<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>A designated centre for people with disabilities operated by Western Care Association</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0003702</td>
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<tr>
<td><strong>Centre county:</strong></td>
<td>Mayo</td>
</tr>
<tr>
<td><strong>Type of centre:</strong></td>
<td>Health Act 2004 Section 39 Assistance</td>
</tr>
<tr>
<td><strong>Registered provider:</strong></td>
<td>Western Care Association</td>
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<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Bernard O'Regan</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>Thelma O'Neill</td>
</tr>
<tr>
<td><strong>Support inspector(s):</strong></td>
<td>None</td>
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<tr>
<td><strong>Type of inspection</strong></td>
<td>Unannounced</td>
</tr>
<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>16</td>
</tr>
<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
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About monitoring of compliance

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was un-announced and took place over 2 day(s).

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

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tr>
<td>02 February 2016 08:30</td>
<td>02 February 2016 18:30</td>
</tr>
<tr>
<td>03 February 2016 09:00</td>
<td>03 February 2016 19:30</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<td>Outcome 02: Communication</td>
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<td>Outcome 03: Family and personal relationships and links with the community</td>
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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 10: General Welfare and Development</td>
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<td>Outcome 11: Healthcare Needs</td>
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<td>Outcome 12: Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 16: Use of Resources</td>
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<td>Outcome 17: Workforce</td>
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<td>Outcome 18: Records and documentation</td>
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**Summary of findings from this inspection**

The purpose of this inspection was to assess this service for compliance for registration with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013) and the National Standards for Residential Services for Children and Adults with Disabilities 2013 (referred to as the Standards).

There were four houses in this centre. The centre provided residential and respite accommodation to 35 residents on a full-time or part-time basis. The Centre had a capacity to provide 11 full-time residential beds and 6 respite beds.
This was the second inspection of this centre. The first inspection was a triggered inspection and took place on the 31 August 2015 following a number of notifications to the Authority regarding Safeguarding and Protection issues. In addition; HIQA had also received unsolicited information concerning staffing ratios in one of the houses in this centre. On that inspection, five outcomes were inspected in two of the houses, two outcomes were found to be compliant and three were substantially compliant. Three actions were issued following that inspection in relation to Residents Rights, Dignity and Consultation, Safeguarding and Safety, and Staff training.

On this inspection, the inspector reviewed the three actions from the last inspection. The three actions were partially complete. These issues are discussed under outcomes 1, 8 and 17 in the report.

On this registration inspection, 18 outcomes were inspected across the four houses and nine outcomes were found to be compliant or substantially compliant, four outcomes were non-compliant moderate and five outcomes were identified as major non-compliant. The major non-compliances relate to Safe and Suitable Premises, Health and Safety and Risk Management, Safeguarding and Safety, Governance and Management and Workforce.

There were serious non-compliances found in relation to the supervision of residents at night that was not adequately addressed; resulting in two immediate actions being issued to the provider nominee. These are discussed under Outcome 7 in Risk Management.

Due to the serious number of non-compliances found on this inspection the provider nominee and the management team attended a meeting with the Authority on 9 February 2016 to discuss the findings and the actions the provider nominee had taken to mitigate the risks identified. The provider nominee provided assurances that immediate safeguarding measures were put in place, by placing waking night staff on duty in both houses following the inspection, while appropriate assessments of residents supervision needs were appropriately assessed.

The action plan at the end of the report identifies areas where improvements were needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.
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:
There was one action issued following the last inspection that was not adequately addressed.

Previously, on the last inspection environmental issues were identified as impacting negatively on some resident’s behaviour. This was due to the limited space in one house, particularly in the communal rooms. For example; there was no visitor’s room or a second sitting room for residents to relax and have some quiet time alone or to meet friends or family members in private.

Since the last inspection, the provider had engaged the services of an architect and proposed drawings of building renovations were shown to the inspector on the day of inspection. However, no time bound costed drawings or progress report was available despite the proposed timeframe having expired on the 31 January 2016.

Residents had access to an easy to read and pictorial complaints procedure and policy. Contact details of the ‘complaints officers’ were available for residents if they wished to make a complaint. There was evidence that the residents' had discussed the procedures and supports available to make a complaint with staff at their weekly meetings. However, from speaking to resident’s and from a review of documentation, there was evidence that some individuals had expressed dissatisfaction that their sleep was constantly disturbed by one of their peers. However, their dissatisfaction was not recorded as a complaint and the issue had not been addressed.
Following a review of the individual houses' complaints books; three of the four books had no complaints recorded. Staff advised the inspector that they only recorded written complaints in the complaints log and verbal complaints were only recorded in the residents' daily notes, and not recorded or investigated as a complaint.

The Health Information and Quality Authority (HIQA) sought consultation with a number of families using this service and some families returned the questionnaires stated that they were very happy with the service provided; however, some family members stated that they were concerned about the staffing at night in some houses and the lack of storage facilities in the respite house.

Resident’s meetings were held regularly with documented minutes of meetings. Residents were asked if they were happy with how the centre was run and for their feedback. Most residents were satisfied with the services they received in relation to food choices and meal planning. Resident’s belongings were respected by staff in the centre and residents were given the facilities to safeguard personal possessions; however, there was an complaint in one house, where a resident was constantly disturbing other residents’ personal possessions in their bedrooms. Staff ensured residents’ possessions were protected during the day; however, this was difficult at night as staff members were only rostered for sleep-in duty and were not always awake to supervise the residents’ movements at night. This issue is discussed in more detail under Outcome 7.

