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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Logan House</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003468</td>
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<tr>
<td>Centre county:</td>
<td>Galway</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>RehabCare</td>
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<tr>
<td>Provider Nominee:</td>
<td>Rachael Thurlby</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Catherine Glynn</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>7</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>2</td>
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**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 compliance with National Standards. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
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<tr>
<td>12 January 2017 09:00</td>
<td>12 January 2017 19:30</td>
</tr>
<tr>
<td>23 January 2017 12:00</td>
<td>23 January 2017 15:00</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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</thead>
<tbody>
<tr>
<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
</tr>
<tr>
<td>Outcome 05: Social Care Needs</td>
</tr>
<tr>
<td>Outcome 06: Safe and suitable premises</td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 08: Safeguarding and Safety</td>
</tr>
<tr>
<td>Outcome 09: Notification of Incidents</td>
</tr>
<tr>
<td>Outcome 11: Healthcare Needs</td>
</tr>
<tr>
<td>Outcome 12: Medication Management</td>
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<tr>
<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 17: Workforce</td>
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Summary of findings from this inspection

Background to inspection:
This inspection was carried out to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013. The previous inspections of this centre took place on September 2015 and April 2015. As part of this inspection, the inspector reviewed 12 outcomes. The outcomes from the two previous inspections had resulted in a good level of compliance, however on this inspection the inspector found a deterioration of compliance in a number of outcomes, with continued non-compliance in governance and management. However the inspector found good practice and continued compliance with regards to social care needs and healthcare needs. The inspection was conducted over two days, the 12 of January and the 23 of January 2017.

How we gathered our evidence:
As part of the inspection, the inspector met with four residents. The inspector observed that residents' bedrooms were individually decorated with personal
photographs of family and friends. The inspector met with five staff, including the person in charge and a person participating in management of the centre. The inspector observed interactions between residents and staff and work practices. Documentation such as personal plans, risk assessments, medication records, healthcare plans and emergency planning, within the centre, were also reviewed. The inspector also completed a walk around of all areas of the service.

Description of Service:
The provider must produce a document called the statement of purpose that explains the service they provide. The inspector found that the service described reflected the service being delivered at the time of inspection. The designated centre was located in a large town and had access to public transport such as buses, taxis and trains. The centre also provided transport to access the local community. The designated centre was a two storey dwelling, that comprised of five apartments. This service had a capacity for nine residents, who required support with conditions such as acquired brain injury, physical disabilities and intellectual disability. Residents were provided with community outreach support to further enable and enhance their day to day living.

Overall Judgment of our findings:
On this inspection the inspector found that the provider had put systems in place that promoted the best possible health for residents and supported residents to access employment. Contact with families was actively promoted within the centre. Of the twelve outcomes inspected, two were found to be compliant, three were substantially compliant, two in moderate non-compliance and five outcomes were found to be in major non-compliance relating to governance and management, health and safety, premises, safeguarding and notifications. Further improvement was also required in personal plans, medication management and documentation.

The findings are further outlined in the body of the report and the actions required are detailed at the end of the report.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 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):
No actions were required from the previous inspection.

Findings:
On this inspection, the inspector found that residents were consulted about how the designated centre was planned and run. However the inspector found that improvement was required in the management of complaints.

The inspector reviewed personal and intimate care plans contained in the residents' personal plans. These documents guided and informed staff about the care and support needs of all the residents. The plans set out how the residents support needs would be met in the centre and included, where required, assessments by occupational therapy staff.

Advocacy services were readily available to all of the residents. There was a nominated person on display with the relevant contact details listed. In addition, the confidential recipient was also displayed in the centre. On review of personal plans, the inspector saw records of a resident accessing advocacy and they had also identifying training as an advocate as a personal goal.

There was a complaints procedure in place at the centre. The centre had two people nominated to manage the complaints. On review of the complaints log, the inspector found that there was an active complaint from August 2016. There was a record of all the actions that had been completed as a result of the complaint. However the outcome from the complaint and the complainants satisfaction with the response, had not been recorded at the time of inspection. The inspector found that the complaint was still recorded as active at the time of inspection, as the person in charge had failed to monitor the complaints records effectively.
There were regular residents meetings taking place within the centre. Residents were encouraged to attend these meetings, however resident could choose not to attend and this right was protected. The minutes of these meetings were made available to residents.

