

**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 Brothers of Charity Services South East
Centre ID:	OSV-0005109
Centre county:	Waterford
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Johanna Cooney
Lead inspector:	Noelene Dowling
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	8
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 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: 06 April 2016 09:30 To: 06 April 2016 20:00

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

Outcome 01: Residents Rights, Dignity and Consultation
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 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This was the first inspection of this centre which forms part of an organisation which has a number of designated centres in the region and others nationwide. The centre is not yet registered and this was a monitoring inspection to ascertain the provider's level of compliance with the regulations and standards.

The inspector observed practices and reviewed documentation including personal plans, medical records, accident and incident reports, and policies, procedures and staff files.

The inspector met with all residents and spoke with a number of residents who were able to communicate. Each of the three individual units was visited. The residents said they enjoyed the various activities and doing their various jobs, had good access to social life including going to the pub and the gym were learning skills and they could tell staff and the managers of any difficulties they had.

This centre is designed to provide long term care for nine adult residents, male and female of moderate to severe intellectual disability, autism and challenging behaviours. The centre is comprised of three individual houses located in a small

housing estate within easy access to the local town transport and all amenities. The person in charge stated that they intend to add a further unit to this centre and therefore their application for registration will be revised to include an additional three residents bringing the total number of beds to be registered to 11.

Overall judgements

This inspection found that the provider was in substantial compliance with the regulations which had positive outcomes for the residents with some improvements required. Good practice was observed in the following areas:

- governance systems were effective and robust (outcome 14)
- residents had good access to health care specialists (outcome 5)
- medication management systems were safe (outcome 12)
- complaints were well managed and effective,(outcome 1)
- safeguarding and management of safeguarding concerns

Some improvements were required in the following areas to improve the overall outcomes for residents;

- implementation of the personal aspirations for residents as outlined in the plans (outcome 5) which could impact on the quality of the residents life
- lack of suitable placement for one resident Outcome (5)
- fire safety management systems (outcome 7) which may have an adverse affect on the safety of the residents
- staff training and skill mix to manage behaviours resulting from complex diagnosis (outcome 8).

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013.

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:

This outcome was not reviewed in its entirety. The inspector noted that any complaints made were satisfactorily managed according to the policy and residents showed the inspector the "I'm Not Happy Card" which is one of the ways they can alert staff to issues. The resident was very happy with the outcome of a complaint made which had resulted in a move to a different house and a quieter environment which they were very happy with.

There was evidence that the residents' needs and expressed wishes informed changes to practice and that planning to ensure this occurred was a continuous development. The manner in which residents were addressed by staff was seen by the inspector to be respectful and supportive. Their personal space respected and each had their own personalised bedrooms. One of the residents held the key to their own bedroom. While no residents were self medicating and objective assessment had been undertaken to inform this decision.

A review of a sample of the records pertaining to resident's finances showed that they all had their own bank accounts but required significant support from staff to manage these. The records were detailed and there were auditing and monitoring systems evident. The inspector was informed that no residents were subject to legal, financial or personal protection orders at this time.

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:

The inspector was satisfied that, for the majority of the residents, the centre was suitable to meet their needs and that the personal plans were reviewed for effectiveness and outcomes.

However, from the records available and speaking with staff it was apparent that not all resident's assessed needs could be met in this community environment. The particular diagnoses and presenting behaviours which were found in the centre could not be supported in the centre given the current staff qualifications and expertise.

The inspector acknowledges the level of multidisciplinary interventions and the commitment of the provider demonstrated by a significant number of additional staff. While residents were enabled to achieve personal goals and wishes and carry on with a positive and meaningful routine, the mix of residents required review. The need for appropriate placement was identified by the person in charge and the inspector was informed that to a referral to another type of service was being considered.

From a review of a further sample of four personal plans and related documentation the inspector found that residents had comprehensive assessments of their health and psychosocial needs undertaken. These were reviewed annually or more frequently as required.

The personal plans which were reviewed demonstrated that there was a significant level of consultation and participation by residents and their representatives regarding their aspirations and life planning. Residents with whom the inspector spoke with confirmed this. There was very good access to multidisciplinary services including occupational therapy, physiotherapy psychiatric and psychology services. The personal plans were very person-centred and demonstrated a good understanding of and support for the residents across a range of domains including health, social inclusion, work, recreation and personal supports.

