

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Services Roscommon
<b>Centre ID:</b>	OSV-0004465
<b>Centre county:</b>	Roscommon
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Brothers of Charity Services Ireland
<b>Provider Nominee:</b>	Margaret Glacken
<b>Lead inspector:</b>	Thelma O'Neill
<b>Support inspector(s):</b>	Damien Woods
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	6
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 2 day(s).

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

From:	To:
26 September 2014 09:30	26 September 2014 18:00
03 October 2014 13:30	03 October 2014 17:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

This monitoring inspection was the first inspection of this Residential Service carried out by the Health Information and Quality Authority (The Authority). It was an announced two-day monitoring inspection. This designated centre is one of the seventeen residential services run by the Brothers of Charity Services, County Roscommon.

The centre provided residential accommodation and support services for six adults with mild to moderate intellectual disabilities. As part of the inspection, the inspector met with residents', staff members, the acting Person in Charge (PIC) and the Quality Enhancement Officer. During the inspection, the inspector observed staff's practices, reviewed resident's personal plans, individual and environmental risk management documentation, medical records, policies and procedures.

The staff interviewed showed a good knowledge and understanding of residents' individual needs, wishes and preferences. The Inspector observed good interactions between staff and residents. The inspector also found that residents and their families' were involved in decisions about their care and were supported to promote their independence and exercise choice in their daily lives.

There were four houses in this centre. There were six residents living in three of the houses and the fourth house was unoccupied. The first house was a two-storey terraced house in a housing estate, two other houses were bungalows situated on detached private sites and the fourth premise was a new build in a new housing estate; it consisted of four unoccupied attached units.

One house was privately rented from a landlord, a second house was owned by the Brothers of Charity services and the other two houses were owned by the Roscarra Housing Association. Two of the three premises occupied were comfortable, clean and homely; however, the house that was owned by the Brothers of Charity Services had a flat attached to the side of the house which was in need of major renovation. There was evidence of dampness and inadequate ventilation in a number of rooms.

Two inspectors viewed the fourth premise on the second day of inspection. There were four units in this building; the four units had interconnected access to each other, through internal doorways and there was also an enclosed external walkway at the back of the building. Three of the residential services provide a similar type of service that could be described within a common statement of purpose and function. The new build did not concur with the current statement of purpose being in this centre and should be identified as a separate designated centre with its own unique statement of purpose.

While evidence of compliance was found across most outcomes, there were areas of non-compliance with the Regulations and the National Standards. These are issues discussed further in the report and are included in the Action Plan at the end of this report.

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

**Outcome 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

Residents' rights and dignity were promoted and there was evidence to show that residents were consulted about their daily routines. Inspectors found that when residents had expressed an interest to do something, this request was facilitated; for example, to go out for a meal to a local restaurant, or to go to mass at the weekends. The minutes of the resident's weekly meeting confirmed this to be the case. The inspector also observed staff members interacting with residents in a respectful manner and residents' told the inspector that their privacy was respected with all residents having their own bedroom and private access to the bathroom/ toilets.

Residents had easy access to television and radio and their preferences in terms of what programmes or music they wish to watch or listen to were facilitated. The inspector saw that picture notices were on display as an aide memoir for residents. For example, photographs of the staff on duty on the day of inspection were on display in the kitchen/dining room.

The inspector reviewed the systems in place to ensure residents' financial arrangements were safeguarded and found that there was a policy in place on managing residents' personal property and possessions. In two of the houses inspected the inspector found that this policy was implemented in practice, however; in the other house, there was not appropriate monitoring of residents money or record keeping of transactions maintained to protect resident's finances. In addition, there was no regular or random auditing of the financial records carried out by a member of the senior management team in any of the houses in this centre.

The inspector reviewed the systems and documentation in place for the management of complaints. There was a complaints policy in place in the centre; however this policy had recently been reviewed, since then residents' verbal complaints were been documented in the complaints book. The inspector found that some complaints recorded in the complaints log had been resolved. However, this was not always the case for example; in one of the houses, two elderly residents had complained that they had to travel up to an hour and half in a bus twice a day to get 10 miles to/from their day centre. The residents informed the inspector that they found this journey very tiring and had complained to the person in charge, but no changes were made to this transport arrangement. The inspector found that the person in charge had not recorded that they had reviewed regarding this complaint or their proposed action to resolve this issue.

**Judgment:**

Non Compliant - Moderate

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

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

**Findings:**

The six residents living in this centre attended social activities five days a week in their day services in either Roscommon town or locally. The inspector found that there were some opportunities for residents to participate in meaningful activities appropriate to their interests and capabilities. For example, some resident's liked to participate in woodwork and gardening; other residents like to participate in making ornaments through clay moulding.

