

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Woodview
<b>Centre ID:</b>	OSV-0003731
<b>Centre county:</b>	Dublin 15
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Daughters of Charity Disability Support Services Company Limited by Guarantee
<b>Provider Nominee:</b>	Lorraine Macken
<b>Lead inspector:</b>	Helen Thompson
<b>Support inspector(s):</b>	Michael Keating
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	24
<b>Number of vacancies on the date of inspection:</b>	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 renewal decision. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 21 June 2017 09:40 To: 21 June 2017 16:40

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

Background to the inspection

This was an announced inspection to assess the centre's compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. It was conducted as part of the provider's assessment of application to renew the registration of this centre. Additionally, this renewal application included the provider's application to now include another centre (Our Lady's 2) as a unit under this designated centre. It was HIQA's fourth inspection of this centre and was completed over one day by two inspectors. The combined actions from the most recent inspections of each centre in June and September 2016 respectively were also followed up during this registration renewal inspection.

How we gathered our evidence

The inspectors met with a number of the staff team which included nursing staff, care staff, the person in charge and the provider nominee. During the inspection process the inspectors also talked with one of the service's behaviour specialists and

physiotherapist.

Additionally, in assessing the quality of care and support provided to residents, the inspectors spent time chatting with residents and observed staff engagement and interactions. Questionnaires completed by residents and their representatives provided additional information on the quality of care and support received. Overall, a good level of satisfaction was observed through all sources of feedback. As part of the inspection process the inspectors spoke with the aforementioned staff and reviewed various sources of documentation which included the statement of purpose, residents' files, centre self-assessment documentation and a number of the centre's policy documents. The inspectors also completed a walk through the centre's reconfigured premises. Further work was also noted to be planned.

#### Description of the service

The provider had produced a new statement of purpose which outlined the service provided. The centre was located within the service's original institutional type building which was part of a campus based, suburban location. The revised centre was now comprised of two main areas which accommodated 23 residents. In addition, another resident was accommodated and individually supported in an apartment situated in another part of the building.

Day activation, recreational and canteen facilities were available within the campus. Residents also had some access to garden areas. The statement of purpose stated that the centre provided a home and care for 24 residents with a varying range of intellectual disability. On the day of inspection the centre was home to 23 ladies and 1 gentleman over 18 years of age.

#### Overall judgment of our findings

Twelve outcomes were inspected against and overall the inspectors noted increased levels of regulatory compliance as compared to the two previous inspections. Eleven of the outcomes inspected were found to be at a level of compliance or substantial compliance with the regulations. This included the core regulatory outcomes. However, most significantly, the design and layout of the centre's premises was found to be unsuitable for its stated purpose and correspondingly residents' needs. It was therefore assessed as being major non-compliant with the regulatory requirements. The implications of this finding were clearly outlined and discussed with the provider nominee during the feedback meeting.

The above findings along with others are further detailed in the body of the report and 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):**

No actions were required from the previous inspection.

**Findings:**

Overall, inspectors observed that residents were consulted with on an individual basis and through the forum of residents' meetings.  
Complaints were appropriately processed and residents' financial matters were observed to be safeguarded.

From a review of residents' files, the inspectors observed that each resident had a financial plan in situ to underpin and guide staff in supporting this need.  
The person in charge also outlined that a priority going forward, was for each resident to be supported and facilitated to open a personal bank account.

The centre's complaint's log was reviewed and residents' complaints were found to be responded to and managed in line with the regulatory requirements.

**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):**

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

**Findings:**

Overall, the inspectors found that each resident's wellbeing and welfare was outlined and maintained through an individualised personal planning process. Assessments were completed and plans drawn up with the participation of the resident and their representative. Evidence of accessibility was noted in residents' documentation. Multidisciplinary team members were, as required, involved in the assessment process. Residents were found to be supported at times of change and movement between services.

Residents were facilitated to participate in meaningful activities of their choice and preference. However, further opportunities for community participation were required for some residents.

A review of residents' files demonstrated that their care and support needs were appropriately assessed, planned for and reviewed. Members of the multidisciplinary team were observed to be involved in these processes, with case conferences held as required and in line with evolving needs.

The inspectors observed that residents were supported in line with their individual needs and wishes to engage in meaningful activities. This included access to the campus based activation services, facilitation of activities in the centre and of some activities in their local community. The inspectors reviewed residents' plans and observed examples of their social care needs being supported. For some, this included holiday breaks and attendance at social events. Many of these activities were recorded for residents through the medium of photographs. Plans for future significant birthdays and holiday trips were also observed. The inspectors noted that residents' families were particularly involved in their lives and participated in social aspects.

However, this need required further attention and development for some residents. The person in charge had commenced an auditing process of residents' activation levels and outlined her commitment to addressing this matter.

The inspectors observed that residents were comprehensively supported at times of movement, transition and discharge between services. The inspection process demonstrated several individual examples of this need being comprehensively addressed for residents.

**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):**

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

**Findings:**

Overall, the inspectors found that the centre's premises did not meet and support residents' needs in a homely and comfortable way.