While it was evident that all significant decisions and goals had been acted upon and achieved and reviewed for effectiveness in some instances very basic personal aspirations for residents had not been archived but were simply repeated at each review. These included issues such as walking a dog or going to a drumming class. This was despite named persons being responsible for implementing the goals.

The reports prepared by staff for the annual reviews were very detailed and reflective of the resident's life during the year. While the annual reviews were multidisciplinary the records were brief and they were not followed by a cohesive revised plan. It was difficult to ascertain the required connection between the assessment, planning and review process. This documentary deficit was recognised by the person in charge who stated that a revised personal and support planning system was being introduced.

The residents social care needs were in other ways very well supported with a lot of meaningful activities of their own choosing taking place. They told the inspector of participating in the gym, horse riding football relaxation therapy and gardening, shopping and meeting family and friends.

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:

Systems for identifying and responding to risk were found to be proportionate and responsive with some improvements required in the provision of fire doors the units and review of fire drills undertaken at night. Fire safety management systems were found to be good overall with equipment including the fire alarm, extinguishers and emergency lighting installed and serviced quarterly and annually as required. The provider had made a significant investment in installing these systems. However, there were no fire doors installed in any areas to contain the spread of fire.

The inspector reviewed the fire safety register and saw that fire drills had been carried out quarterly and residents told the inspector about these and what they had to do. However in one instance a deep sleep fire drill had been undertaken and it was noted that the residents had not responded. This was also noted by the person in charge at audit. However the drill was not repeated to ensure the residents became familiar with the procedure. A deep sleep drill had not been undertaken in one unit in over twelve months.

Daily checks on the alarms and the exits were undertaken by staff. All exit doors had thumb locks to allow ease of egress.

There was a signed and current health and safety statement available. A number of safety audits of the environment and work practices had been undertaken and were updated regularly. The risk management policy complied with the regulations including the process for learning from and review of untoward events. The inspector found that the policy was implemented in practice.

There was a detailed emergency plan which contained all of the required information including arrangements for the interim accommodation of residents should this be required. Emergency phone numbers were readily available to the residents and staff.

The policy on infection control and the disposal of sharps was detailed. This was not an issue for the residents in this centre. Each unit had a suitably equipped first aid kit.

The risk register was centre specific and updated as risks were identified. Risks identified were pertinent and included environmental clinical and behavioural issues. There were controls in place to mitigate against these.

Each resident had a comprehensive individual risk assessment and management plan implemented for risks identified as pertinent to them. The detail and control measures identified were seen to be satisfactory and pertinent to the specific risk or level of risk. These included such items as house alarms, personal alarms for staff, additional staff support and supervision. Staff in another unit in close proximity were identified to respond to the need for immediate back up which was necessary in one of the units. Appropriate personal evacuation plans had been compiled for each resident.

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 inspector reviewed the policies and procedures for the prevention, detection and response to allegations of abuse and the protection of vulnerable adults. These policies reflected the most recent national requirements and staff spoken to were familiar with reporting procedures. The provider had a dedicated social work service.

There was a suitably qualified and experienced person nominated as the designated person to oversee any allegations of this nature. Records demonstrated that all current staff in the centre had received up to date training in the prevention of and response to abuse.

From a review of any such concerns raised the inspector found that the actions taken by the provider to investigate, provide support and safeguarding measures in place were robust and satisfactory. Such incidents are reviewed in conjunction with the social work and multidisciplinary team. There were safeguarding plans in place where these were required. The inspector also found that any unexplained changes in behaviour were noted and systems to investigate a possible reason for this were implemented.

The residents who could communicate with the inspector stated that they felt safe and could and would raise any issues of concern with the staff or person in charge.

There was regular access to managers for oversight of their care and safety and good recruitment procedures were in place. A small number of particular restrictive practices were used. These were found to be reviewed consistently by the multidisciplinary team although they were not reviewed by the rights committee. In one instance a resident's bag was checked daily, and while the original rationale was clear, there was no evidence of alternative or trial of removal of the restriction in a number of years.

There was CCTV installed in one of the units. This was located in the hallways, sitting and kitchen and landing. The monitor was located in the staff office. There were suitable signs and a strict protocol with regard to the management and viewing of these records.