The centre had closed circuit television monitoring of the exterior of the centre. There was also a policy in place in respect of closed circuit television.

Judgment:
Substantially 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:
On this inspection, the inspector found that not all residents had written agreements in place at the time of inspection. The provider had two documents in place regarding written agreements, the tenancy agreement and the residents' service agreement. Both of these documents detailed various charges that the resident was required to pay.

The inspector found that there had been an increase in charges for some residents, but the written agreements had not been up-dated to reflect these changes. In addition, the written agreements did not include charges that were not covered by residents. For example, subscriptions to television services.

The inspector found that the organisation had provided and completed a transition and admission process for a resident who had recently moved to the centre. This included a comprehensive multi-disciplinary assessment involving specialists such as occupational therapist and physiotherapist, to support the resident move into their new home successfully. This support was on-going and was documented in the resident's personal plans.

Judgment:
Non Compliant - Moderate
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):

No actions were required from the previous inspection.

Findings:

On this inspection the inspector found that residents' well-being and welfare needs were being met. However improvement was required to their personal plans.

The inspector reviewed a sample of personal plans and overall, there was well-recorded evidence of social goals and care needs, which were clearly outlined in the plans, to guide all staff. However, the inspector found that one personal plan did not detail the date it was completed and was not signed by the allocated key worker. As a result the inspector could not confirm that the personal plan had been completed within 28 days, after admission to the centre.

The inspector found that residents were supported to achieve their personal goals. In a sample of personal plans reviewed, the inspector found that residents' goals included attending courses, volunteering and maintaining links with external agencies. The residents were supported by the organisation to develop their goals through an individualised planning process, which included the resident, their family members or representatives and staff.

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 premises was of a suitable size and design to meet the needs of the residents. The inspector found that improvements were required to the maintenance of the apartments. The inspector found that the provider did not ensure that the premises were well-maintained and that effective cleaning systems were in place.

The inspector was shown an empty unit, which a resident was planning to move into. The inspector found that the unit was in need of extensive maintenance and noted water damage to the flooring, a strong odour of damp within the room, blistered paintwork and black mould along one of the walls. In addition, there were a lack of storage facilities within the unit.

The inspector noted that mops and mop buckets were stored in toilet facilities in two of the units, and in a communal kitchen area in another unit. There were no guidelines in place for staff regarding the storage of this equipment in the designated centre. The inspector found that there were gaps in records of cleaning duties over the period of the preceding month. There was no explanation regarding the gaps. For example, in three shower rooms, the inspector observed soiled shower trays on the first day of inspection on the 12th of January 2017. There was rust in one shower tray and the floor covering was stained in the communal hallway in the building. The inspector found that the person participating in management was not aware of these gaps, as there was no monitoring in place of the cleaning schedule.

There were adequate bathroom and toilet facilities in the designated centre. However the inspector found that modifications were required in one residents' bathroom to improve their overall accessibility to and use of the facility. The inspector found that a cistern lid had been removed by the resident, due to space constraints, to improve their access to the toilet. An occupational therapist had completed an assessment of the bathroom, and a plan was in place to modify the facilities, to meet the needs of the resident. However this plan had not been implemented.

The inspector found that non-medical items were in the medication cupboard, such as lighter fluid and alcohol products. This was brought to the attention of the person in charge, at the time of inspection.

Judgment:
Non Compliant - Major

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):
No actions were required from the previous inspection.

Findings:
While there were policies and procedures in place to promote the health and safety of residents, staff and visitors in the designated centre, there were gaps in the application of these.

The inspector found that there were systems in place to aid the management of fire safety in the centre. These systems included, emergency lighting, fire doors, magnetic closures on all fire doors and fire seals on doors. There was a fire panel located on both levels in the building. Smoke detectors and heat sensors were installed where required. A record of maintenance of the fire systems was held at the centre. Extinguishers were located at points throughout the centre, and records of maintenance were recorded by a competent engineer. There was a centre specific emergency plan in place and the fire procedures were on display in the centre.

