### Health Information and Quality Authority

#### Regulation Directorate

**Compliance Monitoring Inspection report**

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Adults Services Lucan Designated Centre 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003907</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Dublin 20</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>Stewarts Care Limited</td>
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<tr>
<td>Provider Nominee:</td>
<td>Brendan O'Connor</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Caroline Vahey</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>9</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>2</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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 25 October 2016 08:30  To: 25 October 2016 19:30

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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<tbody>
<tr>
<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 11. Healthcare Needs</td>
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<td>Outcome 12. Medication Management</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 17: Workforce</td>
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Summary of findings from this inspection

Background to the inspection.
This was the second inspection of the designated centre, the purpose of which was to monitor ongoing regulatory compliance. The centre was previously inspected in September 2014. 10 outcomes were inspected against on this inspection.

How the inspector gathered evidence.
The centre comprised of three units all located in the community and as part of this inspection the inspector visited each unit and spoke to four residents and three staff in these units. The inspection took place over one day and the person in charge facilitated the inspection. Residents attended day services and some residents worked in local enterprises, and the inspector spoke to residents on the morning of the inspection and in the evening. The inspector also observed staff supporting residents. Documentation such as personal plans, complaints records, staff supervision records, medication prescription and administration records and training records were reviewed.

Description of the service.
The centre comprised of three houses located in the community all of which were
close to public transport and a range of public facilities. There were nine residents living in the centre on the day of inspection and there were two vacancies. The centre could accommodate both males and females. The centre had produced a statement of purpose which outlined the aims of the service were to provide a comfortable and safe home with individualised supports and care for residents enabling them to live a life of their choice with dignity and respect as an equal and valued citizen. The inspector found the service provided met the aims as outlined in the statement of purpose.

Overall judgment of findings.
The inspector found residents were provided with a good quality of care and support enabling them to enjoy a varied and meaningful lifestyle in line with their preferences. Residents were active participants in their community and residents were enabled to take balanced risks in their day to day life.

One major non compliance was identified in outcome 7, health and safety and risk management, and related to inadequate means of escape in one unit.

Two moderate non compliances were identified.
- Outcome 6 - relating to some decoration work required and also a significant maintenance issue in one unit.
- Outcome 8 - relating to recommended therapeutic interventions not implemented. Improvements were also required to ensure plans to support residents’ emotional wellbeing guided practice.

Good practice was identified in the remaining seven outcomes inspected against including social care needs and healthcare needs. Residents’ needs were set out in personal plans and met by the support provided. Staffing arrangements were sufficient in the centre and the management arrangements supported the delivery of a quality service for residents. Some minor improvements were required in medication management and in governance and management.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end of this report.
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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspector found complaints were managed in line with the centre’s policy on complaints. Arrangements were in place for information pertaining to residents to be suitably stored to ensure privacy.

The inspector reviewed records of complaints in the centre since the last inspection. The inspector found complaints were well managed with complainants being informed of the outcome of their complaint to their satisfaction.

While information pertaining to residents was stored on an open shelf in all units, the person in charge outlined this issue had been referred to maintenance. The inspector observed that this issue was being addressed by the technical services department on the day of inspection.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
### Effective Services

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

**Findings:**
The inspector found each resident had a written agreement. The agreement set out the services to be provided and the fees to be charged. Additional charges for which the resident may be liable were also included in the written agreement.

**Judgment:**
Compliant

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### 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

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### Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector found residents' wellbeing and welfare was maintained by a good standard of care and support and residents were supported to access a range of social opportunities consistent with their wishes and interests.

Each resident had an assessment of their health, social and personal needs completed. Residents were actively involved in the assessment process, for example, a resident described their assessed needs and showed the inspector their accessible support plan. Multidisciplinary team members had completed assessments of residents' needs where required and the recommendation arising from these assessments formed part of personal plans. The assessment of need process was completed for residents annually or as needs changed.

Each resident had a personal plan and plans had been developed into an accessible format for residents. Plans outlined the support and care to be provided in a range of areas including, social development, health care, communication supports, intimate care and family inclusion. The inspector found plans were fully implemented, for example,
social care plans to attend cultural and sporting events were completed and health care interventions and monitoring were carried out within the directions and timeframes specified. Families were involved in the review and implementation of personal plans. The person in charge had recently introduced a system to record the discussion of personal plans reviews with families and the inspector observed this being implemented on the day of inspection.

