# Compliance Monitoring Inspection report

Designated Centres under Health Act 2007, as amended

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Cork Association For Autism</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002120</td>
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<td>Centre county:</td>
<td>Cork</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>Cork Association For Autism</td>
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<tr>
<td>Provider Nominee:</td>
<td>Pat O'Flynn</td>
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<tr>
<td>Lead inspector:</td>
<td>Mary O'Mahony</td>
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<tr>
<td>Support inspector(s):</td>
<td>Maria Scally</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>7</td>
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<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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>
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<tr>
<td>21 January 2015 10:30</td>
<td>21 January 2015 19:00</td>
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<td>22 January 2015 10:00</td>
<td>22 January 2015 19:30</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 11. Healthcare Needs</td>
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<td>Outcome 12. Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 15: Absence of the person in charge</td>
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Summary of findings from this inspection

The second inspection of this centre by the Health Information and Quality Authority (HIQA or the Authority) was carried out to inform the registration process. The centre consisted of two houses on one campus. One house was for residents who availed of respite care and the second house was for those requiring residential care. As part of the inspection, inspectors met with residents, the persons in charge, the provider, a member of the board of management, social care leaders and other staff members. Inspectors spoke with the provider and the two persons in charge and discussed the management and clinical governance arrangements for supporting staff in their roles. Inspectors reviewed the policies and procedures in the centre and
examined documentation which covered issues such as medication management, accidents and incidents, complaints and the emergency plan. The person in charge spoke with inspectors about how he endeavoured to provide a person-centred service to effectively meet the needs of residents. On the day of inspection there were seven residents in the centre and the person in charge informed inspectors that three residents used the residential service while there were 25 residents using the respite service, on a rotational basis.

The action plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities. These areas included:
- health and safety issues
- staff training and documentation required
- governance and management
- schedule 5 policies
- recording of errors
- contracts of care
- complaints management
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):
No actions were required from the previous inspection.

Findings:
Inspectors noted that the rights of residents were supported by staff in the centre. Residents were treated with dignity and there was a regular consultation process in place, adapted to residents' needs. As some residents had limited verbal expression staff would respond to residents' body language when suggestions were made for outings and shopping trips. Inspectors saw minutes of house meetings and observed staff interacting with residents in a friendly and supportive manner. Staff were seen informing residents about the choice on offer at meal times and this was presented in a visual form on notice boards and laminated pictorial format to aid communication.

A folder containing accessible documents was visibly displayed in the centre. This included information on how to make a complaint, residents' rights, access to advocacy, the resident's guide and photographs of key personnel in the centre. There was pictorial input in some documents also. Residents and their representatives were involved in their personal plans. Residents could make choices about their daily lives with support from staff and staff with whom inspectors spoke were aware of the residents' preferred routine. One resident enjoyed gardening and working with the grounds man. Entries in his care plan indicated that he was facilitated to be involved in this activity. Some residents attended a day care centre located on site and returned each evening at 15.30hrs. Other residents were transported to their individual facilities by staff. The staff roster was arranged in a manner to support residents and inspectors viewed the roster which indicated continuity of staff in the centre.

Individual records were kept of the weekly spending money for each resident. Inspectors reviewed a number of these and noted that transactions were being signed by two staff members. The amounts checked correlated with the balance in the written
record. The person in charge explained to inspectors that that all receipts were retained and inspectors checked a sample of these. However, the provider had failed to implement a policy to guide staff on the care of residents’ property and finances, as required by Regulations. Nevertheless, there was a draft policy shown to inspectors. This failing was addressed under outcome 18: Records and Documentation:

Local amenities were accessed and inspectors saw evidence in the daily reports that residents had been assisted to avail of these. Inspectors also observed staff accompanying residents on evening outings in the mini bus. Residents were facilitated to attend a variety of events and activities which were outlined in more detail under outcome 5: Social care needs. There was transport available in the centre which was driven by suitably qualified staff members. The transport was risk assessed on a regular basis. Residents were supported to attend religious ceremonies of their choice, for example, some residents attended mass in the local church. Staff spoke with inspectors about how they assessed which activities and venues most suitable for the residents and spoke about how local establishments were particularly welcoming of the group to the extent of stocking items which were required for dietary needs of residents.

There was a complaints policy in operation in the centre. A version of this was displayed on the notice board. However, an easy-to-read version for residents and their representatives was not displayed in the centre at the time of inspection, as required by the Regulations. This was rectified while inspectors were on the premises. The centre had a dedicated complaints officer and an independent nominated person. Staff were aware of the names of these personnel and how to initiate a complaint. Inspectors reviewed information provided in the pre inspection questionnaires filled out by the representatives and saw that they were familiar and comfortable with the complaints procedure. The inspectors viewed the complaints log and observed that complaints were recorded within the residents' file. However, the person in charge showed inspectors the new more detailed form which was to be introduced with the undated policy. The present document seen by inspectors was not detailed and did not include the satisfaction or otherwise of the complainant. Learning from complaints was also not documented. Some of the complaints recorded informed inspectors' findings under outcome 9: Notifications.