The design and layout of the centre's premises was found to be unsuitable for its stated purpose and correspondingly residents' needs. One noted impact from the inappropriate fit of the premises, was the facilitation of a resident's needs in an unacceptable, isolated area of the original institutional type building. Additionally, there was a lack of private space available to the majority of residents who resided in dormitory accommodation. In response to findings during the original registration inspection, the provider closed the centre to admissions. As a result the numbers of residents in the centre had reduced. This also allowed for the reconfiguration of bedroom space, ensuring each resident had more space which supported efforts to improve privacy and dignity issues associated with the shared living environment.

It was also clear, that considering many of the residents had lived in this environment with each other for many years that they liked it and felt well supported there. Additionally, individual assessments had taken place to consider the suitability of the centre for residents. As a result one lady was transitioning to a modern bungalow (designated centre). Other residents had recently been transferred to more suitable environments in response to their changing healthcare requirements. The provider had also presented a fully costed and time bound plan in relation to the most pressing needs of one resident residing in a unsuitable part of the premises. The provider also confirmed that resources were in place in relation to this plan; to build an apartment style accommodation for this resident.

The inspectors acknowledged during the inspection that the local management team were making best efforts with the decoration, maintenance and general upkeep of the centre.

The implications of this finding were clearly outlined and discussed during the feedback meeting. In addition, on the morning of inspection, the inspectors were furnished with communication from the provider which outlined and endorsed the significant premises

deficits for residents.

**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):**

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

**Findings:**

Overall, the inspectors found that the health and safety of residents, visitors and staff was promoted and protected in the centre.

The centre was observed to have a robust fire safety management system in place. Suitable fire equipment was provided and there was evidence of servicing, which included the fire alarm, available in the fire register. Fire procedures were displayed and staff were knowledgeable regarding this system. Individualised personal emergency evacuation plans were present to inform residents' support requirements. Fire drills were conducted with residents and staff.

There was a comprehensive risk management system which included the policy documentation as required by regulation. This encompassed a centre risk register, individual risk assessments for residents and systematic arrangements for investigating and learning from adverse incidents/events.

The centre had satisfactory arrangements in situ for the prevention and control of infection. Household staff were employed in the centre and it was observed to be very clean.

Vehicles used to transport residents were found to be roadworthy and checks were noted to be completed by staff.

**Judgment:**

Compliant

**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:**

Overall, the inspectors found that there were measures in place in the centre to protect residents from being harmed or suffering abuse. Residents were provided with emotional, behavioural and therapeutic support that underpinned a positive approach to behaviour that challenged. A restrictive free environment was promoted for residents.

The inspectors observed that residents appeared contented and happy in the centre. There were systems in operation for responding to incidents, allegations and suspicions of abuse and that these were being appropriately utilised to ensure that residents were protected. Questionnaires received from families endorsed this finding. Additionally, staff members were observed to treat residents in a respectful and person centred manner.

Residents emotional and behavioural support needs were recognised and supported. A number of multidisciplinary team members were involved in this process, including psychiatry, social work and a clinical nurse specialist in behaviour, with reviews completed in line with residents' support requirements. Training in keeping with residents' support needs was facilitated for staff.

The inspectors found that a restrictive free environment was fostered for residents with a number of restrictions noted to be lifted since the previous inspection of the centre.

The policies as required by the regulations were available in the centre.

**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):**

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

**Findings:**

The inspectors found that a record of incidents in the centre was maintained and where required, these incidents were notified to the chief inspector.

**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):**

No actions were required from the previous inspection.

**Findings:**

Overall, the inspectors observed that residents in the centre were supported on an individual basis to achieve, maintain and enjoy the best possible health.

Residents' healthcare needs were identified, promptly responded to and assessed with plans subsequently developed to inform staff practices.

Residents were noted to be supported by a general practitioner of their choice with a local community service available for out of hours situations. Members of the service multidisciplinary team (MDT) were also available to residents, and were noted to be actively involved in the assessment process and delivery of interventions.

Access to allied health professionals was facilitated for residents, for example, the local community nursing services and attendance at specialist consultant clinics.

The inspectors observed that residents were supported at times of illness, and that their end of life needs were considered and planned for in an individualised sensitive manner.

Residents' food and nutrition needs were found to be assessed and supported. This included support from a speech and language therapist and from a dietician as required. Residents' specialised dietary needs were facilitated, with drinks and snacks available to residents outside of mealtimes. Residents' choices were facilitated and they indicated that they were happy with the food provided.

The inspectors were present for residents' mealtime and observed that it was a relaxed, social event with residents appropriately supported.

**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):**

No actions were required from the previous inspection.

**Findings:**

Overall, the inspectors found that residents were protected by the centre's policies and procedures for medication management. There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Medicines in the centre were stored as required and residents' medication records were kept in a safe and accessible place.

A pharmacist was available on campus to the residents. There was evidence of ongoing review of the residents' medical status and their medication needs by their general practitioner and psychiatrist.

At the time of inspection, medication in this centre was administered by registered nurses. However going forward, the centre had plans for other staff members to attend the safe administration of medication training.

The inspector observed the bank list of nursing staff signatures with their initials and correlating registration numbers.

