, they only included a date on which the review took place. There was therefore no evidence of monitoring of the effectiveness of plans.

Some healthcare needs of residents had not resulted in an assessment or plan, as further discussed under Outcome 11.

There was evidence of a meaningful day for residents, based on their assessed needs, and leisure activities had been identified for each resident. Regular meetings were held in relation to the activities of residents which resulted in actions for maintenance or improvement of activation for residents.

**Judgment:**
Non Compliant - Moderate

---

**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 houses were spacious, well maintained, furnished and equipped according to the requirements of the residents. According to the assessed needs of one of the residents, single occupancy accommodation was required and this had been facilitated.

There was a strong smell of urine in two of the bathrooms of the shared house, with corresponding staining around the toilet areas where the flooring appeared not to meet the toilet stand. in addition there was no appropriate storage system for mops which were stored outside in buckets.

The radiators and hot running water in one of the houses was at an unacceptably high temperature. The person in charge made immediate arrangements to have this rectified and provided a plan to ensure the safeguarding of residents until the work was
Judgment:
Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

Findings:
The inspector found that systems were in place for the prevention and detection of fire and the management of emergencies. 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 all residents and all fire safety equipment had been tested regularly. An emergency plan was in place and alternative accommodation had been identified in the event that evacuation of the centre was necessary.

There were structures in processes in place in relation to the assessment and management of risk. A risk policy was in place and a risk register was maintained. There was a system for the escalation of any risks which could not be managed locally. Environmental risk assessments had been conducted and there was a risk assessment in place in relation to lone workers. Various individual risk assessments for residents were in place, for example, in relation to smoking and challenging behaviour.

There were systems in place for the management of accidents and incidents. Accident and incidents forms were completed and a copy sent to the regional manager. These forms identified details of the incident, follow up actions required and the person responsible for these actions. There was evidence of these required actions then being discussed at various other relevant meetings, for example, house meetings and behaviour management meetings. Minutes of meetings were kept and the completion of the actions was monitored at these meetings. Accidents and incidents were uploaded to the organisations software system which then trended by type, location and resident for review by the Health and Safety committee.

Judgment:
Compliant
**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:**
There were systems in place in relation to the managing of challenging behaviour, including functional analysis, risk assessment and regular team meetings. Detailed behaviour support plans were in place based on the assessed needs of residents, the implementation of these plans was recorded and frequently reviewed.

All residents had appropriate intimate care plans in place in sufficient detail as to guide staff. There were systems in place to safeguard residents’ money, including the maintenance of receipts for all spending and financial management plans.

**Judgment:**
Compliant

---

**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 her responsibilities in relation to the required notifications to the Authority. All required notifications had been made, and identified actions had been completed.

**Judgment:**
Compliant
### Outcome 10. General Welfare and Development
*Resident’s opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**
Health and Development

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

**Findings:**
There were opportunities for residents to participate in activities in accordance with their interests and preferences. Where residents did not attend a day service there was evidence of the support provided to ensure a meaningful day. Links with the local community had been forged and maintained and personal relationships were supported.

**Judgment:**
Compliant

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

**Theme:**
Health and Development

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

**Findings:**
There were several processes in place to ensure that residents’ healthcare needs were being met. For example, residents had access to a General Practitioner of their choice, and an out of hours GP. A dietician had been involved with a resident with particular healthcare needs in relation to nutrition, and the recommendations of the dietician were implemented and recorded. In addition staff had received training in the management of this healthcare issue.

Healthcare plans were in place for some of the assessed needs of residents in sufficient detail as to guide staff and there was evidence of the recording of the implementation of these plans and the monitoring of the effectiveness. However, assessments and plans were missing for several healthcare issues for residents, including a recurring condition which required preventative measures to be in place. This has been discussed under
Outcome 5.

The houses were well stocked in relation to food, and residents choice of food was incorporated into menu planning and grocery shopping. These issues were discussed at the weekly residents’ meeting. However, no records were kept of the food provided as required under schedule 4 of the regulations and this is further discussed under outcome 18.