It was also evident that residents were very much part of the local community. Residents visited the local businesses and community facilities in the town, such as local pubs, restaurants, library and church as well as taking part in social activities in the house such as, music sessions, art and crafts.

Residents planned their social activities and personal goals for the year at their yearly personal outcome meetings. These goals were then reviewed every three to six months. A key worker (a staff member) was assigned to each resident to help them to achieve their personal goals and to assist residents with the quarterly reviews throughout the year. The inspector saw that the resident's goals identified for the previous year had been reviewed and all had been achieved. Good documentation was in place to support

the decisions taken at the personal outcome meetings, and there was evidence of the resident's involvement in these decisions. For example; residents, their families and the multi-disciplinary team were invited to the yearly review meetings, and the actions set out in the plans were seen implemented in practice. For example; two residents had recently visited and reconnected with their family members in County Waterford.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

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

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

**Findings:**

There were four houses in this centre. There were six residents living in three of the houses. The inspector found that in two of the houses attention had been given to ensure that the premises were made as comfortable as possible. For example, colours were tastefully coordinated, rooms were personalised and attractive paintings hung on the walls. The inspector also found that two of the houses and external grounds were well maintained and offered a comfortable homely environment for residents. However, the house owned by the Brothers of Charity Services had a self contained flat attached to the side; two residents resided in this house/apartment. The apartment was in need of major renovation, as there was significant evidence of dampness and inadequate ventilation in a number of rooms; for example, the bathroom was extremely damp, and the premises felt cold. Also, the inspector found that there was limited space in the resident's bedroom for storing clothes or equipment.

The inspectors viewed the fourth premises on the second day of inspection. There were four dwellings in this building which was designed specifically for wheelchair users or elderly residents. The four units had interconnected access to each other through internal doorways and an external enclosed walkway at the back of the buildings. The current statement of purpose for this centre described a different service provision than that being proposed to be offered by the new build. It was agreed with the provider nominee that this new building would be identified as a separate designated centre with its own unique statement of purpose.

**Judgment:**

Non Compliant - Major

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

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

**Theme:**

Effective Services

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

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

**Findings:**

There were policies and procedures available relating to health and safety including an up-to-date health and safety statement and a risk management policy. The risk management policy included some measures for the identification and management of risks and the measures in place to control risks. However, further guidance and training was required by the person in charge and staff working in the centre; in relation to identifying, recording and managing risks. For example, identifying the serious risk to the residents' health from dampness. In addition, there was no evidence to show that actions had always been taken when staff or residents reported risks or concerns or complaints to the person in charge.

The fire register was reviewed, and the inspector saw that the fire alarm was serviced on a quarterly basis. These fire alarm tests and fire fighting equipment checks were recorded in the centres fire register. Staff completed quarterly fire drills in all of the houses in this centre. All staff had completed fire safety training and demonstrated knowledge of what to do in the event of a fire.

There was a prominently displayed procedure for the safe evacuation of residents and staff in the event of fire. There was a standard evacuation plan in the houses, and there were arrangements in place for responding to emergencies. In addition; each resident had their own Personal Evacuation Plan (PEEP). However; there was not adequate emergency lighting in place in this centre, and smoke alarms were not sufficient to ensure safe evacuation of residents in the event of a fire.

Most staff had training in safe moving and handling of resident's, however a number of staff required up to date training, in safe moving and handling, client protection, first aid, as well as basic food and hygiene training.

Vehicles used by residents were appropriately maintained and were checked monthly for safety issues by the services' vehicle safety officer.

**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):**

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

**Findings:**

Appropriate measures were in place to protect residents against being harmed or suffering abuse. Staff members were observed treating residents with respect and warmth and residents told inspectors they felt very safe in the centre. There was a policy available on the prevention, detection and response to abuse and staff interviewed knew what constituted abuse and what to do in the event of an allegation, suspicion or disclosure of abuse, including who they should report any incidents to. There was a designated person identified in the centres policy, and staff members were aware of her role. There were no allegations of abuse reported to the Authority in relation to this centre. However, staff were not all trained in adult protection and abuse prevention and a refresher training programme needed to be implemented.

There was a policy available to guide staff on "responding to behaviour's that challenge and inspectors saw that efforts were made to identify and alleviate the underlying causes of behaviour that was challenging. Three residents in this centre had a history of physical aggression, and were provided with a residential service that met their needs, for example; one resident received a 1:1 staff support during the day. In addition they were monitored by the mental health services and the behaviour support team. The inspector noted that the mental health service was person centred. For example; one resident refused to attend mental health clinics, and the psychiatrist had met the resident in an environment suitable and comfortable for the resident. This flexibility ensured that the resident had the opportunity to meet with the psychiatrist and was monitored and reviewed quarterly by the psychiatrist.

