# 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 Little Angels Association</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003924</td>
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<td>Centre county:</td>
<td>Donegal</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>Little Angels Association</td>
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<tr>
<td>Provider Nominee:</td>
<td>John Murray</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Geraldine Jolley</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>7</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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About monitoring of compliance

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 30 June 2015 14:00  
To: 30 June 2015 19:30

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

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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 11. Healthcare Needs</td>
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Summary of findings from this inspection

This was the first inspection of this centre. The inspector met with the provider, support staff and residents during the day. Care practice, the organisation of day to day activity both in the house and outside and documentation such as personal care plans and required records were reviewed. There was information and evidence available that confirmed that residents received a good quality service. Evidence of compliance, in a range of areas, with the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 was found and this was reflected in a number of positive outcomes for service users.

Staff supported residents to maximize their independence and encouraged them to make decisions and choices about their lives. Residents were supported to pursue their hobbies and interests and showed the inspector how this was achieved. They described how they enjoyed living in the centre and how they spent their days, commenting positively on the assistance they received from staff. The inspector found that staffing levels were suitable and organized to meet the needs of
residents. Social care needs and health care needs were met and there was evidence of safe medication management practices.

The premises had been extensively refurbished and decorated earlier in the year. All residents had their own rooms and there were spacious communal areas that enabled residents to sit together and also to have quiet spaces. All areas were well furnished and decorated in attractive colour schemes. Residents were aware of the inspection taking place and took the inspector around the house to see the facilities and garden.

The staff on duty conveyed positive and well informed attitudes towards their roles. They engaged with residents as soon as they returned from their jobs and day care services and were friendly and positive in their interactions while discussing with everyone how their day had been. Residents told the inspector that they were appropriately supported and said that they could make choices about their lives and were consulted about activities and what they liked to do when the returned from day care and at weekends.

Areas of non-compliance related to the risk management procedures, the provision centre specific policies for all topics described in schedule 5 and particularly for medication management and adult protection. The organization of staff records to ensure that the entire required schedule 2 information is available also required attention and some personal plans required attention to ensure appropriate goals were described to guide staff practice and ensure the support needs of residents were clearly outlined. These matters are discussed further in the report and included in the action plan at the end of this report.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident’s privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

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

Findings:
The inspector found that residents were consulted about their daily routines in the centre and found that residents’ rights and dignity were promoted. For example, residents’ meetings were held regularly and were used to plan activities/social events, day to day choices for menus and address any concerns that residents raised.

Residents had varied work and day activity from a number of sources and the inspector noted that there was good coordination between services to ensure that activities and opportunities offered to residents reflected their assessed support needs and goals outlined in personal plans. Residents told the inspector if they had a complaint they would feel confident that they could approach staff and that their concern would be addressed. A record of complaints was maintained and the inspector saw that matters raised were addressed expediently and to the satisfaction of the complainant. If a complaint could not be resolved locally the matter was referred to the chair of the voluntary committee.

The inspector noted that while the complaints procedure was detailed and informed staff about the process to follow it was in draft form and needed to be finalised.

Judgment:
Non Compliant - Minor

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 found that there were effective and supportive interventions provided to residents to ensure they could communicate freely and to their maximum ability. For example, resident’s communication needs were assessed and described in their personal plans. The inspector saw completed assessments that included communication needs and areas of difficulty and where this was identified as requiring support a care plan was developed. The use of technology was employed well and residents had computers and personal telephones that helped improve their communication capacity.

### Judgment:
Compliant

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### 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:
The inspector found that there were good networks established with family members, friends and people who were significant to residents. All residents had contact with their families and this included phone contacts and visits. Residents told the inspector about their visits home and to see other family members. One resident said that she enjoys her trips to see family and that she is able to have regular short breaks and does her shopping when away.

Staff encouraged regular contacts with families and ensured such contacts were sustained in accordance with residents’ wishes. Where relatives lived a distance away residents were supported to keep in touch by telephone. There were records available that confirmed the varied contacts between residents and their families. Relatives were informed of significant events and changes in health care needs and these contacts were recorded. There was no restriction on visits except at residents’ requests.

### 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

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

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

**Findings:**

The inspector found that residents well-being was maintained by a good standard of evidence-based care and support, with opportunities and arrangements in place to improve capacity and quality of life. All residents were found to have active support plans that were being implemented as described and that were resulting in positive outcomes for residents.

