

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	The Mill
<b>Centre ID:</b>	OSV-0002420
<b>Centre county:</b>	Meath
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Dundas Ltd
<b>Provider Nominee:</b>	Jenny Walton
<b>Lead inspector:</b>	Julie Pryce
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	7
<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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

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

From:	To:
28 September 2016 10:00	28 September 2016 17:00
29 September 2016 10:00	29 September 2016 17:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
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 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

This was an 18 Outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision.

How we gathered our evidence:

As part of the inspection, the inspector met with five residents. Residents told the inspector that they were happy with the service they received, and some residents said that their lives had improved since living in the centre. The inspector also met with staff members, managers and the person in charge. The inspector observed practices and reviewed documentation such as personal plans, medical records,

accident logs, policies and procedures and staff files.

Description of the service:

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. The inspector found that the service was being provided as it was described in that document. The centre was a group of self contained apartments around a courtyard, within easy access of the local village.

Overall findings:

Overall, the inspector found that residents had a good quality of life in the centre and the provider had arrangements to promote the rights of residents and the safety of residents, and that there was an ethos of maintaining and developing independence for residents.

The inspector was satisfied that the provider had put system in place to ensure that the regulations were being met. The provider and person in charge demonstrated adequate knowledgeable and competence during the inspection and the inspector was satisfied that both were fit persons to participate in the management of the centre. This resulted in positive experiences for residents.

Good practice was identified in areas such as:

- Residents were facilitated to communicate (Outcome 2)
- Positive relationships with family and friends were promoted (Outcome 3)
- Residents had a meaningful day in accordance with their needs and preferences (Outcome 5)
- There were measures in place to protect and safeguard residents. (Outcome 8)
- Staff were available to provide appropriate care and support for residents (Outcome 7)
- Residents were supported to set and reach goals towards maximising their potential (Outcome 10)

Areas which required improvement were:

- The provision of fire doors in all apartments (outcome 7)
- Checking the balances of personal moneys (outcome 8)

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):**

No actions were required from the previous inspection.

**Findings:**

There were structures in place relating to the management of complaints, in ensuring consultation with residents and in upholding their rights.

The inspector found that residents were consulted with in relation to their care and the day to day running of the centre. For example, while residents were offered the choice of group meetings, they had all chosen not to accept this offer. The person in charge had therefore ensured that this choice was documented, that individual discussions were regularly held with each person, and that these discussions were documented.

One resident told the inspector that staff were 'good lads' and all those residents who chose to talk to the inspector said that they were involved in choices and decisions relating to their care and living arrangements. Two residents were sharing an apartment, and there was clear evidence of this being their choice. One resident told the inspector that they would be lonely if they didn't have a roommate. There was evidence of all residents being facilitated to make choices in areas such getting up times, bedtimes, alone times and time spent in the company of staff and other residents.

The inspector found that residents' rights were protected and promoted in the centre. An external advocate was available to residents, and one resident was currently working with an advocate in relation to independent living and the management of personal finance.

There was a rights review committee in place in the organisation to ensure any rights restrictions were monitored and reviewed on a regular basis. At the time of inspection,

there were no identified rights restrictions for residents, however a recent issue had been referred to the rights committee, and had since been resolved.

The inspector reviewed the complaints policy and procedure and found that it was in line with the regulations. An easy read version of the procedure was in place and on display in the centre, this was also outlined in the statement of purpose and residents' guide. The inspector reviewed the complaints log and found that while there were very few complaints, a recent complaint had been addressed appropriately there was a record of whether the complainant was satisfied with the outcome.

There was an ethos of respecting the privacy of residents. Each resident had their own front door, staff always knocked on apartment doors, and adhered to the wishes of the resident to accept a visitor or not. For example, on one occasion when a staff member accompanying the inspector knocked on a resident's door, the resident indicated that they did not want to be disturbed, and this was instantly respected by staff.

**Judgment:**

Compliant

**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):**

No actions were required from the previous inspection.

**Findings:**

Most residents could communicate freely, and all residents were supported and encouraged to communicate in accordance with their needs and preferences.

