**Health Information and Quality Authority Regulation Directorate**

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St John of God Community Services Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003010</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Louth</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>St John of God Community Services Limited</td>
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<tr>
<td>Provider Nominee:</td>
<td>Clare Dempsey</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Siobhan Kennedy</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>13</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
</tr>
</tbody>
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About monitoring of compliance

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

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

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

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

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

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

The inspection took place over the following dates and times
From: 10 September 2015 10:00
To: 10 September 2015 16:00

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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<tbody>
<tr>
<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 10. General Welfare and Development</td>
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<td>Outcome 11. Healthcare Needs</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 17: Workforce</td>
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<tr>
<td>Outcome 18: Records and documentation</td>
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Summary of findings from this inspection
The purpose of this inspection was to determine the action taken in response to the matters arising from an inspection carried out on the 14 July 2015.

During that inspection it was found that the designated centre was in contravention of the Health Act 2007, as amended having major non-compliances in a number of the regulations examined. This resulted in the initiation of Regulatory Enforcement Proceedings by the Authority and the issuing of 8 immediate action plans to the person operating in the absence of the provider nominee.

Following the inspection a regulatory meeting was convened between the Authority and the provider nominee to discuss the actions to be taken as a matter of urgency to address the failings in the regulations. Subsequently the Authority received written correspondence confirming the actions to be taken to achieve compliance.

The inspector found that the matters arising from the previous inspection had been actioned or were in progress.

Measures had been put in place to control the risks identified as follows:
• Reduction in the number of residents being accommodated in the designated centre.
• Suitable interim accommodation for a resident who was not appropriately placed.
• The initiation of appropriate transitional arrangements for some residents.
• Improved fire safety systems.
• Anti-scald devices installed to control the temperature of hot water outlets.
• Residents offered choices at mealtimes.
• Staffing levels increased by day and night.
• Improved opportunities for residents to participating in activities in accordance with their interests, capacities and developmental needs.
• Alternative measures being considered before using restrictive procedures.

The matters which are currently in progress are as follows: –
• Accessibility to one of the houses was difficult for residents using a wheelchair due to a stoned driveway.
• The Authority has not received written confirmation that complaints are addressed in accordance with the legislation (acknowledged, investigated, that the complainant is informed of the outcome of the investigation and action to be taken).

The action plan of this report identifies areas requiring to be addressed by the provider nominee and person in charge in order to ensure full compliance with Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Quality Standards for Residential Services for Children and Adults with Disabilities.
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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The matters arising from the previous inspection related to insufficient provision of opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs and complaints in respect of peer abuse were not satisfactorily resolved.

The inspector found that a social assessment review had been carried out in respect of each of the residents based on their age, preferences and choices.

The inspector saw and was informed by staff that a weekly schedule is placed on the notice board highlighting social and recreational activities. From this residents can choose if they wish to participate in the scheduled activity. Staff informed the inspector that should this not be the case that with the additional staff rostered on duty it is possible for residents to participate in an individual activity of their choice.

In respect of a complaint made by a relative of a resident regarding the appropriateness and safe mix of the resident group the inspector learned that management of the service had scheduled a meeting with the resident’s family which took place in May 2015 to follow-up on the complaint. During the subsequent period assessments of residents’ care and conditions were carried out to determine the appropriateness of the placements for the residents being accommodated.

As a result one resident moved to temporary interim accommodation while securing a tenancy agreement. A case review was convened in July 2015 with a further meeting in August 2015 between the service, the resident and complainant whereby it was agreed
that the transitioning to another designated centre was in the best interests of the resident and family.

The inspector was informed that the complainant was satisfied with the outcome of the inspection and this had been noted in correspondence, however, this correspondence was not available for inspection.

There was no information in the complaints record in respect of a another complaint which was being investigated by management of the designated centre. However the inspector was informed that matters highlighted in the complaints had been satisfactorily resolved as the complaint related to the inappropriateness of the placement of residents within the designated centre.

The inspector was not able to evidence that all of the matters had been fully investigated in accordance with the legislation and that the complainant had been informed of the outcome of the complaint and was satisfied with the actions taken to address the issues raised.

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
The matter arising from the previous inspection related to the admission policy not taking account of the changing needs of residents within the resident group and the need to protect residents from abuse by their peers.

Since the last inspection the inspector found that the centre’s admission and discharge process had considered the wishes, needs and safety of individual residents as management had taken appropriate action to address issues of peer abuse and the non-functioning of the group of residents living in one of the houses of the designated centre. This entailed the assessment of residents and the reduction in the number of residents living in the house.

As result a resident had the opportunity to live in temporary interim accommodation while awaiting/securing a tenancy agreement. It was reported to the Authority that this
resident and the staff team have benefited from the move.

Another resident in consultation with family successfully transitioned to more appropriate accommodation.

The inspector heard from staff working in the house that there now exists a homely relaxed atmosphere for residents.

<table>
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<tr>
<th>Judgment:</th>
<th>Compliant</th>
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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.