**Judgment:**
Non Compliant - Moderate

---

**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 were procedures in place to ensure the safety of medication management in the centre. Medications were stored appropriately and safely. There was a self medication assessment in place for each resident. Medications were supplied and administered from individual blister packs and each administration was recorded.

While there was an organisational policy in place there was no local protocol in place to guide staff in the ordering, storage and administration of medications as required by this policy. This is further discussed under Outcome 18.

**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

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

**Findings:**
The statement of purpose contained all the information required by the regulations and adequately reflected the service offered in the designated centre.

**Judgment:**
Compliant

---

### 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. She demonstrated a knowledge of the standards and regulations, and had ensured that all staff were also aware of them. There were, however, currently no team meetings being held, although a template for these meetings had been developed and the person in charge planned to recommence the meetings. There were some communications strategies in place, including a daily communications book, and a monthly report on each resident to the person in charge.

The person in charge reported that regular meetings were held with the line manager, but as yet no documented record of these meetings were kept. Regular meetings were held with other persons in charge within the organisation, and while records of these meetings were kept there was no evidence of the monitoring of any agreed actions.

The provider had commenced a schedule of unannounced visits and audits of the designated centre. The action plan which resulted from this audit included identified actions, the person responsible for the action, the expected completion date and the progress of the actions. A finance audit was conducted every two months, and included the monitoring of actions, as did the monthly health and safety audit. However an audit of personal plans did not identify a proposed completion date and there was no evidence of monitoring of agreed 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 arrangements in place in the event of the absence of the person in charge and she was aware of her responsibility in relation to notifying the Authority of certain 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:**
The inspector found that there were appropriate levels of staff on the day of inspection to meet the assessed needs of residents within the layout of the premises. Each resident had an identified key worker. Staff training had taken place for example in fire safety and protections of vulnerable adults. Training in relation to the assessed needs of some of the residents had also taken place, for example, in relation to diabetes and the management of nebulisers. However, no training had been offered or had taken place in relation to personal planning and the inspector was concerned that staff may not have the knowledge and skills to address the issues found in the inspection in relation to personal plans.

Staff files were not reviewed as part of this inspection, however, a full review of staff files took place on 18 September 2014 in the providers head office. The inspector found that staff files that were reviewed on this date did not contain all the required information to meet the requirements of the Regulations, for example the evidence of staff qualifications was missing from some of the files.

A formal staff appraisal system had been developed and the person in charge had developed a schedule of implementation.

**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.
Use of Information

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

**Findings:**
Most of the records and documents required by the regulations were in place. However, while an organisational policy in relation medication management was in place, the local protocol to provide detailed guidance to staff as required by this policy was not.

In addition, there was no record of food provided to residents maintained as required under schedule 4.

**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:**

Julie Pryce
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 Muiriosa Foundation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004087</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>15 October 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>19 January 2015</td>
</tr>
</tbody>
</table>

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:
Choice in relation to management of finance was not always available to residents.

**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:
The Registered Provider will liaise with the Person in Charge to ensure that the individual is supported to set up and maintain their own personal bank account.

Proposed Timescale: 13/02/2015

<table>
<thead>
<tr>
<th>Outcome 04: Admissions and Contract for the Provision of Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme: Effective Services</td>
</tr>
</tbody>
</table>

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Contracts of care had not all 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:
The Registered Provider in collaboration with the Person in Charge will ensure that all individuals have a written agreement/contract of care in place.

Proposed Timescale: 30/01/2015

<table>
<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme: Effective Services</td>
</tr>
</tbody>
</table>

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no assessment in the personal plans for some health and social needs of residents.

Action Required:
Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

Please state the actions you have taken or are planning to take:
The person in charge will:
1. Ensure that all personal plans are re-organised and structured as per the local standard operating procedure on file management so as to assist and guide staff in the delivery of care and support.
2. Review all personal plans to ensure entries are dated and signed by the relevant staff member.

3. Ensure that personal plans are monitored and evaluated for their effectiveness and that reviews are held in line with the identified timeframes.

