

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd
Centre ID:	OSV-0004031
Centre county:	Dublin 15
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd
Provider Nominee:	Mary Lucey-Pender
Lead inspector:	Julie Pryce
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
01 June 2016 10:00	01 June 2016 18:30
02 June 2016 10:00	02 June 2016 13:00

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

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

Summary of findings from this inspection

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

How we gathered our evidence

As part of the inspection the inspector spent time with residents. The inspector observed that residents appeared to be comfortable and happy in their home, and that they had a long term relationship with staff members. The inspector also met with the person in charge and staff members. The inspector observed practices and reviewed documentation such as personal plans, medical records, accident logs and

risk documentation. Interviews were carried out with the person in charge and with staff members.

Description of the service

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. The inspector found that the service was being provided as it was described in that document. The centre was a detached bungalow with easy access to local shops and to public transport.

Overall findings

Overall the inspector found that residents had a good quality of life in the centre and the provider had arrangements to promote the rights of residents and the safety of residents. Inspectors were satisfied that the provider had put system in place to ensure that the regulations were being met. The person in charge demonstrated adequate knowledgeable and competence during the inspection. This resulted in positive experiences for residents.

Good practice was identified in areas such as:

- residents were facilitated to communicate (Outcome 2)
- residents were supported to have a meaningful day (Outcome 5)
- appropriate healthcare was available to residents (Outcome 11)

The inspectors found that improvements were required in the following areas:

- there were no fire doors in the centre (Outcome 7)
- the inconsistent application of some charges to residents (outcome 8)
- the system of audits (Outcome 14)

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that there were structures in place relating to the management of complaints and in supporting the rights of residents.

There was a complaints procedure which was detailed enough to guide staff, including a clear process of the management of complaints. This procedure was available in an accessible version so as to guide residents if required, and was clearly displayed in the centre. There was a complaint from a resident currently in progress relating to their day service, and although it had not yet been resolved, the resident was being supported by both the staff and an advocate from the national advocacy service.

The inspector found that there was an ethos of promoting rights for residents, for example there was an organisational charter of rights in an accessible format. All residents had recently been supported to vote. There were currently no rights restrictions identified in the centre.

Regular residents' meetings were held where various issues including menu planning were discussed. One of the residents was supported to engage in these meetings by the use of pictures. A record was kept of the meetings and all agreed actions reviewed by the inspector had been implemented.

Judgment:

Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

This was the centre's first inspection by the Authority.

Findings:

Residents were supported and encouraged to communicate in accordance with their needs and preferences.

Some of the residents communicated verbally without support, but where residents did require support this was clearly documented in their personal plans, and staff were familiar with their methods of communication. For example there was a communication book in place for one of the residents which included pictorial representations of various people, objects, places and menu choices to aid communication. Where a resident had their own words rather than the usual words for items and situations, a list of the meanings of these words was maintained in their personal plan, and staff were aware of the meanings.

Some of the residents had tablet devices which they had used for various activities including games, recording life events and keeping in touch with families. One person had an appointment with assistive technology support in relation to the use of a tablet for communication.

The speech and language therapist was available to those residents who required this input, and had been involved assisting a resident with understanding about an illness in their family. A communication booklet had been developed to support explanations.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

This was the centre's first inspection by the Authority.

Findings:

Links were maintained with the families and friends of residents, and it was clear that visits were facilitated and welcomed.

Family members were invited to personal planning meetings. Staff supported residents with reading letters and card sent by family members. Families were kept informed of events and developments, and records were maintained of all family contacts.

Friendly relationships had been forged and maintained with neighbours in the community. Residents were regularly out in the local community, for example they used local amenities including banks, cinemas and restaurants. Residents were members of local groups, and attended community events

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):

This was the centre's first inspection by the Authority.

Findings:

Whilst there were no expected admissions, there were policies and procedures in place to guide the admissions process. Written service agreements were in place which outlined the services provided to resident and the charges incurred, and these were signed by residents and their family members.

Judgment:

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):

This was the centre's first inspection by the Authority.

Findings:

There were personal plans in place for each resident in sufficient detail as to guide practice, and residents were supported to have a meaningful day.

Each personal plan began with an assessment of the resident, followed by 'care interventions' where there was a need identified. These included money management, activities of daily living and communication.

Accessible versions had been developed of various aspects of personal plans including a scrap book type version for one resident and a behaviour support plan in symbols for another.

Goals had been set for residents, and these goals had then been broken down into smaller steps to support achievement. Interventions towards reaching these goals, together with progress made were recorded. All of the goals reviewed by the inspector were in progress or completed.