Residents who availed of the residential house had single bedrooms and adequate communal sitting and dining space. Residents who availed of the respite service were supported in the maintenance of their privacy and dignity by the provision of locked cupboards, if they wished to leave belongings in the centre. Inspectors observed that there was a thorough cleaning regime undertaken between each admission and there was a good supply of clean bed linen and towels for each resident. There were 25 residents availing of this service and inspectors sought assurances from the person in charge that each resident’s privacy and dignity was respected in relation to, but not limited to, his or her personal and living space, in accordance with Regulation 8 (3). Inspectors saw evidence that there were separate arrangements made for the admission of the new group of respite residents on day two of the inspection. For example, the incoming residents' individual likes, dislikes, routines and activities were outlined to inspectors by the staff. When residents arrived for respite in the centre on day two, it was evident that they were familiar and happy with the adjustments which had been made by staff for their stay. Beds had been re-made with their choice of linen, they
were assigned individual rooms with which they were familiar and their food choices were in stock. Care plans for these residents were detailed and person centred.

**Judgment:**
Non Compliant - Major

### 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):**
No actions were required from the previous inspection.

**Findings:**
Inspectors observed that communication care plans were reflected in practice by the staff on duty during the inspection. Inspectors noted that residents had access to appropriate media, such as television, newspapers and radio. There were large screen televisions in communal rooms. Residents had individual televisions where this had been requested or was appropriate. There were computers available in the house but there was no internet access available for residents nevertheless, the person in charge informed inspectors that this system was to be installed in the near future. Some residents had mobile phones while others had personal electronic game devices which they were seen to be using in the evenings.

There was a communication policy available which was viewed by inspectors and found to be comprehensive. During the inspection, staff who spoke with inspectors demonstrated awareness of the individual communication needs of residents in their care and outlined the systems that were in place to meet the diverse communication needs of residents. In addition, inspectors noted that individual communication dictionaries were available in residents' personal plans which indicated what type of behaviour residents could display as an indicator of certain needs. Visual aids such as pictures, photo albums and letters were also used to aid their communication around activities and tasks.

The provider nominee who was also a behaviour specialist provided advice and detailed steps to be followed when providing positive behaviour support for certain residents. Inspectors saw that this advice was included in the personal plans of residents for the attention of all staff. Friends and relatives were encouraged to visit the centre according to information supplied in the questionnaires and there was a room available for private visits. The person in charge informed inspectors that residents and their representatives were included in social events, within the centre and in the community. Photographs of such events were displayed in the centre.

**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):
No actions were required from the previous inspection.

Findings:
Inspectors noted that positive relationships between residents and their representatives were fostered with contacts and social links supported by a variety of means. There was an open door visiting policy in the houses and family, relatives and friends were welcome to visit. Inspectors were shown a variety of photograph albums and framed pictures in the centre which confirmed this. Contact was supported as appropriate to each resident, for example through residents' home visits, phone contact and visits to the centre. Family or residents' representatives were encouraged to attend birthdays and other special occasions such as Christmas parties. Staff said that they had facilitated residents' representatives who wished to take an individual resident out for shopping, for a meal or to celebrate a special event. There was evidence of personal links in the personal plans. Residents' representatives were contacted by the person in charge in advance of the review of each resident's personal plan and invited to attend the review meeting. Input from relevant people, in relation to individual residents' wishes and preferences, was documented in personal plans.

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):
No actions were required from the previous inspection.

Findings:
Inspectors viewed the admissions policy which outlined how to apply for admission to the centre. The admission policy included the procedures for transfers, discharges and the temporary absence of residents; however, it required updating to take account of the need to protect residents from abuse from their peers, as outlined in the Regulations.

While inspectors were shown a draft contract which the centre planned to send out to
residents and their representatives in the near future, at the time of inspection residents did not have a written agreement of the terms on which they resided in the centre. This was not in compliance with the Regulation which sets out the terms to be included in any contract. The centre was required to set out in writing how the support, care and welfare of residents in the designated centre would be met and where appropriate, the fees to be charged including any additional fees which may have to be paid for other services.

Judgment:
Non Compliant - Major

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his/her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The centre's statement of purpose stated that each resident was actively engaged in developing and implementing their individual person centred plans. Inspectors saw that residents had signed their personal plan review and there was evidence, in care plans reviewed, of contact with residents' representatives prior to the review meetings. Inspectors were informed by staff that residents were now included in meetings with the psychologist or meetings with other members of the multidisciplinary team (MDT) to review their progress.

