

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Praxis Care
Centre ID:	OSV-0004185
Centre county:	Monaghan
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Praxis Care
Provider Nominee:	Irene Sloan Ringland
Lead inspector:	Ciara McShane
Support inspector(s):	Jillian Connolly
Type of inspection	Unannounced
Number of residents on the date of inspection:	20
Number of vacancies on the date of inspection:	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 un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 07 May 2015 09:15 To: 07 May 2015 18:30

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 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This was the centre's first inspection by the Authority since it reconfigured into its own centre. It was unannounced and took place over one day with two inspectors. The designated centre consisted of three units all located in different areas. Both male and female adults resided at the centre. Residents who had an intellectual disability were supported in the service, as were secondary conditions such as a physical disability or sensory impairment.

The inspectors found aspects of good practices in the centre. Residents attended day service and for those who wished to, not attend day services they participated in meaningful activities within and outside of the designated centre supported by staff.

The premises for the most part were homely and met the needs of the residents. However as outlined in the body of the report one of the units required significant improvement to ensure it met the assessed needs of the residents whom lived there.

Health and safety and risk management procedures were in place. Servicing of firefighting equipment and emergency lighting were found to be in date. Two of the units had a detailed evacuation plan displayed in the centre however the third unit did not. Improvements were required regarding fire safety in a number of areas as further outlined in Outcome 7.

Each resident had a personal plan completed with an assessment of needs and associated risk assessments. Attempts had also been made to make personal plans accessible to residents. Improvements were required regarding personal plans to ensure that care plans, which were developed to meet the needs of residents, were comprehensive and robust. The inspectors found, from a review of sample personal plans, that care plans were not sufficiently detailed to guide staff in supporting residents. This is further discussed in Outcome 5.

The inspectors met with the person in charge of one of the units and found them to be knowledgeable and familiar with the Regulations. Care support staff, for the most part were seen to engage positively with residents. Improvements were required with regards to the language used and the language documented in personal plans to describe residents.

The staffing levels in one unit were not sufficient in meeting the assessed needs of the residents residing there and required urgent review and attention. The governance and management systems in place were not sufficiently robust and resulted in poor outcomes for some residents. For example inspectors found that significant and ongoing maintenance issues had been escalated to senior management however the issues had not been addressed or rectified. Systems in place did not identify that all notifications had not been forwarded to the Authority as required by the Regulations. Seven out of eight outcomes inspected were found to be in major non compliance with the Health Act. Significant and sustained improvements are required 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.

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:

Inspectors observed some positive interactions between staff and residents. Staff were seen knocking on the doors of resident's bedrooms. Residents made decisions regarding preferences such as attending a day service or not. A small number of residents wished not to attend a day service and participated in activities of their choosing in place of it in their home. Staff were seen engaging with residents to complete meaningful activities such as arts and crafts and nail painting. However, significant improvements were required regarding the rights, privacy and dignity of residents.

The inspectors found that language used, both verbal and written, was at times disrespectful to residents. For example terminology such as 'lazy' was used to refer to one resident. While inspectors saw documented language referring to residents as being 'demanding', residents 'secured' whilst using transport and the use of words such as 'pull ups'.

The premises were also not conducive to the rights, dignity and privacy of residents. In one of the units the majority of the residents had to access the bathroom via the kitchen. The same unit also had no doorbell, no name or number on the front door of the house acknowledging that it was a person's home. In another unit, although not in use and inactive, there were CCTV globes in a number of the bedrooms and communal areas.

The dignity of other residents was also negatively impacted on by the behaviours and interactions from a resident whom they lived with. The resident had behaviours that challenged and frequently, as read in the incident and accident log, was verbally

aggressive to fellow residents and threw objects at them. This will be further outlined in Outcome 17. This was also true for another unit where a resident was extremely vocal throughout the day often impacting negatively on residents as seen documented in the incident and accident log. The noise level, when the resident was being vocal, was very high as witnessed by the inspectors.

Due to the staffing levels in one unit, residents were not afforded the opportunity to make decisions on what activities they participated in. Activities were group based and at times dependent on another resident and their willingness to engage in the said activity.

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):

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

Findings:

The inspectors reviewed a sample of resident's personal plans. Each resident, on admission to the centre, had a comprehensive assessment of needs with plans of care developed in addition to risk assessments completed where required. For the most part reviews were at a minimum annually or where circumstances had changed. The centre had a robust daily report system that was linked to personal plans and found to be meaningful. The monthly reviews were also found to be informative and robust. The inspectors saw short term care plans had been developed and provided sufficient guidance to staff to support the resident. For example the inspectors reviewed a short term care plan for a resident receiving an antibiotic. Attempts had been made to make personal plans accessible for residents with a number completed in a picture story that was kept in their bedrooms.

