

**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 Ability West
<b>Centre ID:</b>	OSV-0001509
<b>Centre county:</b>	Galway
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Ability West
<b>Provider Nominee:</b>	Breda Crehan-Roche
<b>Lead inspector:</b>	Ivan Cormican
<b>Support inspector(s):</b>	Jackie Warren
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	6
<b>Number of vacancies on the date of inspection:</b>	1

## 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: 15 June 2016 16:00 To: 15 June 2016 21:00

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

Outcome 01: Residents Rights, Dignity and Consultation
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 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

**Background to the inspection**

This inspection was carried out to monitor compliance with the specific outcomes identified in the table above. The previous inspection of this centre took place over two days, 13 and 14 July 2015. As part of this inspection the inspector reviewed the actions the provider had undertaken since the previous inspection. Of the 17 actions required following the last inspection, 15 had been addressed in line with the provider's response and two had not been satisfactorily addressed and remained non-compliant on this inspection.

**How we gathered our evidence**

As part of the inspection, inspectors met with six residents. One resident told inspectors that they were very happy in the centre and laughed and joked with staff and inspectors on numerous occasions. This resident also highlighted how they liked their own room which was decorated to reflect their personal interests. The other residents interacted warmly with inspectors; they appeared happy, content and relaxed within the centre. The residents were having a meal when inspectors entered

the centre. This was a communal activity where residents appeared to be enjoying a home cooked meal with each other and staff.

Inspectors also spoke with three staff members, including the person in charge and the area manager. Inspectors observed interactions between residents and staff and work practices. Documentation such as personal plans, risk assessments, medication records and emergency planning within the centre was also reviewed. In each outcome inspectors focused on the actions taken by the provider to achieve compliance with the failings identified during the previous inspection.

#### Description of the service

The provider must produce a document called the statement of purpose that explains the service they provide. In the areas inspected, the inspector found that the service was being provided as described in that document. The centre is a large detached two-story residence located in a residential neighbourhood. The centre can cater for up to seven residents with one resident receiving respite two nights per week. There is easy access to local transport such as public buses and taxis, with local amenities including shops, a public house and a general practice (GP) surgery also nearby.

#### Overall judgment of our findings

The provider had addressed all highlighted issues in regards to health and safety since the last inspection. All health and safety issues were addressed by utilizing the centre's risk management policy and procedures. However the provider on this inspection failed to identify a substantive risk in regards to fire precautions within the centre. This was brought to the attention of both the person in charge and area manager on the day of inspection. Both persons acknowledged the highlighted issues and immediately put in place adequate interim measures to address this risk. This is discussed in the report under outcome seven. Overall inspectors found that residents received a good quality of service in the centre, although there were several areas for improvement identified.

The inspector found examples of compliance with the regulations in the following areas:

- Admissions, all contracts contained relevant information in regards to the service provided and fees to be charged including details of additional charges (outcome 4)
- Personal plans were regularly updated and individually assessed with the residents choice and goals to the fore (outcome 5)
- The premises was well maintained both internally and externally (outcome 6)
- All behavioural support plans were regularly updated by the multi-disciplinary-team (outcome 8)
- The statement of purpose accurately reflected the service provided (outcome 13)
- All records viewed were in accordance with the required regulations (outcome 18)

The inspector found improvement was required in the following areas:

- Local procedures to identify a person to ensure that all complaints are appropriately responded to and recorded (outcome 1)
- Medication management procedures in relation to prescribing as required medication (outcome 12)
- Auditing systems failing to adequately identify risk in regards to fire precautions

(outcome 14)

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

**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 inspector found that residents were consulted in how the centre was planned and run and their privacy and dignity were respected. However, some improvement to the complaints process was required.

The inspector observed that the privacy and dignity of each resident was respected. Staff spoke with residents in a caring and respectful manner. All residents had single bedrooms which were well furnished and had ample storage space. There were lockable spaces for the storage of valuables and residents could lock their doors if they wished. These rooms were decorated with photographs, pictures, trophies and personal belongings. Residents had either en suite toilet and shower facilities, or their rooms were adjacent to suitable bathrooms. One of the bedrooms was a respite room which was retained exclusively for one person to use.

An intimate personal care plan had been developed for each resident to ensure privacy and respect. Each plan reflected the assessed needs of individual residents, with clear guidance for staff in attending to personal care such as preferences, pace and independence.

