

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	The Coachouse
Centre ID:	OSV-0002419
Centre county:	Meath
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Dundas Ltd
Provider Nominee:	Jenny Walton
Lead inspector:	Julie Pryce
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	5
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:
26 October 2016 10:30	26 October 2016 19:00
27 October 2016 10:00	27 October 2016 18:30

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 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 met with four residents. Some of the residents told the inspector that they were happy living in the designated centre, and that they were supported to be as independent as possible. The inspector also met with staff members, managers and the person in charge. The inspector observed practices and reviewed documentation such as personal plans, medical records,

accident logs, policies and procedures and staff files.

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 spacious two storey house on the campus of the organisation, but within easy access of the local village.

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, and that there was an ethos of maintaining and developing independence for residents.

The inspector was satisfied that the provider had put system in place to ensure that the regulations were being met. The provider and person in charge demonstrated adequate knowledgeable and competence during the inspection and the inspector was satisfied that both were fit persons to participate in the management of the centre. This resulted in positive experiences for residents.

Good practice was identified in areas such as:

- Residents were facilitated to communicate (Outcome 2)
- Relationships with family and friends were supported and encouraged (Outcome 3)
- Residents had a meaningful day in accordance with their needs and preferences (Outcome 5)
- There were measures in place to protect and safeguard residents. (Outcome 8)
- Staff were available to provide appropriate care and support for residents (Outcome 17)
- Residents were supported to set and reach goals towards maximising their potential (Outcome 10)

Areas which required improvement were:

- The provision of fire doors. (outcome 7)

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):

Findings:

There were structures in place relating to the management of complaints, in ensuring consultation with residents and in upholding their rights.

The inspector found that residents were consulted with in relation to their care and the day to day running of the centre. Weekly residents' meetings were held, and issues including activities, menus and the protection of vulnerable adults were discussed at these meetings. There was a local advocacy group, and all residents were members. Some residents were active in this group and attended regular meetings.

There was a rights review committee in place in the organisation to ensure any rights restrictions were monitored and reviewed on a regular basis. An identified rights restriction had been referred to this committee who had reviewed it and were continuing to monitor it.

The inspector reviewed the complaints policy and procedure and found that it was in line with the regulations. An easy read version of the procedure was in place and on display in the centre, this was also outlined in the statement of purpose and residents' guide. The inspector reviewed the complaints log and found that while there were very few complaints, a complaint earlier in the year had been addressed appropriately there was a record of whether the complainant was satisfied with the outcome. A record was also kept of any compliments received.

Residents' consent was sought for various aspects of daily life. For example, consent forms were in place in relation to the management of personal finances. Residents'

consent had been sought prior to the inspection for the inspector to review documentation and to visit areas of residents' home.

There was an ethos of respecting the privacy of residents. Each resident had keys to the front door and to their own rooms. An inventory was maintained of residents' possessions, and some of the residents had prepared this themselves.

Residents appeared to be happy in their homes, and one resident told the inspector that they were the happiest they had ever been living there.

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):

No actions were required from the previous inspection.

Findings:

Most residents could communicate freely, and all residents were supported and encouraged to communicate in accordance with their needs and preferences. Information was readily available to residents.

Where residents required support with communication there were communication passports in place. Aids to communication such as pictorial schedules and symbols were in use. Residents were observed to use these systems during the course of the inspection.

Residents had access to computers and devices with internet access if they chose to use them. There were TVs in the house and residents had access to the phone.

Accessible versions of various pieces of information were available to residents, including the HIQA Standards, and the organisation's complaints policy. Minutes of residents' meetings were available in an easy read version, and each resident had an accessible version of their personal plan.

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):

No actions were required from the previous inspection.

Findings:

Close links were maintained with the significant others of residents. Contacts and visits were regular, and staff provided support to family and friends as well as to residents.

For example, staff had visited the home where one of the residents spent a significant amount of time to provide guidance in relation to a particular healthcare issue. Records were kept of contacts and visits, and all significant relationships were supported by staff.

Residents were involved in various aspects of community life. For example, residents attended a local college, sports clubs and community ventures. Local amenities including pubs, restaurants and the post office were regularly used by residents. An activity tracker was maintained of all residents' activities.

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):

No actions were required from the previous inspection.

Findings:

There was a transparent criteria for admission outlined in the statement of purpose and relevant policies in relation to admission. There was an admissions policy, transitions and transfer policy and discharge policy in place. At the time of the inspection no admissions were expected.

Written agreements were in place for each resident in the centre which outlined the services and facilities on offer and the care that would be provided.