In addition to the mental health team support; the residents' had behavioural support plans in place to help with the care and support provided to the residents. As a result, two of the resident's behavioural outbursts had minimised significantly since they had received this individualised residential service.

**Judgment:**

Non Compliant - Minor

**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:**

Residents had timely access to General Practitioner's (GP) and Psychiatric services and appropriate treatment and therapies, and there was evidence available of this in files reviewed. An out of hour's GP service was also available. Residents had access to allied health care services which reflect their diverse care needs. For example; dental, physiotherapy, occupational therapy and chiropody were available to service users as required. Residents were actively encouraged and enabled to take responsibility for their health and medical needs, records of all referrals and follow-up appointments were maintained. The inspector viewed evidence of this in the resident's personal notes.

Inspectors reviewed a 'hospital passport' document in resident's files for use should the resident require transfer to hospital. The document included information on aspects of the residents' care including their physical and emotional needs and preferences. Inspectors were told that this passport would help the staff in the hospital caring for residents, to communicate effectively the residents likes/dislikes, abilities and disabilities.

Food was nutritious, appetising, varied and available in sufficient quantities. It was available at times suitable to residents. Snacks were available throughout the day. Residents were offered support and enabled to eat and drink when necessary in a sensitive and appropriate manner. Most residents were supported on an individual basis to achieve and enjoy the best possible health. Resident's health needs were appropriately assessed, and care plans were in place to ensure they received the appropriate care. However, one resident whose psychiatrist had recently recommended that they lose weight and attend a dietician, had not had an appointment made with a dietician. In addition, there was no evidence of a nutritional weight loss plan or exercise regime in place to promote weight loss, despite the resident receiving a one to one service during the day.

**Judgment:**

Non Compliant - Minor

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Health and Development

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

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

**Findings:**

This outcome was inspected and found to be compliant. A medication management policy was in place to guide practice and included the arrangements for ordering, prescribing, storing and administering medicines to residents. Inspectors reviewed the prescription records and medication administration record and found that the documentation was completed in accordance with safe practice guidelines. There were protocols in place for the safe administration of medication for epilepsy.

Medications were stored appropriately, and there were no medications that required strict control measures (MDA's) at the time of the inspection. There was a system in place for the reporting and management of medication errors. Staff spoken with knew what process they had to follow if they made a medication error. All staff administering medication had received training in safe administration of medication.

**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 had been absent for more than 28 days and there was an acting person in charge appointed in her absence. The inspector found that this was a suitable arrangement, and the Authority had been notified one month prior to the absence as per regulations.

The person in charge reports to the provider nominee who in turn reported to the Board of Management. There was evidence of staff meetings in some of the houses and inspectors saw some of the minutes of meetings for the year. However, it was evident that more management and supervision was required in one of the houses to ensure compliance with the regulations, particularly in relation to premises issues, financial management, healthcare and risk management. In addition there was no annual review

of the services being provided in the centre completed by the person in charge, as per regulation 23 (1)d.

**Judgment:**

Non Compliant - Moderate

**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 reviewed the recruitment practices and found there was a system in place to ensure all the required documentation for staff employed in the centre was in place. Four staff files were reviewed which were held centrally and inspectors found that all documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were present.

There were adequate staff members rostered in the centre on the day of inspection. However, it was evident from reviewing staff rosters that there were a significant number of locum staff working in one of the houses in this centre. Inspectors spoke to residents living there, as well as staff working in this centre, and were told that the constant staff changes were unsettling for the residents. The residents stated that they liked staff working in the house that were familiar with their needs.

There was evidence that staff received some training commensurate with the assessed needs of residents and records of training were documented on staff files. However; Inspectors noted that training on food safety, protection and safety of vulnerable adults, and manual handling were required for staff.

**Judgment:**

Non Compliant - Moderate

## 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:***

Thelma O'Neill  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Services Roscommon
<b>Centre ID:</b>	OSV-0004465
<b>Date of Inspection:</b>	26 September 2014
<b>Date of response:</b>	27 April 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:**

There was not appropriate monitoring of residents money or record keeping of transactions maintained to protect resident's finances in the centre.

**Action Required:**

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

Under Regulation 12 (4) (a) and (b) you are required to: Ensure that the registered provider or any member of staff, does not pay money belonging to any resident into an account held in a financial institution, unless the consent of the resident has been obtained and the account is in the name of the resident to which the money belongs.

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

Procedures have been put in place to reduce cash holding in centres. A new book keeping process has been introduced to monitor and record all monies associated with resident's accounts. Upkeep payments formerly made every three months are now brought to account monthly.