There were two houses on the campus:

House 1:
There were three residents living in the residential house at the time of inspection. Inspectors viewed the care plans of residents in this house and observed that they contained detailed personal plans and relevant important information on the daily routine of each person. There were notes reviewed of monthly review meetings at which the team discussed goals and progress as well as any challenges which may have arisen. The personal plans contained implementation dates and the responsible person was named on them. Review dates were identified and the minutes of previous case conferences were retained in the files.

There were risk management plans in place for those with complex psychological needs.
Medical information retained in the file, for use in the event of transfer to a medical facility, was relevant to the needs of residents and regularly reviewed. Inspectors observed that residents had access to an advocacy service. This was confirmed by the staff members on duty. There were detailed written and pictorial 'social stories' available for residents and guidelines for staff on residents' needs were easily accessible. As one resident was non-verbal there was a system in place to train staff in PECS (Picture Exchange Communication System). Issues which caused increased anxiety were outlined for one resident and inspectors noted that there was a plan in place to alleviate this. The provider who had specialised knowledge, was in the process of reviewing staff training and care plans of residents who experienced behaviours that 'challenged'. There were pictures of the dentist and other medical personnel available in the plan to enable orientation and reduce anxiety levels. Inspectors noted that staff had identified hospital/medical visits as a source of great distress for this resident. There was a medical 'passport' available for residents in the event that hospitalisation was necessary.

House 2:

In the respite house there were four residents at the time of the inspection. Each respite resident also had a personal plan, which was seen to be person centred, with goals set and identified implementation dates. Each resident was assigned a key staff member who was to support residents in meeting their goals. The application pack seen by inspectors for these residents was informative. The important daily routines, for example, personal hygiene and clothing, mealtimes, manual handling, social interests and activities were accompanied by a comprehensive plan. The date when plans were due to be reviewed were clearly outlined and in line with Regulations and plans were regularly updated. There was detailed narrative information about each resident available as well as information on their assessed likes, dislikes and routines.

There was a separate filing cabinet which contained a daily report book of interactions and activities for each individual in the centre and in their day centres. Inspectors were informed by residents and staff that there were a number of options available for residents in relation to activities and work. Inspectors noted that residents were involved in the day to day running of the homes including the cooking and shopping where appropriate. Inspectors spoke with residents who explained their interests and work and one resident made tea for inspectors. Residents outlined, with support from staff, a number of off-site activities they enjoyed. These included bowling, the shopping centres, Fota park, a local funfair, attending the cinema and walks in the regional park in Ballincollig. On the day of inspection residents visited a local pub after their tea. Residents informed inspectors that they had a good choice of activities from which they could choose each day. Residents stated that they enjoyed attending the day care centre on site. Residents in the respite house were supported to go to their own day centres and they were driven there by members of staff. Some residents were seen relaxing at the end of the day and there was a good supply of board games, CDs, books and DVDs on offer.

**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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The centre was located in a country setting with scenic views of the surrounding countryside and it consisted of two detached houses. There was a day care centre located within the complex and this service was shared with other residents from outside the centre. The gardens were very well maintained and planted with shrubs, flowers and trees.

Both of the houses were modern, bright, well ventilated and in good repair. The furniture was comfortable and there were sufficient fixtures and fittings which contributed to the homely atmosphere. There were large couches and armchairs in the sitting rooms as well as cabinets and cupboards in which the residents' DVDs, books and games were stored. Each sitting room had a television and a music centre. Some of the furniture had been rearranged since the previous inspection in an effort to subdivide the large sitting rooms. This created individual spaces from some residents who preferred to watch DVDs or play with their computer games. Extra couches had been purchased also and rooms had been freshly painted.

The residents had separate bedrooms with en suite facilities. The residential house was a bungalow and the bedrooms were individualised with evidence that residents had been consulted in relation to the décor. The furniture in resident's bedrooms consisted of a double bed, a wardrobe, a chest of drawers and a locker. There were pictures and posters on the walls with a bedside lamp on the locker. The house used for respite was a two-storey building. On day two of inspection three residents were going home and three other residents were coming in. Inspectors saw that the bedrooms were being cleaned in what appeared to be a thorough manner and the bed linen changed. Residents in this house had a supply of linen in the hot press and there were notices reminding staff of the preferences and choices of each resident as regards their bedding.

In addition to en suite facilities, each house had a separate bathroom with a shower, toilet and wash-hand basin and a staff bathroom also. There were laundry facilities which were adequate to meet the needs of residents and each house had a kitchen that was suitably equipped with good cooking facilities and sufficient equipment. The respite house also contained overnight accommodation for staff. There was adequate communal space, separate from the residents' bedrooms, in which they could spend some time in private or meet with visitors. Inspectors were satisfied that the design and
layout of the centre were compatible with the aims and objectives of the statement of purpose and the design and layout promoted the dignity, independence and wellbeing of residents.

The provider and members of the board of management spoke with inspectors about their plans to improve the facilities available on site and they said that the board of management was committed to continuous improvements on behalf of residents, their representatives, families and staff.