Improvements were required with regards to resident's care plans to ensure they were sufficiently detailed to address the need and provide clear guidance to staff. Care plans that were found to be interrelated, were not referenced or connected to a related need ensuring resident's needs were holistically addressed. Care plans were not at all times

sufficiently detailed to ensure the need was met. For example a resident had a health-care need that required a number of supports. From a review of their monthly report it was evident their diet was of particular importance in meeting this need. The diet was not outlined in the residents care plan. Additional care plans reviewed also required further detail. For example care plans indicated to staff to observe for signs and symptoms in the absence of explaining how the signs and symptoms may present.

Resident's preferences for outings and activities were outlined in their personal plan. A summary of these outings and activities were outlined in their monthly reviews. The inspectors saw evidence of residents enjoying activities of their preference. A number of residents attended day service. For other residents that did not attend a day service due to their needs and wishes they remained at home supported by staff. The inspectors reviewed the personal plan for one resident who had retired. However, there was no retirement plan in place for them ensuring their social, emotional and psychological needs were being met.

Judgment:

Non Compliant - Major

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The designated centre was made up of three individual units each located in different areas. One unit accommodated three residents, another eight residents and the final unit accommodated nine residents.

The premises varied throughout the designated centre. Aspects of the premises were positive. For example each resident had their own bedroom and the larger units had sufficient space for residents to meet with friends and family in private. There was also large back gardens in two of the units for residents to enjoy equipped with garden furniture. Bedrooms were found to be personalised and reflective of the resident's preferences. All bedrooms in two of the units were also ensuite. Although residents also had the option of using the main bathroom should they wish. The kitchens in two of the units were spacious and comfortably had enough seating for the residents.

Improvements were required across all areas of the designated centre. One unit was not entirely homely for example the staff office was maintained in the lounge room. Aspects

of the unit were unclean and there was an odour throughout the unit. There was mould along the skirting boards in the utility room. The layout as outlined in Outcome 1 was inadequate. Residents accessed the bathroom via the kitchen. There was insufficient space in the kitchen to utilise the kitchen table in full should friends or family arrive. There was no back garden for residents to enjoy. The unit was remote from the community placed at the back of a large complex.

One of the larger units in particular had a significant number of areas that required improvement. The inspectors saw that these had been highlighted by staff working at the centre and escalated to management. Example of areas which were poorly maintained included:

- There were large cracks in the ceiling.
- Paintwork was required in particular in the dining room where food stuff had been thrown at the ceiling.
- The temperature in part of the centre was excessively warm due to plumbing issues.
- Redundant cameras were throughout the centre.
- A window had been removed from the conservatory and not replaced.
- An old television lay disposed at the front of the house as too did used cigarettes.
- The back yard in parts required attention.
- One bathroom was without flooring whilst another bathroom had a strong odour and the flooring required to be replaced.

In this same unit residents who were wheelchair bound resided there. The inspectors saw that there were no ramps at any exit/entry point at the back of the unit for residents to safely enter or exit. The inspectors saw a resident make an attempt to exit the house into the back garden but due to the absence of a ramp they were unable to.

Judgment:
Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

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

Theme:
Effective Services

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

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

Findings:

The centre had some systems in place to manage health and safety and risk management however, improvements were required. The centre had a risk management policy which had recently been reviewed in April 2015. The inspectors reviewed the policy in conjunction with the centres risk assessment and management policy. Systems

to manage risk were found to be in place however these also required a review ensuring that all risks were identified and adequate controls were put in place mitigate the risks and associated hazards. Each unit within the designated centre did not have a centre specific risk register. One unit, on the day of inspection, did not have a risk register available for the inspectors to review. The risk registers reviewed were found to be inadequate and not centre specific. Hazards identified by the inspectors through a visual inspection of the premises such as the excessive heat in one area and a steep slope in the back garden had not been identified in the risk register. In one unit, the inspectors read in the incident and accident log, multiple occasions where the lone staff member in one unit had requested support from another unit. By doing this there was a potential risk that the service where the staff was removed from was at risk. A risk assessment had not being completed to ascertain what the potential hazards were in removing this staff. The inspectors, considering documentation reviewed, found evidence that staff were required on multiple occasions, and determined that the unit was insufficiently resourced to meet the needs of the residents. This is further outlined in Outcome 17.