## Complaints

A centre specific complaints procedure written in a legible format was in place. This included pictures and was designed to be clear and accessible to both residents and their families. An appeals process could be used in the event of a complainant not being satisfied with the outcome of a complaint. A computerised system was used to record complaints, their investigation process and outcomes. However, the centre specific complaints procedure did not identify a person to ensure that all complaints are appropriately responded to and recorded as required by the regulations.

### **Judgment:**

Substantially Compliant

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

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

### **Theme:**

Effective Services

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

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

### **Findings:**

Inspectors reviewed all contracts for the provision of services. Six of the seven contracts viewed were signed. The person in charge and area manager were currently negotiating with a service user's next of kin to resolve an issue with one unsigned contract. The necessary amendments required as per the previous inspection were implemented with new contracts now including the services to be provided and the fees to be charged, including details of additional charges such as grocery and housekeeping contributions.

There had been no recent long term admissions to the centre and there were no immediate plans to admit any new residents, although there was an admissions policy to guide the process if required.

### **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:**

Three personal plans were reviewed by inspectors. All the plans reviewed contained important information such as residents' backgrounds, family contact and any health-related issues. The personal plans were made available to residents in an assessable format of pictures and words and were reviewed on a regular basis.

Each of the plans reviewed by inspectors showed that residents were facilitated to achieve their personal goals. Residents attended concerts, sporting events and actively involved in the community. Family contact was highlighted in each plan with pictures and family visits clearly evident.

On the evening of inspection, residents were involved in a group music therapy session with an external therapist. The therapist visited the centre weekly and although the service is delivered to the group as a whole, the therapist spent time with each individual to focus on their needs such as relaxation, dance and development of fine and gross motor skills. The therapist also offered yoga to those who wished to avail of it.

Inspectors reviewed one behavioural support plans, each was clearly individualized and subject to on-going review by the multi-disciplinary team. The plans detailed the triggers of behaviours that challenge and the appropriate measures required by staff to address the behaviour including de-escalation techniques. Staff that were interviewed had detailed knowledge of behavioural support plans and how they are applied in practice.

**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):**

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

**Findings:**

The design and layout of the centre suited the needs of residents. The centre was a two-storey house which was well maintained both internally and externally. The house was clean, warm, adequately furnished and comfortable throughout. There was a variety of communal day space including spacious sitting rooms and a large open plan kitchen and dining room. All residents occupied single bedrooms which were bright, clean, comfortable, well furnished and personalized with a selection of residents' belongings. Residents had adequate personal storage space in their bedrooms and could lock their bedroom doors if they chose to.

There were adequate numbers of suitable and accessible toilets and showers for residents. The inspector found the kitchen and dining area to be well equipped, clean and comfortable. There were separate office, bedroom, toilet and shower facilities for staff.

Inspectors reviewed documentation highlighting the qualifications of individuals employed to carry out maintenance of the central heating system. It stated that the contractor was certified under statutory provisions for oil and gas installations.

**Judgment:**

Compliant

**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:**

Inspectors found that the management team had measures in place to promote and protect the health and safety of residents.

Actions from the previous inspection had all been implemented with new guidance introduced in relation to risk management. There was clear evidence that this guidance was now in practice with a substantive centre specific risk register in place. All risks identified in the register had been rated and addressed. One example of this was the increased risk of trips, slips and falls in the garden area at night, with the control measure of a dusk till dawn light being installed. The emergency plan was also updated to include emergencies such as loss of heat and water, burst pipes and power failure.

**Fire precautions**

The inspector reviewed fire safety policies and procedures. There were up to date servicing records for all fire fighting equipment and the fire alarms. Regular fire evacuation drills took place involving all residents and staff. Internal checks of fire safety systems were in place, such as daily checks of fire alarms and escape routes and weekly checks of the emergency lighting system.

The centre's emergency evacuation plan and service users' individualized Personal Emergency Egress Plans (PEEPs) were reviewed by inspectors. The emergency plan stated that all service users were to be evacuated in the event of an emergency. Individual PEEPs indicated that all residents could be evacuated safely during the day, with one resident requiring the assistance of 2 staff.

Three staff were interviewed in regards to night time evacuation procedures within the centre, including the person in charge and the area manager. All staff stated that it was not possible to fully evacuate the centre at night as there was only one staff on duty. Inspectors noted that all service users should be facilitated with an adequate means of escape as per the regulations.