Judgment:
Compliant

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The centre had a health and safety statement which had been reviewed in January 2015. Some procedures were in place for the prevention and control of infection. Alcohol hand gels and disposable gloves were available. Staff spoken with by inspectors were trained in correct hand washing technique. Housekeeping duties were carried out by the staff and a new colour coded mopping and cleaning system had been put in place since the last inspection. The residential house had large television sets and these had been secured in place along with items such as the 'free to air' box and the DVD players in line with the assessed needs of residents.

While the centre had a risk management policy in place it did not however, outline the controls in place for the risks specified under Regulation 26 and the risk register viewed had not captured or addressed all risks in the centre. For example, windows in the lower hall of the residential house had not been assessed or controls had not been put in place to prevent abscondion, in addition, a broken lock on the utility room door had not been repaired when checked by inspectors. This had been identified in December as a repair which was necessary for staff safety. The NCT test for one vehicle was overdue and not all staff had completed the weekly check list for each vehicle. In records viewed by inspectors one bus had the safety checklist last completed on 04/12/14. A recent incident in the bus where a staff member was in danger lacked a risk assessment for the probability of this happening, as the resident was assessed as having behaviour that challenges. The resident had been seated in the front seat next to the driver. Controls had not been put in place to safeguard the driver during the journey. Similar to findings in the previous inspection there were no measures in place to indicate if learning had occurred following incidents. Staff informed inspectors that incidents were discussed at staff meetings and management meetings. Inspectors viewed minutes of these meetings which confirmed that these discussions had taken place.
The emergency plan had been updated since the last inspection. A safe placement for residents in the event of an evacuation was identified and staff were aware of this. Regular fire drill training had been documented and there were personal evacuation plans for residents. Records reviewed by inspectors indicated that the fire alarm was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis. The fire assembly point was identified and there was appropriate emergency lighting in place. Inspectors saw that the fire equipment was labelled to indicate the dates of the most recent maintenance. There was evidence that arrangements were in place for reviewing fire precautions which included the alarm panel, the fire exits, and the testing of fire equipment. The fire safety certificate was displayed on the wall. The fire officer had highlighted the need for fire doors to be fitted and the person in charge said that this work had been completed. Inspectors noted that fire exits were unobstructed. Staff spoken with by inspectors were aware of what to do in the event of a fire and were aware of the location of the fire exits and break glass panels. However, not all staff had undertaken mandatory fire training or fire drills and inspectors noted that staff were not aware of how to read the fire panels. This risk had not been identified or assessed. The zones on these panels were not identifiable, nevertheless, this was rectified prior to inspectors leaving the premises. The person in charge undertook to ensure that future fire training would include a system to familiarise staff with the fire panels. Procedures to be followed in the event of a fire were prominently displayed around the buildings.

The staff on duty in the residential house were required to go outside to do nightly checks because of the narrow hallways in the house, which limited the space required to attend to a resident who might be distressed. This practice had been risk assessed and there was an external door to allow access to individuals’ bedrooms from outside the premises in the event of any crisis presenting. A second staff member who was on 'sleepover' duty had been put in place for the residential house at night since the last inspection. However, there was no sleepover bedroom in the residential house so this staff member had to use the respite house to sleep. This meant that the second staff member was not within easy access if required to support the 'waking' staff member. The staff outlined a situation in the early night where they had to lock the kitchen door for a short period when washing the floors and cleaning up after the day. This process had not been risk assessed in view of the fact that all the residents in that house had very high needs, requiring constant supervision. The lack of fire training and fire evacuation/drill training for all staff was particularly relevant for one staff member spoken with by inspectors. She informed staff that she had been on duty alone in the residential house and was not aware of the personal evacuation plans of these vulnerable residents. Some staff stated that it was a challenge to staff that residents in one house were not compatible. Staff outlined patterns of residents' interactions to inspectors which the provider undertook to reassess to prevent any occurrence of possible peer abuse. However, this aspect of risk had not been assessed and following conversation with staff and a review of incidents and complaints; inspectors formed the view that the risk of such reoccurrence was unacceptably high and addressed this issue under outcome 8; Safeguarding and safety and outcome 9: Notifications.

**Judgment:**
Non Compliant - Major
**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):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The person in charge and the provider informed inspectors that they were actively involved in the management of the centre. They said they were confident of the safety of residents through speaking with residents and their representatives and observing the interactions between residents and staff. Inspectors observed interactions between staff and residents which demonstrated a respectful and caring attitude. Residents appeared to be very familiar with the staff.

There was a policy on the management of allegations of abuse which identified the person responsible for investigating allegations and the person who had the responsibility to report any allegation to the Authority. Inspectors observed however, that there were insufficient guidelines in the policy to guide staff on preventing and recognising peer abuse. Incidents of alleged peer abuse had not been notified to the Authority and this failing was addressed under outcome 9; Notifications. Inspectors saw complaints about these alleged abusive interactions in the complaints book and in correspondence with residents’ representatives. Staff also indicated to inspectors that not all the residents were compatible with each other which led to outbursts of behaviour which required staff to be responsive at all times. Training records indicated that most of the staff had received training on the prevention and detection of abuse and were aware of what to do in the event of a suspicion or allegation of abuse. However, a number of staff spoken with by inspectors had not undertaken this mandatory training and other staff required updated training.