**Proposed Timescale:** 09/02/2015

**Theme:** Individualised Supports and Care

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

There was no regular or random audits of the financial records carried out by a member of the senior management team.

**Action Required:**

Under Regulation 12 (4) (a) and (b) you are required to: Ensure that the registered provider or any member of staff, does not pay money belonging to any resident into an account held in a financial institution, unless the consent of the resident has been obtained and the account is in the name of the resident to which the money belongs.

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

Monthly checks are being carried out of financial records and petty cash by the Manager.

**Proposed Timescale:** 31/01/2015

**Theme:** Individualised Supports and Care

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

Complaints were not investigated properly and appropriate action was not taken to resolve the complaint by the person in charge.

**Action Required:**

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

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

The complaint in question was investigated. Additional staffing support is required for the people to stay at home and not travel to the day centre. We have escalated the resourcing issue to the Service Level Arrangement Monitoring meeting and continue to do so on a regular basis.

**Proposed Timescale:** 14/04/2015

## **Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

There was significant evidence of dampness and inadequate ventilation in a number of rooms in the flat.

**Action Required:**

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

Staff have been heating and ventilating the apartment on a daily basis while the person is out at work, as he does not like his personal space invaded when he is there. There is currently no dampness and staff continue to monitor this and assist with cleaning. Infringements on the person's rights and choices must be referred to our human Rights Review Committee. Staff continue to work in a supportive way with the person. Refurbishment tenders to address the issues raised have been circulated and quotes submitted for capital funding. We have escalated the capital resourcing issue to our Service Level Arrangement monitoring meeting. A new wardrobe has been installed.

**Proposed Timescale:** 02/04/2015

**Theme:** Effective Services

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

The flat was cold and there was no heating turned on in the flat.

**Action Required:**

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

Staff have been heating the apartment on a daily basis while the person is out at work, as he does not like his personal space invaded when he is there. A second heating switch is also being installed in the house next door to allow staff to turn on the heating more regularly without disturbing the person living in the flat. Infringements on the person's rights and choices must be referred to our human Rights Review Committee. Staff continue to work in a supportive way with the person.

**Proposed Timescale:** 02/04/2015

## **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:**



There was not adequate emergency lighting or smoke alarms in place to ensure safe evacuation of residents in the event of a fire.

**Action Required:**

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

Emergency lighting and smoke alarms are being fitted

**Proposed Timescale:** 24/02/2015

**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:**

Staff were not all trained in adult protection and a refresher training programme needs to be implemented.

**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:**

Refresher training in adult protection is taking place on 18/03/2015, 02/04/2015 and 28/04/2015

**Proposed Timescale:** 28/04/2015

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Residents' weight management was not appropriately assessed, or monitored despite medical advice to seek a dietary assessment.

**Action Required:**

Under Regulation 06 (2) (e) you are required to: Support residents to access appropriate health information both within the residential service and as available within the wider community.

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

The GP has referred the person to a dietician on 09/10/2014 but an appointment date has not yet been received.

People are encouraged and supported to lead healthy lifestyles bearing in mind free will

and the rights of people to choose. Any restrictions on people supported are referred to the human Rights Review Committee. Staff will continue to promote best possible health for people and will liaise with the Health Psychologist for further support in this area.

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

#### **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:**

There was a lack of management support and supervision in one of the houses in this centre in relation to, the maintenance of the premises, financial management, healthcare issues and risk management.

**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:**

The Person in Charge post has been made permanent for this designated centre and a schedule of team meetings for all houses in the designated centre has been proposed and circulated to all staff where all of the issues mentioned are items on the agenda at all meetings. The Person in Charge regularly visits the houses and checks on any maintenance issues.

**Proposed Timescale:** 28/02/2015

**Theme:** Leadership, Governance and Management

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

There was no annual review of the standards of care being provided in this centre by the provider.

**Action Required:**

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

Annual reviews are being planned for 2015

**Proposed Timescale:** 16/04/2015

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

There were a significant number of locum staff working in one of the houses in this centre and these constant staff changes were unsettling for the residents.

**Action Required:**

Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

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

A permanent staff has been allocated to the house and a more settled locum panel is in place. The recruitment process has been delayed due to national changes to the rostering of social care hours and sleepovers.

**Proposed Timescale:** 30/09/2015

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

A number of staff required up to date training in: safe moving and handling, client protection, and first aid and basic food and hygiene training.

**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 following training is taking place:

Abuse prevention - 18/03/2015, 02/04/2015 and 28/04/2015

Manual handling - 13/03/, 23/04/ and 15/05/2015

First aid - Commencing 24/04/2015 and ongoing

Basic food & hygiene - Appropriate training being examined and will be rolled out over the coming months.

**Proposed Timescale:** 31/07/2015