Residents attended day services on a full time basis. Some residents worked in supported employment and the inspector observed this on the day of inspection. Residents were supported to access a range of social opportunities in the community, for example, meeting friends for a drink, attending sporting events, attending musical shows and cultural events. Residents also accessed a range of local facilities in the community such as shops, restaurants, cinema, hairdressers and beauticians.

**Judgment:**
Compliant

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**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):**

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

**Findings:**
The inspector found improvement was required to ensure the premises were safe and adequately maintained.

The inspector visited the three units as part of this inspection. Some painting was required to be completed in a kitchen of a unit and the hall, stairs and landing required to be repainted in this unit also. An extensive build-up of mould was found in a resident’s bedroom and adjoining ensuite, exposing the resident to a potential respiratory risk. The provider was informed at a feedback meeting that this issue would require timely attention in order to reduce the risk. Mould was also observed on a seal of a bath and the side panel of a bath was damaged and in need of replacement.

**Judgment:**
Non Compliant - Moderate
### 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 inspector found that while measures were in place to promote the health and safety of residents, visitors and staff, an adequate means of escape was not available in one unit. Improvement was also required in infection control precautions.

Adequate fire equipment was provided including a fire alarm, emergency lighting, fire extinguishers and fire blankets. The inspector reviewed records of servicing of fire equipment and found it had been regularly serviced in the preceding year. Adequate means of escape were not provided in one unit in the centre. This issue had also been highlighted by an external fire company a number of months ago however, corrective action had not been taken to date by the provider. All exits were clearly marked and unobstructed on the day of inspection. Fire evacuation plans were developed and displayed prominently in all units of the centre. Personal emergency evacuation plans had been developed detailing the support residents required in the event the centre required to be evacuated. The inspector reviewed records of training for four staff and found staff had up-to-date training in fire safety. Fire drills were completed a minimum of bi-annually. Daily fire safety checks were also completed by staff.

Some improvement was required in infection control precautions. Damage was noted to the covering of a couch in one unit. Suitable handwashing facilities were available throughout the centre and personal protective equipment such as disposable gloves and aprons were provided. Colour coded chopping boards were available to promote appropriate food safety practices.

There were policies and procedures relating to health and safety including food safety, waste management, manual handling, lone workers and infection control. Staff described the system in place to mitigate the risks associated with lone working. There was an up-to-date health and safety statement. The safety statement described the responsibilities of personnel employed in the service and outlined risk management plans for common risks in the workplace, for example, fire, accidents and incidents, safe handling of substances and manual handling.

There were policies and procedures in relation to risk management. The risk management policy covered the identification of risks and the development of control measures to mitigate risk. The risk management policy included the measures and actions in place to control the risks specified in Regulation 26 (1) (c). Individual risk management plans had been developed specific to residents' individual needs. Environmental risk management plans were also developed for example, fire, use of...
assistive equipment, manual handling and use of oxygen. A centre risk register was developed which detailed the risks in the centre identified as high risk.

The inspector reviewed a sample of incident records for the preceding six months. All incidents had been recorded and followed up with corrective action where required. Reasonable measures were in place to prevent accidents for example, suitable assistive equipment was provided to enable the safe transfer of residents. Staff had been trained in the moving and handling of residents.

There was an emergency plan for the centre. The centre also had procedures in place in the event a resident went missing.

Judgment:
Non Compliant - Major

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

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

Findings:
Overall the inspector found measures were in place to protect residents however, improvements were required to ensure residents were provided with recommended therapeutic supports and that the use of a restrictive practice was implemented in accordance with national guidelines. In addition, some improvement was required in staff knowledge on safeguarding.

Residents' emotional and behavioural needs had been assessed and corresponding support plans had been developed. These plans outlined proactive and reactive strategies to support residents. However, on discussion with staff, it was identified that a number of recommended strategies were not implemented such as communication supports, skills teaching and reinforcement strategies. In addition, the interventions which formed part of the therapeutic responses to behaviours did not form part of these plans. These included the use of some restrictive practices and the use of medication. Support plans had been subject to review with the relevant professional. There was a policy in place on the provision of behavioural support.
There were some restrictive practices in the centre however, the inspector found the use of a practice had not been identified as restrictive and as such not applied in accordance with national guidelines. The remainder of restrictive practices had been subject to regular review and families had been informed of their use. There was a policy in place on the use of restrictive practices including physical, chemical and environmental restraint.