There was a policy on the prevention of/use of restrictive interventions which outlined measures to promote a restraint free environment. The policy listed alternative measures to the use of restraint and it provided guidance on the alternative measures listed. It was centre specific and there was evidence of policy review. Staff had received training in positive behaviour support and in how to support people who exhibited 'behaviours that challenge'.

There were measures in place for the management of residents’ finances and there were records available of transactions made by and on behalf of residents. Transactions were seen by inspectors to be signed by residents and a staff member, or alternatively
by two staff members, if a resident was unable to sign.

Judgment:
Substantially 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):**
No actions were required from the previous inspection.

**Findings:**
A record of all incidents occurring in the designated centre was being maintained and where required, notified to the Chief Inspector.

Quarterly reports were provided to the Authority. However, where some incidents of alleged peer abuse had been recorded in the centre these had not been notified to the Authority, in line with Regulations.

Judgment:
Non Compliant - Moderate

### 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):**
No actions were required from the previous inspection.

**Findings:**
Residents’ opportunities for new experiences, social participation and training were supported. An assessment of each resident’s goals, taking into account their abilities and preferences, had been completed. Goals were developed to maximise his/her independence and sense of achievement. Inspectors saw evidence that the educational, sporting and social achievements of the residents were valued and pro-actively supported in the centre. Certificates and photographs were on display and residents were actively encouraged by staff to discuss their achievements. The persons in charge informed inspectors about the wonderful support that the neighbours and local community provided to residents. Some business premises provided work experience opportunities and social outlets were made available to the group. Inspectors spoke with
the persons in charge, board members and the provider who spoke proudly of the achievements of residents especially emphasising the social and psychological importance of inclusion in the community. Inspectors saw samples of residents' achievements in their personal plans and observed residents helping to cook meals and having their independence and abilities supported by staff members.

**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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Residents had access to a general practitioner (GP) services and appropriate treatment and therapies, such as, the dentist, the psychologist, dietician and speech and language therapist. There was evidence that residents in the residential house had availed of allied health care services and specialist consultants. Inspectors noted that residents in both houses had access to refreshments and snacks with a selection of drinks and fresh fruit. Inspectors observed that there were adequate stores of both fresh and frozen food in both houses. Inspectors were shown the picture information charts which were used to assist some residents in making meal choices. There was a four weekly menu rotation on display. Residents, spoken with by inspectors, indicated that there was a variety of choices available to them and that their individual likes and dislikes were taken into account. There were a number of centre-specific policies in relation to the care and welfare of residents. Inspectors reviewed a selection of residents' files in the respite house and noted that detailed personal plans had been developed for each of the 25 residents since the last inspection. Inspectors observed that the care delivered encouraged and enabled residents to make healthy living choices in relation to exercise, weight control and dietary considerations. Staff informed inspectors that the level of support which individual residents required, varied. By reviewing the daily diary, in the respite house, inspectors saw that the residents were supported in aspects of their daily lives. This included, eating and drinking, personal cleansing and dressing, toileting, daily interactions in the day care centre and their social life in the house.

Residents' health and social care needs were seen to be met while inspectors were present. Staff were knowledgeable about residents' health and social care needs and were observed attending to residents in a caring and gentle manner. They gave detailed information to inspectors about each resident and how their medical and social needs were met. It was evident to inspectors from talking to staff and residents that each person had ample opportunity to participate in the activities, outlined under previous outcomes, in the report. The privacy, dignity and confidentiality of residents were safeguarded as private information and documentation, relating to residents, was stored
in a locked office.

**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):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
All residents’ medication administration records reviewed had photographic identification in place. There was training for staff in medication management and the inspectors spoke to staff who demonstrated an understanding of medication management. Recent training had taken place in the administration of a specific type of medication. However, there was no updated list of staff initials and corresponding staff signatures in place.

Staff were aware of the system for reporting medication errors and inspectors saw that some medication errors had been recorded. However, not all errors seen had been recorded. Examples were recording omissions. In addition, the system in place to minimise risk by reviewing and monitoring safe medication management practices was not robust. There was no system in place for regular in-house audit of medication management. Not all residents had been assessed for the ability to self-administer their medications in line with the requirements of the Regulations. Inspectors noted that one respite resident’s representative had complained that her relative was not allowed to manage his own medication.

Residents’ medication was stored in a locked cupboard in a locked room in both houses. The medications were packed in single dose units and the prescriptions were sent to the pharmacist on a monthly basis. There were regular reviews of the prescriptions depending on the needs of residents. A medication audit had been planned by the pharmacist for 31 January 2015.

