

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by St John of God Community Services Limited
<b>Centre ID:</b>	OSV-0003988
<b>Centre county:</b>	Louth
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St John of God Community Services Limited
<b>Provider Nominee:</b>	Clare Dempsey
<b>Lead inspector:</b>	Raymond Lynch
<b>Support inspector(s):</b>	Conor Dennehy
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	21
<b>Number of vacancies on the date of inspection:</b>	0

## About monitoring of compliance

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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: 10 March 2016 09:00 To: 10 March 2016 19:00

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

This unannounced inspection was a follow up to an inspection carried out in September 2015, where significant non-compliances were found across all outcomes. It was to assess the providers progress with the implementation of the action plan from this inspection.

As part of the inspection process the inspectors met with residents, staff, and management of the centre. The inspectors observed practices and reviewed documentation such as care plans, medical records, accident/incident reports and health care plans and found that improvements had been made since the last inspection.

This centre comprised of four terraced houses and one stand alone bungalow in close proximity on a campus based setting. It accommodated 21 residents overall. The inspectors found that the centre was visibly clean, warm, and comfortable and had natural light. However, and as found in the last inspection, the layout of the premises, including size of bedrooms was not suited to meet the individual needs of many of the residents.

Overall the evidence gathered from the eight outcomes assessed informed inspectors that improvements had been made across a number of outcomes, including social

care needs, health care needs and governance and management. However, issues were identified with regard to safeguarding and health safety and risk management.

These matters are discussed in more detail and in the action plan at the end of the report.

**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 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):**

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

**Findings:**

Inspectors found that the wellbeing and welfare provided to the residents had improved from the previous inspection and from a sample of files viewed, each resident had comprehensive health, personal and social care plans in place. However, and as identified in the previous inspection, issues remained with regard to maintaining community based social activities on a regular basis.

While it was observed that residents had individual and complex needs, social care plans were personalised and reflected residents' individual requirements in relation to their social care needs. Where desired, each resident was actively involved in the review of their personal plan and in outlining their own social goals. Family members were also kept informed and invited to be involved in the personal planning process. Where a resident or family member opted out of participating in personal plans, records were kept of same. Care plans were reviewed on a regular basis with input from a multi disciplinary team when and where required.

From a small sample of files viewed, residents were involved in their personal plans and had both long and short term goals identified. For example, one resident as part of his short term goals was supported to attend the cinema, go on social outings and go to the theatre in Dublin to see a musical. The resident, who had multiple complex needs, was also supported to achieve a long term goal of a holiday to County Wicklow. It was observed that while on this holiday the resident stayed in a hotel, went sightseeing, went for walks, and dined out in the local restaurants and pubs. The resident, who liked animals, also went to a petting farm as part of the holiday.

There was also Multi-disciplinary team (MDT) input into personal plans and again from a sample of files viewed the inspector could see that recommendations which were being made by MDT were being implemented. For example, a recent MDT assessment recommended the use of a sensory projector and a rocking chair for one client. Both pieces of equipment were in place on the day of inspection. The inspector also observed that there was regular input from the positive behavioural support committee when required.

Inspectors also observed photographs of residents on social outings over the last year. For example, one resident liked flowers and as part of their social care plans were supported to go to the Botanic Gardens in Dublin. The resident showed one of the inspectors photographs of this day trip. On the day of inspection it was also observed that another resident was being supported to join a local singing group. The resident in question liked music and singing and staff had recently supported them to join a local musical group in the community.

While there had been a lot of improvement with regard to the social care needs of the residents since the last inspection, the inspectors observed that the centre remained challenged with providing on-going support for some social goals as identified in personal plans. For example, from a sample of files viewed, one resident liked to go horse riding and this formed part of their personal plans. On reading the file, it was apparent that the resident had got a lot out of this activity and looked forward to it each week. However, the activity had stopped some time back with no documentation available to explain why. On speaking with the person in charge he explained that the activity was organised by a different part of the service and not the centre. The activity was due to be rescheduled, but this had not yet happened.

The same resident liked walking and again as part of their social care plans, hiking was identified as an activity they may like to participate in. Again the inspector observed that this activity had not commenced as the centre was waiting on a different part of the organisation to facilitate it.

From reading a sample of daily activity notes, the inspectors observed that a lot of social based activities continued to be facilitated on campus. For example, walks, swimming, cinema and trips to the on-site coffee shop. However, the person in charge informed the inspectors that the centre now had its own transport and going forward would be utilised more often to facilitated community based outings.

