

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Health Service Executive
<b>Centre ID:</b>	OSV-0005397
<b>Centre county:</b>	Westmeath
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Joseph Ruane
<b>Lead inspector:</b>	Thelma O'Neill
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	9
<b>Number of vacancies on the date of inspection:</b>	0

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

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

From: 11 February 2016 10:00 To: 11 February 2016 21:00

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

Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

This unannounced inspection was carried out as part of the Health Information and Quality Authority's (the Authority's) process of monitoring designated centres for compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013)

This was the first inspection of this Health Service Executive (HSE) residential centre which provides accommodation to nine female residents living in and around the Mullingar area. Of the nine outcomes inspected, four were found to be compliant and five non-compliant (two major and three moderate). The actions required to address these non-compliances are set out in the action plan at the end of this report.

The inspector met with some of the residents, staff, and managers during the course of this one day inspection. The inspector observed practices and reviewed documentation such as care plans, medical records, accident/incident reports, policies and procedures and found there to be a good level of compliance in the maintenance of documentation.

This centre comprises two semi-detached houses accommodating a total of nine residents. There is an apartment attached to the side of one house. The inspector

found that the centre was visibly clean, warm, and comfortable with plenty of natural light. Residents' bedrooms were personalised with individualised items and photographs. However, bedrooms were small in both houses and there was inadequate storage and space in the kitchen in one of the houses that was impacting on residents' needs. Some communal rooms required redecoration.

There was good evidence that residents' individual needs were met. Residents with high medical needs received nursing support and those with complex behavioural needs had appropriate assessments and support in place to reduce their anxieties. However, the adverse impact of these complex behaviours on all residents living in the centre required review.

All findings from this inspection are discussed under each outcome in the body 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 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 were policies and procedures in place to guide the admissions and discharge process.

The inspector found evidence that the admissions process had been recently reviewed following written complaints from one resident regarding an unplanned admission to the house that had adversely impacted on the lives of the people living there. By way of response, the manager of that house advocated on behalf of all residents living there and following representation from residents, family and managers, the resident who had been recently admitted was discharged to more suitable accommodation.

The contracts of care and the resident's guide (which detailed the services to be provided in the centre) were available in an easy to read format. Each resident had a contract of care in place outlining the services provided and the costs of this service to each individual resident. All residents were charged the same fees and it was clear from the evidence in each resident's personal file that discussions had taken place with the resident and or representative with regard to agreeing the contact of care.

**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):**

No actions were required from the previous inspection.

**Findings:**

Residents' abilities, needs and aspirations were clearly identified and there were opportunities for each resident to participate in activities appropriate to their interests and capacities. Recreational activities were available during the week and occasionally at weekends.

The inspector found that each resident had a personal plan in place, and there was evidence that these were regularly reviewed and at a minimum annually. Residents and their families were actively involved in preparing their personal plans. The sample of residents' personal plans viewed by the inspector were individualised and person-centred.

A key worker was assigned to each resident to help them to achieve their personal goals. The inspector saw that goals achieved had been reviewed and new goals set for the current year. In one instance, a resident had chosen a number of personal goals, for example; to attend exercise classes four times a month, to visit their family every weekend, to go on a overnight stay in a hotel, and to have a 60th birthday party. A review of these goals indicated that many had been achieved while others were ongoing.

It was evident that residents were very much part of the local community. They visited local businesses and community facilities in the town, for example; local pubs, restaurants, the library and church as well as taking part in social activities in the house such as cooking and art.

**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:**

This centre consisted of two semi-detached houses that were integrated internally on the ground floor.

House one was a semi-detached house and had an apartment attached to the side of the house. Three residents were accommodated in the house and two residents lived in the apartment. The two residents living in the apartment did not use the kitchen facilities in the apartment, but used the kitchen facilities in the house for their meals. One resident told the inspector that they would like to use the kitchen facilities in the apartment more to cook their meals.