There was a system in place to store and return unused and out of date medications to the pharmacy and the staff member, with whom inspectors spoke, outlined the process in place. However, the maximum dose in 24 hours for PRN (when necessary) medication was not stated for some medications which were prescribed, in line with findings in the previous inspection. This would support safe medication practice. Residents on PRN medication had supporting documentation on file for the administration of these medications but there was not sufficient information entered in the column headed “effect” of the medication, which would have indicated to staff if the resident had benefitted from the administration of the medication or not.
The medication management policy had been reviewed and was centre specific.

**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):**
No actions were required from the previous inspection.

**Findings:**
The centre had a statement of purpose that accurately described the services provided. It contained most of the information required under Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Adults and Children) With Disabilities) Regulations 2013.

However, it did not adequately address the following:
- any separate facilities for day care
- the arrangements for residents to access education, training and employment
- the fire precautions and associated emergency procedures in the designated centre.
- arrangements made for dealing with complaints in the centre referred to legislation which was now out of date.

The statement of purpose was available in an accessible format for residents.

An updated statement of purpose containing all the legislative requirements was received by the Authority on the day after the inspection.

**Judgment:**
Substantially 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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There was a more comprehensive governance structure put in place since the previous inspection. A new provider had been appointed and there were two full time persons in charge in the centre.

The provider informed inspectors that processes were being developed to ensure that Regulatory requirements were fulfilled, as regards monitoring the safety and quality of care in the centre. However, unannounced inspections had yet to be organised on a six monthly basis and the yearly report on quality and safety in the centre had not been finalised. Nevertheless, regular management meetings were held between the provider and the persons in charge. Staff were facilitated to discuss issues of safety and quality of care at weekly team meetings. Inspectors saw minutes of these meetings and staff spoke with inspectors about the sharing of information and the learning which these meetings supported.

The provider and persons in charge were suitably qualified, experienced and demonstrated good leadership and organisational skills. The provider was involved in the operational management of two centres. Staff and residents were able to identify the persons in charge in this centre and staff informed inspectors that they were approachable and supportive managers. Based on interactions with the management team during the inspection, inspectors formed the opinion that they had adequate knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Judgment:
Non Compliant - Moderate

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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There were arrangements in place for the management of the designated centre in the absence of the person in charge. The provider was aware of his responsibility to notify the Authority, within the specified time frames, of the absence of the person in charge.

Judgment:
### 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):**
No actions were required from the previous inspection.

**Findings:**
The centre was resourced to ensure the effective delivery of care and support in accordance with the centre's statement of purpose. There was evidence in residents' care plans that they were supported to meet their goals and they were facilitated to go on holidays, to visit their homes and to go out to various activities and centres.

**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):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
A sample of staff files reviewed by inspectors did not comply with the requirements of Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres For Persons (Children and Adults) with Disabilities) Regulations 2013. Not all the documents required were available in the sample of files seen. Not all staff members had the required two references in their files. Staff supervision and appraisals had not commenced for all staff. Nevertheless, the provider showed inspectors the new draft supervision/appraisal forms which had been drawn up in consultation with staff. Inspectors viewed the policies on staff recruitment and saw that all staff had fulfilled the required vetting procedures.

Records reviewed indicated that most of the staff had attended training on fire prevention, manual handling, medication training and hand washing procedures. Staff
had been trained in crisis management. However, not all staff spoken with by inspectors had appropriate training relevant to their role and had not all been trained or had updated training in the mandatory areas of:
-the prevention of abuse:
-and fire training.
These failings had been addressed under outcome 7: Health and safety and risk management and outcome 8: Safeguarding and safety, in this report. Inspectors saw a list of planned training events which included the above.

The persons in charge and the provider demonstrated a willingness and strong commitment to the delivery of high quality, safe, person-centred care and to work towards meeting regulatory requirements in their responsive action plan following the previous inspection. Rosters were arranged to meet the needs of residents. Inspectors noted that staff had very good knowledge of their roles and of the requirements and wishes of residents. Staff were able to demonstrate an awareness of the centre's policies and had access to a copy of the Regulations and National Standards. The staff were found to be well qualified, enthusiastic about their role and committed to the ethos of the centre. Residents were familiar with the staff in the centre which indicated to inspectors that there was continuity of care for residents. Staff informed inspectors that they felt supported and were encouraged to apply for promotion or for further studies where required.

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):
No actions were required from the previous inspection.

Findings:
The Directory of Residents was reviewed by inspectors who found that it complied with the requirements set out in Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. However, medication errors were not consistently recorded in the centre and the learning from any errors had not been implemented.

Most of the records listed in Schedule 4 of the Regulations were maintained in the
centre however, inspectors found that a record of the designated centre's charges to residents, including any extra amounts payable for additional services were not included in the contracts or recorded - this failing was addressed under Outcome 4. The designated centre did not have a policy on residents' personal property, personal finances and possessions. A draft policy had been drawn up, however. All other 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 were in place in the centre.