Residents had personal emergency evacuation plans (PEEP’s) in place at the time of inspection. The inspector found that there had been fire drills completed at various times documenting the partial evacuation of residents. However, there was no record of a drill involving all residents and staff in the designated centre. The halls were very narrow in the centre, as a result, residents with mobility aids such as wheelchairs, were required to move into a doorway to enable people to pass them, as there was no room in the corridors to do this safely. This had not been reviewed as part of fire drills and the provider had not identified this as a risk in relation to fire safety.

The inspector found that there were policies and procedures in place to guide staff to identify and control risk in the designated centre. Although a comprehensive risk assessment of the fire detection systems had not been completed. For example, a tumble dryer was stored in a cupboard in a hallway which was also identified as a fire exit route. The inspector noted that the dryer was hot to touch and had been in use for a prolonged period during the course of the inspection. This had not been assessed or highlighted in the risk assessments at the time of inspection. In addition, staff spoken with were not aware of the requirement to remove lint from the dryer after each use, and there were no protocols in place to guide staff to do this, at the time of inspection.

The inspector found that there had been two incidents logged regarding the activation of the fire alarms due to residents smoking in the building. The risks associated with residents smoking in their apartments had not been assessed by the provider and was not included on the centre’s risk register.

The risks of infection had not been fully addressed by the provider in the centre, for example not all staff had completed training in hand hygiene. There was evidence that cleaning routines within the centre were not effective. In shower cubicles within the centre, there was evidence of a noticeable build up of residue, which had not been removed.
Judgment:
Non Compliant - Major

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

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

Findings:
The inspector found that there were measures in place to protect residents from being harmed or abused. However, staff were not clear about the safeguarding procedures within the centre. Improvement was required to ensure all staff were trained in positive behaviour support techniques.

There was a policy on the prevention, detection and response to abuse, which guided staff on how to respond and manage allegations or concerns of abuse. Staff who spoke with the inspector were aware of the policy and procedure. However, two staff spoken with were unable to identify the current designated officer in the organisation.

Residents had access to a behaviour support specialist, where required. There were detailed behaviour support plans in place, with guidance from specialised therapists, to guide staff on the care and support needs of residents'. The inspector found training was provided in the management and support of residents with behaviours that challenge. However permanent and temporary staff had not been trained in behaviours that challenge.

There was a policy and procedure in relation to restrictive practices in place at the centre. At the time of inspection, the inspector found that where restrictive practices were in place, they were monitored and documented.

Judgment:
Non Compliant - Major

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where
**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
There was one action relating to the timely submission of safeguarding notifications identified at the last inspection. The inspector found that this had been satisfactorily addressed during this inspection. However, further improvement was required in relation to the management, completion and submission of notifications to the HIQA, in line with the Regulations.

The inspector found that not all records of notifications were being held and maintained in the centre. Therefore, the inspector was unable to verify, if all relevant notifications had been submitted to HIQA. The inspector informed the person in charge that this would occur as part of a review post the inspection. During this review the inspector noted that there had been four incidents of activation of the fire alarms in June 2016, these had not been submitted to HIQA.

In addition, the inspector found that the registration certificate was not on display in the centre. The person in charge stated that this document was incorrect at the time of inspection. However the provider had not notified HIQA of the relevant changes in the management structure.

**Judgment:**
Non Compliant - Major

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**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):**
No actions were required from the previous inspection.

**Findings:**
On this inspection, the inspector found that the healthcare needs of all residents were actively promoted within the designated centre.

The inspector reviewed a sample of files which showed that residents had access to
allied health professionals such as occupational therapy, physiotherapy and dieticians, they also documented attendance at their general practitioners (GP) and specialist services such as neurology.

Each resident had a complete health assessment, as outlined in their personal plan. Relevant care and support needs were outlined in the personal plans to guide staff about health needs for all residents. Services identified as a result of these assessments were being provided in line with these plans.