Where residents required support with communication there were communication plans in place. There was detailed guidance in place from the speech and language therapy where required, staff could describe the guidance, and were observed to be communicating with residents in accordance with it. Where augmentative communication aids had been recommended staff could describe their use, and the aids were observed by the inspector to be in place.

Systems were in place to support residents with particular needs which prevented them from reading written material, and where staff read out pertinent information they kept a record that this was done which was signed by the residents.

Residents had access to computers and devices with internet access if they chose to use them. There were TVs in the house and residents had access to the phone.

Accessible versions of various pieces of information were available to residents, including the HIQA Standards, and the organisation's complaints policy. Residents had been informed that an announced inspection by HIQA was taking place, and those who chose to engage with the inspector were supported to do so.

**Judgment:**

Compliant

**Outcome 03: Family and personal relationships and links with the community**

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

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

Links were maintained with the families and friends of residents, and it was clear that visits were welcomed. Links had been forged and maintained in the local community in accordance with the wishes of residents.

Some residents were independent in maintaining links with friends and families outside the home, and this was supported and encouraged. For example residents made their own plans to meet friends and family, and used public transport to maintain these links, with minimum support.

Several residents were involved in the local community, including community projects, local clubs and educational facilities.

Family members were invited to annual case conferences, and a record was kept of these invitations. Where residents chose not to have family members involved in this process this was respected.

**Judgment:**

Compliant

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

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

<p><b>Theme:</b> Effective Services</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> There was a transparent criteria outlined in the Statement of purpose and relevant policies in relation to admission. There was an admissions policy, transitions and transfer policy and discharge policy in place. At the time of the inspection no admissions were expected.</p> <p>Written agreements were in place for each resident in the centre which outlined the services and facilities on offer and the care that would be provided.</p>
<p><b>Judgment:</b> Compliant</p>

**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.*

<p><b>Theme:</b> Effective Services</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.</p> <p><b>Findings:</b> There were personal plans in place for each resident in sufficient detail as to guide practice, and residents were supported to increase their independence in accordance with the statement of purpose of the designated centre.</p> <p>Each personal plan began with an assessment of the resident which was detailed in relation to various aspects of residents' lives including activities of daily living, safety and the promotion of independence. There were assessments in place relating to dependency needs, falls, moving and handling and social care needs. As further discussed under outcome 11, there were also assessments in place in relation to any healthcare needs.</p>

Goals had been set for each resident in relation to their assessed needs, and these goals had been further broken down into smaller steps to support their gradual progress. Various goals reviewed by the inspector included independence in medication, gradual independence in community involvement and the introduction of social activities. The inspector noted considerable improvement in aspects of daily living and increasing independence for residents. Some residents told the inspector that their lives had improved significantly since they had been supported in this centre.

Personal plans were reviewed and evaluated regularly, and there were clear records of the implementation of personal plans, including progress reviews of goals and activity trackers. In addition to formal reviews a monthly key worker update was recorded with information about the progress of residents and any new information.

**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 designated centre comprised a courtyard with an open garden area around which were situated six self contained apartments of various styles, but each with a bathroom, bedroom/bedrooms and living areas. A similar apartment was set aside for communal use and for a staff office area.

Each self contained apartment had a fully equipped kitchen area with all required appliances, and it was evident that the apartments were the personal living space for residents. For example one resident proudly showed the inspector their own living room which they had decorated and furnished in their own taste, and another was happy to have a cluttered living environment with all of their personal possessions where they chose to have them. Staff respected this decision while ensuring that there were no infection control issues associated with this choice.

Overall each individual home complied with the regulations in terms of accommodation, storage, bathroom and laundry facilities, and respected the choice of each resident to make their home as they wished it to be.

**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:**

The health and safety of residents, staff and visitors was promoted in the centre, risk management was robust and reflected the ethos of promoting independence of the centre, and there were systems in place to ensure fire safety for the most part.

However, not all required fire doors were in place.