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):

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

Findings:

There were personal plans in place for each resident in and residents were involved in this process. However not all the plans were in sufficient detail as to guide practice.

Each personal plan began with an assessment of the resident which was detailed in relation to various aspects of residents' lives including activities of daily living, safety and the promotion of independence. There were assessments in place relating to dependency needs, falls, moving and handling and social care needs. As further discussed under outcome 11, there were also assessments in place in relation to any healthcare needs.

Goals had been set for each resident in relation to their assessed needs, and these goals had been further broken down into smaller steps to support their gradual progress. One of the residents told the inspector about their goals, and what they had achieved so far.

Whilst there was some information in place in relation to all aspects of daily life, some of the guidance was either vague or misleading. For example, 'supplemental oxygen in case of exacerbation' and 'encourage regular exercise'. There was no further information as to what exactly was expected, and no record maintained of the implementation of some of these instructions on which to base a meaningful review.

Personal plans were reviewed and evaluated regularly, and progress towards goals was documented. In addition to formal reviews a monthly key worker update was recorded, and the involvement of residents was recorded.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

The designated centre was a spacious two storey house on the campus of the organisation. There were sufficient communal and private areas to meet the needs of residents.

Each resident had their own bedroom and each was personally decorated in accordance with the preferences of residents. There were sufficient bathrooms to meet the needs of residents. There was a living room, a dining room, a domestic kitchen and a laundry room. There was a functional outside space.

Whilst the centre was on the campus of the organisation, it was in close proximity to the local village, and residents availed of the local amenities.

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):

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

Findings:

There were systems in place to ensure fire safety for the most part, with the exception of required fire doors, and any accidents and incidents were followed up appropriately.

There were fire detection and alarm systems in place, emergency lighting and fire

fighting equipment. These systems and equipment were checked and serviced periodically by a professional and records were maintained. There were clearly defined exit points, and there were appropriate checks including daily checks of escape routes and alarm systems. There was a written personal evacuation plan for each resident, and a summary of pertinent points maintained in a fire safety folder. Residents had all attended fire training. Clear records of fire drills undertaken and response times were maintained. Staff had all received training in fire safety and all staff engaged by the inspector could describe fire safety procedures. However, there were no fire doors in place in the designated centre. Plans were submitted to the inspector which would address this on a phased basis.

There was a risk management policy in place which included all the requirements of the regulations. A risk register was in place for the centre which included the identification and risk management guidance for risks such as lone working, medication management and food safety. Individual risk assessments for residents were in place which detailed control measures, for example relating to particular social activities, and to behaviours of concern. However the risk assessment relating to smoking for one of the residents did not include all the control measures, and some of those control measures documented had not been implemented. This was rectified during the course of the inspection.

Accidents and incidents were recorded in detail, and these records outlined further control measures required to ensure safety for individual residents. All incidents reviewed by the inspector had been followed up and learning had been identified.

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):

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

Findings:

The provider had ensured that there were measures in place to protect and safeguard residents, and behaviours of concern were positively supported.

There were behaviour support plans in place for all residents who required this support.

These plans included thorough assessments and detailed guidance in relation to reducing the frequency of behaviours of concern and in managing any incidents. All staff engaged by the inspector were aware of the contents of these plans. The inspector observed the implementation of behaviour support plans during the course of the inspection.

All staff had received training both in the protection of vulnerable adults and in the management of behaviours of concern, and protection was discussed at residents' meetings. There was evidence of clear processes in place in the event of any allegations of abuse.

There were currently no restrictive practices identified in the designated centre. Where staff considered that there might be a restrictive element to an intervention, this had been referred to the rights committee, and the intervention was only implemented with the consent of the resident.

There were robust systems in place in relation to residents' personal monies where residents did not manage their money independently. Any resident who was assisted by staff had requested this assistance and transactions were managed jointly. Transactions were recorded and signed, and receipts were maintained. Each resident's personal balance was regularly checked and the balance recorded.

Judgment:
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):

No actions were required from the previous inspection.

Findings:

All required notifications to HIQA had been submitted within the required timeframes

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):

No actions were required from the previous inspection.

Findings:

Residents were supported in various employment and educational goals. One resident was attending college and undertaking a FETAC course, and another was employed by the organisation with a view to increasing skills to enable them to find independent employment.

All residents had appropriate goals set in accordance with their abilities and preferences, and were supported by staff towards achieving these goals. These included the safe management of social occasions, and increasing independence away from the designated centre. Residents told the inspector that they felt supported in this increasing independence.