The inspectors did review individual risk assessments in resident's personal plans that were relevant to the residents. These were found to be adequate and reviewed appropriately. The inspectors found that the service was not risk adverse and supported residents to engage in activities of their wish whilst putting supports in place. The inspectors reviewed a fire risk assessment that was completed in January 2015. The fire risk assessment outlined proactive arrangements with regards to appropriate and expedient evacuation in the instance of a fire. For example wheelchair users were located in bedrooms that were adjacent to final emergency exits. Further development of the fire risk assessment was required to ensure it encompassed all aspects of potential risk related to fire such as intumescent strips missing from a resident's bedroom door.

Other aspects of fire management systems were in place, this too required improvement across a number of the units. Personal emergency evacuation plans (PEEPs) were found to be place in for all residents. Although the PEEPs were detailed and informative the purpose of the document is such that it can be reviewed quickly at a high level in the instance of an emergency. The document used in the centre did not lend itself to this due to the complex and amount of detail.

Fire fighting equipment, emergency lighting and fire panels were all within their service period. Emergency ski-sheets were available in units where required. Fire drills took place on a regular basis as evident in the documentation reviewed by the inspectors. Final emergency exits, which were key operated, were not all supported by emergency break glass units. Another emergency exit was also found to be blocked by a chair. Evacuation plans were displayed in two of the units, one unit did not have a detailed evacuation plan displayed. However the inspectors acknowledge it had a picture version displayed. The inspectors were not assured that appropriate warning systems in the event of a fire were in place for all residents. For example a flashing light or vibrating alarm. The inspectors were also not assured that in the event of a fire or other emergency, due to the remoteness and the lack of house identity, that the emergency services would readily find the premises.

Systems such as colour coding and risk assessment completed for legionaries' disease

were in place demonstrating an awareness of infection control procedures. Personal protective equipment such as aprons and gloves were available to staff. Colour coding was also in use for example colour coded mops and kitchen utensils such as chopping boards were seen in the centres. Improvements were required regarding infection control. For example three bottles of eye drops, all opened, were seen insecurely stored in the kitchen fridge in addition to having no label stating the date of opening on it. Hand hygiene facilities were also found to be lacking in one unit with no hand-wash product available in the bathroom and in addition to the absence of toilet roll.

Judgment:

Non Compliant - Major

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

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

Findings:

The Authority has received notifications from the relevant persons in charge of the centre. However, the inspectors were not assured that all notifications, such as peer to peer abuse, are being reported to the Authority. The inspectors reviewed instances in an accident/incident log where residents had negative interactions with other residents on a number of occasions. This required an immediate review and attention. All outstanding notifications should be forwarded to the Authority as required by Regulation 31.

Judgment:

Non Compliant - Major

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:

From a review of resident's personal plans it was evident residents had timely access to general practitioners and allied health professionals. The inspectors saw documented referrals to occupational therapists and assessments which had been completed by speech and language therapists in addition to gerontology. Health screening also took place for residents.

As outlined in Outcome 5 improvements were required regarding resident's care plans to ensure that all elements of required support were provided ensuring best possible health.

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 designated centre had two persons in charge. On the day of inspection the inspectors met with one of the persons in charge. The inspectors found them to be knowledgeable with sufficient oversight of the designated centre and the residents that resided there. They assisted the inspectors throughout the inspection process. Information was easily retrievable and readily available as and when requested by the inspectors.

Improvements in governance and management systems were required. The inspectors saw evidence where significant and ongoing maintenance issues had been escalated to senior management however the issues had not been addressed or rectified. As a result of this there were unmitigated risks present at the centre and outstanding maintenance work.

As outlined in Outcome 7 the back exits of the house are without a ramp therefore a significant hazard is present in the event of a fire due to multiple wheelchair users. In addition residents are living in premises where there is a need for extensive repair work as outlined in Outcome 6.

One of the units was not sufficiently resourced to care for residents living in the home ensuring that they were protected from peer to peer abuse. The inappropriate staffing levels also had negative outcomes for residents as at times they were unable to attend activities outside of the unit.

Due to the cumulative findings of this inspection, of which eight outcomes were inspected and seven were found to be of major non compliance, inspectors found that aspects of the governance and management systems, were weak and ineffective resulting in poor outcomes for some residents.