On the evening of inspection, arrangements were put in place to ensure that all residents could evacuate the centre in the event of an emergency. Inspectors also noted that a designated emergency exit located in the bedroom of a wheelchair user had a step outside as opposed to a ramp which rendered the exit inaccessible to that resident.

**Judgment:**

Non Compliant - Major

**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:**

There were measures in place to protect residents from being harmed or abused. There was a policy on the safeguarding of adults with a disability from abuse. Training records indicated that all staff had attended training on safeguarding. Staff who spoke with the inspector were very clear on what actions they would take in the event of suspected or alleged abuse. There was also information available to residents on what constitutes abuse and bullying and how they should respond to it. The inspector observed staff interacting with residents in a respectful and friendly manner.

Behavioural support plans were reviewed regularly by the multi-disciplinary team with detailed information regarding the resident and the management of behaviours that challenge. Staff clearly demonstrated knowledge of the behavioural support plans, including triggers for behavioural issues and the required calming interventions. The person in charge explained that the behaviours that challenge which were present during the last inspection had become much less pronounced with little or no incidents occurring. The last documented incident of challenging behaviour was in January 2016.

The inspector found that residents' finances were managed in a clear and transparent manner. Residents generally kept control of their own money, although there were arrangements for the safekeeping of some cash by staff as residents required. Individual balance records were maintained for each resident, all transactions were clearly recorded and signed and receipts were maintained for all purchases.

**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:**

Inspectors found that residents' overall healthcare needs were met and residents had access to appropriate medical and healthcare services. All residents had access to GP

services. The inspector reviewed a sample of files and found that the GP reviewed residents both annually and as required in times of illness. Residents had access to a range of healthcare professionals including chiropody, speech and language therapy, psychology and psychiatry and referrals were made as required.

All residents had nutritional assessments undertaken and were weighed each month. Referrals were made as required to a speech and language therapist whose recommendations were implemented. On the evening of inspection, staff were making a home cooked meal which was modified for some residents. The meal appeared nutritious, appetizing with an appropriate quantity being served. Inspectors observed that modified diets for residents were now separated into separate constituents and were longer served as a homogenised mix as detailed in the previous inspection report.

**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):**

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

### **Findings:**

Inspectors reviewed documentation and work practices in regards to medication management within the designated centre. A revised organisational policy was in place which accounted for the appropriate and suitable practices relating to the ordering, receipt, prescribing, storage, disposal and administration of medicines. All staff interviewed had a good understanding of this policy and of appropriate medication management practices. Four medication administration recording sheets were reviewed, all of which were in accordance with medications prescribed. Medications prescribed were also signed individually by the GP. Monthly audits were taking place and staff interviewed had a good knowledge of best practice in regards to the safe administration of medication.

However practices within the centre were not in line with provider's medication management policy. The inspector viewed standardised as required prescription letters for service users which were not included in the centres medication administration system. The centre policy and the administration of PRN medication states that "prn medication must be prescribed by the registered prescriber who shall outline rationale and or the protocol for its use, this is to be contained on the kardex system". The inspector noted that there was no way of recording the administration of this medication, as the medications listed on the standardised letters were not included on

the administration system. This matter was discussed with the person in charge who agreed to look at an alternative approach that complied with the regulations.

**Judgment:**

Non Compliant - Moderate

**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):**

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

**Findings:**

The statement of purpose was reviewed by an inspector. It had been amended since the previous inspection to contain the following information:

- the facilities and services provided
- the specific needs that the centre was intended to meet
- arrangements and supports available to accommodate residents with behaviours that challenge
- arrangements for times when the service is not operational.

Inspectors noted that the revised statement of purpose accurately described the service being provided to residents. Copies of the statement of purpose, prepared in a clear format, were available in the centre to residents and their relatives.

**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):**

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

**Findings:**

The organisation had clear management structures in place which were available in picture format. Staff interviewed as part of the inspection had detailed knowledge of the management structures within the organisation. They also spoke highly of the person in charge and said that they felt supported in the workplace. The person in charge stated that she was supported by the area manager to carry out her role and received regular supervision. Residents were able to identify the person in charge and indicated that they could go to her if they had any concerns or issues. The person in charge was in a full time position and had detailed knowledge of residents' health and support needs. She also carried out the actions from the previous inspection within agreed timelines and as specified.