The inspector reviewed how resident’s finances were managed in the centre. In three houses residents finance’s were well managed and there were records of transactions for all of the resident’s transactions. However, in the respite house, there were no individualised record of the residents financial transactions kept in the centre; this was not in keeping with the organisational policy and procedures.

Judgment:
Non Compliant - Moderate

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:
The organisation had a communication policy that was in an easy to read format for residents and was made freely available in the centre. The policy set out to address the communication needs of residents and outlined an approach to be used that created
successful and equal communication between people with different levels of ability and needs. For example; each resident had an individualised communication profile in their personal plan. This documented the resident’s comprehension abilities and their preferred style of expressing themselves, for example, their use of gestures, eye contact or spoken language.

The speech and language therapist (SALT) had identified that alternative means of communication was required for some residents. In one case the inspector was told that a meeting was planned with SALT and the psychologist to discuss their assessment findings and the communication needs of one resident. However, training was required for all staff to implement the alternative communication techniques for this resident and they had not been complete.

Some residents were supported through the use of pictures to tell them what activities were planned for the day. Other residents used communication books which were used between the resident’s home, respite and day service. These communication books were in picture format and helped the residents in understanding their planned day.

Some residents had access to televisions in their bedrooms and also in communal areas. There was a notice board in the centre indicating the daily/weekly routine of the house. This indicated what events were taking place in the local community.

Judgment:
Substantially 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:
Residents were encouraged to have positive relationships with their families and friends and the person in charge indicated that visitors to the centre were encouraged. The organisation had a policy on visits to guide best practice.

Residents living in the residential unit were supported to maintain links with their family. They spoke about the importance of this to them and how some residents enjoyed their weekly visits home with their family. In the respite unit, there was very regular contact with family members and completed questionnaires returned to HIQA were generally very complementary of the staff working in the service.
## 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):
No actions were required from the previous inspection.

### Findings:
There were written agreements with residents, which dealt with their support, care and welfare in the designated centre. These also detailed the services that would be provided to them during their stay there.

Each resident had a contract of care. This was called an ‘individual service agreement’. It outlined the resident’s weekly contribution to cover heating and electricity expenses. It also identified that residents would receive a seven day service in this designated centre however, the inspector found evidence that some residents were paying excessive amounts for diesel towards travel expenses for social activities and to travel home to visit family. In one case one resident was paying between €40 and €50 per month for these additional costs that were deemed to be excessive.

### 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:
There were personal plans in place for all residents using the respite and residential services. Assessments had been carried out following a person centred planning process and personal outcome measures system. Of the plans reviewed during the inspection, the inspector found residents were assisted to identify and achieve their goals. This happened through a ‘circle of support’ meeting. These were meetings that the resident, their family and significant others in their life attended. On some occasions clinicians working with the person attended these meetings to support the residents in advancing their goals.

The purpose of the circle of support meetings was to collectively discuss the resident’s goals and aspirations. They discussed real and practical ways for the person and their support staff to achieve these goals. These meetings were a way to assess progress made and to acknowledge achievements. However, on review of a number of files, the inspector found a significant discrepancy between some residents' personal plans. The method of implementing and evaluating personal goals and reviewing of these actions were found to be inconsistent across the four houses. Managers confirmed they had identified this issue in a recent audit of personal plans, and the documentation was currently under review.

Personal plans for residents also included health plans. These were found to be well assessed and implemented and constantly under review. This ensured the information about residents health provided a comprehensive overview of their individualised needs and supports required.

Some families stated in their questionnaires returned to HIQA that they were dissatisfied with the process in which respite was offered and as a result it was difficult for families to plan around this schedule. This was discussed with the regional manager on inspection and she advised the inspector that she was implementing a new system of assessing individuals' needs for respite services that was based on individual and family needs and risk rated. Following this inspection the regional manager provided evidence to the inspector that this assessment had taken place and this system was now in place for the twenty- two residents availing of the respite service.

Judgment:
Non Compliant - Moderate

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

**Findings:**
The residential and respite services consists of four houses and provides support and accommodation to males and females with an intellectual disability aged between 25-67 years.

This centre had a capacity to provide 11 full-time residential beds and six respite beds; the total number of individuals receiving respite was twenty-two.

House one: This was a modern purpose built house with six bedrooms providing full-time residential services to four residents and respite services to two residents three nights a week on alternating nights. The house was recently redecorated internally. Residents participated in choosing the colours for the paint in the kitchen, sitting room and sunroom. The inspector saw evidence that new carpets were ordered for the front hall and sunroom. There were adequate fire evacuation procedures in place in the house. Each external door had thumb locks to allow free exit from the house. The front door had a buzzer in place at night to advise the sleepover staff if anyone had opened the front door and left the house unsupervised.

Externally there were beautiful planted flowers in tubs and in the garden that were maintained by the local rural community group, this helped residents integrate with members of their local community. In addition; new patio furniture was purchased for the newly redesigned secure back garden. The inspector was advised that all of the decoration costs were funded by the local volunteer funding committee, as there were no funding available from the organisation.

House two:
Was a four bedroom house, where two semi-independent ladies resided, there was one sitting room kitchen/dining room and one bathroom, One bedroom was currently vacant. The inspector did not fully view this house; however, it was a modern built house and appeared comfortable and clean. However, the heating boiler in this house kept breaking down and required replacement.