Care plans were reviewed and evaluated on a monthly basis and these reviews included details of any changes or any progress. Residents were involved in various activities both during the day and in the evenings. Day services provided a variety of activities including computer literacy and drama classes. Evening activities were both home based and in the community, including community classes and visits to pubs and restaurants. A monthly activities chart was maintained for each resident.

Judgment:
Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

The designated centre was a detached bungalow with a nicely landscaped and private back garden, but which was too small to accommodate the four residents applied for by the organisation, despite an extension onto the side of the building.

There was kitchen dining room with a dining table and chairs, and a living room sufficiently sized and furnished to accommodate the three residents currently living in the centre. There was a large assistive bathroom sufficient to meet the needs of residents. The bedrooms currently occupied by residents were homely and personalised, and had plenty of storage for personal belongings.

There were two residents' bedrooms and a staff 'sleepover' room in the original part of the building. An extension had been added which was accessed via the living room. The door from the living room led directly into one of the bedrooms. Access to the fourth bedroom was only either through this third bedroom, or via the garden through patio doors. If a fourth resident was to move into the house, they would only be able to get to their room by passing through somebody else's bedroom.

The application to register the centre included not only the three residents who currently resided in the centre, but a fourth to move into this inaccessible room. Overall the accommodation was adequate to meet the needs of three residents.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that there were some systems in place in relation to managing risk, and infection control, and some systems in place for the prevention and detection of fire. However, there were no fire doors in the centre.

There was regular fire safety training for staff and fire drills had been conducted every quarter, including night time fire drills. The person in charge had developed a schedule of fire drills to ensure that all staff were involved. In addition she had conducted an unannounced, 'observed' fire drill every six months, whereby she set off the alarm unexpectedly and observed staff procedure.

There was a personal evacuation plan in place for each resident. Staff were aware of the fire evacuation plans and were able to describe the procedures involved. There was a picture of a fire to assist residents to understand that that the fire alarm had gone off. There was also a vibrating pillow alert and flashing light alarm to assist residents with hearing difficulties.

All fire safety equipment had been tested regularly. However, there were no fire doors in the centre.

Risk assessments were available, both environmental and individual. Individual risk assessments were in the personal plans of residents and included moving and handling, mobility and falls. A risk register was in place which included all identified risks, all of which were risk rated.

However, there was no risk assessment or management plan in place to mitigate the risk of staff working alone in the centre from early evening until the following morning. Residents did not have the ability to raise the alarm in the event of a staff member becoming ill.

There was a system in place for recording and reporting accidents and incidents. The recording form included a description of the event, a risk assessment and any control measures required to prevent recurrence. Copies of these forms were reviewed by the clinical nurse managers.

The centre was visibly clean, and the storage of cleaning equipment was appropriate. A regular hygiene checklist was maintained and an infection control audit had been conducted.

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):

This was the centre's first inspection by the Authority.

Findings:

The provider had put in place systems to promote the safeguarding of residents and to protect them from the risk of abuse, although there was some ambiguity in charges incurred by residents.

The inspector found that staff were knowledgeable in relation to types of abuse, recognising signs of abuse and their role in the safeguarding of residents. All staff had received training in the protection of vulnerable adults.

Residents were supported to have their own bank accounts, including the use of the automated cash machines. Personal money was safely stored in the centre, and a robust system of documenting and receipting all transactions was in place. Balances checked by the inspector were correct.

However there was a practice in place whereby when staff accompanied residents on outings, the cost of staff meals and snacks was covered by the household budget unless there was insufficient money left. In this case residents paid for the accompanying staff member out of their own money, including when a takeaway meal was ordered. While this charge for outings was referred to in the residents' contracts, it was applied inconsistently, and there was no mention of residents paying for staff takeaway meals.

Where residents had been assessed as requiring behaviour support some supports had been put in place. For example a dementia care nurse was involved, and the occupational therapist had done some work in providing alternative activities. Staff were aware of the triggers to episodes of challenging behaviour, and avoided these triggers as much as possible. However staff had not received training in behaviour support as required by the regulations.

Judgment:

Non Compliant - Moderate

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):

This was the centre's first inspection by the Authority.

Findings:

The person in charge was aware of any issues which require notification to the authority and all required notifications had been submitted appropriately

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

This was the centre's first inspection by the Authority.

Findings:

There were clear goals identified in personal plans in relation to maximising the potential of residents, as required by the regulations. Goals reviewed by the inspector included the use of technology, making personal phone calls and attending local community classes.

All the goals reviewed by the inspector had been broken down into steps and were either in progress or had been achieved.

There was evidence that appropriate steps had been taken towards ensuring a meaningful activities for each of the residents in accordance with their assessed needs. Preferred activities included cinema outings, meals out and community groups.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

This was the centre's first inspection by the Authority.

Findings:

There was evidence of a balanced and nutritious diet and of appropriate healthcare support.