4. Carry out refreshed training with all frontline staff on personal planning, record keeping to include file management

**Proposed Timescale:** 27/02/2015  
**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
Plans were missing for some of the assessed needs of residents, or were disorganised and therefore unavailable.

**Action Required:**  
Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

Please state the actions you have taken or are planning to take:  
The person in charge will:
1. Carry out refreshed training with all frontline staff on personal planning, record keeping to include file management

2. Review personal plans to ensure that the assessed needs of residents are recorded and filed appropriately and available to guide staff in the delivery of care and support.

**Proposed Timescale:** 27/02/2015  
**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
The effectiveness of some of the plans was not assessed.

**Action Required:**  
Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

Please state the actions you have taken or are planning to take:
The person in charge will:
1. Ensure that all personal plan reviews include an assessment of the effectiveness of the plans taking account of changes in circumstances and developments.

**Proposed Timescale:** 27/02/2015

---

### Outcome 06: Safe and suitable premises

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Not all areas of the premises were clean and free of odour and there was no clean storage area for mops.

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

**Please state the actions you have taken or are planning to take:**
The Registered provider has liaised with the person in charge to:
1. Replace the floor covering in two bathroom areas.
2. Organised a clean storage area for mops and buckets
3. Ensure that cleaning schedules are adhered to and monitored.

**Proposed Timescale:** 24/11/2014

### Theme: Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The heating was not suitable for residents as required under 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 registered provider has liaised with the person in charge to:
1. Install room stats in each room to regulate room temperature.
2. Install an anti-scald system on taps.

**Proposed Timescale:** 24/10/2014
Outcome 11. Healthcare Needs

**Theme:** Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some plans were missing so that appropriate healthcare with regards to the plan could not be ensured.

**Action Required:**
Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident’s personal plan.

Please state the actions you have taken or are planning to take:
1. Ensure that weekly menu plans and specific diet plans for each individual are recorded, retained and stored for reference. (16/10/14)
2. Ensure that all healthcare plans are reviewed to ensure comprehensive assessment of needs and plans are specific to identified needs.
3. Carry out refreshed training with all frontline staff on personal planning, record keeping to include file management

**Proposed Timescale:** 27/02/2015

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 arrangements were in place to support and develop staff in relation to the quality and safety of support.

**Action Required:**
Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

Please state the actions you have taken or are planning to take:
1. The Registered Provider will liaise with the Person in Charge to:
   Convene bi-monthly team meetings, using the standard agenda
   Proposed Timescale: 22/1/15.

2. The Registered Provider will liaise with the Line Manager to:
   Ensure that minutes of team meetings are documented and distributed to persons in
 Proposed Timescale: 22/01/2015
Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was insufficient evidence of the monitoring of actions to ensure the quality and safety of care and support.

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:
1. The Registered Provider has put in place a format for meetings that incorporates the monitoring of actions.

2. The Registered Provider will liaise with the Person in Charge to ensure that all reviews of personal plans have completion dates identified for each action and that evidence of monitoring of these actions are recorded along with signatures and completion dates.

Proposed Timescale: 27/02/2015

Outcome 17: Workforce
Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some of the information specified in schedule 2 was missing from staff files.

Action Required:
Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

Please state the actions you have taken or are planning to take:
The Person in Charge will ensure all staff schedule 2 documentation is on file.

Proposed Timescale: 26/01/2015
### Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff did not have access to training in all appropriate areas.

**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 Person in Charge will organise training in personal planning for all team members.

**Proposed Timescale:** 27/02/2015

### Outcome 18: Records and documentation

**Theme:** Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all local policies were in place.

**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 Registered Provider will liaise with the Person in Charge who will develop and implement local protocols on medication management, storage and administration.

**Proposed Timescale:** 21/01/2015

**Theme:** Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Records of food provided were not maintained.

**Action Required:**
Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 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 Registered Provider has liaised with the Person in Charge to:

Ensure that weekly menu plans and specific diet plans for each individual are recorded, retained and stored for reference. (16/10/14)

Proposed Timescale: 06/11/2014