In relation to fire safety, there were fire detection and alarm systems in place, emergency lighting and fire fighting equipment. These systems and equipment were checked and serviced periodically by a professional and records were maintained. Each apartment had clearly defined exit points, and there were appropriate checks including daily checks of escape routes and alarm systems. There was a written personal evacuation plan for each resident, and a summary of pertinent points maintained in a fire safety folder. Clear records of fire drills undertaken and response times were maintained. These records included information relating to any problems encountered and guidance as to how to address these. Staff had all received training in fire safety and all staff engaged by the inspector could describe fire safety procedures and could explain the required procedure in the event of a person's clothing catching fire.

However, there were no fire doors in place in five of the apartments. Plans were submitted to the inspector which would address this on a phased basis.

There was a risk management policy in place which included all the requirements of the regulations. A risk register was in place for the centre which included the identification and risk management guidance for risks such as lone working, medication management and food safety. Individual risk assessments for residents were in place which detailed control measures, for example relating to particular measures to be taken in relation to transport.

Accidents and incidents were recorded in detail, and these records outlined further control measures required to ensure safety for individual residents. All incidents reviewed by the inspector had been followed up and appropriate measures taken to mitigate any risks within the ethos of the centre for promoting independence.

**Judgment:**

Substantially Compliant

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

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

**Findings:**

The provider had ensured that there were measures in place to protect and safeguard residents, however improvements were required in the checks maintained on residents personal money.

There were behaviour support plans in place for all residents who required this support. These plans included thorough assessments and detailed guidance in relation to reducing the frequency of behaviours of concern and in managing any incidents. All staff engaged by the inspector were aware of the contents of these plans.

All staff had received training both in the protection of vulnerable adults and in the management of behaviours of concern, and further training was scheduled.

There were very few restrictive practices in use in the designated centre, and where they were in use risk assessments had been conducted and all alternatives had been considered. Where a restrictive practice might have an impact on other residents, appropriate measures were in place to reduce the impact.

There were systems in place in relation to residents' personal monies where residents did not manage their money independently. Transactions were recorded and signed, and receipts were maintained. Each resident's personal balance was checked each night and the balance recorded. However one of the balances checked by the inspector was incorrect. The balance from the previous night had been brought forward and did not include the changed balance due to a transaction that day. There was therefore no evidence that the money had been counted on each occasion.

**Judgment:**

Substantially Compliant

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

All required notifications to HIQA had been submitted within the required timeframes.

**Judgment:**

Compliant

**Outcome 10. General Welfare and Development**

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

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

Residents were supported in various ways to maximise their potential both in terms of maintaining current levels of independence and increasing independence in various areas.

All residents had appropriate goals set in accordance with their abilities and preferences, and were supported by staff towards achieving these goals. Residents were also supported to pursue educational goals, for example attendance at college.

**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:**

Residents' healthcare needs were being met, and a nutritional and balanced diet was offered in accordance with the preferences of residents.

Residents had access to various members of the multidisciplinary team (MDT), including occupational therapy, physiotherapy, speech and language and psychology. Regular meetings of the MDT were held, and each resident was reviewed by the team at least every six weeks.

All healthcare needs reviewed by the inspector had detailed plans of care in place to provide guidance to staff and to monitor the effectiveness of interventions. All staff engaged by the inspector could describe the healthcare needs of residents and the interventions and supports required.

Residents were facilitated to access consultants and clinics in accordance with their healthcare needs. Any changing needs were identified and addressed in a timely manner.

Some residents managed their own food choices, grocery shopping and meal preparation independently. Where residents required support they were supported to maintain and develop skills, and to make choices in relation to their meals and snacks.

**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:**

Structures and processes were in place in relation to the safe management of medication.

Regular prescriptions contained all the information required by the regulations and prescriptions for 'as required' (p.r.n.) medications included clear instructions to guide staff in the conditions under which they should be administered. Clear records were maintained of each occasion that a p.r.n. medication was administered which included the reason for the administration and the effect of the medication.

There were robust systems in place in relation to the ordering, receiving and storage of medications. Medications were managed by the use of blister packs. Staff had all received training in the safe administration of medications, and this training was completed with five competency based assessments. This training was regularly updated, and a further two competency assessments were required.

There was an additional protocol in place in relation to any residents who had particular difficulties around medications, and all staff were aware of the content of such protocols. There was a clearly documented rationale for the protocol.