House two adjoined house one and accommodated four female residents. There was a living room and a kitchen and dining room on the ground floor. The first floor consisted of four bedrooms and a shower room. The house was small and the inspector found that there was insufficient communal or private space in this house for residents to meet friends and family.

This house also lacked a utility room to store washing machines or tumble dryers and the freezer. These items were located in the kitchen area and took up valuable space for residents by restricting their access in the kitchen. They also created an infection control risk as soiled laundry was treated in the same area where food stuffs were stored and prepared for cooking. Furthermore, office equipment, such as filing cabinets and tables, computers and stationary was also stored in the resident's kitchen area, due to insufficient storage place in the house. This further reduced the residents' accessibility around their kitchen.

Also in house two, there was only one toilet upstairs that was used by five people (four residents and one staff member) and it lacked adequate space when residents required assistance with their personal care needs. There was no toilet downstairs and this had been identified by residents as an issue which impacted on those with mobility problems as they had to climb the stairs every time they wished to use the toilet.

The internal structure of the premises required some redecoration and refurbishment. This included the carpets on the stairs and landing and repainting woodwork near the front doors. Some bedrooms were very small and lacked adequate storage and space for residents to walk around.

**Judgment:**  
Non Compliant - Major

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

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

**Theme:**  
Effective Services

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

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

**Findings:**

The centre had policies and procedures relating to health and safety and there was an up-to-date Health and Safety Statement in place. A risk management policy was also available which provided guidance to staff on the appropriate management of risks in the organisation. A local risk register was in operation and was seen to be up-to-date in the centre. This identified hazards in the centre in relation to risk management and staffing requirements which had been appropriately risk assessed and risk rated.

However, the inspector found that there was not an adequate system in place to review on-going individual risks. Although individual risk assessments had been completed, there was no analysis of the pattern of risks developing. In addition, while action had been taken to mitigate the immediate risks to residents and staff, the preventative strategies put in place were not clearly documented and this meant there was no consistent approach in place for managing these risks.

Residents had complained that their peer regularly walked around the house while smoking. This behaviour increased the risk of fire and the effects of passive smoking on other residents. There were some safeguarding protocols in place around the management of this behaviour such as, sitting outside, or sitting inside the side door of the apartment to smoke, however, it did not mitigate the risk of fire when the resident was walking around the house with a lit cigarette.

Inspectors found that fire equipment was appropriately located throughout the centre and the records reviewed confirmed that the emergency lighting and alarm system were serviced regularly. Weekly and monthly fire safety checks were recorded in the centre's fire register. All fire exits were unobstructed and staff took part in regular fire evacuation drills which were documented. A personal evacuation plan was documented in each resident's personal file.

Fire safety training for all staff had taken place and included individual and centre evacuation procedures. The procedure to be followed in the event of fire was displayed in the centre.



**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:**

The person in charge confirmed that there had been no allegations of abuse in this centre to date. All staff had completed training in the protection and safeguarding of residents and a training schedule was in place. The centre's policy on safeguarding and protection had been reviewed and staff members interviewed were able to describe what constituted abuse and informed the inspector that they would report any suspected or alleged instances of abuse.

The inspector found evidence that some residents and staff members were at risk of physical assault by another resident who had presented over recent few months with behaviour that challenges. Incidents had increased month on month and there were 14 incidents of physical assaults in January 2016. Similar incidents of actual and threatened physical assaults had also occurred in previous months.

Actions taken by the management team were to provide additional staff supervision and support by the behaviour support team and reviews by the psychiatrist and General Practitioner. However, the antecedent for the recent change in this individual's behaviour had not been identified and the actual or potential risk of peer-on-peer assault had not been referred to a designated officer or social worker. At the time of inspection, these incidents were on-going. The inspector was also informed by staff that other residents were afraid of being assaulted when in close proximity to this resident.

From a review of staff training records, the inspector identified no staff had completed training in the management of behaviours that challenge. Considering the frequency of the assaults in this centre, the absence of appropriate training increased the risks for residents and staff.