**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):**

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

**Findings:**

Since the previous inspections incidents of peer to peer aggression had decreased, however, improvement was still required to ensure a proactive approach was adopted for all health and safety issues. Gaps in fire training for staff were also identified.

Risk management within the centre had improved which resulted in a reduction in the number of peer to peer incidents in the centre. The inspectors observed that this was a positive development. A risk register was in place which was supplemented by individual risk assessments that were contained in residents' personal plans. However when following up on an injury suffered by a resident, staff informed inspectors that a risk assessment had not been carried for the resident after the event. This did not demonstrate an appropriate response to this risk.

While reviewing another resident's individual risk assessments it was noted that they were identified as being at a risk of absconding. This resident required 1:1 support and the staff member, who was providing this support on the day of inspection, was familiar within the control measures in place to prevent and respond to the resident absconding. However an internal management action plan from August 2015 identified that a missing person drill should be facilitated by October 2015. The Person in Charge informed inspectors such a drill had yet to take place.

Inspectors reviewed the fire register and found evidence that the fire alarm, emergency lighting and extinguishers were being serviced at the required intervals. Fire exits were unobstructed and the emergency lighting was seen to be operational on the day of inspection. Fire drills were taking place at regular intervals at varying times across the units that comprised the centre. Internal checks were also being carried out.

All residents had personal evacuation plans in place but some of these had not been updated in over a year and required greater clarity to ensure accuracy of information. For example in one's resident evacuation plan it was typed that the resident required 1:1 support during evacuations. However it was handwritten into the plan that this resident required 2:1 support at certain times of the day but it did not specify what times these were.

Staff members spoken with were familiar with what to do in the event of an evacuation being required. Inspectors reviewed staff training records which showed that the majority of staff had undergone some form of fire safety training. However it was found that a number of staff had not undergone site specific fire safety training while some other staff were also overdue refresher training in this area.

During the course of the inspection the inspectors noted one resident's bedroom required deep cleaning at regular intervals. While inspectors were assured that such cleaning was taking place there was no written evidence to support this. It was noted however, that the room in question was clean on the day of inspection.

**Judgment:**

Non Compliant - Moderate

**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):**

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

**Findings:**

While it was found that the relevant policies and procedures were in place to keep residents safe from all forms of abuse, issues were identified with regard to adequate support from some allied health care professionals and gaps were identified in training for the management of challenging behaviour.

There were up to date policies and procedures in place to protect residents from abuse. There was a policy on safeguarding and from talking to a number of staff the inspectors could ascertain that they knew what constitutes abuse and all the relevant reporting procedures. All staff also had up to date training in safeguarding of vulnerable adults.

There was also a policy in place on intimate care and the inspectors found that it provided staff with appropriate and adequate information on how best to support each resident whilst maintaining their dignity and respect. Each resident had intimate care guidelines as part of their personal plans.

There was also a policy in place for the provision of behavioural support. Where required, each resident had a positive behavioural support plan in place. Again from speaking with staff it was evident they were familiar with each residents behavioural support plans and were able to verbalise how best to support a resident with challenging behaviour.

However, the inspectors observed that one resident had missed a scheduled appointment with their psychiatrist as the psychiatrist was on leave. The resident in questions was experiencing behavioural difficulties during this time. The resident's medication had been changed in December due to behavioural issues. The person in charge identified in January 2016 that the resident was in need of an immediate psychiatric review. However, because the psychiatrist was on leave the person in charge



made arrangements for the resident to have their medication reviewed by the GP on 14/01/16. The resident in question also had support from a positive behavioural support committee.

The inspectors also observed that this issue had been brought to the attention of management in January 2016 and safeguarding concerns were raised in relation to the resident's behaviour and how it was impacting on other residents. Staff had also raised concerns as they did not want to rely on PRN (as required) medication to manage the resident's behaviour. The psychiatrist returned from leave in February and the resident's medication was reviewed accordingly on the 8/02/16 and again on the 23/02/16.

The resident in question was also due for a psychiatric review in March but because of ongoing issues securing the appointment the person in charge made arrangements on 9 March 2016 for the resident to be reviewed by a another psychiatrist in a different part of the service. This appointment was facilitated on 10 March 2016.