House three:
This was the respite house and was not suitable to use as a respite house. This was a seven bedroom house and the design and layout, heating and ventilation, bathroom and bedroom facilities were inadequate and did not meet the needs of the residents.

The sitting room was bare and lacked decoration, and the fire place in the sitting room had been removed and not replaced and the inspector found the house very cold on the day of the inspection. This was a concern as some residents were being admitted to the centre that evening. However, the person in charge turned on the heat earlier than
usual to ensure the house was adequately heated for the residents.

There was an unpleasant damp odour in the front sitting room and in two of the bedrooms upstairs. There were no radiators in the two toilets (upstairs and downstairs) and the inspector found these rooms cold for residents to use. The main shower room upstairs had no curtains on the window and showering facilities were inadequate as the shower tray was flat and the floor was not a wet floor. Therefore there was a risk of the shower room flooding while residents used the shower and this created a risk of residents/staff falling on a wet floor.

The bedrooms were small and poorly decorated, two bedrooms could not fit a wardrobe, chair, or bedside locker beside the bed and there were no bedside lamps, should a resident wished to read in bed. There were also no mirrors or radios or communication devices available in the bedrooms. In some bedrooms the wardrobes were used to store items such as unused shelving, vacuum cleaners, and linen for bedrooms as there were no storage facilities available in the house. This left residents limited space to store their personal possessions during their stay.

Bed Linen was communal and not well maintained to promote a welcoming and homely atmosphere. Electrical plugs were in place above the beds and these could create a electrical risk for some residents and had not been appropriately risk assessed. Accessed through the back of the house was via the sitting room and dining room and through the kitchen/ utility. The inspector was told that the health and safety officer had deemed the kitchen an inner room and had blocked up an access door from the front hallway into the kitchen for safety reasons. This impacted on residents as there was a constant movement of human traffic through the sitting room and dining room where residents were sitting and trying to relax.

The person in charge had identified that extensive work was required to be completed in this house. However, no action plans with specific or time bound goals were in place to address the serious issues identified. The inspector was told this was due to resource issues.

House four:
House four was a four bedroom house. It provided a full-time residential service to two male residents and a part-time respite service to two siblings three days a week. Staff had attempted to make this house homely for the residents however, this house also required redecoration and refurbishment and was previously found to be environmentally unsuitable to meet the needs of the residents living in this house. On the last inspection; the inspector had found that the behaviour of one resident was impacting negatively on the other residents sharing accommodation with this person. The provider had agreed to address the issue by the 31/1/16 however, to date no time bound or costed plans have been submitted.

The heating in this house was also inadequate on the day of inspection and staff also found the house was cold and turned on the heat for an additional hour on the evening of the inspection to ensure residents were not cold.
The inspector found that there were considerable premises or equipment issues that required review in three of the houses inspected.

Records were available to indicate that equipment in the centre had been serviced as required. This was evidenced on the maintenance logs which showed evidence of prompt actions on some issues by the person in charge. For example; thermostatic control valves had been fitted to sinks and showers within the centre. This prevented risk of scalding to residents from water that was too hot.

There were adequate laundry facilities in each house in the centre. They were each supplied with a washing machine and dryer. The external grounds were clean and there were suitable arrangements for the safe disposal of general and clinical waste when required.

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

**Findings:**
There was a risk management policy and procedure in place; however, evidence showed that the procedures in place to manage risk were not adequately implemented in practice. For example; on occasions reactive strategies following some incidents were not put into place to prevent a recurrence of the incidents.

The inspector identified serious risks to three residents living in two houses due to a lack of appropriation supervision at night. In one case, where a resident that required close supervision during the day was inadequately supervised at night and as a result there were complaints from other residents that their sleep was constantly being disturbed. Furthermore, in another house two residents were not adequately supervised at night. For example; one resident with severe uncontrolled epilepsy was not appropriately assessed or supervised at night. In addition; another resident identified as having severe complex behavioural needs and requiring constant supervision during the day, frequently walked around their house unsupervised at night. This resident had tampered with electrical equipment while unsupervised during the night and pulled the light socket out of the ceiling in the sitting room; potentially causing serious injury to themselves or others in the centre. No actions were taken by the management team to address the significant risk this resident posed to themselves and others while left alone and unsupervised downstairs at night.
As a result of these findings an immediate action was issued to the provider to ensure that both these residents were appropriately supervised at night.

There was no operational or organisational risk registers in place at the time of the inspection. This showed that there were not adequate systems in place to identify or escalate serious risks or potential hazards in the centre to the senior management team or the Board of Directors of this organisation.

Individual risk assessments were also found to be inadequate, for example; individual risks recorded in the residents' personal daily notes were not included in the resident’s risk assessments, despite serious risks being identified. For example; in one case, one resident had threatened staff with a sharp kitchen knife, which the staff had locked away for safety reasons. However, this serious risk was not included in the residents' individual risk assessment and the rationale for such restrictions was not identified as a restrictive practice in this centre. This created a potential risk to new staff that may not be aware or alerted to the need to safely secure such items away.