**Judgment:**

Non Compliant - Major

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

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

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

**Findings:**

Residents were supported to access healthcare services relevant to their needs. They had access to their own general practitioner (GP) and had the autonomy to retain their own GP and pharmacist while in respite care. Residents also had access to allied health professionals such as speech and language therapists, opticians, dentists, behaviour support specialists, psychologists and psychiatrists as needed.

Residents had up-to-date hospital passports in their personal files. These outlined specific details in relation to residents' healthcare needs and the supports they would require in the event of an emergency or unplanned admission to hospital.

Residents were able to choose from a range of menu options and had the opportunity to eat their meals alone or with peers. The dining and kitchen facilities met the needs of residents. There was a good supply of frozen and fresh produce in the centre. There was a good choice of condiments for the preparation of fresh meals. Residents' nutritional risks were assessed using a nutritional risk assessment tool. Residents enjoyed healthy freshly prepared meals in the centre. Residents on weight reduction diets were supported by staff to understand healthy and unhealthy food options and were encouraged and supported to make healthy choices.

**Judgment:**

Compliant

**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 policy was in place to guide practice and included the arrangements for ordering, prescribing, storing and administration of medicines to residents. The inspector reviewed the prescription records and medication administration records and found that documentation had been accurately completed. Individual medication plans were appropriately implemented and reviewed as part of the individual personal plans. For example; there were protocols in place for the safe administration of medication for epilepsy.

Medications were stored appropriately. There was also a register of medications that required strict control measures and this had been appropriately maintained. Staff also adhered to appropriate medication management practices for unused medication. For example; there were appropriate procedures for the handling and disposal of unused and out of date medicines.

A system was in place for auditing and monitoring safe medication management practices. The inspector found that there were a number of medication errors recorded in the centre, however, most related to inaccurate labelling of medication . The person in charge had adequately attended to these issues, by addressing the issue with the staff member involved. Re-training on medication management practices had been provided to the some staff as required.

**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:**

There was a newly defined management system in place that promoted and supported the delivery of services. The newly appointed person in charge was a suitably qualified person with relevant experience commensurate to her role. She worked in a full-time post, and was responsible for two designated centres. The person in charge worked alongside residents and staff which enabled her to observe practices and engage in a meaningful way with residents. The person in charge was supported in her management

role by a clinical nurse manager level 2, nurses and care staff.

Managers in this centre did not have access to the internet, the HSE intranet or risk management system, which impacted on their effectiveness to manage and review risks.

The person in charge received supervision and on-going support from the Acting Assistant Director of Nursing and during the course of the inspection demonstrated a good knowledge of the residents' needs, the operation of the centre and the regulations.

Six monthly unannounced visits to the centre by the provider's nominee had take place. An action plan had been put in place to respond to the issued identified during the unannounced visits and these had been addressed prior to this inspection. However, an annual review had not yet been completed by the provider.

There were regular staff meetings and staff who spoke to the inspector said they felt very supported by the person in charge and enjoyed working in this centre.

**Judgment:**

Non Compliant - Moderate

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

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

**Findings:**

The person in charge told the inspector that difficulties were still being encountered in ensuring the centre had regular, consistent staffing and there was still a reliance on agency staff, but that improved arrangements had been put in place to help ensure agency staff were fully aware of the residents' care needs before working with residents. An induction folder had been developed for each house which identified key clinical risks such as epilepsy, a risk of choking or behaviours that challenge and the emergency evacuation plans for each resident. A copy was available in each house.

However, from a review of staff duty rotas and discussion with staff, the inspector concluded that there was variability in the staff working in the centre which impacted on residents' care needs being met consistently. For example, one resident was assessed as requiring one-to-one staffing and although this had been resourced, inconsistency was

identified over recent months in the staff members who supervised this resident.

Some care staff had not been provided with training in medication administration, so they could not administer medication to residents in their care. This had resulted in nurses that were less familiar with residents, having to administer the medication. In addition, the Clinical Nurse Manager level 2 (CNM2) had to administer medication in four different houses in the locality every morning during the week which had the potential to impact on residents' health if the manager was delayed in one of the houses. Furthermore, clinical nurse managers provided nursing cover for up to 10 units in this service area, including the two houses in this centre. This was currently under review by senior management and additional night supervisors were in the process of being appointed to the organisation.