Whilst staff could verbalise to inspectors how best to support residents with problematic behaviours, it was observed that not all staff had undergone training in positive behavioural support. The person in charge was aware of this and informed inspectors that training would be provided as a priority to these staff members.

There were some restrictive practices used in the centre. However, they were found, in the main, to be for the safety of residents rather than the management of specific behaviours that challenge or to pose unjustified restrictions for the person. For example, some residents used lap straps as a safety measure when travelling in the bus. One resident, who lived independently in one part of the centre was prone to leaving the house at night without informing staff.

After a risk assessment and as a safety measure the external doors to the centre were locked at night time. The person in charge and clinical nurse manager 2 informed inspectors that this restrictive practice and all restrictive practices in use in the whole of the centre were kept under regular review.

**Judgment:**  
Substantially Compliant

#### **Outcome 09: Notification of Incidents**

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

**Theme:**  
Safe Services

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

**Findings:**

While reviewing the accidents and incidents log in the designated centre inspectors observed three alleged abusive incidents which had not been notified to the Chief Inspector as required. The three allegations were highlighted to the Person in Charge submitted these retrospectively to the Chief Inspector. The failure to submit allegations of abuse was found on the two previous inspections of this centre.

**Judgment:**

Non Compliant - Moderate

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

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

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

**Findings:**

Resident's health needs were being met. Residents had access to GP services and there was evidence to show appropriate treatment and therapies were in place to address their health care needs.

From a sample of files viewed, residents had an overall health assessment review on an annual basis, including a full physical examination by the residing GP. This included a complete review of each residents mobility, communication needs, hearing, central nervous system and respiratory system.

However, issues were identified earlier in this report regarding one resident's mental health care needs. The resident in question missed an appointment with a psychiatrist for a review of their mental health and medication because the psychiatrist was on leave. However, on the day of inspection the person in charge informed the inspectors that the resident did have support from the organisational positive behavioural support committee and that an appointment had been secured with a psychiatrist in another part of the organisation. The person in charge also made arrangements for the resident to have their medication reviewed by the GP in the absence of the psychiatrist.

Residents also had access to other allied health care professionals such as dentists and optician as and when required. Specialist conditions such as epilepsy were also reviewed on a regular basis. For example, one resident with epilepsy had a care plan in place for the management of the condition which was reviewed annually or sooner if required.

Residents' weights were routinely monitored and nutrition needs were also well managed. The centre did not prepare meals in any of the houses that comprised the centre, instead they were provided by a centralised kitchen on campus. Residents were offered choice of meals by use of visual aids and prompts. Where a resident chose not to eat a meal on any given day, the centre had the facilities in place to provide an alternative option.

Residents' nutritional health was monitored regularly by staff supporting them and each residents weight was monitored monthly. The last inspection found meal times to be rushed and not a positive social experience for the residents. On this inspection the inspectors observed mealtimes in two units and found them to be relaxed and taken at the residents pace. Some residents would walk around during mealtimes and inspectors observed staff being patient and waiting for the resident to return to the table. It was also observed that some residents preferred to eat in the armchairs in the dining room. Staff on duty during the inspection were seen to facilitate this for those residents.

**Judgment:**  
Compliant

## **Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**  
Health and Development

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

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

### **Findings:**

Inspectors were satisfied that there were appropriate medication management practices in operation in the designated centre.

A sample of medication records were reviewed by inspectors and it was found that the necessary information was contained within administration and prescription sheets. However while reviewing the protocol in place for the use of PRN (as required) medication for one resident it was noticed that the maximum dosage differed from the dosage that was stated on the resident's prescription sheet. This was highlighted to the Person in Charge who undertook to address this immediately.

Inspectors reviewed the storage facilities for medication within the designate centre which was found to be secure and have sufficient space. Appropriate storage of refrigerated medication was also available while any medications that were required to be returned were provided with separate storage space.

Since the previous inspection improved systems had been added to ensure greater stock control for PRN medications. Inspectors reviewed a sample of the PRN stock records and found that the corresponding balances matched the amounts of such medication held in stock. One discrepancy was identified but this was immediately rectified by a staff member.

All medication within the designated centre continued to be administered by nursing staff only. Inspectors observed a medication round and found that appropriate practice was being adhered to. An audit on medication management had also taken place in the designated centre in the month before inspection.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The person in charge and the clinical nurse manager 2 (CNM2) facilitated the inspection throughout the course of the day. They were suitably qualified nurses with experience and knowledge commensurate to their role.