Having reviewed the system, the rationale, protocol and usage of this system the inspector was satisfied in this context that this was an appropriate action which was a safeguarding mechanism for both the resident and staff. Families and the residents were fully aware of its use and its purpose. It was also used as part of the behaviour support system for a resident.

Behaviours that challenge were managed with the support of the psychology and psychiatric department and behaviour support service. The records available indicated that staff had training in challenging behaviours and in the use of MAPA (a system for the management of behaviours). There were detailed behaviour support plans in place which demonstrated understanding and support for the resident. They were also supported to manage and understand their own behaviours. One resident explained about the use of a bell to the inspector, what this was for and how it helped the resident to manage their behaviour. It was also explained by a resident how changes to their behaviour had resulted in the achievement of goals such as time spent independently outside of the centre.

A significant increase in resources primarily staffing had been made available in order to support a resident with significant behavioural problems. There was evidence of frequent multidisciplinary involvement and regular review of the resident's care and behaviour support needs. Further aspects of this have been actioned and discussed under outcome 5 social care needs.

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

Findings:
A review of the accident and incident logs, resident's records and notifications forwarded to the HIQA, demonstrated that the person in charge was in compliance with requirement to forward the required notifications to the Authority. All incidents were found to be reviewed internally.

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:
The inspector found evidence that resident's healthcare needs were very well supported. A local general practitioner (GP) service or their own GP was responsible for the healthcare of residents and records and interviews indicated that there was frequent and prompt and timely access to this service.

Some of the residents who spoke with the inspector had a good understanding of their own health care needs and told the inspector of these. There was evidence from documents, interviews and observation that a range of allied health services was available and accessed promptly in accordance with the residents' needs. These included occupational therapy, physiotherapy, and neurology, psychiatric and psychological services most of which were available internally. Chiropody, dentistry and ophthalmic reviews were also attended regularly.

Healthcare related treatments and interventions and plans were detailed and staff were aware of these. The inspector saw evidence of health promotion and monitoring with regular tests, vaccinations and interventions to manage both routine health issues and specific issues such as diabetes. The documentation indicated that all aspects of the resident's healthcare and complexity of need was monitored and reviewed.

Nutrition and weights were monitored and they were encouraged with healthy eating plans and support from staff. They prepared their meals with the assistance of staff according to their own ability. Inspectors were informed that if a resident was admitted to acute services staff were made available to remain with them and this had occurred where a resident underwent a procedure.

End of life care was not reviewed on this inspection.

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:

The policy on the management of medication was centre-specific and in line with legislation and guidelines. Systems for the receipt of, management, administration, storage and accounting for controlled drugs were satisfactory if required. There were appropriate documented procedures for the handling, disposal of and return of medication.

The inspector saw evidence that medication was reviewed regularly by both the residents GP and the prescribing psychiatric service. Potential risks or side effects were

carefully monitored and were known by staff. There was data provided to staff to ensure they were familiar with the nature and purpose of the medications.

Medication was safely stored and there were systems for checking in and receipt of medication. Regular audits of medication administration was undertaken. Where a medication incident and taken place this was managed and remedial actions taken to prevent a reoccurrence.

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 statement of purpose required some minor amendments to ensure it was compliant with the requirements to reflect the proposed changes to the centres numbers of units and residents which the provider had outlined to the inspector. It was agreed that that this would be forwarded as part of the revised application for registration. It was currently compliant.

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 the governance arrangements were effective to ensure the safe effective delivery of care. There were clear governance and reporting structures in place. Staff and the residents were very familiar with the management structure and this was apparent from speaking with the residents.

There were suitable systems in place to govern and promote accountability. Significant work had been undertaken to ensure compliance with the regulations and the registration process.

The local management team included the regional services manager, human resources, social work and psychology department, training and quality manager. The provider nominee had commissioned an unannounced visit to the centre in 2016 and two had taken place in 2015.

The visit for 2016 was very detailed and covered pertinent issues such as the adequacy of resident's plans and reviews, resident's rights, restrictive practices, fire and safety procedures. Remedial actions were identified.