All staff had completed training in fire management, adult protection and safe moving and handling. However, no staff had completed training in the management of behaviours that challenge and care staff had no training in medication management.

Inspectors observed good staff interactions between residents and the nursing and care staff and those staff members interviewed had a good knowledge of residents' needs.

**Judgment:**

Non Compliant - Moderate

## Closing the Visit

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

### Acknowledgements

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

### *Report Compiled by:*

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

## Health Information and Quality Authority Regulation Directorate

### Action Plan



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

<b>Centre name:</b>	A designated centre for people with disabilities operated by Health Service Executive
<b>Centre ID:</b>	OSV-0005397
<b>Date of Inspection:</b>	11 February 2016
<b>Date of response:</b>	21 April 2016

### 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 06: Safe and suitable premises

**Theme:** Effective Services

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

The facilities available in house two did not adequately meet the needs of the residents:

- i. The number of communal rooms available downstairs
- ii. The lack of private space available.
- iii. Inadequate space in resident's bedrooms.
- iv. Inadequate space in the shower room upstairs to allow room to provide personal

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

assistance.

v. No downstairs toilet in house 2 to meet the needs of the residents.

**1. 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:**

A review will be undertaken by HSE Estates and the PIC PPIM to assess the accommodation needs of Individuals requirements residing in the designated centre.

31/05/2016

In the long-term, there is a plan in place to meet with estates to carry out a review of all properties within the service, risk assessing each property with a view to identify priority areas to be addressed as part of an overall plan for all designated centres within the service. A costed development control plan will be developed in conjunction with the estates department. 30th June 2016

**Proposed Timescale:** 30/06/2016

**Theme:** Effective Services

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

There was inadequate storage facilities for laundry and office equipment in House two which impacted on residents access around their kitchen.

**2. Action Required:**

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

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

A review will be undertaken by HSE Estates and the PIC PPIM to assess the accommodation needs of Individuals requirements residing in the designated centre.

31/05/2016

In the long-term, there is a plan in place to meet with estates to carry out a review of all properties within the service, risk assessing each property with a view to identify priority areas to be addressed as part of an overall plan for all designated centres within the service. A costed development control plan will be developed in conjunction with the estates department. 30th June 2016

**Proposed Timescale:** 30/06/2016

## Outcome 07: Health and Safety and Risk Management

**Theme:** Effective Services

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

There were individual risk assessments complete, but they did not clearly identify risks and there was no analysis of the patterns or a review on-going risks in this centre.

### **3. Action Required:**

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

A review of the Risk Register and all Risk Assessments will be undertaken in the designated centre by the PIC and House Managers. 30/06/2016

All staff in the designated centre will receive Training in Risk Management. Four staff have completed Risk Management Training. Seven staff in the designated centre are scheduled to attend Training in Risk Management on 21/04/2016. 30/05/2016

The Risk Management Policy is available in the designated centre. The PIC will ensure implementation of the Risk Management Policy by all staff in the designated centre. 25/04/2016

**Proposed Timescale:** 30/06/2016

**Theme:** Effective Services

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

The inadequate storage facilities in house one created an infection control risk, as soiled laundry was being treated in the kitchen area where residents food was stored and residents and staff prepared food for cooking.

