<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>A designated centre for people with disabilities operated by Western Care Association</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0001775</td>
</tr>
<tr>
<td><strong>Centre county:</strong></td>
<td>Mayo</td>
</tr>
<tr>
<td><strong>Type of centre:</strong></td>
<td>Health Act 2004 Section 39 Assistance</td>
</tr>
<tr>
<td><strong>Registered provider:</strong></td>
<td>Western Care Association</td>
</tr>
<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Bernard O'Regan</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>Julie Pryce</td>
</tr>
<tr>
<td><strong>Support inspector(s):</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Type of inspection</strong></td>
<td>Announced</td>
</tr>
<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>4</td>
</tr>
<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
<td>0</td>
</tr>
</tbody>
</table>
About monitoring of compliance

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

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

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

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
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</thead>
<tbody>
<tr>
<td>14 July 2015 10:00</td>
<td>14 July 2015 18:00</td>
</tr>
<tr>
<td>15 July 2015 10:00</td>
<td>15 July 2015 13:00</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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</thead>
<tbody>
<tr>
<td>Outcome 02: Communication</td>
</tr>
<tr>
<td>Outcome 03: Family and personal relationships and links with the community</td>
</tr>
<tr>
<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<tr>
<td>Outcome 05: Social Care Needs</td>
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<tr>
<td>Outcome 06: Safe and suitable premises</td>
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<tr>
<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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<tr>
<td>Outcome 09: Notification of Incidents</td>
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<tr>
<td>Outcome 10: General Welfare and Development</td>
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<tr>
<td>Outcome 11: Healthcare Needs</td>
</tr>
<tr>
<td>Outcome 12: Medication Management</td>
</tr>
<tr>
<td>Outcome 13: Statement of Purpose</td>
</tr>
<tr>
<td>Outcome 14: Governance and Management</td>
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<tr>
<td>Outcome 15: Absence of the person in charge</td>
</tr>
<tr>
<td>Outcome 16: Use of Resources</td>
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<tr>
<td>Outcome 17: Workforce</td>
</tr>
<tr>
<td>Outcome 18: Records and documentation</td>
</tr>
</tbody>
</table>

**Summary of findings from this inspection**

This inspection of a designated centre operated by Western Care Services was conducted by the Health Information and Quality Authority (the Authority) in response to an application from the provider to register the centre. The centre was a comfortable two storey house which was comfortable and adequate to meet the assessed needs of the residents.

As part of the inspection, the inspector visited the centre and met with residents, staff and managers. The inspector observed practices and reviewed documentation such as policies, personal plans and accident and incident records.
Overall, the inspector found that residents received a good quality service. There was evidence of a good level of compliance, in a range of areas, with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and this was reflected in a number of positive outcomes for residents.

Some improvements were required in the areas of rights and healthcare and these are discussed in the body of the report and in the action plan at the end of the 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:
The inspector found that there were some effective systems in place to promote the rights of residents. For example, a rights checklist had been completed for each resident and a rights committee was in place to review any rights restrictions which could not be managed.

However, a rights restriction affecting all four resident of the designated centre, whilst having been identified had not yet been addressed. One of the residents did not wish to live with the others, and was keen to live independently. Equally the other residents did not want this particular person to live in their home. Whilst this rights restriction had now been identified, and discussions amongst staff and management had commenced in relation to managing the issue, it had, at the time of the inspection, been ongoing for more than ten years. The inspector found that sufficient action had not been taken to respect the preferences of residents and address this matter.

There was a complaints procedure in place which was detailed enough to guide staff, and was available in an accessible version so as to guide residents if required. A complaints log was available to maintain any complaints.

There was evidence of the inclusion of residents in the organisation of the centre, they were consulted both individually and as a group at weekly residents' meetings. Minutes of these meetings were kept and were signed by residents. Clear decisions made by residents at these meetings were documented and addressed.

In addition, where staff meetings included discussion around individual residents, the record of these discussions were maintained separately in the individuals’ personal
plans, so that there were no communal records maintained.