**Judgment:**
Compliant

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### 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:**
On this inspection the inspector found that the designated centre had policies and procedures in place for ordering, prescribing, storing and administration of medication and that residents were actively supported to take responsibility for their own medication.

The inspector viewed risk assessments which supported residents to manage their own medication. In some instances, residents were fully independent in managing their own medications, while some residents required staff support with aspects of their medication administration. All plans were detailed in the medication files.

The inspector reviewed all medication records in place at the time of inspection. The inspector found that there had been learning from medication errors. As a result medication administration practices had improved in the centre and there had been a reduction in medication errors. The inspector also found the actions from the previous inspection relating to gaps in medication administration recording had been addressed with a system of coding for gaps, this was reflected in the medication files reviewed. The person participating in management stated that checks on medication occurred daily, as part of safe medication administration procedures, however there were no audits of medicines management by the person in charge.

The inspector found that staff were trained in medication administration, which all staff were required to have the medication training completed before being authorised to administer medication. Staff spoken with were knowledgeable and were observed to
complete the medication process in line with the policy.

**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):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that the statement of purpose accurately reflected the service provided, however improvement was required.

The inspector found the statement of purpose was scheduled for a review every two years and not annually as required by the regulations. In addition, the statement of purpose did not include the registration details of the centre.

**Judgment:**
Substantially 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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
On this inspection the inspector found that actions from the previous inspection had
been addressed. There was now an on-call arrangement in place to support and guide staff in the event of emergencies in the designated centre. All staff were informed and aware of this procedure and staff spoken with clearly identified this structure with the inspector.

The inspector found that the governance and management of the designated centre did not effectively support the monitoring and management of the service. The person in charge and person participating in management were not informed of the regulations and their obligations. For example, the management team questioned whether a resident, who accessed the centre and the facilities, came under the remit of the Health Information and Quality Authority during the inspection.

On review of various documentation, the inspector found that it had not been updated to reflect all changes in the management structure, for example the local health and safety statement which included details of the previous manager, who had left in August 2016. In addition, tasks that were delegated to various staff members such as health and safety audits, vehicle checks and monthly hazard checks, had not been completed, as the staff responsible had been on leave since August 2016. This had not been reallocated or addressed by the person in charge at the time of inspection.

The inspector requested various documentation to complete a review post inspection, as they were not available in the centre at the time of inspection. This included notifications submitted to HIQA and a staffing needs assessment. The documents requested were submitted within the agreed time frames.

The six monthly unannounced visit had been completed however the most recent report from these visits, was not provided in an accessible format for residents. No annual review of the quality and safety of care in the designated centre had been completed.

**Judgment:**
Non Compliant - Major

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**Outcome 17: Workforce**

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

**Theme:**
Responsive Workforce

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

Some action(s) required from the previous inspection were not satisfactorily implemented.
Findings:
The inspector found that there were appropriate staffing levels and skill mix to meet the needs of the residents. Further improvement was required with to the contents of staff files.

The inspector completed a review of staff files following the inspection, at the organisations head office. The inspector found that the staff files were not in line with the requirements of schedule 2.

A staffing needs assessment was reviewed. This assessment was not available during the inspection and was submitted after the first day of the inspection. The inspector found that the provider had outlined the required staffing levels for day and night time hours in the centre. Additional staffing had been provided during day hours to support all residents. The inspector found that there was a separate staffing arrangement in place for some residents. This involved the allocation of community outreach support workers, which enabled residents to have an individualised programme during the day.

There was a planned and actual roster in place at the designated centre. There were agency staff used at the centre. The inspector found that the provider tried to ensure regular agency staff were on the roster to ensure consistency, however this was not always possible, due to the short notice of staffing needs.

The inspector reviewed training records as part of the inspection. The person participating in management maintained a written copy of staff training and the organisation also had a database for all staff training. On the day of inspection, the database did not have up to date records for all staff working in the centre. The inspector required the person in charge to review and outline each staff members attendance at training as a result. The inspector found that there were gaps in training for example agency staff had not completed training in positive behaviour support.

Staff and managers confirmed that formal support meetings were in place in the centre.