Snacks and drinks were readily available and choice was facilitated in accordance with each resident's needs. For example, menu planning was discussed at the weekly residents' meeting. A picture menu book was available to assist residents to make choices. Where residents decided they did not want the meal that had been prepared, alternatives such as an omelette or a sandwich were offered.

Residents were supported to assist with meal preparation if they wished, to make a hot drink, and to bake bread and cakes.

A dietician had been involved in ensuring a balanced diet for one of the residents and the recommendations were clearly available in the kitchen.

Residents had access to other allied healthcare professionals in accordance to their assessed needs, for example a social worker, physiotherapist and occupational therapist. A record of all contacts with these professionals was maintained, and regular meetings of the multidisciplinary team were held.

In addition each resident had a general practitioner (GP), and an out of hours GP service was available if required.

All the healthcare needs reviewed by the inspector had been assessed and there was a detailed plan of care in place. Two of the residents had significant healthcare needs which had been completely resolved by the input of staff.

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):

This was the centre's first inspection by the Authority.

Findings:

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

Regular prescriptions contained all the information required by the regulations, and prescriptions for 'as required' (p.r.n.) included clear instructions to guide staff in the conditions under which they should be administered. There was also a detailed management plan in place for a particular prescription whereby the dose was regularly changed at short notice.

There were robust systems in place in relation to the ordering, receiving and storage of medications. Medications were managed by the use of blister packs. Staff had all received training in the safe administration of medications, and were knowledgeable about the medications residents were prescribed.

A system was in place to manage medication errors whereby they were recorded and reported to the nurse on call and to the clinical nurse manager. A medication audit had recently been introduced.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that the statement of purpose met the requirements of the Regulations. It accurately described the service provided in the centre and was kept under review.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that there was an appropriate management structure in place which supported the delivery of safe care and services, and that there was an appropriately skilled and qualified person in charge, however some improvements were required in the schedule of audits.

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

Some audits had been conducted, for example, a medication audit and health and safety audits. There was a weekly health and safety 'walk around', and actions required following these had been completed. There was one infection control audit report available on an audit which had been conducted in March 2016, which was not sufficiently regular given the level of infection control issues in the designated centre.

Some unannounced visits on behalf of the provider had been conducted, however they were not on a six monthly basis as required by the regulations.

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

Judgment:

Substantially Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

Findings:

The person in charge was aware of the requirement to notify HIQA of absences, and appropriate arrangements were available in the event of such an 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):

This was the centre's first inspection by the Authority.

Findings:

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

Judgment:
Compliant

Outcome 17: Workforce

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

Theme:
Responsive Workforce

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

This was the centre's first inspection by the Authority.

Findings:

The inspector found that there were appropriate staffing numbers and skill mix available to meet residents' needs within the layout of the designated centre. Staff were in receipt of up to date training in mandatory areas including fire safety, hand hygiene and safe administration of medications.

All staff engaged by the inspector were familiar with the needs of residents, for example, their communication needs and their healthcare needs, and all practices

observed were in accordance with the personal plans of residents. It was clear that staff, who had worked with residents for many years, had a strong and caring relationship with them.

A system of annual performance management was in place, and this process was overseen by the provider.

Judgment:
Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
All records to be kept in the designated centre in respect of each resident were in place, all the policies required under Schedule 5 were in place and the records required under Schedule 4 were available and were examined by the inspector.

All information was stored safely and was readily retrievable.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd
Centre ID:	OSV-0004031
Date of Inspection:	01 June 2016
Date of response:	02 July 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 06: Safe and suitable premises

Theme: Effective Services

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

The design and layout of the premises was not appropriate to accommodate a fourth resident.

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 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

The capacity of the centre has been reduced to three.

Proposed Timescale: 11/07/2016

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:

The risk of lone working had not been assessed or mitigated.

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:

The risk of lone working at night has been reassessed and a buddy system put in place.

Proposed Timescale: 11/07/2016

Theme: Effective Services

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

There were no fire doors in the centre.

3. Action Required:

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

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

The provider will have the centre assessed and fitted with fire doors

Proposed Timescale: 01/01/2017

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:

Staff were not trained in the management of behaviour.

4. 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:

Staff have been wait listed for training in behaviour support.

Proposed Timescale: 01/01/2017

Theme: Safe Services

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

Charges to residents for staff meals and snacks were inconsistent.

5. 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:

The service policy will be followed in relation to charges for staff meals & snacks. Takeaways will be paid for from house budget.

Proposed Timescale: 11/07/2016

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:

Unannounced visits were not conducted every six months.

6. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

Please state the actions you have taken or are planning to take:
Unannounced visits will be conducted every 6 months.

Proposed Timescale: 01/09/2016