The inspector met with residents when they returned from their day activities and talked to them about their personal plans, their day to day lives and what they hoped to achieve in the future. There were aspects of care practice that were noted to be person centred and reflected good practice. All residents have their personal records in their rooms. The inspector reviewed a sample with residents’ permission and cooperation. Residents could describe the ways that staff supported them, their interests and preferences and how these were accommodated. The inspector saw that a record was completed at the end of each day that described how residents had spent their time and how they felt emotionally. Residents said that staff talked to them each day and staff said that these conversations formed the basis of the record.

Residents who had moved to the service were noted to have transition plans in place and where residents moved between services there was information that indicated that the needs of the resident were a priority when such moves were undertaken. There were gradual transition plans put in place over a period of time and there was evidence of discussions between staff in the centre, members of the multidisciplinary team and the resident or their representative to ensure the service matched residents’ needs for support. The inspector found that the transition plans had been effective and had resulted in positive outcomes and appropriate placements for residents.

**Judgment:**

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

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

**Theme:**

Effective Services

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

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

**Findings:**

The house was home like, comfortable, well decorated and furnished to a high standard. Residents took the inspector around and described the varied facilities. It is a large bungalow that has eight bedrooms and several large communal areas where residents can sit and eat together in comfort. One of the bedrooms is designated as a staff sleep over bedroom/office. All bedrooms are single and each room was noted to be personalised with photographs, ornaments and objects that were the property of residents. Each room had a comfortable chair and some had televisions if this was residents’ personal choice. There was appropriate storage for clothing and personal items provided in built in wardrobes.

The communal areas consist of a sitting room and a large open plan kitchen/dining and sitting area. The kitchen was domestic in style and had appropriate cooking facilities, storage space and was large enough to facilitate residents preparing or cooking meals if this was a goal to enhance their independence. Dining space was attractively organised with sufficient space for residents to eat together in comfort if that was their choice.

Hallways were wide and accessibility throughout the house was good. There are four bathrooms one of which is fully accessible, has low level hand basins and is large enough to accommodate specialist mobility equipment such as wheelchairs. There is a utility area with a washing machine and dryer that is used by residents independently and with staff support where required. Seven residents is the maximum number that can be accommodated.

There is outdoor garden space that is accessible which residents said they use when the weather is warm.

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

Findings:
The inspector found that for the most part, the health and safety of residents, visitors and staff was promoted. Individual risk assessments were in place. The house was clean and clutter free and provided a safe environment for residents.
The fire safety arrangements were reviewed. A fire register was in use to record the fire safety equipment in use, the fire prevention checks and fire drills and staff training. The inspector saw that fire exits were clear and unobstructed and that the fire safety equipment described in the register was in place.

There was a record of fire drills and staff training. Residents were included in the fire drill exercises which were noted to take place at different times. A personal evacuation plan that described their support needs in an emergency situation had been completed for each resident. There was a report completed at the end of each exercise and the inspector noted where areas for improvement were identified this was remedied. For example the fire drill conducted on 27 April 2015 described all residents exiting through the front door and not the exit nearest to where they were and this was remedied when the next drill was undertaken in May. There were regular tests of the fire alarm and the operation of fire doors from different points in the house and any faults were recorded and remedied. All staff had received fire training however the inspector noted that the training needed expansion to ensure that all staff could competently describe and use fire extinguishers and also know how to extinguish clothing should this catch fire. The person in charge informed the inspector that this was addressed following the inspection and training undertaken during August included these topics. Fire equipment was serviced through a contract arrangement. The inspector noted that the following improvements to the fire safety arrangement were required:
• Records of the daily check of the fire panel to confirm that it is fully operational and that all fire exits are clear were not completed
• All exits that are to be used as fire exits need to be identified and
• Floor plans that outline the route to the nearest exit need to be available in a format that is meaningful for residents.

The risk management policy required review as it did not meet the requirements of the regulations. It did not cover the identification and management of risks, arrangements for identification, recording, investigation and learning from events. The inspector found that policies and procedures to guide staff on the centre specific arrangements in place to manage matters such as the unexpected absence of a service user, accidental injury to residents, visitors and staff, aggression and violence and the measures in place to control and manage risks such as self harm needed to be developed.