Both the person in charge and the CNM 2 demonstrated a good knowledge of the running of the centre and regulations. They demonstrated a comprehensive understanding of organisational policies, procedures and regulatory responsibilities and also had an intimate knowledge of the residents living in the centre.

The person in charge worked in a full-time capacity in the centre as did the CNM 2. These hours included allocated administration time with the rest of the time working on roster along side residents and staff which allowed the CNM 2 to observe practices and engage in a meaningful way with residents. The person in charge also informed the inspectors that a full time clinical nurse manager I had recently been employed, in order to strengthen the governance and management structure of the centre.

There was an annual review of the quality and safety of care in the centre which was clearly identifying areas of good practice and areas that needed attention. For example, on the last inspection in August 2015 the need for better cleaning systems were identified. By the time of inspection this action had been addressed and there was also the addition of a part time house cleaner on the roster.

Unannounced visits and internal audits from the provider and persons nominated by the provider had occurred in the centre with documented evidence of the outcomes of the visits and issues of compliance and non-compliance found and actioned or were in the process of being actioned. For example, an audit identified the need for better transport options for the centre in September 2015. On the day of inspection the inspectors observed that a centre now had its own bus, with appropriate wheelchair access.

The inspectors were assured there were continuous strives towards improving standards and compliance by the provider and management of the centre. The person in charge, CNM2 and staff team had been working steadily towards addressing the issues of non compliances found during the last inspection. Although issues were found on this inspection, inspectors were satisfied the management and staff of the centre had improved outcomes for the residents living in this centre through annual reviews and on-going audits of the service.

**Judgment:**  
Compliant

**Outcome 17: Workforce**

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

**Theme:**  
Responsive Workforce

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

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

**Findings:**

The workforce within the designated centre had improved however, it was observed that numbers of staff needed to be reviewed to ensure that all residents received sufficient social activation.

Since the previous inspections all staff vacancies within the designated centre had been filled. As a result there was increased nursing staff available to the centre while the appointment of Clinical Nurse Manager 1 had also helped to improve supervision within the centre. Continuity had been improved by the hiring of staff with purpose based contracts while the use of agency staff within the centre had decreased noticeably since the start of 2016.

However it was noted in one of the units that a recent decrease in resident numbers had resulted in the staffing compliment for this unit decreasing during the day from five to three. Six residents lived in this unit with two of them requiring 2:1 support for manual handling and personal care. Five of the residents required staff assistance to leave the centre and mobilise around the campus while some also displayed some behaviours of concern. The inspectors found that the staffing arrangements in place in this unit was not adequate to meet the assessed needs of residents at all times and required review.

Staff training records were reviewed. As highlighted under Outcome 7 and 8 some gaps were identified with regard to fire safety and positive behaviour support. It was also noted that gaps remained in areas such as manual handling and basic life saving. As staff files were reviewed at the previous inspection of this centre and had also been reviewed recently in relation to other centres run by the provider they were not reviewed during this inspection. There were no volunteers working in the centre at the time of inspection.

**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:*

Raymond Lynch  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

# Health Information and Quality Authority Regulation Directorate

## Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by St John of God Community Services Limited
<b>Centre ID:</b>	OSV-0003988
<b>Date of Inspection:</b>	10 March 2016
<b>Date of response:</b>	21 April 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 05: Social Care Needs

**Theme:** Effective Services

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

Systems were not in place to consistently meet the social care needs of some residents

#### 1. Action Required:

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

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

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

1. A full review of Social Care Needs has been conducted for each resident in the Designated Centre. The review was carried out in consultation with each resident and his natural support network as appropriate. The review was carried out by each resident's keyworker and was co-ordinated by an external facilitator with specialist experience of Person Centred Planning and development of Social Goals. complete 21/04/2016
2. This review resulted in revised Social Goals being developed for each resident. Complete 21/04/2016
3. Social goals planned will be implanted and evaluated with each resident. 31/07/2016

**Proposed Timescale:** 31/07/2016

**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

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

Systems in place were not always adequate for the assessment, management and ongoing review of risk, including a system for responding to emergencies. One risk assessment had not been carried out and one resident was at risk of absconding