Judgment:

Non Compliant - Major

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:

From a review of documentation such as the incident and accident log, observations made by the inspectors, in addition to conversations with staff, the inspectors were not assured that there were adequate staff in one of the units to provide safe and appropriate care to meet the needs of residents. Staff told the inspectors that activities were group based as there was only one staff member on duty at any given time. If a resident did not wish to go on an outing all residents were therefore unable to go and subsequently resident's experienced negative outcomes. The inspectors also saw documented on multiple occasions where staff from another centre were contacted for additional support to attend the unit. One resident, as observed by the inspectors and from a review of incidents and accidents, required a significant amount of supervision. Inspector's findings were that his/her needs required one to one support and to enable other residents to have their rights to outings in the community facilitated. Inspectors brought this matter to the attention of staff at feedback for urgent and sustained attention.

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:

Ciara McShane
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Praxis Care
Centre ID:	OSV-0004185
Date of Inspection:	07 May 2015
Date of response:	08/06/2015

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:

Residents, due to staffing levels and the needs of the residents, were not at all times afforded the right to exercise choice regarding activities. When activities did take place they were group based.

Action Required:

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

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

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

1. A full review of staffing levels will be completed with all relevant parties.
2. The Registered Provider will ensure activities will be facilitated on an individual basis regularly following the review of staffing.

Proposed Timescale: 12/06/2015

Theme: Individualised Supports and Care

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

Residents privacy and dignity was not respected at all times:

- The location of the bathroom in one unit necessitated for residents to walk through the kitchen to access it.
- There were CCTV cameras, although inactive, in a number of bedrooms and communal areas in parts of another unit.
- The language used at times, as outlined in the body of the report, was inappropriate.
- The behaviours of some residents such as loud repeated vocalisations and throwing objects, impacted negatively on residents.

Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

1. The Registered Provider is making every effort to source alternate premises for the relocation of one unit. 1/6/15
2. A full review of service users and their needs will be convened. 12/6/15
3. The Registered Provider will reassess the current premises to evaluate can any internal works/reconfiguration be carried out to make the premises more appropriate to the service user needs, in the short to medium term. 19/6/15
4. All CCTV camera globes will be removed. 30/6/15
5. The language used in reports will be reviewed and amended and ensured it is used in the appropriate context. 30/6/15
6. Staff will complete training in Values and Attitudes and Report Writing Skills. 30/7/15
7. Ongoing reviews and assessments are being completed to assess suitability and compatibility of all residents. 31/8/15

Proposed Timescale: 01/06/2015

Outcome 05: Social Care Needs

Theme: Effective Services

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

Care plans were not at all times reflective of the specific needs and supports required.

Action Required:

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

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

The Person in charge will ensure all care plans are reviewed to encapsulate all needs and supports required by all residents and are appropriately documented.

Proposed Timescale: 30/06/2015

Theme: Effective Services

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

A resident who was retired did not have a retirement plan in place to support them with their needs at this time.

Action Required:

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

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

The Person in Charge will ensure that each personal plan is updated to take into account changes in circumstances and will include plans for retirement as applicable to each service user.

Proposed Timescale: 30/06/2015

Theme: Effective Services

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

Care plans were not, in all instances, sufficiently detailed.

Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

The Registered Provider will continue to ensure all residents' needs are consistently met and where medical attention and hospitalisation is required by a medical practitioner, will continue to sourced this on behalf and in conjunction with the service user. 7/5/15
2. The Registered Provider will ensure all care plans are reviewed to ensure all needs are documented in sufficient detail and being met. 30/6/15

Proposed Timescale: 30/06/2015

Theme: Effective Services

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

The designated centre was not suitable for the purposes of meeting the needs of each resident.

Action Required:

Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

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

1. The Registered Provider is making every effort to source alternate premises for one unit to be relocated. 1/6/16
2. The premises has and will continue to be fully assessed by the appropriate allied health professionals to ensure it is fully equipped to meet the service user needs. 7/5/15
3. The Person in Charge will continue to ensure all necessary aids and appliances are installed as assessed and deemed appropriate to meet the service user needs by the appropriate allied health professionals. 7/5/15

Proposed Timescale: 01/06/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The residents who were wheelchair bound were unable to access the back garden independently due to the absence of a ramp.

Action Required:

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

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

The Registered Provider will provide additional wheelchair access to the back garden in addition to current access.

Proposed Timescale: 08/06/2015

Theme: Effective Services

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

As outlined in the body of the report multiple areas required maintenance work to be completed.

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:

The Registered Provider will ensure all outstanding maintenance work is promptly completed.

Proposed Timescale: 31/07/2015

Theme: Effective Services

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

One of the units was found to be unclean and not suitably decorated. For example the staff office was maintained in the lounge room.