Residents were supported in independent medication management in accordance with their assessed needs, and steps towards independence had been identified for some.

There was a regular internal audit, and in addition audits were undertaken by the pharmacist.

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

There was a statement of purpose in place which accurately described the service provided as required by the regulations.

**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 inspector was satisfied that there was an appropriate management structure in place which supported the delivery of safe care and services, and that there was an appropriately skilled and qualified person in charge at the time of the inspection.

There was a clear management structure in place, and all staff were aware of this structure. Within the management structure various team meetings were held, including regular staff team meetings. Minutes were kept of these meetings in which required actions were identified and the person responsible for them named. Those actions reviewed by the inspector had been implemented and changes made accordingly.

There was also a system of management team meetings, including a policy, training and development group, a risk management team and a senior management team.

A suite of audits was in place, and a schedule for conducting each of these audits had been developed. Audits included finance, protection of vulnerable adults, health and safety and audits of personal plans. These audits resulted in the identification of required actions and those actions reviewed by the inspector had been implemented.

An annual review and six monthly unannounced visits on behalf of the provider had been conducted as required by the regulations. These visits resulted in action plans, and these actions were monitored. Appropriate changes had been made based on these action plans, for example improvements had been made in the personal planning process.

A system of performance management was in place in the centre, whereby a review of performance was conducted annually, with a six monthly follow up.

The person in charge was suitably qualified, skilled and experienced. He was knowledgeable regarding the requirements of the Regulations. He had a detailed knowledge of the health and support needs of the residents. He was clear about his roles and responsibilities and provided evidence of continuing professional development.

**Judgment:**

Compliant

**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The person in charge was aware of the circumstances which required notification to HIQA. No absences were expected, and there were appropriate deputising arrangements available in the event of any absence.

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**

Use of Resources

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

No actions were required from the previous inspection.

**Findings:**

The centre appeared to be adequately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. The number of staff on duty was appropriate to meet the needs of residents. There was a vehicle available at the centre which was appropriate to meet the assessed needs of residents.

**Judgment:**

Compliant

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

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

**Findings:**

The staffing levels and skills mix were appropriate to the needs of residents, including both healthcare needs and social needs.

Staff engaged by the inspector were knowledgeable about the individual care needs of each resident, including their goals and their communication needs. Interactions observed by the inspector between residents and staff were appropriate to the assessed needs of the residents, and appeared to be both respectful and caring.

Staff training records were reviewed by the inspector, and all required staff training was up to date. All staff had received training in areas such as positive behaviour support, communication and goal setting.

Staff files were reviewed by the inspector and found to contain all the information required by the regulations. A staff performance management system was in place.

Continuity of staff was managed by the rostering of permanent staff, other staff in the organisation who were known to residents, or by the use of an on-call panel of two familiar staff.

**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
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> All records to be kept in the designated centre in respect of each resident were in place, all the policies required under Schedule 5 were in place and the records required under Schedule 4 were available and were examined by the inspector.</p> <p>All information was stored safely and was readily retrievable.</p>
<p><b>Judgment:</b> Compliant</p>

### Closing the Visit

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

#### **Acknowledgements**

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

#### ***Report Compiled by:***

Julie Pryce  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## 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 Dundas Ltd
<b>Centre ID:</b>	OSV-0002420
<b>Date of Inspection:</b>	28 and 29 September 2016
<b>Date of response:</b>	01 November 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 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:**

Not all apartments had fire doors.

**1. Action Required:**

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

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

A schedule is in place to replace all doors in the Mill with fire doors by the second quarter of 2018. This was available at the time of inspection. Phase 1 is the replacement of all kitchen doors that lead to bedrooms: Apartment 3 – kitchen door was replaced on 25/7/16, Apartment 5 will be replaced by 30/11/16, Apartment 6 will be replaced by 31/03/17 and Apartment 7 will be replaced by 31/7/17. Plan for phase 2 will be developed end of first quarter of 2017.

**Proposed Timescale:** 30/06/2018

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

Improvements were required in checking the balances of residents' money

**2. 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 monies are counted and checked by 2 members of staff at all times to eliminate the possibility of mistakes.

**Proposed Timescale:** 03/10/2016