**Judgment:**
Non Compliant - Moderate

### Outcome 02: Communication
*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**
Individualised Supports and Care

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

**Findings:**
The inspector was satisfied that communication with residents was facilitated according to their assessed needs. All residents were able to communicate verbally and fully understand the communication of others, and had access to media including TV and written materials.

**Judgment:**
Compliant

### Outcome 03: Family and personal relationships and links with the community
*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**
Individualised Supports and Care

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

**Findings:**
Links with the local community had been forged and maintained. For example, residents availed of community facilities including restaurants, pubs and the local church. In addition, links with families and friends were supported and facilitated, in accordance with the wishes of residents.

Family visits were welcomed and facilitated, and families were invited to all meetings relating to the care and support of residents, for example, circle of support meetings. There was a section in the personal plan for each resident in which people within their circle of support were identified, and their level of involvement outlined.

**Judgment:**
Compliant
### Outcome 04: Admissions and Contract for the Provision of Services

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**
Effective Services

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

**Findings:**
There was a signed contract in place for each resident which clearly outlined the services offered by the designated centre and the fees incurred, and was available in the personal plans. These documents had been signed both by the residents and by their family members.

**Judgment:**
Compliant

### 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:**
There was evidence of a meaningful day for residents on an ongoing basis. The majority of residents were engaged in daily activities and social activities in accordance with their assessed needs and wishes. Where a resident had expressed dissatisfaction with their daily activities, a plan was in place to address this, and there was evidence of the first steps of this plan having been implemented.

The inspector was satisfied that the care and support provided to residents consistently and sufficiently reflected their assessed needs and wishes. A personal plan was in place for each resident, based on their assessed needs. Every area of care examined by the inspector included an assessment and plan, and the implementation of these plans was recorded.
There was evidence that these personal plans were designed to maximise the potential of each individual, as required by the regulations. For example, goals were set and broken down into steps and progress towards these goals was monitored and recorded.

Personal plans were in a format accessible to residents, and each resident maintained possession of their own plan.

**Judgment:**
Compliant

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**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 premises were appropriate to the assessed needs of the residents, and to the delivery of service in accordance with the Statement of Purpose. The designated centre comprised a large spacious two storey house with a large outside space to the front and side of the home. There were adequate communal and private areas for residents, each of whom had their own bedroom with sufficient storage.

**Judgment:**
Compliant

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

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

**Theme:**
Effective Services

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

**Findings:**
The inspector found that systems were in place for the prevention and detection of fire. The training records examined showed that there was regular fire safety training for the staff and regular fire drills were conducted. The inspector found that staff were very aware of the fire evacuation procedures and were able to describe the procedures involved. There was a personal evacuation plan in place for all residents and all fire safety equipment had been tested regularly. Emergency lighting was in the process of being installed in the first day of the inspection.
There were systems in place for the reporting and recording of accidents and incidents and for the assessment and management of risks. Risk assessments were in place for all identified risks within the centre and a risk register was maintained. However the risk management policy did not include all the requirements of the Regulations.

Adequate systems were not in place to provide for effective infection control. Despite there being a daily cleaning record kept, one of the bathrooms in the house was not maintained to an adequate standard of cleanliness. The flooring around the base of the toilet was stained, and there was removable dirt around both the base of the toilet and the toilet lid. In addition there was clear smearing on the mirror in the room from a recent attempt to clean it, so that the inspector could not be satisfied that the room was cleaned regularly.

Judgment:
Substantially Compliant

**Outcome 08: Safeguarding and Safety**
*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.*
*Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

Theme:
Safe Services

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

**Findings:**
The provider had put in place systems to promote the safeguarding of residents and to protect them from the risk of abuse. The inspector found that staff were knowledgeable in relation to types of abuse, recognising signs of abuse and their role in the safeguarding of residents.

There was a financial support assessment in place for each resident and robust systems in place for the management of both personal and household money, and all balances checked by the inspector, including personal money and household finances were correct.