There was a system in place for reviewing and monitoring safe medication management practices. Medication checks were completed at the end of each shift and audits conducted on a regular basis.

**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 inspectors observed that the centre's statement of purpose of April 2017 did not meet the requirements of Schedule 1 as some sections did not accurately correlate with observations made on inspection.

The areas that required revision included the following:

- the admission criteria (third paragraph of 4.0) still refers to the centre accepting short term admissions
- the age range of residents for whom accommodation is being provided was not clearly outlined
- the specific care and support needs that the service intends to meet were also not described
- the description of the Sacred Heart apartment (1.0) that was actually in usage on the inspection day and the description of the bedroom facilities for residents (first paragraph of 5.3) was unclear.

**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:**

Overall, the inspectors found that the management systems in place in the centre promoted and ensured the delivery of safe and quality services. There was evidence of self-assessment and monitoring processes which included feedback from residents' representatives. There was a clearly defined management structure and systems in the centre. A suitably qualified and experienced person was in charge.

The inspectors observed that there were management systems in situ which ensured that the service provided was safe, in keeping with residents' needs, consistent and effectively monitored. These systems were underpinned by a defined management structure with clear lines of authority and accountability. The inspectors noted that the person in charge (PIC) was supported, and met with the provider nominee and the

clinical nurse manager 3 who had particular responsibility for this centre. The centre's governance and operational systems were additionally bolstered through the local service's manager's meeting.

Auditing and self-assessment processes were utilised in the centre. This included the provider's six monthly visits and an annual review completed by the service's quality and risk officer. Resident's representatives participated in this review. Audits were conducted for care plans, residents' activity levels, infection control issues and residents' private property.

The inspectors noted that as the action from the previous inspection had been implemented, there were now arrangements in place for all staff to exercise their personal and professional responsibility for the quality and safety of the services that they were delivering.

The PIC was clearly engaged in the governance, operational management and administration of the centre and was acutely aware of the areas for improvement. She demonstrated good knowledge of the legislation and of her statutory responsibilities. She was noted to be providing robust leadership at a time of change in the centre and was clearly identifiable to the 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:**

Overall, the inspectors found that there were adequate numbers of staff to meet residents' assessed needs. Continuity of residents' care was also ensured.

The centre's training records were reviewed and inspectors found that staff were facilitated with the required mandatory training and other ancillary education in line with residents' needs. An actual and planned rota was available in the centre.

Staff were supervised through a formal supervisory process and through the person in

charge working shifts alongside staff members on both day and night duty. Staff meetings were also facilitated in the centre. Staff were found to be familiar with the regulations and standards.

Staff files were reviewed and it was observed that the requirements of Schedule 2 were met. The regulatory requirements for volunteers in the centre were also found to be met.

**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):**

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

**Findings:**

The inspectors observed that some of the centre's Schedule 5 policies were not reviewed within the required three year timeframe. This included the centre's policy for the provision of personal intimate care and the provision of behavioural support. The inspectors were informed during the feedback meeting that the behaviour support policy was currently at a draft format status.

In addition, the inspectors noted that some of the residents' records were not fully maintained. For example, some activation logs were not completed.

Other aspects of this outcome were not inspected.

**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:***

Helen Thompson  
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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Company Limited by Guarantee
<b>Centre ID:</b>	OSV-0003731
<b>Date of Inspection:</b>	21 June 2017
<b>Date of response:</b>	20 July 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:**

Further opportunity for community participation and involvement needed to be explored for some residents.

#### 1. Action Required:

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



Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

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

The PIC has undertaken activity audits for each resident and will meet with keyworkers to discuss findings. The PIC and keyworker will ensure each resident will be facilitated to engage in social activities of their choice that will provide each person with a fulfilled life.

**Proposed Timescale:** 30/08/2017

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

As outlined in the body of the report, the centre's premises did not meet residents' individual needs.

**2. Action Required:**

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

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

The Provider Nominee and the PIC will continue to reduce the resident numbers in the designated centre. This will be done in conjunction with the service user their family and or advocate and the MDT team.

**Proposed Timescale:** 20/07/2017

**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:**

As outlined in the body of the report the statement of purpose did not meet all requirements of Schedule 1.

**3. 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:**

The PIC met with the Provider Nominee on July 20th 2017 to discuss the alterations required for the Statement of Purpose. Amendments will be made to ensure they meet the requirements of schedule 1 of the regulations. The centre is closed to admissions therefore the PIC will ensure this is reflected in the revised statement of purpose.

**Proposed Timescale:** 30/07/2017

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

Some policies were not reviewed within the required regulatory timeframe.

**4. Action Required:**

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

Email sent by PIC to Director of Client Services on July 20th 2017 requesting a time frame for date of completion for reviewing policies.

**Proposed Timescale:** 31/12/2017

**Theme:** Use of Information

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

Some of a resident's records were not comprehensively maintained.

**5. 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 PIC met with the staff team on July 20th 2017 to discuss omissions in relation to records not been adequately maintained. The PIC and keyworkers will ensure that all records are maintained for each resident. The PIC will complete audits monthly to ensure best practice is adhered to.

**Proposed Timescale:** 20/07/2017