### Health Information and Quality Authority

#### Compliance Monitoring Inspection report

Designated Centres under Health Act 2007, as amended

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Hyland View</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003619</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Monaghan</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>St John of God Community Services Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Clare Dempsey</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Stevan Orme</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>7</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
</tr>
</tbody>
</table>
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.
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 unannounced and took place over 1 day(s).

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

From: 20 September 2016 09:00  
To: 20 September 2016 17:50

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

<table>
<thead>
<tr>
<th>Outcome 04: Admissions and Contract for the Provision of Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 05: Social Care Needs</td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 08: Safeguarding and Safety</td>
</tr>
<tr>
<td>Outcome 11: Healthcare Needs</td>
</tr>
<tr>
<td>Outcome 12: Medication Management</td>
</tr>
<tr>
<td>Outcome 13: Statement of Purpose</td>
</tr>
<tr>
<td>Outcome 14: Governance and Management</td>
</tr>
<tr>
<td>Outcome 17: Workforce</td>
</tr>
<tr>
<td>Outcome 18: Records and documentation</td>
</tr>
</tbody>
</table>

**Summary of findings from this inspection**

This was an unannounced follow up inspection carried out to monitor compliance with regulations and standards and to inform a registration decision. The provider had applied to register this centre, and a full 18 Outcome inspection had occurred on 14 and 15 October 2015. As part of the inspection, the inspector reviewed the actions the provider had undertaken to address the findings of this recent inspection.

How we gathered our evidence:
The inspector spent time with six residents. One resident was able to tell the inspector that they liked the staff and enjoyed living at the centre. Where residents were unable to tell the inspector about the quality of service they received, the inspector observed staff supporting them in a respectful and dignified manner and encouraging them to make choices. Residents appeared relaxed and comfortable with the support received from staff.

The inspector met with the centre’s person in charge, as well as nursing and social care staff at the centre during the inspection. The inspector also observed care practices and reviewed documentation such as care 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. Inspectors found that the service was being provided as was described in that document.

The centre was in a housing estate with easy access to local shops and amenities. The centre was a purpose built bungalow and comprised seven bedrooms each with their own en-suite shower and toilet facilities. Furthermore, the centre comprised a communal bathroom with a shower, adapted bath and toilet, communal toilets, a communal sitting area, dining room and kitchen. Additionally, residents had access to a terraced area overlooking the housing estate and local countryside. The service is available to adults with disabilities.

Overall judgment of our findings:
The inspector found the centre to have a homely atmosphere and residents appeared comfortable and relaxed throughout the inspection. Residents were seen to be supported in an appropriate manner by staff throughout the inspection. The inspector found that residents’ healthcare needs had increased following the previous inspection and care practices were reflective of changes in need.

The inspector found that residents had limited opportunities to access activities in line with their interests as identified in personal plans reviewed.

Overall, the inspector found that the centre had made progress to address the findings of the previous inspection, although further actions were identified in social care needs, risk management, staff training and policies and procedures during the inspection.

The person in charge and persons participating in management demonstrated knowledge and competence during the inspection and the inspector found them to be fit persons to participate in the management of the centre.

Summary of regulatory compliance:
The centre was inspected against ten outcomes. For the most part the provider had put appropriate systems in place to ensure the regulations were being met. The inspector found compliance in three of the ten outcomes inspected, with a positive focus on health care support for residents. Major non-compliance was found in one outcome relating to residents’ social care needs. Moderate non-compliance was found in two outcomes, with substantial compliance being identified in four outcomes.

These findings are further detailed under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.
### Outcome 04: Admissions and Contract for the Provision of Services

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

**Theme:**
Effective Services

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

**Findings:**
The inspector did not examine all areas of this outcome focusing only on progress made by the provider to address the findings of the previous inspection.

The inspector found that following the previous inspection, residents’ contracts of care contained information on the total fees charged including additional costs such as contributions towards utility and food costs, clothing and personal care items. The inspector found however, that not all contracts of care had been signed by the provider, resident or residents' representatives.

**Judgment:**
Substantially 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:
Personal plans were comprehensive in nature and reflected residents’ needs, although the inspector found social care needs were not fully implemented and personal plans were not reviewed annually.

The inspector examined personal plans and found them to be comprehensive in nature and reflective of the residents’ health and social care needs. Staff knowledge reflected residents’ personal goals and activities they participated in both the centre and in the local community.

The inspector reviewed daily care notes and found these did not show activities undertaken by residents, focusing in the main on healthcare support provided. For example, daily care records showed one resident had not accessed any form of community-based activity over a 14 day period. Furthermore, the inspector found that centre based activities had occurred, but these did not reflect the residents' goals and preferences as identified in their personal plan.