Furthermore, there were numerous incidents recorded in resident’s daily logs of a resident disturbing other residents while staff were on sleep duty. For example; on the 15 January 2016 the resident kept other residents awake from 12am until 6am and similarly on two other occasions the week of this inspection. This resulted in everyone sleep in the house being disturbed. For example; one resident told the inspector that another resident regularly shouted, banged doors, and was constantly entering their bedroom, resulting in them and others residents' being afraid and staff regularly had to get up during the night to supervise this resident.

A second immediate action was issued to the provider to address this issue as a matter of urgency and the provider was requested to meet the inspector and inspector manager at a follow up meeting on 9 February 2016, to advise the inspectors as to the immediate actions they had taken to address these issues.

Fire equipment in the centre had been serviced for the residential unit. There was an up to date record of fire drills. This showed that regular fire drills had been carried out in the past six months. Residents with specific needs had an individualised fire evacuation plan documenting the type of assistance they would need during an evacuation of the centre. The fire alarm system had been serviced, no faults were detected.

Staff training records provided on the day of inspection showed on-going training for staff working in the centre. However, the inspector reviewed the fire training records of eight staff and found five of the eight staff (62.5%) had no training in Fire Safety Management. However, the person in charge forwarded further training records to the inspector on 11 February 2016 and confirmed that since the inspection all staff have been trained.

Inspectors checked the vehicles maintenance records to ensure that vehicles were roadworthy and found to be compliant. There were four vehicles (one for each house) provided for residents to use to attend day and social activities. Records for one vehicle showed that it was regularly serviced and was insured through the organisations fleet insurance.
Judgment:
Non Compliant - Major

Outcome 08: Safeguarding and Safety
*Rates 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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
There was one action issues following the last inspection and this action was not adequately complete.

At the last inspection on 31 August 2015, the inspector found there was a lack of therapeutic interventions for residents' that displayed complex behavioural and protection issues and where in some cases communication assessments were not complete. Following the last inspection; a speech and language therapist (SALT) and a psychological assessments were completed. On review on this inspection, the inspector found that although the assessments had taken place, the findings and the recommendations in the multi-disciplinary reports were not yet implemented. Therefore this action was only partially achieved.

There were organisation’s policies and procedures in place to protect residents from being harmed or suffering abuse. A designated person was identified in the organisational protecting vulnerable adults policy and their role and responsibility was to ensure that appropriate action and responses would be taken in the event of an allegation of abuse. Their role was to review suspicions/allegations of any type of abuse, neglect, mistreatment or exploitation and manage the investigation of same. The inspector was told there were no investigations on-going at the time of inspection.

However; the inspector identified some residents had experienced peer on peer abuse in this centre and despite regular complaints to staff that this was an on-going problem, no action was taken to adequately safeguard residents. The concerns raised were not escalated through the protecting vulnerable procedures as per organisational policy and procedures.
The inspector reviewed the behavioural support plans in place for some residents and found following a review of residents' files that the management of residents' behaviours that challenge was inadequate. On review of the individuals behavioural support plans, they did not identify all of the behaviours of concern and there was a lack of proactive or reactive strategies recorded in the plans to manage these behaviours. For example; the omission in the resident's behaviour support plan to limit access to sharp knives, and from other residents sleep being disturbed at night.

Also, premises issues were previously identified as contributing to some behaviours that challenged and these issues were not adequately addressed. For example; the proximity of resident's bedrooms were too close due the noise exhibited by one resident at night.

The lack of a visitor’s room, or a place to sit and relax in a quiet space was previously identified as an environmental issue on the last inspection. These issues were negatively impacting on some resident’s behaviours. Although these issues had been reviewed by senior management, following the last inspection in August 2015 to date, no actions had been taken to address these issues of concern.

**Judgment:**
Non Compliant - Major

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### 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:**
Records of all incidents occurring in the designated centre were notified to the Chief Inspector as required by the regulations.

**Judgment:**
Compliant

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### 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:**
Social activities were age appropriate and reviewed regularly through consultation with residents. Residents engaged in social activities for example, residents had such as; attended concerts, bowling, shopping. During the inspection the inspector saw residents engage in attending activities out of the centre, for example, going for walks, and shopping.

Residents’ general welfare and development needs were supported in the centre. ‘Circle of support’ meetings and a person centred planning process were some of the methods used to establish residents’ educational, employment and personal development goals.

Residents had opportunity to attend personal development activities suited to their interests and capabilities; for example, attending day services, training centres or supported employment. One resident received their day service from their home where they received one to one services that was assessed to meet their individual needs.

However, one resident was travelling approximately 32km twice daily to attend a day services and this involved the resident travelling for approx. 2hrs and 15 minutes every day, the managers told the inspector this was because there was no vacancy in the local day services at present. The extensive travel time was impacting on the resident daily and an appropriate assessment of the individual's personal and development required review.

**Judgment:**
Substantially Compliant

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**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):**
No actions were required from the previous inspection.
Findings:
Residents’ healthcare needs were clearly identified and appropriately assessed and monitored by staff and allied health professionals across a wide range of health related areas. The care provided met residents needs and there was evidence to show appropriate treatment and therapies were in place to address residents’ health issues. For example; in the areas of epilepsy management, mental health supports, equipment needs and food and nutrition.

There was evidence of good recording and health related information kept on the residents file that were regularly updated following medical appointments. This ensured that staff supporting the residents had clear and up to-date information on the residents’ healthcare needs.

Residents received an annual health check, had access to preventative health checks and attended regular visits with their general practitioners (GP) or as required.