### **4. Action Required:**

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

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

As an interim measure a review has been undertaken of the laundry facilities in House One. The washing machine in House One will be removed from the kitchen and all staff and residents as appropriate will utilise the utility room in the adjacent apartment to launder clothes.06/05/2016



For House two in the interim a schedule will be implemented by the PIC and the Manager in the House Two to utilise the washing machine at intervals ensuring that there is no exposure from soiled laundry to food in the kitchen area. A Risk assessment in relation to the Infection control Risk will be implemented and control measures put in place by the PIC. 22/04/2016

A review will be undertaken by HSE Estates and the PIC PPIM to assess the accommodation needs of Individuals requirements residing in the designated centre. 31/05/2016

In the long-term, there is a plan in place to meet with estates to carry out a review of all properties within the service, risk assessing each property with a view to identify priority areas to be addressed as part of an overall plan for all designated centres within the service. A costed development control plan will be developed in conjunction with the estates department. 30th June 2016

**Proposed Timescale:** 30/06/2016

**Theme:** Effective Services

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

Inadequate precautions were in place for the prevention of fire, due to the risk of a resident walking around the house and apartment smoking unsupervised. Protocols in place had not been adequately implemented.

**5. 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:**

Provision has been made for a sheltered smoking area to be erected at House One. 30/06/2016

A protocol will be agreed with the resident and the PIC and House Manager in relation to smoking in the designated centre. 30/05/2016

The Risk Assessment in relation to smoking in the designated centre will be implemented. 30/05/2016

**Proposed Timescale:** 30/06/2016

## Outcome 08: Safeguarding and Safety

**Theme:** Safe Services

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

Staff had no training in managing behaviours that challenge.

**6. Action Required:**

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

All staff in the designated centre with the exception of one have received Training in management of behaviours of concern 17/02/2016

One Staff member in the designated centre who has not completed Training in the management of behaviours of concern will attend Training on 27/04/2016

**Proposed Timescale:** 27/04/2016

**Theme:** Safe Services

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

The management failed to adequately review the safeguarding procedures in place to protect residents and staff working in this centre from frequent incidents of assault.

**7. Action Required:**

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

All staff in the designated centre have received training in the protection of vulnerable adults. Complete 18/04/2016

A review has been undertaken by the PIC and Behaviour Support Team and Psychologist of the personal plan of the individual presenting with behaviours of concern Complete 20/04/16

All staff in the designated centre with the exception of one have received Training in management of behaviours of concern 17/02/2016

One Staff member in the designated centre who has not completed Training in the management of behaviours of concern will attend Training on 27/04/2016

**Proposed Timescale:** 27/04/2016

## Outcome 14: Governance and Management

**Theme:** Leadership, Governance and Management

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

There were inadequate risk management procedures in place for managers to review patterns of risk and the frequency of incidents in this centre.

**8. Action Required:**

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

A system is now in place to review accidents, incidents and complaints on a fortnightly basis within a Quality assurance Group specific to the service. This designated centre is scheduled for review on 10th May 2016. 10th May 2016

**Proposed Timescale:** 10/05/2016

**Theme:** Leadership, Governance and Management

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

There was no annual review completed by the provider or their nominee.

**9. Action Required:**

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

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

The process of providing information for the annual review by the provider has commenced. Service user surveys and audits of the environment and risk have been completed in the designated centre for inclusion in the annual review. The annual review will be completed by 31st August 2016.

**Proposed Timescale:** 31/08/2016

## Outcome 17: Workforce

**Theme:** Responsive Workforce

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

Staff skill mix and the regularisation of staffing in this centre required review.

**10. Action Required:**

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

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

Since inspection, there are now 3 full-time regular agency staff for the designated centre on the roster. These 3 regular agency staff all have undertaken Fire Safety, Safeguarding of Vulnerable Adults and MAPA Training

**Proposed Timescale:** 08/05/2016

**Theme:** Responsive Workforce

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

Staff mandatory training was not complete such as, managing behaviours that challenge and medication management training.

**11. Action Required:**

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

All staff at the designated centre with the exception of one staff member have received training in management of behaviours of concern 17/02/2016

The staff who has not completed training in the management of behaviours of concern will attend this training on 27/04/2016 27/04/2016

Five staff at the designated centre have completed SAMS Training on 11th and 12th of February 2016.

Four staff at the designated centre are undertaking training in Safe Administration of Medication Training (SAMS) on 21st and 22nd April 2016. The remaining staff member is attending SAMS training on the 27th/28th April 2016. 28/04/16

**Proposed Timescale:** 28/04/2016