**2. Action Required:**

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

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

1. Missing Person Drill has been carried out in line with the Missing Person Standard Operating Procedure. Complete 21/04/2016
2. The Observers Report regarding the Missing Persons Drill recommends the Missing Person Standard Operation Procedure is updated to include the lessons learnt from this drill. 31/05/2016
3. The individual Risk Assessment of a resident involved in an incident has been reviewed and updated to include an evaluation of risk associated with the incident that occurred. The risk assessment has been revised to include additional control measures to mitigate the risk. Complete 21/04/2016
4. Where profile of risk changes and/or following an incident, the Person In Charge will ensure the individuals risk assessment is reviewed and updated as required, and the necessary control measures established to mitigate the risk. Complete 21/04/2016 – on-going

**Proposed Timescale:** 31/05/2016



**Theme:** Effective Services

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

Resident's personal evacuation plans required updating.

**3. Action Required:**

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

1. Personal Emergency Evacuation Plans for all residents in the Designated Centre have been reviewed and are up to date. Complete 20/04/2016
2. Should a residents circumstances change, The Person in Charge will ensure that the Personal Emergency Evacuation Plan is reviewed and updated to reflect the change. Complete 20/04/2016 – and on-going
3. Following each fire evacuation drill, the Person In Charge will ensure that residents Personal Emergency Evacuation Plans are updated to reflect any new learning obtained from conducting the drill. Complete 20/04/2016 – and on-going

**Proposed Timescale:** 20/04/2016

**Theme:** Effective Services

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

All staff had not undergone site specific fire safety training while some staff were overdue on refresher training.

**4. 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:**

1. All staff working in the Designated Centre received Fire Safety training and all staff are up to date with required Fire Safety refresher training. Complete 21/04/2016 – and on-going
2. All staff working in the Designated Centre have received induction to each location (site Specific) within the Designated Centre which includes; evacuation procedures for that location, Personal Emergency Evacuation Plans of each resident, the building layout with regard to escape routes, emergency exits, location of fire alarm call points, fire fighting equipment and location and operation of fire alarm panel. Complete 21/04/2016
3. Any new staff will receive induction to each location (site Specific) within the Designated Centre which includes; evacuation procedures for that location, Personal Emergency Evacuation Plans of each resident, the building layout with regard to escape

routes, emergency exits, location of fire alarm call points, fire fighting equipment and location and operation of fire alarm panel. Complete 21/04/2016 – and on-going

**Proposed Timescale:** 21/04/2016

### **Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

Some staff had no training or up to date training in the management of positive behavioural support.

**5. 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:**

1. All staff will receive training in Positive Behaviour Support as theoretical component of Therapeutic Management of Aggression and Violence Training with courses planned to be complete within Proposed timescale. 31st May 2016
2. Staff will receive refresher training in Positive Behaviour Support as theoretical component of Therapeutic Management of Aggression and Violence refresher courses as required. 31st May 2016 - ongoing.

**Proposed Timescale:** 31/05/2016

### **Outcome 09: Notification of Incidents**

**Theme:** Safe Services

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

Three alleged abusive incidents had not been notified to the Chief Inspector.

**6. Action Required:**

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

1. The Person In Charge retrospectively submitted the three incidents of alleged abuse to the chief inspector. Complete 17/03/2016
2. The Person In Charge will ensure that any allegation, suspected or confirmed, abuse of any resident will be notified to the Chief Inspector within 3 working Days.  
10/03/2016

**Proposed Timescale: 17/03/2016**

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Staff numbers required review to ensure social activation and safety for all residents.

**7. 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:**

1. Staffing in one location was reviewed based on the number and assessed needs of the residents which included a staffing roster review. Complete – 21/04/2016
2. Reorganisation of the staffing roster is planned to provide an additional staff member on duty for periods during the day to coincide with social activation and times staff support is required to maintain safety of residents. 30th April 2016
3. The staff compliment in the Designated Centre has increased by one Whole Time Equivalent. Complete – 21/04/2016

**Proposed Timescale: 30/04/2016**

**Theme:** Responsive Workforce

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

Training gaps remained in areas such as manual handling and basic lifesaving.

**8. 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:**

As part of continuous professional development, there is a calendar of training planned across the year to enable staff to complete appropriate training:

1. All staff will receive Manual Handling and refresher training as required. 31/05/2016 – on-going
2. All staff will receive Basic Life Support training and refresher training as required. 31/07/2016 - on-going

**Proposed Timescale: 31/07/2016**