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):
No actions were required from the previous inspection.

Findings:
The inspector found there were operational policies and procedures in place for the safe storage, and disposal of medications. Medications prescription sheets were recently reviewed, legible and signed by residents’ GP. Medications were securely stored in medication presses in each house. No medications required refrigeration at the time of the inspection.

Residents requiring crushed or modified consistency medications were prescribed such in liaison with resident’s G.P. and pharmacist and this was documented. However, following a review of the training schedule not all staff that administered medication had received training in safe administration of medications and this required review. This is actioned under Outcome 17.

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:**
The statement of purpose consisted of a statement of the aims, objectives and ethos of the designated centre and details as to the facilities and services which are provided for residents.

It also contained all of the information required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013.

**Judgment:**
Compliant

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

**Findings:**
There was an organisational management structure in place. The person in charge reported to the regional manager. They provided support and supervision to the person in charge and escalated on-going management issues to senior management. The Chief Executive Officer (CEO) reported organisational issues to the company’s Board of Management. The inspector was advised that the current governance structures were currently under review and the outcome of the review may result in changes to the management structure of this centre.
The current person in charge (PIC) was appointed as an interim person in charge while the full time person in charge was on long term leave. The interim PIC was suitably qualified with relevant experience commensurate to her role. She demonstrated a comprehensive understanding of organisational policies, procedures and regulatory responsibilities and worked full-time in a supervisory position as the manager of the four houses in this designated centre.

Clinical and environmental audits relating to healthcare issues, medication and fire management and maintenance requirements were completed. There was evidence that the audit data had influenced some practice changes in the centre and resulted in control measures being put in place to mitigate some risks identified. However, there was significant evidence that resident’s privacy and dignity, the management of complaints, inadequate risk management. Furthermore; staff training was not appropriately managed as per organisational policies and procedures. Staffing allocation in two of the four premises did not meet the needs of the residents and exposed them to potential physical and environmental risks, when left unsupervised at night. These risks resulted in two immediate actions being issued to the provider.

The inspector reviewed the provider’s annual report and found that it did not adequately review the quality and safety of care and support in the designated centre; as there were outstanding risks in some houses that were not identified in the report. In addition, the annual report did not provide accurate figures for completed staff training or the number of complaints received in the centre and there was no evidence of learning from this annual review.

**Judgment:**
Non Compliant - Major

**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:**
HIQA was advised that the person in charge of this centre would be absence for more than 28 days. The manager of the day services was appointed as the interim manager for the service.
The Regional manager was identified as a person participating in management. They assisted the person in charge in her role and also deputised in her 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 was not adequately resourced to meet the needs of residents’. Following discussion with the person in charge as to the rationale for sleep in staff, despite serious risks being identified by staff at night, the person in charge stated that this was a resource issue.

In addition; there were structural and decorative issues identified in two of the four houses and they did not meet the assessed needs of the residents as discussed under outcome six and 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):**
Some action(s) required from the previous inspection were not satisfactorily implemented.
Findings:
At the last inspection, the inspector issued an action in relation to inadequate staff training in alternative communication systems to assist them communicate with resident's effectively and to reduce allegations of abuse and behaviours that challenge. This training had not yet been provided to staff.

The inspector found there was sufficient staff working in the centre during the day however, staffing numbers and skill mix were inappropriate to meet resident’s assessed needs at night. Residents that were assessed as requiring one to one staff supervision during the day and were sleeping downstairs for safety reasons were allowed unsupervised access around the house at night when two staff members and other residents slept upstairs. This was found to be a serious risk by the inspector and these issues had not been adequately assessed or managed, furthermore the appropriate staff support were not put in place to safeguard residents.

The staff rosters required review. There were different templates of staff rosters used in each of the four houses inspected, and it was unclear from the staff rosters viewed the hours staff had worked. The inspector found that a clear and consistent format for recording staffing work hours was required in this centre. This is actioned under Outcome 18.

A sample of staff files were reviewed as part of the inspection, they met the requirements of Schedule 2 of the Regulations.

There were regular staff meetings which the person in charge attended. The inspector saw evidence that the person in charge had met with individual staff members' where issues of concern were identified and staff members had agreed to specific actions to address the issues.

The inspector reviewed the training records provided by the Regional manager which showed ongoing training for staff working in the centre. However, a sample of training for eight staff working in the centre showed that 75% of staff sampled had no training in protection of vulnerable adults, 62.5% had no training in managing behaviours that challenge, or fire safety management.

Some staff, but not all had received medication management, manual handling and first aid training.

Judgment:
Non Compliant - Major
**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):**
No actions were required from the previous inspection.

**Findings:**
The centre had all of the written policies as required by Schedule 5 of the regulations. There was a guide to the centre available to residents which met the requirements of the regulations. It outlined the services provided at the centre, the terms relating to residency, the arrangements for resident involvement in the running of the centre, how to access inspection reports, the procedure for respecting complaints and the arrangements for visits.

The centre was insured against accidents or injury to residents, staff and visitors and the policy was up to date. Transport used in the centre had up to date insurance and tax.

The inspector found that there were inadequate systems in place to manage risks or other issues arising in the centre and this was found to be due to the documentation used and a lack of staff training. For example, the risk assessment templates did not adequately guide staff to record the name of the person responsible to manage risks or include the risk ratings on the assessment form. This was important so that the seriousness and frequency of the risks identified was clearly visible to the staff supporting the residents. In the files viewed this was not found to be the case. In addition; there was no documentary evidence that when incidents occurred and a pattern of risk had developed, that these issues were escalated to the senior management team.