Internal audits had been carried out in a consistent manner within the centre. A recent internal audit had highlighted risk management issues within the centre. The risks highlighted were risk rated and control measures put place in a proportionate manner as per the organisational risk management policy. The person in charge had detailed knowledge of previous audits and the actions taken to mitigate any identified risk. However the recent six monthly audit failed to highlight significant fire risk raised in this report under outcome seven.

**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):**

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

**Findings:**

The inspector found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents at the time of inspection. The person in charge maintained a planned staff roster which the inspector viewed and found to be accurate for the days of inspection. The action plan from the previous inspection detailed issues in regards to insufficient staffing levels within the centre to deliver consistent care to all residents.

This is no longer an issue as the incidents of challenging behaviour within the centre have greatly reduced.

A range of staff training was organised. Training records indicated that all staff had received training in safeguarding, management of behaviours that challenge, hand hygiene, manual handling, fire safety, medication management, communication techniques, first aid and nutrition.

**Judgment:**  
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):**

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

**Findings:**

Inspectors reviewed various documents held in the designated centre; each of which complied with the regulations.

Inspectors noted that documentation which required attention from the previous monitoring inspection had been addressed such as:

- the complaints policy included guidance in the auditing of complaints.
- three of the residents files were reviewed, each highlighted a marked improvement in how it was organised with clear references to the information contained within. Care plans reviewed were easy to follow with concise information available for staff involved in the delivery of care.
- the medications management policy clearly demonstrated guidance relating to the ordering, receipt, prescribing, storage, disposal and administration of medicines.
- all policies as required by Schedule 5 of the regulations were up to date and available within the centre.

**Judgment:**  
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:***

Ivan Cormican  
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 Ability West
<b>Centre ID:</b>	OSV-0001509
<b>Date of Inspection:</b>	15 June 2016
<b>Date of response:</b>	26 July 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 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 local complaints policy did not identify a person to ensure that all complaints are appropriately responded to and recorded.

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

**1. Action Required:**

Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

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

Local complaints procedure has been updated to reflect changes to Organisation's Policy and Procedures. Local complaints procedure updated and includes Person Participating in Management, who is available to residents, to respond appropriately and record complaints and feedback.

**Proposed Timescale:** 08/07/2016

**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:**

The provider failed to provide adequate means of escape.

**2. Action Required:**

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

From the evening of the inspection, an additional staff was allocated to the designated centre to support the night duty staff member in the event of a fire evacuation.

The Person in Charge, Person Participating in Management and the Facilities Manager of the designated centre planned renovation works to ensure the designated centre provides adequate means of escape.

Due to the prolonged nature of the works, the resident who was identified as requiring two staff to evacuate in the event of a fire, temporarily relocated to a nursing home on 06/07/2016. This temporary relocation was in consultation with the resident's support team and family. The nursing home is familiar to this resident, having previously had respite breaks there.

External buildings works commenced 15/07/2016 for the provision of a ramp off the downstairs bedroom, which is a designated evacuation point.

The centre specific risk register, Centre Emergency Evacuation Plan (CEEP) and all Personal Emergency Evacuation Plans (PEEPs) have been updated to reflect risks/hazards identified for the duration of the building works. All documentation will be further updated following the completion of the building work.

The fire assembly point has been moved for the duration of these works and this has been reflected in Centre Emergency Evacuation Plan (CEEP).

On completion of works, new floor plans will be drawn up to reflect changes.

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

## Outcome 12. Medication Management

**Theme:** Health and Development

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

The centre did not have appropriate and suitable practices relating to the prescribing of medication.

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

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

'Over the counter' medication letters from the Doctor for each resident have been discontinued since 15/06/2016. A valid up to date Doctor's prescription is in place for each resident, from which medication is administered. Each resident's prescriptions include PRN medication. All medications, including PRN medications are signed off on the Cardex system by the prescribing Doctor and are listed on each resident's MARS sheets.

**Proposed Timescale:** 16/06/2016

## 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:**

The auditing system failed to highlight significant risk in regards to fire precautions.

### **4. 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:**

Staff teams met on 17/06/2016 and again on 05/07/2016 to discuss the issue of compliance with fire regulations and this is being addressed within all of the Registered Provider's Designated Centres. The Quality and Compliance Manager met with the auditing team on 16/06/2016 and discussed areas of improvement for the audits. The auditing team meet regularly to discuss findings from inspections and to incorporate learning into their auditing systems. The audit tool is being reviewed and amended to include further elements relating to fire safety.

**Proposed Timescale:** 05/07/2016