The service had recently updated the policy on the prevention, detection and response to abuse. Staff had up-to-date training in safeguarding. Some improvement was required to ensure staff were knowledgeable on what constitutes abuse however, staff were aware of the actions to take in the event of an allegation, suspicion or disclosure of abuse. There were no safeguarding concerns in the centre on the day of inspection. Residents stated they felt happy and safe in the centre.

There was a policy in place on the provision of intimate care. Plans had been developed for resident requiring support with their intimate care needs and the inspector found these plans guided practice while ensuring privacy and dignity was maintained.

**Judgment:**
Non Compliant - Moderate

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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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector found residents' healthcare needs were comprehensively met.

Residents' healthcare needs were met in line with assessments and their personal plans. Residents had timely access to a range of allied health care professionals both within the service and through general health services, for example, speech and language therapist, dietician, occupational therapist and psychiatrist. Healthcare plans were implemented and there was evidence that follow up recommendation arising from health care reviews were facilitated.

Each resident availed of the services a general practitioner. An annual medical review was completed for each resident by a nurse and general practitioner.

Recommendations arising from a speech and language therapist's and a dietician's reviewed formed part of nutritional plans. The inspector reviewed meal plans developed
by residents with support from staff and found the food offered was varied and nutritious. Residents were supported to partake in food preparation in accordance with their own wishes.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th>Outcome 12. Medication Management</th>
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<tbody>
<tr>
<td>Each resident is protected by the designated centres policies and procedures for medication management.</td>
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</table>

**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 residents were protected by the medication management policies and practices in the centre however, some improvement was needed to ensure the requirement for PRN (as required) oxygen was documented on a prescription.

The inspector found a prescription was not available for the administration of PRN (as required) oxygen, which formed part of a therapeutic intervention for a resident.

There were written operational policies for the ordering, prescribing, storing and administration of medication and medication management plans formed part of personal plans. The inspector reviewed three prescription and administration records and found these were complete. PRN (as required) medication prescriptions had the maximum dosage stated and PRN medications had been subject to review within the past year. PRN protocols were developed and outlined the circumstances under which the medication should be administered.

Suitable arrangements were in place for the disposal of medication and out of date or unused medications were returned to the pharmacy when required. Documentation was maintained in relation to the disposal of medication, with a pharmacist signing this document to confirm receipt.

Medications were securely stored in the centre. Medication management audits were regularly completed and included areas such as stock records, administration practices, labelling of medications, storage, medication errors and training needs. Training in the safe administration of medication had been provided to staff where required.

The centre availed of the services of a community pharmacist.
Judgment:
Substantially 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):
No actions were required from the previous inspection.

Findings:
The inspector found there were appropriate management systems in place which ensured a safe and appropriate service was provided for residents in the centre. Some improvement was required in the six monthly unannounced visits by the provider.

An unannounced visit had been completed on behalf of the provider in June 2016 however, the inspector found that only one unit of three was visited on this occasion. Aspects of the safety and quality of care and support were audited at this visit, for example, evidence of the person in charge attendance at the centre, complaints and policies.

An annual review of the quality and safety of care and support had been completed for 2015. The review took into account the views of residents and relatives and identified areas for improvement.

There was a clearly defined management structure which identified the lines of accountability and authority. Staff reported to the person in charge. The person in charge attended the centre on a regular basis and records were available in each unit to confirm this. A clinical nurse manager was also employed and supported the person in charge in their day to day management functions. Staff meetings were facilitated on a quarterly basis. The person in charge outlined a plan to increase the frequency of staff meetings to monthly following a service directive.

The person in charge reported to an adult services manager and meetings were scheduled on a fortnightly basis. Issues pertaining to the centre were discussed at these meetings and, where required actions were developed. There was evidence that these actions were implemented, for example, the need for an external allied health professional had been identified and sourced. The adult service manager reported to a director of care and support who in turn reported to the chief executive (provider nominee).
The person in charge facilitated the inspection and demonstrated knowledge throughout the inspection of the needs of the residents. The person in charge had been met recently by the inspector during an inspection of another designated centre and was knowledgeable on the regulations. The person in charge had responsibility for four designated centre and the inspector was satisfied that these arrangements were appropriate to ensure the effective governance and management of this centre. Staff spoken to said they felt supported by the person in charge and in her absence the clinical nurse manager.

