

**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-0005116
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:	Julie Pryce
Support inspector(s):	
Type of inspection	Announced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	1

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:
17 February 2016 10:00	17 February 2016 18:30
18 February 2016 09:30	18 February 2016 13:30

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 inspection of a community based designated centre operated by Brothers of Charity South East was conducted in response to an application from the provider to register the centre under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities 2013).

During the inspection the inspector met with management, residents and staff members, observed practice and reviewed documentation such as personal plans, medical records, accident and incident records, meeting minutes, policies and procedures and staff training records.

The inspector was satisfied that a high standard of care and support was offered to residents, and this was evidenced by appropriate and varied activities for residents, and in the steps taken to ensure that their voices were heard. The centre achieved compliance with the Regulations in 14 of the 18 outcomes. Some improvements were required in the management of documentation and in fire safety. These issues are discussed in the body of the report and 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 or allegations. 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. There were no current complaints, although an appropriate log of any complaints was available.

The inspector found that there was an ethos of promoting rights for residents, for example, there was an individual rights assessment in each resident's personal plan, and a further section relating to rights was documented in the plan. Residents who chose to vote were being supported to do so. There was a rights committee to which referrals could be made, and from which recommendations would be made, and one of the residents of the centre had been invited to join this committee. There had currently been no rights restrictions identified in the centre, and the person in charge could clearly describe what might constitute a rights restriction.

There was a named advocate available to residents if required, and the organisation had an advocacy department and a named advocacy officer. One of the residents of the centre was a member of a regional and a national advocacy group.

There was clear evidence of residents being offered choice, for example residents' choice of whether or not to have a personal plan was recorded, as was their choice in relation to support from a volunteer.

Residents dignity and privacy was respected, for example one of the residents preferred to keep his room private, and this was respected.

Regular residents' meetings were held, and the discussion included events of the week, menu planning and a safety topic such as road safety. The meetings folder contained a series of pictures to assist residents with understanding the discussions.

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:

Each resident had a 'communication profile in their personal plan which outlined the best methods of communication for each resident. Information about the communicative function of some behaviours was included. Staff were knowledgeable in relation to the ways in which individuals communicated, and all interactions observed by the inspector were appropriate, respectful and caring.

A speech and language therapist was available for those residents who required this input. Accessible versions of various pieces of information had been prepared to assist residents' understanding. For example, a draft of an accessible version of the annual review of quality and safety of care and support had been prepared and was being reviewed by the regional advocacy group. Residents had access to media including internet, tv, phones and skyping.

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. Friends of residents from a nearby community home were frequent visitors to the house.

Residents had been supported to forge and maintain links with the local community in accordance with their wishes and assessed needs. For example, the community gardai had been involved in education around road safety. Residents regularly used community facilities, including banks, restaurants and leisure centres.

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:

There were policies and procedures in place to guide the admissions process, which included guidance relating to the suitability of a proposed placement to all stakeholders.

Written service agreements were in place which outlined the services provided to resident and the charges incurred, and which was available to residents in an accessible version.

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, however, improvements were required in the retrievability of information.

Assessments of need and personal plans were in place for each resident, beginning with personal details, including family information, interests and preferences and some information in relation to personal care. There was also a detailed person centred assessment including areas such as safety, upholding of rights and healthcare needs.

Plans were in place in relation to the assessed needs of residents, for example, in relation to personal care. However, information relating to this issue was in three different places in the file of one resident and was difficult to locate. Each of the three documents contained some information relating to the assessed need, but no one document contained all the relevant material. This is further discussed under outcome 18.

There were annual 'circle of support' meetings held for each resident at which their personal plans were reviewed, and regular multi disciplinary team meetings at which the assessed needs of residents were discussed.

Goals had been set for some of the residents, and these goals had then been broken down into smaller steps to support achievement. Interventions towards reaching these goals were recorded. An accessible version of safeguarding issues was available in the personal plan for one of the residents who required support.

There was evidence of consent to involvement in the personal planning, for example one resident had chosen not to have a PCP, and this was recorded.

There was evidence that appropriate steps had been taken towards ensuring a meaningful day for each of the residents in accordance with their assessed needs. For example, one resident was involved in a local day service which had recently moved to temporary premises at which the resident was much happier. This had been discussed at the review meeting and options were being sought for when the service moved back to the original premises.

Preferred activities were identified for each of the residents, including horse riding, playing musical instruments and involvement in a local 'silent choir'.

Various leisure activities were facilitated for residents, including outings, shopping trips, walks and meals out. Where residents chose home based activities this was also facilitated.

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 physical environment met the needs of the residents. The designated centre comprised two community houses, accommodating seven residents in total.

One of the houses was a two bedroom house, one of the resident's rooms was ensuite, and there were two further bathrooms. There was a kitchen /dining area with a utility room off the kitchen, and a comfortable living room. The back garden was enclosed and there was parking to the front.

The second house had three bedrooms upstairs, one of which was ensuite, and a further family bathroom. Downstairs was a further bedroom and shower room. There was a kitchen /dining area with a utility room off the kitchen, a comfortable living room and a music room. There was a large enclosed back garden including a patio area and there was parking to the front.

There were adequate private and communal areas, including functional outside spaces, and residents had sufficient storage room.

Judgment:
Compliant

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 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 the staff and fire drills had been conducted every quarter, including night time fire drills. 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. All fire safety equipment had been tested regularly. However, there were no fire doors in the centre, and the fire panel in one of the houses was high up on the kitchen wall, and required the use of a step ladder to see it. This did not facilitate safe practice.

Risk assessments were available, both environmental and individual. A risk checklist had been developed for each resident, and areas of risk had then been risk assessed. For example, there were risk assessments in place in relation to road safety, self injurious behaviour and smoking. There was a risk policy in place in sufficient detail as to guide staff.