Personal plans were available in an accessible format for residents.

Personal plan review meetings involved the resident, their families and multi-disciplinary professionals, although examined review documents did not consistently show the participation of residents or their representatives. In the main, the inspector found that personal plans were reviewed annually, although reviews had not occurred for all residents at the centre.

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

Findings:
The centre had risk management arrangements in place, although not all risks had been assessed.

The risk management policy was centre specific in nature. The inspector found that following the previous inspection, identified risks were rated in line with the centre’s
policy. Furthermore, the inspector found that risk assessments outlined actions and timeframes to reduce the risks impact on those affected. Risk assessments were regularly reviewed, although the inspector found that risks such as the need for external sensor lights had not been assessed and no interim arrangements had been put in place.

The centre had suitable fire equipment such as a fire alarm, emergency lighting, fire call points, fire doors and extinguishers. Fire equipment was regularly serviced by an external contractor and checked weekly by staff.

Following the previous inspection, the inspector found that sonic devices had been fitted to fire doors in residents’ bedrooms and communal areas to allow them to be held open, but closed in the event of a fire. Staff had received fire safety training. Regular fire evacuation drills were conducted, although records did not clearly show that evacuations had been conducted under minimum staffing conditions.

Residents had individual personal emergency evacuation plans (PEEPs). Following the previous inspection, the inspector found that PEEPs indicated staff support for each resident in the event of an evacuation, which was reflective of both staff and residents' knowledge.

The centre’s emergency evacuation procedures were prominently displayed throughout the centre. Pictorial fire procedures were displayed to assist residents. Staff and resident knowledge reflected the centre's emergency evacuation procedure.

Following the findings of the previous inspection, the centre had introduced an ‘emergency grab bag’ which contained relevant resident and centre information to be taken in the event of an evacuation. Furthermore, the inspector examined records showing that the fire brigade had visited the centre and were made aware of the needs of residents in the event of an emergency.

**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):
No actions were required from the previous inspection.

Findings:
Staff ensured that residents felt safe at the centre. Throughout the inspection, the inspector observed residents being supported in a respectful and dignified manner by staff, and where able, residents told the inspector that they liked the staff and were happy with the support they received.

The centre had a policy and procedure in place on the prevention, detection and investigation of abuse. Staff had received safeguarding training. Staff informed the inspector of their understanding of abuse and the actions they would take if suspected, which was reflective of the centre’s policy.

The inspector reviewed restrictive practices operated at the centre such as the use of bedrails. Restrictive practices were approved by relevant professionals such as occupational therapist and involved family consultation. Restrictive practices were regularly reviewed and their use recorded and reflective of staff knowledge.

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 were supported with their healthcare needs in a comprehensive and timely manner.

The inspector reviewed personal plans which included comprehensive assessments of residents’ healthcare needs and reflected the inspector’s observations during the inspection and discussions with staff.

Assessments provided guidance to staff on supporting residents with a range of medical conditions including dementia, osteoporosis and dysphasia. Care practices and residents’ risk assessments were reviewed regularly and amended to reflect changing need in consultation with health care professionals such as the Community Nurse Specialist in Dementia.
The inspector examined protocols in relation to catheter care which although providing guidance did not reflect staff knowledge on all aspects of this care, for example catheter re-insertion.

Where residents had received hospital treatment, the inspector found that care practices had been reviewed and amended to reflect changes in support, which were in line with staff knowledge.

Residents had access to a general practitioner (GP) of their choice, with residents attending different medical practices in the local town. Staff told the inspector that residents appeared happy with their GP, but if this was no longer the case they would be supported to change their doctor.

Following the previous inspection, the inspector examined records relating to end of life planning. The inspector reviewed end of life plans which were regularly reviewed in consultation with multi-disciplinary professional such as the GP and dementia and health promotion specialists. Where residents were unable to participate fully themselves in end of life planning, the inspector reviewed evidence of family involvement.

Where residents had a diagnosis of dysphasia, the inspector found evidence of speech and language assessments with dietary recommendations reflected in personal plans and staff knowledge. In addition, the inspector observed residents being supported in a sensitive manner with their dietary needs, in line with their personal plans.

The inspector examined food records at the centre and found these to show a varied and nutritious selection of food was provided. Records reviewed showed that residents were involved in the choosing of meals at the weekly house meeting. Staff told the inspector that residents were involved in preparing meals dependent on their abilities, which was reflected in personal plans and discussions with residents during the inspection.

The inspector observed meal times at the centre and found these to be both positive and social in nature, with residents and staff eating together and discussing the day’s activities and plans.