<table>
<thead>
<tr>
<th>Theme:</th>
<th>Effective Services</th>
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#### Outstanding requirement(s) from previous inspection(s):

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

#### Findings:

The matter from the previous inspection related to the inaccessibility to one of the houses because the driveway leading to the front entrance was stoned and difficult for residents using wheelchairs and there was a step up into a Jacuzzi bath.

The inspector saw that the step up into the Jacuzzi bath had been removed and work was ongoing to replace floor and wall tiles.

The inspector heard that correspondence was ongoing between the owner of the property and the organisation to be in a position to take action in relation to the stoned driveway.

Further issues identified during this inspection were as follows:

- A bedroom was not redecorated following removal of wall equipment.
- The water taps of a wash hand basin in a shower room were crusted.
- The door of a toilet facility was repaired but not painted.
- Flooring on both sides of a step in shower tray were was damaged.

<table>
<thead>
<tr>
<th>Judgment:</th>
<th>Non Compliant - Moderate</th>
</tr>
</thead>
</table>
### 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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The matters arising from the previous inspection related to the following:

- Systems were not in place to control the temperature of hot water at outlets.
- There was a step down on one of the final fire exits.
- The external stairway was not maintained.
- Fire doors were wedged open.
- A door closer on a resident's bedroom was broken.
- Arrangements were not in place for the safe evacuation of all residents.

All of the above matters have been actioned.

Temperature control valves have been placed on the hot water taps. A monitoring system has been put in place to check the water temperatures.

Fire doors were not wedged open during the inspection. In July 2015 hold open devices were fitted to doors in a corridor. Fire doors with disabled/broken hold open devices were fixed and adjusted. The external fire escape stairwell was well maintained and the overhanging trees had been cut back.

An external step at an exit was sloped.

The inspector saw that there was a personal evacuation plan for each resident to support a safe emergency evacuation and a night/early morning fire drill took place on the 19 July 2015.

An additional staff member was rostered day and night and a staff member on duty was familiar with the evacuation procedure. The inspector was informed that the local fire service had been contacted in respect of a resident who does not leave the bedroom on hearing the sound of the alarm system. Equipment installed for a resident with a hearing impairment have been checked and found to be working satisfactorily.

The inspector observed that the double fire doors leading from the kitchen into the hallway were open but there were no hold open devices attached to the fire alarm system so that they would automatically close in the event of an emergency.

Combustible items were stored under an open stairway.

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

**Findings:**
The matters arising from the previous inspection related to residents not being protected from all forms of abuse, including abuse by their peers and alternative measures not considered before restrictive procedures were used.

The Authority had been informed on an ongoing basis since the previous inspection to date regarding the care and condition of a resident whereby restrictive measures were in place.

During this period the inspector learned that the resident's behaviour support plan had been reviewed and updated and this took account of measures being put in place regarding transitioning the resident to secure a tenancy agreement.

Appropriate alternative interim accommodation was found to be suitable and the resident was supported by familiar staff who are aware of the resident's needs and preferences.

The inspector saw that behavioural support plans are in place for some residents and staff were knowledgeable regarding residents' behaviours that are challenging and that restrictive practices are used as a last resort when all other alternatives have been adopted.

**Judgment:**
Compliant
### Outcome 10. General Welfare and Development

*Resident’s opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**
Health and Development

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

**Findings:**
The matter from the previous inspection related to residents not being supported to access opportunities for education as retirees.

Staff on duty informed the inspector that an additional staff member had been rostered on duty and that it was now possible to organise opportunities for residents to have fulfilling retirements. Social care assessments had been carried out to ascertain residents' interests and skills.

Currently residents with the support of staff were being introduced to sample different activities in the local community in order to determine if the activity was appropriate in meeting the residents’ needs and preferences.

The inspector saw notice boards in the designated centre highlighting a variety of activities and saw some residents who were going out into the local community for lunch.

Other residents were involved in a variety of activities including day care provision, shopping, outings and one resident chose to relax at home.

**Judgment:**
Compliant

### Outcome 11. Healthcare Needs

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**
Health and Development

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

**Findings:**
The matter arising from the previous inspection related to insufficient choices at mealtimes.

The inspector met a resident who was having lunch in one of the houses of the designated centre which consisted of the resident’s favourite foods. Another resident was going out for lunch with a staff member.

A 4 week menu plan was available and on examination it provided a variety of choices of main meals and snacks.

Pictorial menu cards were available to inform residents about different menu choices.

**Judgment:**
Compliant

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**Outcome 13: Statement of Purpose**

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

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The designated centre's statement of purpose had not been updated and forwarded to the Authority detailing recent changes for example a reduction in number of residents being accommodated and changes to staff working at the designated centre.

**Judgment:**
Substantially Compliant

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**Outcome 14: Governance and Management**

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

**Theme:**
Leadership, Governance and Management
Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspector saw that there was a clearly defined management structure that identifies the lines of authority and accountability and care and nursing staff on duty were able to inform the inspector of their reporting mechanisms.