Judgment:
Non Compliant - Moderate
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:
Measures to protect residents being harmed or suffering abuse were in place. Staff had received training in the protection of vulnerable adults. The inspector reviewed the policies and procedures for the prevention, detection and response to allegations of abuse. These gave guidance to staff as to their responsibility if they suspected any form of abuse and the national guidance from the Health Service Executive – Safeguarding Vulnerable Persons at Risk of Abuse were available for staff. The procedure available was noted to require more centre specific information to guide staff on aspects such as who to report to within the organisation, the immediate actions to take and the reports that had to be made to the statutory authorities. This is outlined for action under outcome 18-Records and Documentation. Staff interviewed confirmed that they were aware of this policy, and of their responsibility to report any allegations or suspicions of abuse. Residents told the inspector that they felt safe and well cared for by staff and could talk to staff at any time.

There was one allegation of abuse reported by the person in charge. This described an incident that took place outside the centre and there was a record of the event described by the resident and the subsequent exploration/investigation of the event. The designated social worker for disability services had been informed and there was a record of all meetings and contacts in relation to this event.

There were procedures to guide staff on the provision of personal care to residents and respect for privacy and dignity was a priority according to information supplied by staff and residents.

There were policy guidelines on “responding to challenging behaviour”. Staff informed the inspectors that there was good access to specialist services when required and residents had positive behaviour support plans in place where required. The inspector noted that there were strategies outlined to help residents develop self awareness and recognise safety issues.

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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector found that residents’ health care needs were met with appropriate input from medical services and allied health professionals. Staff reported that all residents were in good health at the time of inspection. Staff described a good working relationship with general practitioners and an out of hour’s service was also available. Services such as physiotherapy, speech and language therapy, occupational therapy, dental, chiropody, neurology and psychiatry and dietetics are available via referral to the Health Service Executive.

Staff support service users to access health services as/when required. Families are engaged in this process in line with individuals/family’s wishes. Health promotion initiatives were also in place. The inspector reviewed some of the health care assessments in place. One had been completed by the resident and described health issues well and where problems could be encountered. There was good emphasis on health promotion and residents who had weight or cholesterol problems had active plans in place including regular blood tests to ensure safe and appropriate management.

Residents’ nutritional needs were met. Regular weights were recorded and reviewed to ensure weight loss or gain was noted. Residents cooked their meals with the assistance of staff and the inspector was told that they went out for meals to local restaurants as part of a social outing. Snacks including fresh fruit and drinks were freely available.

**Judgment:**
Compliant

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**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:**
A medication management policy was in place to guide practice and included the arrangements for ordering, prescribing, storing and administration of medicines to service users. This had been revised in June and was in draft form before final approval. All staff had signed to indicate they had read the revised document.

The staff on duty displayed a good working knowledge of the medications in use. The inspector noted that three residents were on regular medication and the remainder were prescribed medication on “as required” (PRN) basis. Allergies were described to avoid errors.

The inspector observed that medications were stored appropriately, and there were no medications that required strict control measures (MDA’s) at the time of the inspection. There was a system in place for the reporting and management of medication errors. Staff the inspector talked to knew the process they had to follow if they made an error.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th>Outcome 14: Governance and Management</th>
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<tr>
<td>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.</td>
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| Theme: |
| Leadership, Governance and Management |

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

| Findings: |
| There was a clearly defined management structure that identified the lines of authority and accountability for the service. The person in charge (pic) was on holiday when this inspection was undertaken. The information available indicated that she had qualifications, skills and experience appropriate to her role. The inspector found that the arrangements in place for managing the service indicated that the person in charge and the staff team were knowledgeable about the requirements of the regulations and standards and had knowledge of the support needs and person centred plans for residents. |

| The pic was employed full-time to manage this designated centre which is the only |
residential service operated by the organisation at present. She was supported in her role by senior support workers and care staff. The nominated provider meets the staff team regularly and was present during the start of the inspection. There is a board of directors responsible for the overall operation and management of the centre and other services operated by the organisation in the area.

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

Findings:
Staff members on duty were well organised, conveyed information clearly and ensured that residents were involved in the inspection. Staff knew service users well and there was a relaxed and comfortable environment in the home. The three staff on duty were observed to work well as a team and residents said they valued the support of staff. Staff and residents were complimentary of the PIC and confirmed that they saw her every day when she was on duty.

The inspector noted that there were adequate staffing levels to meet the needs of residents at the time of inspection. There was normally three staff on duty in the afternoon/evening from 15.30 to 21.30. There was one waking night staff from 21.30 to morning from Monday to Thursday when all residents were in the house. Over the weekend there was a sleeping in staff. A staffing roster showing staff on duty including the person in charge was available.