There was a policy on the provision of information to residents available in the centre along with a Resident's Guide which met the requirements of the Regulations. This guide was available in a format that was accessible to residents. Inspectors viewed the insurance policy and saw that the centre was adequately insured against accidents or injury to residents, staff and visitors.

**Judgment:**
Non Compliant - Major

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**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:**

Mary O'Mahony
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Centre name: A designated centre for people with disabilities operated by Cork Association For Autism

Centre ID: OSV-0002120

Date of Inspection: 21 January 2015

Date of response: 11 March 2015

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:
Inspectors noted that the complaints procedure on display in the centre was not appropriate to the assessed needs and abilities of residents.

Action Required:
Under Regulation 34 (1) (a) you are required to: Ensure that the complaints procedure

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
is appropriate to the needs of residents in line with each resident’s age and the nature of his or her disability.

Please state the actions you have taken or are planning to take:
The format of the complaints procedure was amended to ensure that it is appropriate to the needs of residents and is on display in the centre.

Proposed Timescale: 22/01/2015
Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all complaints seen detailed the outcome of a complaint, any action taken as a result of a complaint and did not record whether or not the resident, or other complainant, was satisfied.

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

Please state the actions you have taken or are planning to take:
Record of complaints form amended to include 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.

Proposed Timescale: 27/01/2015

Outcome 04: Admissions and Contract for the Provision of Services
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The admissions policy required updating to take account of the need to protect residents from abuse from their peers.

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

Please state the actions you have taken or are planning to take:
Admissions Policy to be updated to take account of the need to protect the residents from abuse from their peers.

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

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inspectors noted that residents did not have a written agreement of the terms on which they reside in the centre and all fees to be paid in the centre.

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:
(1) Contract of care to be formulated which will set out the terms on which the residents will reside in the designated centre
(30/06/2015 )
(2) All new admissions to the designated centre will be presented with the Contracts of Care. ( 01/07/2015 )
(3) All existing residents / families to be met and educated re Contracts of Care for signing ( 01/12/2015 ).

Proposed Timescale: 01/12/2015

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:
Not all risks in the centre had been identified, assessed or controls put in place for example:

- the lack of staff knowledge of the fire zones
- the lack of restrictors on the lower corridor windows
- the broken laundry/utility room lock
- peer abuse
- distance of sleeping staff member from area of high risk
- locking kitchen door for short periods nightly while residents with very high behaviour needs are in the building
- not all staff were trained in fire drill procedure, the use of fire fighting equipment or residents' fire evacuation plans.
- no risk assessment for one resident who was a smoker and liked to carry a lighter
- NCT was out of date for one vehicle
- not all staff were carrying out the safety checks for the bus, on a weekly basis
- risk to lone staff member
- a recent incident in the bus where a staff member was put in danger, lacked a risk assessment, for the probability of this happening and controls had not been put in place to safeguard the lone driver during the journey.
**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:**
Risk Management Policy to be updated to include hazard identification and assessment of risks throughout the designated centre.

**Proposed Timescale:** 30/04/2015

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The risk management policy did not specify the measures and actions in place to control the unexplained absence of a resident.

**Action Required:**
Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

**Please state the actions you have taken or are planning to take:**
Risk management policy updated to include measures and actions that are in place to control the unexplained absence of a resident.

**Proposed Timescale:** 26/01/2015

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The risk management policy did not contain the measures and actions in place to control accidental injury to residents, visitors or staff.

**Action Required:**
Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

**Please state the actions you have taken or are planning to take:**
Risk management policy updated to include the measures and actions in place to control accidental injury to residents, visitors or staff.

**Proposed Timescale:** 26/01/2015

**Theme:** Effective Services
| The Registered Provider is failing to comply with a regulatory requirement in the following respect: |
| The risk management policy did not specify the measures and actions in place to control aggression and violence. |

**Action Required:**
Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

**Please state the actions you have taken or are planning to take:**
Risk management policy updated to include the measures and actions in place to control aggression and violence.

**Proposed Timescale:** 26/01/2015

**Theme:** Effective Services

| The Registered Provider is failing to comply with a regulatory requirement in the following respect: |
| The risk management policy did not contain the measures and actions in place to control self-harm. |

**Action Required:**
Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

**Please state the actions you have taken or are planning to take:**
Risk management policy updated to include the measures and actions in place to control self-harm.

**Proposed Timescale:** 26/01/2015

**Theme:** Effective Services

| The Registered Provider is failing to comply with a regulatory requirement in the following respect: |
| The centre did not have a robust system in place to update the risk register and to continually review and manage all risks in the centre. |

**Action Required:**
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

**Please state the actions you have taken or are planning to take:**
Risk Register is now being updated by PIC, PPIM and staff and will be updated as required. Training in assessment and management of risk will be sought and delivered to staff.
**Proposed Timescale:** 30/09/2015  
**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Adequate precautions were not in place in the centre for the detection of fires as staff were not familiar with how to read the fire panel and the fire zones had not been identified on the panel.