Behaviour support plans had been developed for any resident who required them. They included both reactive and proactive supports, and there was evidence of review of the strategies following any incidents.

Judgment:
Compliant
### Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

**Theme:**
Safe Services

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

**Findings:**
Practice in relation to notifications of incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector, and there was evidence of appropriate actions being taken to manage any notifiable events.

**Judgment:**
Compliant

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

**Theme:**
Health and Development

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

**Findings:**
There was evidence that residents had a meaningful day and social activities in accordance with their needs and preferences. Residents were involved in the planning of their activities, and in the organisation of the centre.

**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):**
This was the centre’s first inspection by the Authority.
Findings:
A healthcare assessment and action plan was in place for each resident, and each resident had an annual physical health check with their general practitioner. Residents had appropriate access to healthcare professionals for example physiotherapy and mental health services.

Healthcare plans were in place for some of the assessed needs of residents, for example in relation to GTI issues for one resident, and for mental health issues for another. However, some of the identified healthcare issues had not resulted in either an assessment or a plan of care. For example a resident who was incontinent had not been assessed. In addition there was no plan of care for another resident who had only partial sight.

The inspector was satisfied that an adequate and nutritional diet was available, and that residents were involved in choosing meals and snacks. Mealtimes were observed by the inspector to be enjoyable and social occasions.

Judgment:
Non Compliant - Moderate

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

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

Findings:
Residents were supported in maximising their independence in relation to medication management. Each resident had a self administration risk assessment in place, and there was evidence of agreed actions being implemented.

While there was some evidence of structures and processes in place in relation to the management of medications, some improvements were required. Documentation in relation to prescriptions and the recording of administration of medications were appropriately maintained, and there were suitable structures for the storage of medications. However the documentation around stock control was confusing in that there was no running total of current stock. An error in recording stock control had not been detected, and the inspector was concerned that the system stock control was not robust.

Drug errors were managed appropriately. They were reported and recorded, and appropriate actions were taken to ensure learning and prevent any future reoccurrence.

Judgment:
Substantially Compliant
### Outcome 13: Statement of Purpose
*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**
Leadership, Governance and Management

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

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

**Judgment:**
Compliant

### Outcome 14: Governance and Management
*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The inspector found that the person in charge of the centre was suitably qualified and experienced. She was knowledgeable regarding the requirements of the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities. She maintained a presence in the centre and it was apparent that she was well known to the residents and had good knowledge of their health and support needs. She was clear about her roles and responsibilities and about the management and the reporting structure in place in the organisation.

There was a clear management structure in place, and all staff were aware of this structure. There was a system of meetings within this structure including leadership meetings. The minutes of these meetings were recorded and the minutes included information about the discussion and the agreed actions, and these actions were reviewed at subsequent meetings.

There was a system of audits including financial audits and audits of personal plans.
Unannounced visits had been conducted by the provider, and a detailed annual review of the quality and safety of care and support of residents had been prepared.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th>Outcome 15: Absence of the person in charge</th>
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</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

**Theme:**
Leadership, Governance and Management

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

**Findings:**
There were appropriate arrangements in place in the event of the absence of the person in charge, and the person in charge was aware of the circumstances under which it would be required to notify the Authority.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th>Outcome 16: Use of Resources</th>
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</thead>
<tbody>
<tr>
<td>The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.</td>
</tr>
</tbody>
</table>