The inspector was told by residents that staff had time to spend with them individually and time to take them out. Staff were observed to address residents respectfully and to chat to them about their day when they returned home. Residents told the inspector that they did not have to wait an excessive time for assistance with personal care or to access a staff member on any occasion.

The inspector found, through talking with staff, that in the absence of the PIC, the provider was always available and staff had ready access to the contact details.
The inspector reviewed the recruitment practices and found there was a system in place to ensure recruitment practices met legislative requirements. The majority of required documentation as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 was in place for staff employed but a full employment history was not available in two of the records viewed.

**Judgment:**
Substantially Compliant

### 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):**
This was the centre's first inspection by the Authority.

**Findings:**
The majority of the policies and procedures required by the regulations were available. Many of the policies contained detailed information which was informative to guide staff, however, most policies were not centre specific and were in draft format. These included the policies for medication management, safeguarding and risk identification and management.

While policies available were comprehensive they did not have an easy reference or simple guide to assist staff in the event of untoward situation or crisis to enable them to access swiftly a clear understanding of the procedure they should follow to manage the situation.

**Judgment:**
Non Compliant - Moderate
Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Geraldine Jolley
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

Centres name: A designated centre for people with disabilities operated by Little Angels Association

Centre ID: OSV-0003924

Date of Inspection: 30 June 2015

Date of response: 05 October 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:

The procedure for the management of complaints was in draft form.

1. Action Required:

Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an

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

Please state the actions you have taken or are planning to take: The complaints procedure has been approved by the Board of directors and is in full effect. There is also an accessible format for residents

Proposed Timescale: 01/08/2015

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:
The risk management policy did not cover the identification and management of risks, arrangements for identification, recording, investigation and learning from events.

Policies and procedures to guide staff on the centre specific arrangements in place to manage matters such as the unexpected absence of a service user, accidental injury to residents, visitors, and staff, aggression and violence and the measures in place to control and manage risks such as self harm needed to be developed.

2. Action Required:
Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
A risk management policy is in early stages of being drafted. It must then be approved by the board.

Proposed Timescale: 14/12/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Fire safety training needed expansion to ensure that all staff could competently describe and use fire extinguishers and know how to extinguish clothing should this catch fire.

3. Action Required:
Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

Please state the actions you have taken or are planning to take:
This training was provided to all staff on 26/08/15

**Proposed Timescale:** 26/08/2015

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
All exits that are to be used as fire exits need to be identified.

Floor plans that outline the route to the nearest exit need to be available in a format that is meaningful for residents.

4. **Action Required:**
Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the designated centre.

**Please state the actions you have taken or are planning to take:**
An accessible fire procedure is in place for residents at all exits. Signs have been erected at all points to indicate fire exits. As advised on day of visit a sign has been erected at two points in the hallway to indicate an exit further along the corridor. An enlarged floor plan has also been erected in easy-read format for residents and visitors alike.

**Proposed Timescale:** 01/09/2015

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
A full employment history was not available in two of the records viewed.

5. **Action Required:**
Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

**Please state the actions you have taken or are planning to take:**
Staff have been asked to provide their past work history as well as current photo.

**Proposed Timescale:** 21/10/2015

**Outcome 18: Records and documentation**
**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The required policies and procedures in accordance with legislation were not centre specific and were in draft format. These included the policies for medication management, safeguarding and risk identification and management.

**6. Action Required:**
Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
The following policies have been fully implemented:
Fire safety
1. Ordering, receipt, prescribing, storing and administration of medicines to residents
2. The handling and disposal of unused/out-of-date medicine
3. Handling and investigation of complaints.
4. Health and safety of residents, staff and visitors.
5. The prevention, detection and response to abuse.
6. Fire safety management

Proposed Timescale:
It is proposed that the following policies will be fully implemented by 30/11/15:
1. Residents’ personal property, finances and possessions
2. Recruitment, selection and vetting of staff
3. Monitoring and documentation of nutritional intake
4. Management of behaviour that is challenging
5. Responding to emergencies.
6. Risk management

It is proposed that the following policies will be fully implemented by 31/01/16
1. Temporary absence and discharge of residents
2. Provision of information to residents
3. Communication
4. Use of restraint

It is proposed that the following policies will be fully implemented by 31/03/16
1. Admissions
2. End of life care
3. Staff training and development
4. The creation, access to, retention and destruction of records

**Proposed Timescale:** 30/03/2016