Since the last inspection a new person in charge has been recruited and is responsible for the designated centre. The person in charge is a clinical nurse manager 3 and has many years of experience working with residents with intellectual disability. Although the person in charge was not available during the period of the inspection the director of nursing/deputising person in charge was available. Staff informed the inspector that the new person in charge had visited the designated centre and was familiar with the residents.

In addition a manager (clinical nurse manager 1) has recently been appointed (May 2015) who is qualified and experienced in working with residents with an intellectual disability.

The director of nursing informed the inspector that regular meetings take place with all grades of staff.

Judgment:
Compliant

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

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

Findings:
The matter arising from the previous inspection related to the insufficiency of staff day and night.

Since the last inspection an additional staff member has been rostered on duty day and
night. Staff informed the inspector that this had improved the quality of life of residents with regard to their activation programmes.

Staff informed the inspector that the new staff members were inducted and had become familiar with residents' needs. Induction records were made available for inspection.

The person in charge was not rostered on the staff rota of the designated centre. See outcome 18 for action plan.

Staff had not participated in formal supervision.

**Judgment:**
Substantially Compliant

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### Outcome 18: Records and documentation

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**
Use of Information

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The person in charge was not rostered on the staff rota of the designated centre.

**Judgment:**
Substantially Compliant
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:

Siobhan Kennedy
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 St John of God Community Services Limited</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003010</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>10 September 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>22 October 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:**
There was no evidence that a complainant (person working at the designated centre) was informed of the outcome of the complaint and details of the appeals process.

1. **Action Required:**
Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
promptly of the outcome of their complaints and details of the appeals process.

Please state the actions you have taken or are planning to take:  
The complainant was corresponded with on 25th Sept 2015 regarding the action taken to her complaint and offered opportunity to respond to same.

**Proposed Timescale:** 25/09/2015  
**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The records of complaints did not include the details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the complainant was satisfied.

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

Please state the actions you have taken or are planning to take:  
Complaints log has been updated

**Proposed Timescale:** 26/09/2015

**Outcome 06: Safe and suitable premises**  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Accessibility to one of the houses in the designated centre was difficult for residents using a wheelchair because the driveway leading to the front entrance was stoned and work had not been fully completed following the removal of a step up into a Jacuzzi bath.

3. **Action Required:**  
Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

Please state the actions you have taken or are planning to take:  
1. The registered provider is looking for more suitable accommodation for this resident group. In the meantime the following will be done
2. A footpath will be put in place from the cement area at front door to the Tarmac area at the road. This will enable the smooth transfer of a wheelchair user to the main road.

3. The step to the Jacuzzi bath has been removed and the area tiled over.

Proposed Timescale: 1. 13/11/15
2. 16/10/15

**Proposed Timescale: 13/11/2015**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The premises were not kept in a good state of repair as the following issues were identified:
– The water taps of a wash hand basin in a shower room were crusted.
– Flooring on both sides of a step in shower tray were was damaged.

4. **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:**
1. Water taps have been replaced
2. Flooring of shower tray will be replaced

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

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some aspects of the premises were not suitably decorated as follows:
– The door of a toilet facility was repaired but not painted.
– A bedroom wall was not repented following the removal of a wall bracket.

5. **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. Door of toilet facility will be painted
2. Bedroom wall has been repainted following the removal of bracket

**Proposed Timescale: 30/10/2015**
<table>
<thead>
<tr>
<th>Outcome 07: Health and Safety and Risk Management</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>Adequate precautions against the risk of fire had not been taken as follows:</td>
</tr>
<tr>
<td>– Double fire doors leading from the kitchen into the hallway were open but were there were no hold open devices attached to the fire alarm system so that they would automatically close in the event of an emergency.</td>
</tr>
<tr>
<td>– Combustible items were stored under an open stairway.</td>
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**6. 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:**
1. Hold open devices will be fitted to doors from kitchen
2. Combustible items have been removed from under the stairway

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

<table>
<thead>
<tr>
<th>Outcome 13: Statement of Purpose</th>
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<tr>
<td><strong>Theme:</strong> Leadership, Governance and Management</td>
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<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
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<tr>
<td>The designated centre's statement of purpose had not been reviewed/updated and forwarded to the Authority detailing recent changes for example a reduction in number of residents being accommodated and changes to staff working at the designated centre.</td>
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**7. Action Required:**
Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

**Please state the actions you have taken or are planning to take:**
The statement of purpose has been updated to reflect changes in numbers of resident’s and staff.

**Proposed Timescale:** 20/09/2015
**Outcome 17: Workforce**

**Theme:** Responsive Workforce

_The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:_
Staff had not participated in formal supervision.

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

**Please state the actions you have taken or are planning to take:**
1. Performance development reviews will be completed for all staff
2. Supervision meetings has commenced

Proposed Timescale:
1. 30/11/2015
2. 1/10/2015

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

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**Outcome 18: Records and documentation**

**Theme:** Use of Information

_The Registered Provider is failing to comply with a regulatory requirement in the following respect:_
The duty roster of persons working at the designated centre did not include the person in charge.

**9. Action Required:**
Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
1. Rosters now include the duty hours of the person in charge

**Proposed Timescale:** 20/09/2015