The annual report for 2015 had been compiled. However, it required further detail to ensure it was reflective of the quality and safety of care. For example, it did not reference the significant incidents and behaviour supports which were a feature of the service provision during the year. It was not apparent how the views of relatives and residents had been ascertained. However following discussion with the person in charge the comprehensive unannounced visits and resident views and auditing systems would provide information for a more comprehensive report for 2016.

There was evidence of learning and review from accidents and incidents. Aside from these visits the inspector was informed and residents confirmed that there was regular management presence in the centre. The inspector was satisfied that these systems provided an overview of the delivery of care and were an ongoing developmental process.

The residential team leader who is responsible for the day to day operational aspects of this centre explained how she worked outside of office hours to ensure that she had an opportunity to call to the centre, meet the residents and overview practice. The person appointed to the position of person in charge of this centre had relevant qualifications and extensive experience as service manager and then as person in charge since 2013. He had continued professional development in health management and had also undergone all mandatory training.

There was a satisfactory day and night time on-call system in place and staff confirmed that this was effective and responsive. It was apparent to the inspector that residents were very familiar with the person in charge and the team leader.

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:

Improvements were necessary in the skill mix of staff to provide care to all of the current residents.

It was apparent from the type and number of incidents which had and were still occurring in one of the units and the reports of the clinicians involved that the team did not have the skill mix to support all of the residents complex needs. This is despite the significant level of staff commitment and the supports available in this situation from the multidisciplinary team, the person in charge, and the team leader. The inspector was informed that some training pertinent to this particular situation had been discussed but had not been implemented. The situation was acknowledged by the management team. The findings overall indicate that, for the majority of the residents, the staff group had the skill and competencies to provide the care needed and demonstrated a commitment to doing so.

There was a commitment evident to the ongoing mandatory training including manual handling, fire and safeguarding and all staff had training in challenging behaviours and some had training in the use of sign language to ensure good communication with the residents.

All of the residents were assessed as not requiring fulltime nursing care and staff were in the main trained in social care or FETAC. The provider had made a significant commitment to the provision of additional staff to provide two to one support where necessary.

There was a centre-specific policy on recruitment and selection of staff. There was a detailed induction programme and a staff supervision/ appraisal system implemented by the person in charge and the residential team leader. Due to administrative issues the inspector was able to access only one personal file and none of the supervision records. The file seen did hold the required documents.

There was evidence however that where any issues arose regarding staff behaviour appropriate actions were taken to address them.

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:

Noelene Dowling
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 Brothers of Charity Services South East
Centre ID:	OSV-0005109
Date of Inspection:	06 April 2016
Date of response:	17 June 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 Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

To ensure that all resident's assessed needs can be met within the centre.

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 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

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

It has been established that the assessed needs of one individual could not be met within the designated centre and arrangements have been made for the transfer of that individual to a more appropriate location.

Proposed Timescale: 17/06/2016

Theme: Effective Services

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

Personal plan reviews did not sufficiently ensure that the plans made were implemented and the resident's desired outcome achieved.

2. Action Required:

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

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

A review of all assessments culminating in Personal plans and their objectives will be undertaken so that all objectives are brought to a conclusion. Comprehensive records will be kept on these assessments, plans and outcomes so that they are congruent.

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:

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:

As soon as the Fire Regulations for homes for people with disabilities are published we will ensure that an assessment is carried out. In the meantime we will put in place Fire doors to protect Fire Producing areas from the bedroom areas.

Proposed Timescale: 31/07/2016

Theme: Effective Services

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

Fire drills were not undertaken in a manner so as to ensure that residents were aware of what to do and that staff were aware of the supports required for resident at night time.

4. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

In addition to regular Fire Drills we will ensure that all premises have at least one deep sleep Fire Drill each year. Ongoing training will be completed with residents and staff so as to effect safe egress from the house in case of fire.

Proposed Timescale: 31/07/2016

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:

Alternatives to and trial period for the removal of restrictions were not consistently implemented and the rights committee did not review such procedures to ensure they remained necessary.

5. 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:

Reviews by the Rights Committee have already been completed and the Multidisciplinary Team will work on step back approach to any remaining restrictions.

Proposed Timescale: 31/07/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

The skill mix of staff was not appropriate to the current needs of all of the residents.

6. 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:

A review of Service provision has been effected and the skill mix required to deliver effective services are now in place.

Proposed Timescale: 10/05/2016