**Theme:**
Use of Resources

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

**Findings:**
The centre was well furnished and maintained and adequately equipped to meet the needs of the residents. It appeared to be adequately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th>Outcome 17: Workforce</th>
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</thead>
<tbody>
<tr>
<td>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.</td>
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<table>
<thead>
<tr>
<th><strong>Theme:</strong></th>
<th>Responsive Workforce</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outstanding requirement(s) from previous inspection(s):</strong></td>
<td>This was the centre’s first inspection by the Authority.</td>
</tr>
<tr>
<td><strong>Findings:</strong></td>
<td>The inspector was satisfied that the numbers and skill mix of staff was adequate to meet the assessed needs of the residents. Staff training records were examined and appropriate training was found to have been provided. Staff engaged by the inspector were found to be knowledgeable in relation to the assessed healthcare and social needs of residents, and in safeguarding of residents. A system of staff appraisal was in place, the structure of these appraisals included the monitoring of any previously identified actions.</td>
</tr>
<tr>
<td><strong>Judgment:</strong></td>
<td>Compliant</td>
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<table>
<thead>
<tr>
<th><strong>Outcome 18: Records and documentation</strong></th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong></td>
<td>Use of Information</td>
</tr>
<tr>
<td><strong>Outstanding requirement(s) from previous inspection(s):</strong></td>
<td>This was the centre’s first inspection by the Authority.</td>
</tr>
<tr>
<td><strong>Findings:</strong></td>
<td>All records to be kept in the designated centre as required by the regulations were in place, including all the required information for residents and all documents outlined in Schedules 3, 4 and 5 of the Regulations.</td>
</tr>
<tr>
<td><strong>Judgment:</strong></td>
<td>Compliant</td>
</tr>
</tbody>
</table>
Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Julie Pryce
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
**Provider’s response to inspection report**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Western Care Association</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001775</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>14 July 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>07 September 2015</td>
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</tbody>
</table>

**Requirements**

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

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

**Theme:** Individualised Supports and Care

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

Residents were not supported to choose who they shared their home with.

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

---

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
As part of the ongoing process which commenced in January 2015 further meetings have taken place with three of the residents family members on 13/08/2015.
Telephone conversation with fourth resident’s family member 26/07/2015.
Agreement has been reached with all family members to actively seek new living arrangement for the individuals 26/07/2015.
Ongoing planning is taking place to ensure that living arrangements for each individual according to each person’s preference will be in place by 30/11/2015

**Proposed Timescale:** 30/11/2015

<table>
<thead>
<tr>
<th><strong>Outcome 07: Health and Safety and Risk Management</strong></th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>The risk management policy did not contain all the information required by the regulations.</td>
</tr>
<tr>
<td><strong>2. Action Required:</strong> Huber 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.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong> The Missing Person’s Policy will be revised and cross referenced in the Risk Management Policy.</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 11/09/2015</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Theme:</strong> Effective Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>One of the bathrooms was not maintained to an acceptable standard of cleanliness.</td>
</tr>
<tr>
<td><strong>3. Action Required:</strong> 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.</td>
</tr>
</tbody>
</table>
| **Please state the actions you have taken or are planning to take:** The bathroom had been deep cleaned by a professional contractor on 09/07/2015 The bathroom was thoroughly cleaned by a member of staff when highlighted by the inspector 14/07/2015 A meeting took place with the staff team on 30/07/2015 to address the standard of cleanliness of the bathroom. The bathroom is cleaned daily by the staff in the service and staff sign off when...
The bathroom floorboards will be replaced and new covering will be put on the floor.

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

### Outcome 11. Healthcare Needs
**Theme:** Health and Development

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

Not all healthcare issues had been addressed.

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

**Please state the actions you have taken or are planning to take:**  
In relation to the resident that was incontinent, this person has been supported to attend the GP on 04/08/2015 to have this investigated.  
In relation to the resident that did not have a plan of care regarding their partial sight, information in relation to the individual’s eyesight will be in place in their care plan and a plan will be developed to address the supports required in the home and in the community by 14/09/2015.

**Proposed Timescale:** 14/09/2015

### Outcome 12. Medication Management
**Theme:** Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:  
The management of stock control and the associate documentation was not satisfactory.

#### 5. Action Required:
Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

**Please state the actions you have taken or are planning to take:**  
The PIC has modified the management of stock control form that was used in the service for each individual to ensure all information is recorded including a running total of current stock.

**Proposed Timescale:** 20/08/2015