There was no standard staff roster template and for the week of 21 December 2015 there were three different staff roster templates used and the hours were not recorded in the 24hr clock.

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

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

Acknowledgements

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

Report Compiled by:

Thelma O'Neill
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

Centre name: A designated centre for people with disabilities operated by Western Care Association

Centre ID: OSV-0003702

Date of Inspection: 02 February 2016

Date of response: 10 March 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:
In one house there was no visitor’s room for the residents to meet family or friends in private, or to relax and have some quiet time alone. This was an action issued following the last inspection that was not adequately addressed.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
1. **Action Required:**
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

**Please state the actions you have taken or are planning to take:**
As an interim measure The person in Charge has rearranged the dining area to provide an additional space for residents to use should the sitting room be needed to facilitate a visit from family or friends.

Staff will co ordinate visits to ensure either sitting room or dining room is available for visitors. Each person’s family will be contacted to explore any issues that might arise in relation to privacy during visits and establish if there are actions that can be taken to address any concerns. (23/03/2016) This will be written up in each resident Individual Plan.

A Plan and guidance for staff will be written up for unannounced visitors to the centre. This will accommodate space and privacy for residents and their visitors. (23/03/2016)

The registered provider has completed a risk assessment over a 17 night period. Due to the findings of peer to peer issues, the living arrangements for all four people are under review. The registered provider plans to add to its housing stock by purchasing an additional house that will be joint funded by the Capital Assistance Scheme and local fundraising. This will offer additional living options to people.

**Proposed Timescale:** 01/12/2016

**Theme:** Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
One resident was regularly disturbing other residents’ personal possessions and adequate precautions had not been put in place to protect residents' privacy.

2. **Action Required:**
Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

**Please state the actions you have taken or are planning to take:**
Personal possessions and bedrooms are protected with door locks that each resident can use to protect their possessions when they are away from their room. 22/02/2016

An alert device has been installed on one bedroom door to alert staff should another resident attempt to enter this room.

**Proposed Timescale:** 04/03/2016
<table>
<thead>
<tr>
<th>Theme: Individualised Supports and Care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>In the respite house, there were no individualised record of the residents' financial transactions kept; this was not in keeping with the organisational policy and procedures or with regard to residents requiring support to manage their own money.</td>
</tr>
<tr>
<td><strong>3. Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>The Person in Charge has put a system in place that ensures individualised records are documented that comply with the Organisation’s Policy and Procedure. This will be monitored and audited by the person in Charge on a monthly basis and reviewed by the Regional services Manager through monthly support and supervision meetings.</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 08/02/2016</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Theme: Individualised Supports and Care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>Verbal complaints from residents or family members were not logged as official complaints and were not recorded or investigated as a complaint.</td>
</tr>
<tr>
<td><strong>4. Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 34 (2) (b) you are required to: Ensure that all complaints are investigated promptly.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>The Complaints administrator has provided guidance to the Staff team on the complaints procedure to ensure that all staff are aware of the requirements of the policy, both in terms of logging and investigation.</td>
</tr>
<tr>
<td>All complaints will be logged and investigated in line with organisation policy. This will be monitored and audited by the Person in Charge and reviewed by the Regional Services Manager.</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 18/02/2016</td>
</tr>
</tbody>
</table>
**Outcome 02: Communication**

**Theme:** Individualised Supports and Care

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Staff were not trained to assist residents' in alternative means of communication as recommended by the Speech and Language Therapist.

**5. Action Required:**
Under Regulation 10 (2) you are required to: Make staff aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.

**Please state the actions you have taken or are planning to take:**
The findings of the assessment completed by Speech and Language and Psychology was shared with the Team on 11/02/2016. Guidance on Communication strategies was provided so that staff are aware of how to implement the communication strategies.

Speech and Language Therapist will meet with the staff team to review the implementation of the communication strategies, to ensure they are effective and to amend them where necessary in the light of the individual resident’s communication needs.

**Proposed Timescale:** 21/03/2016

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**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:**
Some residents were paying excessive amounts for diesel towards travel expenses for social activities and to travel home to visit family.

**6. Action Required:**
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

**Please state the actions you have taken or are planning to take:**
The Person in Charge will review all contributions to diesel and travel expenses to ensure that this is fair and equitable. Should the review uncover any instances of people over contributing, the Registered Provider will reimburse any monies owed to the individual.

Individualised Service Agreements will be updated to reflect the recommendations from this review.
Proposed Timescale: 31/03/2016

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:
The Person in Charge is failing to comply with a regulatory requirement in the following respect:
There were significant discrepancies in some service-users personal plans assessments and records of whether goals were implemented and evaluated.

7. Action Required:
Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

Please state the actions you have taken or are planning to take:
The Person in Charge will Audit all Personal plans and will address any area of discrepancy with the relevant Named Staff/Keyworker. 29/03/2016

Named staff will continue to progress priorities for residents and review effectiveness of the plans on a quarterly basis.

A revised Individual Planning process has been developed by the Registered Provider to allow for a more focused selection and follow through on priorities. This will be introduced incrementally to each site within the designated centre starting with individuals who require a planning process around their living arrangement.(15/04/2016)

By 31/05/2016 the revised Individual Planning process will be completed for all residential residents.