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:
Provider’s response to inspection report

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<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by RehabCare</th>
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<td>Centre ID:</td>
<td>OSV-0003468</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>12 and 23 January 2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>07 March 2017</td>
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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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Records which detailed the outcome of the complaint and the satisfaction of the person complaining, were not maintained in the centre.

1. Action Required:
Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

**Please state the actions you have taken or are planning to take:**
- The complaint with details of how it was resolved to the satisfaction of the complainant has now recorded on the internal complaints system.

- Going forward all complaints will be recorded in line with organisational policy which includes assuring the complaint is not closed off until the complainant expresses their satisfaction with the outcome.

- In addition, there is a complaint box in the service available and a person designated to ensure the box is checked and manager has oversight.

Proposed Timescale: 02.03.17 Complete

**Proposed Timescale: 02/03/2017**

### Outcome 04: Admissions and Contract for the Provision of Services

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A resident was not provided with a signed agreement upon admission to the designated centre.

**2. Action Required:**
Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

**Please state the actions you have taken or are planning to take:**
A contract of care outlining the service provided together with the resident’s rights and responsibilities is now in place and has been signed by the residents to confirm that they have read and understood the contract.

**Proposed Timescale: 07/03/2017**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The provider had failed to ensure that up-to-date written agreements were in place, that reflected all fees and charges that may be incurred by the residents.
3. Action Required:
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

Please state the actions you have taken or are planning to take:
- Following the review of finances in the service it was necessary to increase the amount of contribution to the household bills.
- That information was outlined and discussed at a house meeting with residents.
- Each of the individual agreements have been updated and signed by the residents.

Proposed Timescale: 04.02.17 Complete

Proposed Timescale: 04/02/2017

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:
The personal plan in place for a new admission did not have the start date or date completed listed on the assessment.

4. Action Required:
Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident’s assessed needs.

Please state the actions you have taken or are planning to take:
Personal Plan has been updated with required date, a copy of the plan was provided to the inspector as of 13.2.17

Proposed Timescale: 13/02/2017

Outcome 06: Safe and suitable premises
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Parts of the centre were not clean and well decorated.

5. Action Required:
Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and
suitably decorated.

**Please state the actions you have taken or are planning to take:**
(1) Since the inspection a checklist for team leaders has been developed to ensure more efficient monitoring of the service. PIC carries out the spot-checks of the premises on a regular basis.
(2) There is a cleaning rota in place to maintain good hygiene practice. This was discussed with staff team on 13.02.2017.
(3) Since the inspection service users have been advised in relation to better storage options for the mop and reminded to contact staff should they need additional assistance.
(4) At the next house meeting (8.3.17) service users will be consulted regarding the decorating of their home. It will be now a rolling item on the agenda for all key worker meetings, house meetings and team meetings.

**Proposed Timescale:** 08/03/2017

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider did not have suitable arrangements in place for the storage of alcohol and flammable fluids.

6. **Action Required:**
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

**Please state the actions you have taken or are planning to take:**
- All non-medical items have been removed from the medication cabinet and are stored in separate locked cabinet.

Proposed Timescale: 13.01.2017 Completed

**Proposed Timescale:** 13/01/2017

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider had failed to ensure that the maintenance and upkeep of the designated centre was monitored effectively.

7. **Action Required:**
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.
Please state the actions you have taken or are planning to take:
The maintenance company will come on site during week beginning 6/03/2017 to commence work on remedial actions.

**Proposed Timescale:** 31/03/2017  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The provider had failed to ensure that modifications were made following an assessment to a bathroom in the centre.

**8. Action Required:**  
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

Please state the actions you have taken or are planning to take:  
- Required work on bathroom was completed on 17.2.17.  
- Outstanding item is currently being sourced from UK and will be fitted in the service.

**Proposed Timescale:** 31/03/2017

**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:**  
The provider had failed to identify and assess all risks within the designated centre.