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):

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

Findings:

Residents' healthcare needs were being met, and a nutritional and balanced diet was offered in accordance with the preferences of residents.

Residents had access to various members of the multidisciplinary team (MDT), including speech and language, neurology and psychiatry. Each resident had a general practitioner, and there was an out-of-hours service available. The recommendations of these healthcare professionals were being followed, staff were knowledgeable about them, and the inspector observed them in practice during the course of the inspection.

All healthcare needs reviewed by the inspector had plans of care in place to provide guidance to staff, however as discussed under outcome 5 this guidance was inadequate

in some cases.

Residents were involved in menu planning, initially at the weekly residents' meetings, and then on a daily basis at mealtimes. Those residents with communication needs were supported to make choices, for example by the use of pictures. Residents were supported to be involved in the preparation of meals in accordance with their ability and preference.

Mealtimes were observed by the inspector to be social occasions, residents were involved in the preparation of meals and drinks, and residents and staff had their meals together.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

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

Both regular prescriptions and prescriptions for 'as required' (p.r.n.) medications contained all the information required by the regulations.

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 this training was completed with five competency based assessments. This training was regularly updated, and a further two competency assessments were required.

Medications were stored securely, and stock was checked regularly and stock balances clearly recorded. Stock checked by the inspector was correct.

There were appropriate practices and recording in place in relation to the administration of medication, including the maintenance of a signature bank.

Medication errors were managed through the accident and incident process. There was a regular internal audit, and in addition audits were undertaken by the pharmacist.

These audits resulted in action plans, and all those agreed actions examined by the inspector had been implemented.

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):

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

Findings:

There was a statement of purpose in place which accurately described the service provided as required by the regulations.

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):

No actions were required from the previous inspection.

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 at the time of the inspection.

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, for example an audit of personal plans had been introduced and policies and procedures were now signed by staff.

There was also a system of management team meetings, including a policy, training and development group, a risk management team and a senior management team.

There were staff communication systems in place, including a shift handover and a meeting between the shift leader and the person in charge or their deputy every morning.

A suite of audits was in place, and a schedule for conducting each of these audits had been developed. Audits included finance, medication management, health and safety and audits of personal plans. These audits resulted in the identification of required actions and those actions reviewed by the inspectors had been implemented.

An annual review and six monthly unannounced visits on behalf of the provider had been conducted as required by the regulations. These visits resulted in action plans, and these actions were monitored. Appropriate changes had been made based on these action plans, for example new contracts of care were in place, and some maintenance issues had been addressed.

A system of performance management was in place in the centre, whereby a review of performance was conducted annually, with a six monthly follow up.

The person in charge was suitably qualified, skilled 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, and had introduced some improvements in practice. She was clear about her roles and responsibilities and provided evidence of continuing professional development.

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):

No actions were required from the previous inspection.

Findings:

The person in charge was aware of the circumstances which required notification to HIQA. No absences were expected, and there were appropriate deputising arrangements available in the event of any 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):

No actions were required from the previous inspection.

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):

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

Findings:

Staffing levels and skills mix were appropriate to the needs of residents, including both healthcare needs and social needs.

Staff training records were reviewed by the inspector, and all required staff training was up to date. All staff had received training in areas such as positive behaviour support, communication and goal setting. In addition the three identified team leaders had undergone training appropriate to the role, and this was followed up by the person in charge.

Staff files were reviewed by the inspector and found to contain all the information required by the regulations. A staff performance management system was in place.

Continuity of staff was managed by the rostering of permanent staff or other staff in the organisation who were known to residents, and there was an emphasis on consistency due to the particular needs of residents.

Staff engaged by the inspector were knowledgeable about the individual care needs of each resident, including their goals and their communication needs. Interactions observed by the inspector between residents and staff were appropriate to the assessed needs of the residents, and appeared to be both respectful and caring. One of the residents told the inspector that the staff were like their family.

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):

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

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 Dundas Ltd
Centre ID:	OSV-0002419
Date of Inspection:	26 and 27 October 2016
Date of response:	10 January 2017

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:

Guidance in personal plans and recording of implementation were insufficient to facilitate effective monitoring of effectiveness.

1. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan

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

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:

Specific needs for personal plans have been reviewed and now reflect the effectiveness of each plan. Care plans are audited on a quarterly basis to ensure effectiveness of same.

Proposed Timescale: 31/01/2017

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 designated centre.

2. 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:

A fire door is being fitted on the doorway going into the utility room this will be complete by 31st January 2017. Doors will be replaced with fire doors in the Coachouse by the end of 2018 on a phased basis.

Proposed Timescale: 31/12/2018