Judgment:
Substantially 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:
The inspector found that the centre’s medication policy and practices were being implemented by staff.

The inspector reviewed the centre’s medication management arrangements which were in line with the provider's policy. Residents’ medication administration records contained their photograph as well as all relevant personal information such as date of birth and address.

Prescription sheets showed the medication prescribed for the person, its dosage, times to be administered and the route of administration. Medication recording sheets reflected the prescription sheets for each resident and medication was given in accordance with the prescribed times to the resident. Staff signed when they had administered medication in the administration records for each resident and a staff signature bank was maintained in each of the residents’ medication files.

Medication was given by nursing staff and social care workers. Social care staff had received training in the safe administration of medication which reflected discussions with both staff and the centre’s management team.

The inspector examined protocols for the administration of emergency epilepsy medication, which indicated when it was to be given as well as maximum daily dosages, and was reflective of staff knowledge.

Medication was stored in a secure medication trolley in a secure room.

Arrangements were in place at the centre for the segregated storage and disposal of out-of-date medication. Following the previous inspection, the centre's medication policy had been reviewed and was reflective of practices at the centre relating to the safe disposal of out-of-date medication, which is returned to a local pharmacy.

Staff knowledge of what to do in the event of misadministration of medication was reflective of the centre’s policy and incident reports examined.

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

Findings:
The centre’s statement of purpose was regularly reviewed and reflected the services and facilities provided.

The centre’s statement of purpose had been reviewed following the previous inspection and described the services provided to residents and the full-time equivalent staff positions at the centre. The statement of purpose included all requirements in accordance with Schedule 1 of 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:
Management and governance systems required further development to meet the requirements of the Regulations.

The centre’s person in charge is full-time and is a qualified intellectual disability nurse with many years experience in supporting adults with disabilities. The person in charge is not based at the centre and has responsibility for several designated centres. The centre’s management structure includes a clinical nurse manager who manages the centre and reports to the person in charge reflective of the statement of purpose and staff knowledge.

Although not based at the centre, the person in charge confirmed they visit the centre regularly which was reflected in the centre’s visitor’s book and the inspector observed that they were known to residents. Furthermore, the person in charge attends staff team meetings and provides regular formal supervision to the clinical nurse manager reflected in meeting minutes and staff discussions.
The inspector found the person in charge to be knowledgeable on their requirements under regulation. For example, they had responsibility for the submission of notifications under regulation to the Health Information and Quality Authority (HIQA).

Furthermore, the person in charge is the centre’s complaints officer and ensured complaints’ investigations are carried out, with the complainant’s satisfaction recorded in the centre’s complaints log.

The inspector examined audit systems used by both the person in charge and clinical nurse manager to ensure practices are complaint with regulation and the centre’s policies. Audits reviewed included medication management and health & safety; the inspector found that audits such as premise walk rounds were not up-to-date or recorded. Furthermore, as referenced in outcome seven, identified risks such as external sensor lights had not been sufficiently assessed and interim measures put in place.

The inspector reviewed unannounced six monthly audits conducted by the provider, which were available at the centre.

Following the previous inspection, the inspector reviewed the annual review of quality of care and support at the centre known as the ‘Quality Enhancement Plan’. The review was conducted by the person in charge and clinical nurse manager. Furthermore, the review incorporated the findings of the unannounced visits as well as complaints received, notifications to HIQA and accident reports.

**Judgment:**
Substantially 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):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Training and staffing levels at the centre were reflective of residents’ needs
The inspector did not examine all aspects of this outcome, focusing on actions taken to address the findings of the previous inspection.

Staffing at the centre had been reviewed since the last inspection and reflected the increased healthcare needs of residents. Following the previous inspection, the nursing compliment had increased from one clinical nurse manager to include a further two full-time nurses. Staff changes were reflected in the centre’s roster, residents’ personal plans and discussions with staff. Furthermore, the number of staff available to support residents had increased from one to three staff during the day, to three staff at all times. Additionally, the waking night staffing had increased from one to two staff between 22:00 and 08:00 due to residents’ needs.

The centre had both a planned and actual roster reflective of the needs of residents.

Staff training records were reflective of the centre’s statement of purpose. Staff completed mandatory training in areas such as fire safety and manual handling. The inspector found that not all staff had received training reflective of residents' needs such as food hygiene, dysphasia and dementia care.

The inspector reviewed team meeting records which discussed residents’ needs and ensured staff knowledge on care practices and organisational policy was up-to-date. Meeting minutes reviewed were reflective of staff knowledge.

Staff told the inspector that the person in charge and clinical nurse manager were both supportive and approachable. Furthermore, the inspector reviewed regular formal supervision records between the person in charge and the clinical nurse manager which covered residents’ needs and the operational management of the centre.