Action Required:

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

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

1. The Registered Provider is making every effort to source alternate premises for one unit to be relocated. 1/6/16
2. In the interim the Registered Provider will ensure the unit is suitably decorated. 30/6/15

3. The Registered Provider will ensure the unit is clean and maintained to a very high standard. 7/5/15

Proposed Timescale: 01/06/2016

Theme: Effective Services

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

An area in one part of a unit was excessively hot due to an issue with plumbing.

Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

A costing has been sourced to upgrade the heating system in the Designated Centre. This issue is in the process of being resolved.

Proposed Timescale: 31/08/2015

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:

Although some risk assessments were completed all risks were not identified as outlined in the body of report. Risk registers were also not centre specific. For example, but not limited to, a slope in a back-garden and excessive heat in one area of a unit.

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:

1. Risk registers will be revised to ensure they incorporate all risks and are centre specific. 30/6/15

2. Additional risk assessments will be completed as required. 30/6/15

3. All risks will be reviewed on an ongoing basis in line with the Registered Providers policies and procedures. 7/5/15

Proposed Timescale: 30/06/2015

Theme: Effective Services

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

Instances of poor infection control were identified throughout the designated centre:

- Lack of hand hygiene facilities.
- Absence of toilet roll.
- Multiple bottles of eye-drops stored insecurely a communal fridge.

Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

1.The Person in Charge will revise the cleaning schedule to ensure staff routinely checks at scheduled intervals to ensure each bathroom maintains a good supply of relevant hygiene products from the in-house reserve. 7/5/15

2.The Person in Charge will ensure a drug fridge is sourced for refrigerated medication and that all medications will be managed in line with Praxis Care medication policy. 30/6/15

Proposed Timescale: 30/06/2015

Theme: Effective Services

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

All fire exits, highlighted as means of escape, were not free from of obstruction.

Break glass units were not available at final exit points where key mechanism were utilised.

Intumescent strips were found to be removed from a bedroom door.

Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

1.A proforma has been developed and will be completed daily to ensure all fire exits are free from obstruction at all times.8/6/15

2. The Registered Provider will ensure appropriate break glass units are installed at final exit points where a key mechanism is utilised. 30/6/15

3. Intumescent strips have been replaced and are now in place on all fire doors throughout the centre. 2/6/15

4. The Registered Provider will make every effort to ensure intumescent strips remain on fire doors despite ongoing risk management strategies to avoid removal of same by service users. 7/5/15

Proposed Timescale: 30/06/2015

Theme: Effective Services

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

The inspectors were not assured the fire brigade, in the case of an emergency, could locate the premises in a timely manner.

Action Required:

Under Regulation 28 (3) (c) you are required to: Make adequate arrangements for calling the fire service.

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

The Registered Provider will make contact with the appropriate emergency services to bring to their attention the location of the designated centre.

Proposed Timescale: 12/06/2015

Theme: Effective Services

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

Ramps were not available at the back of one unit, at any of the final emergency exits, for residents who were wheelchair bound to safely and promptly egress.

Action Required:

Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

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

The Registered Provider will assess each unit to ensure adequate precautions are taken against the risk of fire, including ramps at all final emergency exits.

Proposed Timescale: 30/06/2015

Theme: Effective Services

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

Emergency evacuation plans were not displayed throughout all areas of the designated centre.

Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

The Registered Provider will ensure emergency evacuation plans are displayed throughout all areas of the designated centre.

Proposed Timescale: 12/06/2015

Theme: Effective Services

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

The inspectors were not assured there were appropriate systems in place to alert all residents, that met their needs, other than that of a staff member.

Action Required:

Under Regulation 28 (3) (b) you are required to: Make adequate arrangements for giving warning of fires.

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

The Registered Provider will ensure appropriate systems are in place to alert residents to fires in a format that meets their needs.

Proposed Timescale: 30/06/2015

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:

Management systems did not ensure that the service provided was safe and appropriate to the needs of residents as outlined in outcome 14 in the body of the report.

Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in

the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

1.The Registered Provider will ensure the revision of the management systems to ensure the service provided is safe and appropriate to meet the needs of all residents.

2.The Registered Provider will ensure appropriate oversight and maintenance of the centres to ensure effective service delivery and monitoring of the centre.

Proposed Timescale: 07/05/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

The number of staff was inadequate in meeting the needs of the residents as outlined in the report.

Action Required:

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

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

1. A full review of staffing levels will be completed with all relevant parties.
2. The Registered provider will allocate appropriate staffing levels following this review.

Proposed Timescale: 12/06/2015