**Action Required:**
Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

**Please state the actions you have taken or are planning to take:**
(1) Adequate precautions put in place for the detection of fire (23/01/2015)  
(2) Health and Safety Policy and Procedures updated.  
Fire Safety and Fire Awareness delivered to all staff.  
Fire Safety and Fire Awareness audit to be carried out.  (30/05/2015)

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**Proposed Timescale:** 30/05/2015  
**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Effective fire safety precautions were not in place in the centre as not all staff had received fire training, or had participated in fire drills or not all staff were aware of the personal fire evacuation plans for 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:**
Health and Safety Policy and Procedures updated.  
Fire Safety and Fire Awareness delivered to all staff.  
Fire Safety and Fire Awareness audit to be carried out.

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**Proposed Timescale:** 30/05/2015

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all staff had received appropriate training in relation to safeguarding residents and
the prevention, detection and response to abuse.

**Action Required:**
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

**Please state the actions you have taken or are planning to take:**
Training to be delivered to all staff in relation to safeguarding residents and the prevention, detection and response to abuse.

**Proposed Timescale:** 30/05/2015

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### Outcome 09: Notification of Incidents

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Incidents of alleged peer abuse had not been reported to the chief inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident as required under Regulation 31 (1) (f).

**Action Required:**
Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

**Please state the actions you have taken or are planning to take:**
Re-educate staff regarding notifying the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident. The PIC/PPIM will ensure that notifications are sent to the Chief Inspector.

**Proposed Timescale:** 10/03/2015

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### 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 residents in the centre had a risk assessment and assessment of capacity to encourage and support them to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

**Action Required:**
Under Regulation 29 (5) you are required to: Following a risk assessment and
assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

Please state the actions you have taken or are planning to take: 
All residents in the designated centre to be assessed in relation to their ability to be responsible for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

**Proposed Timescale:** 30/09/2015  
**Theme:** Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:  
- Appropriate and suitable practices relating to the prescribing and administration of medicines to ensure that medicine that was prescribed was administered as prescribed to the resident for whom it is prescribed and to no other resident, were not in place.
- All errors were not recorded for example, the omission of signatures for the administration of some medicines.
- A signature sheet was not in place to ensure that appropriate and suitable practices were maintained when administering medications.
- The 24 hour maximum dose of all PRN (when required) medicines was not included in the medication prescription to ensure that the resident was safeguarded as regards the correct amount of medication being administered over the 24 hour period.

**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:  
Meds policy to be reviewed and updated to ensure 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.

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

**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:
The statement of purpose did not contain all of the information required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Adults and Children) With Disabilities) Regulations 2013.

**Action Required:**
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
Statement of Purpose updated to include all of 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.

**Proposed Timescale:** 26/01/2015

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**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:**
A copy of the annual review of the quality and safety of care had not been made available to residents and was not available to the chief inspector as required by the Regulations.

**Action Required:**
Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

**Please state the actions you have taken or are planning to take:**
Registered Provider to carry out and ensure a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

**Proposed Timescale:** 30/06/2015

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The provider had failed to carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector. A written report on the safety and quality of care and support provided in the centre was not available and a plan had not been drawn up to address any concerns resulting from such a report.
Action Required:
Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

Please state the actions you have taken or are planning to take:
The Registered Provider will carry out an unannounced visits to the Designated centre at least on a six monthly basis, and prepare a written report on the safety and quality of care and support provided in the centre, and put a plan in place to address any concerns regarding the standard of care and support.

Proposed Timescale: 30/06/2015

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all the documents required as specified in Schedule 2 of the Regulations had been obtained for all staff.

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:
(1) An audit on staff files will be carried out. (30/03/2015 )
(2) All documents that are required as set out in Schedule 2 will be obtained (30/04/15)

Proposed Timescale: 30/04/2015

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A staff appraisal and supervision system had not been put in place for all staff.

Action Required:
Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

Please state the actions you have taken or are planning to take:
(1) Training to Social Care Leaders on the new centre performance development system to be delivered. ( 30/03/2015 )
(2) Social Care Leaders to undergo performance development review (30/04/2015)
(3) All staff to undergo staff appraisal and staff supervision. (30/10/2015).

**Proposed Timescale:** 30/10/2015

### 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 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 were in place and implemented in the centre.

**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:**

All centre policies to be formulated and implemented as 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.

**Proposed Timescale:** 15/05/2015

**Theme:** Use of Information

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

Medication errors were not consistently recorded in the centre as required under Schedule 3 of the Regulations and any learning from these errors had not been implemented.

**Action Required:**

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

All records to be maintained in relation to each resident as set out in Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and learning form any errors implemented.

**Proposed Timescale:** 30/05/2015