Staff told the inspector that they received regular supervision from the clinical nurse manager which was reflected in meeting records, although the inspector found records were not of sufficient detail to assess the quality of supervision provided and whether it had an impact on care practices.

**Judgment:**
Non Compliant - Moderate

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

Findings:
The inspector did not review all aspects of this outcome, focusing on progress made by the centre to address the previous inspection’s findings.

The inspector found that resident healthcare records relating to fluid intake and weight were up-to-date following the previous inspection. Healthcare records in relation to dietary needs were reflective of residents’ personal plans as well as speech and language assessments reviewed.

The inspector reviewed the centre’s policies and procedures in relation to Schedule 5 of the regulations. The medication management and safeguarding policies were reflective of centre practices and staff knowledge, although the inspector found the remaining policies were not centre specific in content.

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:
Stevan Orme
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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Hyland View</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003619</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>20 September 2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>13 October 2016</td>
</tr>
</tbody>
</table>

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents’ contracts of care were not all signed by the provider, resident or residents’ representatives.

1. Action Required:
Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the

---

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
terms on which that resident shall reside in the designated centre.

Please state the actions you have taken or are planning to take:
All residents contracts of care are signed by the provider, residents and residents representatives.

Proposed Timescale: 30/09/2016

Outcome 05: Social Care Needs
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents' personal plans had not all reviewed annually.

2. Action Required:
Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

Please state the actions you have taken or are planning to take:
1. A schedule of annual reviews of residents Personal Plans is now in place. Residents who need more frequent reviews have also been identified and they will have reviews every 3 to 6 months. 30/11/16
2. All Annual reviews will be completed by 31/12/16
3. All Staff have been made aware of the importance of regular Person Plan reviews and sign off of same. 09/10/16

Proposed Timescale: 31/01/2017
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Review meeting records did not record residents or their representative’s participation.

3. Action Required:
Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident’s wishes, age and the nature of his or her disability.

Please state the actions you have taken or are planning to take:
Participation by residents and their representatives is now being recorded for all review meetings.

Proposed Timescale: 31/10/2016
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Residents' social care needs were not addressed in line with their personal plans.

4. **Action Required:**
Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

**Please state the actions you have taken or are planning to take:**
1. All residents will have opportunities to participate in community based activities of their choice. 31/10/16
2. All centre based activities will reflect the residents goals and preferences. 31/10/16

**Proposed Timescale:** 31/10/2016

---

**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:**
Not all risks identified at the centre had been assessed in accordance with the centre's risk management policy.

5. **Action Required:**
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

**Please state the actions you have taken or are planning to take:**
1. Risk assessments are regularly reviewed, the risks identified by the inspector in relation to the external sensor lights has now been assessed. 30/09/16
2. A Sensor Light is been sourced and will be put in place on external wall of building. 30/10/16

**Proposed Timescale:** 30/10/2016

---

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Fire evacuation records did not indicate drills had been conducted under minimum staffing conditions.
6. Action Required:
Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
All fire drills will be completed with minimum staffing levels on duty.

Proposed Timescale: 30/11/2016

Outcome 11. Healthcare Needs
Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Catheter care protocols did not provide detailed information on all aspects of support required.

7. Action Required:
Under Regulation 06 (3) you are required to: Support residents at times of illness and at the end of their lives in a manner which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

Please state the actions you have taken or are planning to take:
Catheter protocols have been updated and include detailed information on all aspects of support required.

Proposed Timescale: 30/09/2016

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:
Audit systems used at the centre were not up-to-date and address all areas for improvement at the 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:
Audits on inspection of premises and equipment will be carried out on a scheduled basis and issues identified will be actioned.

Proposed Timescale: 31/10/2016
**Outcome 17: Workforce**

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Staff had not all received training in dementia care, food hygiene and dysphasia.

**9. 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:**
1. All staff have received training in food hygiene 24/9/16
2. All staff are on training plan for dysphasia 30/11/16
3. All staff are on training plan for dementia care 31/12/16

**Proposed Timescale:** 31/12/2016

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Staff supervision records did not provide sufficient detail to assess the quality of supervision and impact on care practices.

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

**Please state the actions you have taken or are planning to take:**
Supervision meetings will be carried out with all staff every 2 months and recorded in detail.

**Proposed Timescale:** 30/10/2016

---

**Outcome 18: Records and documentation**

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The centre’s policies in accordance with schedule 5 of the regulations, were not specific to the designated centre.

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

**Please state the actions you have taken or are planning to take:**
All the centres policies will be made centre specific.

| Proposed Timescale: 31/10/2016 |