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

**Findings:**
The inspector found there were enough staff with the appropriate skills and experience to meet the needs of the residents and to ensure continuity in the care provided.

The centre was staffed by care staff and where required nursing care was provided in line with residents' assessed needs. Staffing levels were appropriate to the assessed needs of the residents and the layout of each premises.

There was an actual and planned roster detailing the staff on duty both during the day and at night time. The inspector observed that staff were respectful in their interactions with residents and provided support in a caring manner.

The inspector reviewed a sample of four staff training records. Staff had up-to date mandatory training in safeguarding, manual handling and fire safety and where required training had been provided in the safe administration of medication. Additional training had been provided, for example, in basic life support, crisis prevention, food safety and hand hygiene in line with the needs and support requirements of residents.

Staff supervision was facilitated by the person in charge or the clinical nurse manager on a quarterly basis. The inspector reviewed a sample of four staff supervision records and
found good quality supervision was in place. An action plan was developed where required.

There were no volunteers in the centre. Schedule 2 documents were not reviewed as part of this inspection.

**Judgment:**
Compliant

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**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:**

Caroline Vahey  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Stewarts Care Limited</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003907</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>25 October 2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>29 November 2016</td>
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Requirements

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

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

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some parts of the centre required redecoration.

1. Action Required:
Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
Redecoration will be completed in the required areas of the centre.

**Proposed Timescale:** 30/01/2017  
**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A build up of mould was observed in a resident's bedroom and adjoining ensuite, and exposed the resident to a potential respiratory risk. Mould was also observed in a bathroom.

2. **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 Technical services manager has reviewed same and has implemented a plan to resolve same through effective ventilation. Mould build up was removed.

**Proposed Timescale:** 16/12/2016  
**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
The side panel of a bath was damaged and required replacement.

3. **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 replacement side panel of the bath was ordered and will be fitted.

**Proposed Timescale:** 30/11/2016

**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:
Some improvement was required in infection control precautions as the covering on a couch was damaged.

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

Please state the actions you have taken or are planning to take:
The couch is being reupholstered in suitable fabric.

**Proposed Timescale:** 30/12/2016

<table>
<thead>
<tr>
<th>Theme: Effective Services</th>
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<tbody>
<tr>
<td>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</td>
<td>Adequate means of escape were not provided in one unit.</td>
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5. **Action Required:**
Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

Please state the actions you have taken or are planning to take:
An alternative fire door will be fitted to this room to provide means of access to the main escape route.

**Proposed Timescale:** 30/12/2016

<table>
<thead>
<tr>
<th>Theme: Safe Services</th>
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<tbody>
<tr>
<td>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</td>
<td>Some therapeutic supports detailed in behaviour support plans were not implemented as recommended.</td>
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6. **Action Required:**
Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

Please state the actions you have taken or are planning to take:
Behaviour support plans and behavioural contracts have been updated following review by the CNS (Behaviour) and staff have been advised on the implementation process of the plans. Need sheets have been developed to support the implementation process.

**Proposed Timescale:** 25/11/2016  
**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
Restrictive practices and the use of medication which formed part of therapeutic responses were not detailed in corresponding support plans.

**7. Action Required:**  
Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

**Please state the actions you have taken or are planning to take:**  
Behaviour support plans have been reviewed by the CNS (Behaviour) and updated to include restrictive practice and the use of PRN medication

**Proposed Timescale:** 25/11/2016  
**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
Some improvement was required to ensure staff were knowledgeable on what constitutes abuse.

**8. Action Required:**  
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

**Please state the actions you have taken or are planning to take:**  
The Person In Charge has ensured that the topic of Safeguarding from abuse, and information on what constitutes abuse is included in regular house meetings. All staff receive training in Safeguarding and protection which includes an evaluation to ensure they have understood all aspects.

**Proposed Timescale:** 25/11/2016

**Outcome 12. Medication Management**
**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
A prescription was not available for the administration of PRN (as required) oxygen, which formed part of a therapeutic intervention for a resident.

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

**Please state the actions you have taken or are planning to take:**
The prescription has been updated to include PRN oxygen administration for the Service user.

**Proposed Timescale:** 25/11/2016

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**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The unannounced visit by the provider did not include all units in the centre.

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

**Please state the actions you have taken or are planning to take:**
The unannounced visits by the Provider will be undertaken in all units of the Designated Centre.

**Proposed Timescale:** 30/03/2017