By 29/07/2016 all Respite residents Individual plans will be completed onto the revised Individual planning process.

Proposed Timescale: 29/07/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Two of the premises required significant construction and repair work to meet the needs of the residents using the service.
8. **Action Required:**
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

**Please state the actions you have taken or are planning to take:**
The Registered Provider has engaged an engineer to survey the premises, to be completed by 11/03/2016. A report will be issued to the provider by 18/03/2016.
The Provider will address any recommendations in line with the funding available

Based on advice from an engineer the Registered Provider will open the doorway leading from the hallway into the Kitchen in the Respite house, this door will be a one hour fire door ordered on 29/02/2016

The Person in Charge and Maintenance personnel have assessed the interior layout of the Respite house; they have agreed a work plan to address the short falls in storage, furniture, soft furnishing and electrical appliances. 30/04/2016

The Registered Provider has employed a heating engineer to assess the Heating systems across 3 of the sites within the designated area all recommendations will be addressed by 22/04/2016

The Registered Provider will undertake a comprehensive review of future living for each individual in one of the houses, taking into account the outcome of the risk assessment this will inform planning and building works.

The registered provider plans to add to its housing stock by purchasing an additional house that will be joint funded by the Capital Assistance Scheme and local fundraising. This will offer additional living options to people.

**Proposed Timescale:** 01/12/2016

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The heating systems in three of the houses required review to ensure they were working effectively to adequately heat the houses.

9. **Action Required:**
Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

**Please state the actions you have taken or are planning to take:**
The Registered Provider has engaged a registered Heating engineer to assess the heating systems within all houses in the designated centre. 10/03/2016
The Registered Provider will act on the recommendation from this assessment.

**Proposed Timescale:** 22/04/2016

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
1. There was inadequate private and communal accommodation.
2. Bedrooms were inadequate in size and layout to meet the needs of the residents.
3. There was inadequate storage space and furniture in some bedrooms.
4. Ventilation, heating and lightening in this centre was inadequate.
5. Bathroom, showers and toilets facilities were in adequate in some houses

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

**Please state the actions you have taken or are planning to take:**
1. Staff will coordinate visits to ensure either sitting room or dining room is available for visitors. Each person’s family will be contacted to explore any issues that might arise in relation to privacy during visits and establish if there are actions that can be taken to address any concerns. (23/03/2016) This will be written up in each resident Individual Plan.

A Plan and guidance for staff will be written up for unannounced visitors to the centre. This will accommodate space and privacy for residents and their visitors. (23/03/2016)

2. The layout of rooms has been reviewed and measures taken to maximise the use of available space (completed 29/4/16)
An additional house is being purchased to further enhance and develop the facilities for use by residents (1/12/2016)

3. Storage and furniture has been reviewed. Built-in furniture and storage has been installed in bedrooms. (29/4/2016)

4. The organisation engaged heating and building engineers to review the facilities and all recommendations of this are being implemented. Heating work was completed on 22/3/2016 and ventilation work will be completed on 30/5/2016

5. The organisation commissioned an engineer to advise on the works necessary and these will be completed by 30/5/2016

**Proposed Timescale:** 01/12/2016
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:
Adequate systems were not in place to manage risks associated with epilepsy and residents engaging in behaviours that challenge at night.

11. 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:
An awake night staff has been put in place for the service users around whom there are risks over a period of respite this commenced on 10/02/2016. If this period of risk assessment requires additional time this period of awake night staff will be extended. The awake night staff will assess the risk in relation to epilepsy management, continence care, and behaviours that challenge at night.

To further support the risk assessment process the Respite intake and prioritisation tool has been completed to determine the needs of people using respite. 08/02/2016

The findings of this assessment will be used by the person in charge to lead out a review of Personal Risk Management plans, Health Action Plans, Epilepsy Support Plans and Intimate support plans for the individuals who score in the high and medium need range, 06/04/2016

Following the collation of data from the risk assessment the person in Charge will lead out a roster review with the support of Human Resources, and Regional Service Manager this review will be completed by 15/04/2016

During the conduct of the review any additional resources required will be put in place to ensure the safe support of residents.

Proposed Timescale: 15/05/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no operational or organisational risk registers in place at the time of the inspection.

12. Action Required:
Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.
Please state the actions you have taken or are planning to take:
The registered Provider has revised the Risk Management procedure to include Local Services Risk status. This has been piloted in the designated centre.

All individual, staffing and service based risks have been reviewed scored and entered into a risk register for one of the houses in the designated centre. 02/03/2016

The Person in Charge along with the Regional manager will put in place a risk register for all individual, staffing and service based risks across the four service sites. Risk scores for those who score in High to Medium needs range in “Respite Intake and Prioritisation tool” will be completed by 30/03/2016.

All other risk registers will be completed by 13/05/2016.

Proposed Timescale: 13/05/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A review of eight staff training records showed that 62.5 % had no training in Fire Safety Management.

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

Please state the actions you have taken or are planning to take:
Training records show that on the date of the inspection 91% of staff in the designated centre had received training in Fire Safety Management.

In the recent training calendar staff who were out of coverage have received this training giving 100% coverage.