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

Please state the actions you have taken or are planning to take:  
- There are two fire drills planned in the service, one night time fire drill on 5/04/2017 and one full house fire drill on 08/03/2017.  
- Following fire drills individual PEEPs will be updated along with existing fire risk assessment to address passage through the corridors and will be reviewed as required.  
- A review of the risk register was completed on 03/02/2017, and will now be completed 6 monthly or more frequently as deemed necessary.  
- A smoking risk assessment for the service has been completed on 7/03/2017.  
- A restrictive practice was agreed on 16/02/2017 to address the problem of activation of the fire alarm.
**Proposed Timescale:** 13/04/2017

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Infection control procedures in the centre were inadequate.

10. **Action Required:**
Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

**Please state the actions you have taken or are planning to take:**
• A checking system for monitoring the cleaning of the premises has been developed and implemented since inspection.
• The floor of the shower area in one of the bathrooms has been upgraded, the shower tray has been replaced by tiles.
• The adherence to good hygiene practice was discussed at team meetings on 13/02/2017. This will be a rolling item on the agenda of the staff meetings.

Proposed Timescale: 17/02/2017 COMPLETED

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**Proposed Timescale:** 17/02/2017

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The provider had failed to ensure that arrangements to evacuate all residents were in place.

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

**Please state the actions you have taken or are planning to take:**
The service Contingency Plan has been updated to outline the evacuation procedures and arrangements to bring Service Users to a safe location, including the transport arrangements in the event of evacuation of all Service users.

Proposed Timescale: 14/03/2017

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**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:**
Not all staff had received training in the management of behaviour that is challenging.

**12. Action Required:**
Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

Please state the actions you have taken or are planning to take:
Staff members that require MAPA training are scheduled to attend the training on 30/03/17

**Proposed Timescale:** 30/03/2017

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**Outcome 09: Notification of Incidents**

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The person in charge had not submitted relevant information as required by the regulations.

**13. Action Required:**
Under Regulation 31 (3) (b) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which the fire alarm equipment was operated other than for the purpose of fire practice, drill or test of equipment.

Please state the actions you have taken or are planning to take:
• Following the inspection an NF30 was submitted to rectify issues relating to PPIM.

• Since inspection the PIC has reported all notifiable incidents to the authority, this will continue going forward.

Proposed Timescale: 13.01.2017 Complete

**Proposed Timescale:** 13/01/2017

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**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The statement of purpose did not outline on the registration certificate as required in schedule 1.

14. **Action Required:**
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
Current certificate was put on the wall on 13/01/2017.

Proposed Timescale: 13/01/2017

**Proposed Timescale:** 13/01/2017

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**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The registered provider had failed to ensure that management systems were consistent and effectively monitored in the designated centre.

15. **Action Required:**
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents’ needs, consistent and effectively monitored.

**Please state the actions you have taken or are planning to take:**
- A H&S audit was completed on 16.12.16. At the time of inspection the audit report was stored incorrectly, it is now located in the Health & Safety Folder as per organisational policy.
- The use Vehicle check list commenced on 1.3.17, this weekly task has been assigned to the Health & Safety Officer.
- Health and Safety officer was appointed on 13.2.17
- A review of needs will be completed for the service user living upstairs.
- The registration details have been added to the SoP, it will be updated annually or more frequently if required going forward.

**Proposed Timescale:** 31/03/2017

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no annual review of the quality and safety of care and support in the designated centre.

**16. Action Required:**
Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

Please state the actions you have taken or are planning to take:
The annual review is scheduled to be carried out on the 15.3.17 by the regional manager.

**Proposed Timescale:** 15/03/2017

**Outcome 17: Workforce**

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The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The staff files did not meet the requirements of schedule 2.

**17. Action Required:**
Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

Please state the actions you have taken or are planning to take:
HR department is conducting a full review of the staff files in Logan House.

**Proposed Timescale:** 31/03/2017

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The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person in charge had not provided all staff with training as required by the regulations.

**18. Action Required:**
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Please state the actions you have taken or are planning to take:
PIC has scheduled all staff that require training to participate in the following:
28.3.17 – Fire Training
9.3.17 – Administration of Medication Training
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<th>30.3.17 – MAPA training</th>
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**Proposed Timescale:** 30/03/2017