The centre was visibly clean, and the storage of cleaning equipment was appropriate. Staff could describe the precautions they were currently taking in relation to an infection control matter.

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 some improvements were required in the management of residents' personal monies.

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. There was a safeguarding plan in place for any resident who could not easily communicate their safeguarding needs, and for those with identified safeguarding needs.

Where particular safeguarding issues were identified, a thorough assessment and management plan had been developed, for example, in relation to opening the door to strangers for one resident.

Where residents had been assessed as requiring behaviour support there was a clear behaviour support plan in place which had been developed in conjunction with the psychologist. These plans included detailed assessments of behaviours and triggers, and clear plans in relation to both the management and the reduction of the occurrence of behaviours. Implementation of these plans was documented.

There were money management plans in place for those residents who required support in this area. Each resident had their own bank account. Transactions were signed and receipts kept, and balances checked by the inspector were correct. However, amounts of money were sent with some residents to their day service, and there was no record of receipt of this money on several occasions, or any documentation as to how the money had been spent. In addition, whilst staff reported that balances of all residents' money was checked on a daily basis, this was only sporadically recorded.

Intimate care plans were in place for those residents who required support in this area. The plans were detailed, and an accessible version had been developed to aid understanding.

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:

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 included skills building, such as independent management of finances, and were broken down into smaller steps. For example the goal of horse riding for one resident had been broken down into steps, including the resolution of healthcare needs, and the first steps towards this goal had been implemented.

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 music, lunch outings and visits to and from friends.

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. Pictures of the day's menu were used on the kitchen notice board.

Residents had access to allied healthcare professionals in accordance to their assessed needs, for example, the speech and language therapist and the dietician. There was evidence of their recommendations being followed, for example in the care plan and practice relating to swallow for one of the residents.

In addition each resident had a General Practitioner (GP), and an out of hours GP service was available if required. Records of engagement with allied healthcare professionals were maintained, and there was evidence of their recommendations being followed, and being documented in personal plans.

Health assessments had been conducted on all residents, and healthcare plans were in place for all their assessed needs of residents. For example, plans were in place in relation to diabetes. In addition, guidance was put in place in relation to any changing or acute conditions, for example, for an infectious disease in the centre.

Health promotion activities were in place, for example there was a health promotion plan in place for a resident who smokes.

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 were in place in relation to the safe management of medications, however some improvement was required in the guidance for the use of 'as required' (PRN) medications.

Regular prescriptions contained all the information required by the regulations, and prescriptions for some PRN medications included clear instructions relating to the conditions under which they should be administered. However, there was no guidance in place for three PRN prescriptions for one resident.

An individual medication management plan was in place for each resident, and these included pictures where this would support the understanding of residents.

Systems were in place to ensure the safe ordering and receipt of medications. Medications were stored appropriately, regular stock checks took place and stock reviewed by the inspector was correct.

Staff had all received training in the safe administration of medications. All staff engaged by the inspector could outline each residents' administration requirements, and displayed knowledge of all the medications prescribed in the centre

Judgment:
Substantially 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.

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.

Audits had been conducted, for example, medication audits and health and safety audits. Six monthly unannounced visits on behalf of the provider had been conducted as required by the regulations, and a report of these visits was available. The reports included an action plan with responsible people being identified, and these agreed actions were monitored. Those examined by the inspector had been implemented.

A detailed annual review of the quality and safety of care and support had been developed. Information in this document included a summary of audits, fire drills and unannounced visits. Other aspects included family visits, social care of residents and staff training. Information gathered from residents' 'I'm not happy' system was included.

The person in charge of the centre was suitably qualified and experienced. She was knowledgeable regarding the requirements of the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities. 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. She was supported by a residential team leader with a practice development role.

Judgment:

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 the Authority 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 were vehicles available at each of the homes in accordance with 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, and in areas of specific needs of particular to the residents including lamh and the management of challenging behaviour.

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 best practice and in accordance with the personal plans of residents.

A sample of staff files examined by the inspector included all the information required by the regulations. There were some volunteers involved in the centre, and a sample of files relating to these volunteers also contained all the information required by the Regulations.

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.

However, not all information was easily retrievable, and, as discussed under Outcome 5, some of the information which should have been readily available to staff took considerable time to locate.

Judgment:

Substantially 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 Brothers of Charity Services South East
Centre ID:	OSV-0005116
Date of Inspection:	17 February 2016
Date of response:	15 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 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 not adequate arrangements for detecting and containing fire.

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 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 Registered provider will

- Relocate the fire alarm system in one house in this designated centre to a more suitable and accessible location.
- Following publication of Fire Regulations for designated centres for people with disabilities full compliance will be adhered to. In the interim fire doors will be installed as to compartmentalise the kitchen from the rest of the centre.

Proposed Timescale: 30/05/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Systems for managing residents' personal money were not adequate to safeguard them.

2. 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 Registered provider will

- Advocate and implement a system with day services to account for monies spent on activities including signing for monies received and returned
- Staff will sign that monies have been checked daily using the wording 'checked by'.

Proposed Timescale: 30/04/2016

Outcome 12. Medication Management

Theme: Health and Development

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

Guidance in relation to some PRN medications was not in place.

3. Action Required:

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

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

The Registered provider will

- Create protocols giving clear guidance on the administration agreed uses of prescribed PRN medication (e.g. Paracetamol; Exputex; Nurofen).

Proposed Timescale: 30/04/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

Not all records relating to residents were readily available to the inspector.

4. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

The Registered provider will

- Review the current file management system.
- Create a user friendly index to support the retrieval of information
- Adjust the file inserts to support the easy retrieval of information.

Proposed Timescale: 30/04/2016