Proposed Timescale: 04/03/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Behaviour support plans was not up- to date and did not clearly identify the behaviours of concern.
14. **Action Required:**
Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

**Please state the actions you have taken or are planning to take:**
A risk assessment commenced on 05/02/2016 concluding on 29/02/2016 all learning from this was shared with Psychology, The Person in Charge, Behaviour Support Specialist and the Regional Service Manager this is now incorporated into the Behavioural Support Plans.

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

**Theme:** Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff were not trained in supporting individuals that displayed behaviours that challenge.

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

**Please state the actions you have taken or are planning to take:**
All staff have up to date training in Managing Challenging Behaviour.

Psychology have provided feedback and guidance based on the assessment completed over an eight week period November/December 2015 This happened on 11/02/2016. Following the Risk assessment 05/2/2016-29/02/2016 the Behavioural support Specialist provided support and guidance to the staff team. 29/02/2016

The Behavioural Support Specialist will provide coaching to individual staff this commenced on 09/03/2016 and will continue according to the need.

**Proposed Timescale:** 09/03/2016

**Theme:** Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents were experiencing peer on peer abuse in this centre and despite regular complaints to staff that this was an on-going issue, no action was taken to adequately safeguard residents.
16. **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:**
To safeguard residents the Registered Provider has put an awake night staff into the centre to complete a risk assessment over a period of 17 nights.

The data has been reviewed by the Senior Psychologist, Behaviour Support, PIC and P.P.I.M. The learning has been shared with the team 29/02/2016. Proactive strategies to safeguard residents have been agreed with the team.

All team members have received guidance on the complaints procedure by the Complaints Administrator. 18/02/2016

The Registered Provider will undertake a comprehensive review of future living arrangement for each of the four residents, taking into account the outcome of the risk assessment. This will inform planning and building works.

The registered provider plans to add to its housing stock by purchasing an additional house that will be joint funded by the Capital Assistance Scheme and local fundraising. This will offer additional living options to people.

As an interim support the Person in Charge along with the Regional Manager and Behavioural support will monitor and review all incidents in the service on a weekly basis, this will be followed up with a monthly meeting with staff and ongoing coaching to staff by the behavioural support staff.

**Proposed Timescale:** 01/12/2016

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**Outcome 10. General Welfare and Development**

**Theme:** Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
One resident had to travel long distances twice daily to access training and employment opportunities, as there were no training programmes provided locally.

17. **Action Required:**
Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

**Please state the actions you have taken or are planning to take:**
A planning process has been in place in relation to the future living arrangements for all residents in this Service. A review of this individuals day programme will be part of this review.

**Proposed Timescale:** 30/05/2016
### Outcome 14: Governance and Management

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was evidence that the management of complaints, risk management, protecting vulnerable adults and staff training was not appropriately managed as per organisational policies and procedures.

**18. 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:**
Guidance on the Complaints Procedure has been provided by the Complaints Administrator to all staff in the designated centre.
See action. 10,11,12,13
As a further action to support the governance of the centre, the Regional Manager along with the Human Resources Manager will review the management structure within the designated centre by 15/04/2016

**Proposed Timescale:** 15/04/2016

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The provider’s annual report did not adequately review the quality and safety of care and support in the designated centre.

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

**Please state the actions you have taken or are planning to take:**
A more detailed review of this designated centre will be included in the next annual report. In the meantime, the Registered Provider will review the annual report template to ensure it provides sufficient guidance for managers in completing their reports.

**Proposed Timescale:** 25/03/2016
Outcome 16: Use of Resources

Theme: Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centre was not adequately resourced provide safe and suitable premises and there was inadequate staffing allocation in place to safeguard residents at night.

20. **Action Required:**
Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

Please state the actions you have taken or are planning to take:
Site 1
The Registered provider has put in place an awake night staff from the time that the service users around who there are risks are in respite. This will be maintained for the period of risk assessment and will be maintained as necessary to ensure safety of all residents. Commenced 10/02/2016
Site 2
An awake night staff was allocated for seventeen nights to complete a risk assessment to identify the potential risks to all residents and staff by the behaviours of one resident. This concluded on 29/02/2016 The data reflected that the risk to other residents or staff was very low or negligible over this period. There were some environmental risk were identified and a number of strategies have been implemented by the Person in Charge to address them.

**Proposed Timescale:** 29/02/2016

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was not adequate staff supervision in place to meet the assessed needs of the residents at night.

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

Please state the actions you have taken or are planning to take:
See Action 11 and 20

**Proposed Timescale:** 13/05/2016
**Theme:** Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff did not have adequate training in fire, medication management or behaviours that challenge to ensure that they could safely support residents.

22. **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:
61% of staff in the designated centre have received training in “Responsive and Safe medication management”. This is an ongoing training provided by the Organisation, any staff who require this training will be have it completed by 27/05/2016
On the day of inspection 91% of the team had received training in fire, since then training has been provided to the remaining staff giving 100% coverage.

On the day of inspection 91% of the team had received training in “Managing Behaviours that Challenge” During the recent training calendar the remaining staff have received this giving 100% coverage.

**Proposed Timescale:** 27/05/2016

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**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 documentation in place to manage risks and staff rosters did not comply with best practice and organisational policies and procedures.

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

Please state the actions you have taken or are planning to take:
The Register Provider has revised the Risk Management procedure and piloted this in the designated centre 02/03/2016.

The Person in Charge will work with the Human Resource Dept. to agree a format for staff rosters that will be standardised across the designated centre. Hours will be recorded in 24hr clock.

**Proposed Timescale:** 13/03/2016