

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Adults Services Palmerstown Designated Centre 7
Centre ID:	OSV-0003904
Centre county:	Dublin 20
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Stewarts Care Limited
Provider Nominee:	Brendan O'Connor
Lead inspector:	Stevan Orme
Support inspector(s):	Nan Savage
Type of inspection	Unannounced
Number of residents on the date of inspection:	14
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 24 April 2017 09:00 To: 24 April 2017 20:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This was an unannounced monitoring inspection carried out to monitor ongoing compliance with the regulations and standards. As part of the inspection, the inspector reviewed actions the provider had undertaken to address the findings of the centre's previous inspection conducted on 29 October 2014. The designated centre was part of the service provided by Stewarts Care Limited in Dublin. The centre provided a full-time seven day residential service to adults with a disability.

How we gathered our evidence:

During the inspection, the inspectors met with six residents either individually or in a group setting. In addition, the inspectors spoke with two members of staff employed at the centre. The inspectors reviewed documentation such as residents' personal plans, health records, risk assessments, policies and procedures and staff files.

The inspector interviewed the person in charge as part of the inspection and found them to be suitably qualified and knowledgeable on both the needs of residents and their requirements under regulation.

Description of the service:

The provider had produced a document called the statement of purpose, as required by the regulations; the inspector found that the service was being provided as it was described. The centre comprised of two services in close proximity to each other. One service was based in a five bedded two storey house with the second service providing ten individual apartments with shared communal facilities in a two storey building. The layout and design of both services reflected residents' needs and were located close to local shops and amenities.

Overall Findings:

The inspectors found that risk management arrangements at the centre had not ensured residents safety in the event of a fire. The inspectors identified risks relating to fire safety in one of the centre's services and immediate assurances were requested and received which related to regulation 28(3) (a) under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013.

In addition, the inspectors found that the centre's risk management arrangements had not identified all risks and risk assessments had not been updated to reflect current practices at the centre.

As part of the inspection, inspectors met with the centre's person in charge, who was full-time and suitably qualified. However, the provider had not informed the Chief Inspector of the current management arrangements at the centre in-line with regulatory requirements. In addition, the provider had not ensured that an up-to-date annual review of care and support at the centre was completed and unannounced six monthly provider visits had not included all services within the centre.

Residents were supported in-line with their assessed needs and told the inspectors that they were happy with the support they received and they accessed a range of activities which reflected their personal preferences. Furthermore, inspectors observed that residents appeared relaxed with support provided and had a good rapport with staff. However, although in the main residents' personal plans were up-to-date; the inspectors found that one resident's plan had not been updated to reflect their changing circumstances. In addition, management arrangements did not ensure that one resident's personal information was kept private in one of the services within the centre.

The inspectors found that staff were knowledgeable about the provider's policies and had access to a range of training including mandatory and residents' assessed needs.

Summary of regulatory compliance:

The centre was inspected against ten outcomes. The inspector found major non-compliance in compliance in two outcomes which related to risk management, fire safety and governance arrangements at the centre. Moderate non-compliance was found in four outcomes which related to residents' confidentiality and personal plans, premise and notifications to the Chief Inspector in-line with regulatory requirements. Compliance was found in four outcomes relating to safeguarding of residents,

healthcare, medication management and workforce.

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 of this 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:

The inspectors found that a resident's personal information was not protected.

The inspectors did not look at all aspects of this outcome; however they observed that information on a resident's personal preferences was displayed on their bedroom door.

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:

Residents' assessed needs were reflected in their personal plans, although inspectors found that one resident's plan had not been updated in-line with their current needs.

The inspector looked at a sample of residents' personal plans which included information on support needs such as communication, family inclusion, intimate personal care and mobility. The inspectors found that staff practices and knowledge reflected personal plans sampled; however one resident's personal plan had not been updated to reflect changes in their daily activities.

Personal plans were available to residents in an accessible format and residents' knowledge reflected plans reviewed.

Personal plans included residents' goals, which reflected their likes and the development of new skills such as involvement in personal shopping. The inspector found that resident's goals included supports required, named staff support and the expected date of achievement. The inspectors found that progress towards achieving goals by residents was regularly updated.

The inspectors found that the effectiveness of residents' personal plans was reviewed annually with the resident, family members and centre staff as well as multi-disciplinary professionals involved in the residents' care and support.

The inspector reviewed activity records and found that they reflected both residents' personal goals and preferences. Residents were supported to access a wide range of community activities such as sports, holidays, visits to places of interest and meals out in local restaurants.

Judgment:

Non Compliant - Moderate

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:

Inspectors found that aspects of the centre's premises were not compliant with schedule 6 of the regulations.

The inspectors did not look at all aspects of this outcome as part of the inspection. However, inspectors observed that the ventilation in one of the centre's laundry rooms did not effectively regulate the room's temperature. Furthermore, inspectors observed in the same laundry room, combustible materials such as fabric lint and food wrappers on the floor.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

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

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

Findings:

The inspector found that fire safety arrangements at the centre did not ensure residents' safety. Furthermore, risk management systems did not address all risks observed and were not up-to-date.

The inspector observed that the effectiveness of fire doors in one of the centre's services was affected by:

- An 'over door hanger' was on a resident's bedroom fire door affecting the effectiveness of the door's smoke seal in the event of a fire
- Inspectors observed that a resident's bedroom fire door did not fully close.

Following the close of the inspection, the person in charge provided written assurances that immediate actions had been undertaken at the centre which ensured compliance with the requirements of regulation 28(3) (a) of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013.

The centre was equipped with suitable fire equipment including fire extinguishers, fire alarms, fire doors, fire call points, smoke detectors and emergency lighting. Records showed that fire equipment was regularly serviced by an external contractor. The inspectors reviewed in-house fire equipment checks completed by staff and found that checks were not completed in-line with the provider's policy.

The inspectors reviewed fire drill records which showed that regular simulated drills had been conducted using minimal staffing levels at the centre. In addition, both residents and staff told the inspectors that they had participated in fire drills at the centre.

The inspectors observed that the centre's fire evacuation plan was prominently displayed with an accessible version available to residents. However, inspectors found that information on the frequency of planned fire drills included in the plan did not reflect staff knowledge. Furthermore, the inspectors reviewed training records and found that not all staff had completed both the fire safety awareness and fire drill training in-line with the provider's policy.

The inspector reviewed residents' 'Personal Emergency Evacuation Plans' (PEEPs) and found them to be up-to-date and reflected both residents and staff knowledge.

The centre had up-to-date site specific risk assessments which included control measures and reflected staff knowledge. The person in charge conducted regular management audits on the centre which included health and safety. However, the inspectors found that audits had not identified issues all risks at the centre such as a risk assessment examined relating to a resident smoking in the garden did not reflect their use of a garden shed for shelter. In addition, a risk assessment had not been updated to reflect a resident's use of assisted technology to alert them in the event of a fire

Furthermore, inspectors observed that agreed risk control measures were not complied with at the centre such as the storage of the centre's electric iron and the wedging open of a resident's bedroom fire door. In addition, where audits had identified health and safety concerns such as the storage of wheelchairs and recreational items under the stairs in one of the centre's services this had not been addressed in-line with the audit's action plan. In addition, risk assessments had not been updated in relation to one resident's use of assisted technology to alert them in the event of a fire.

During the inspection, the inspectors further observed cigarette waste in close proximity to combustible materials in a garden shed used by smoker. Following the close of the inspection, the person in charge forwarded written assurances to the inspectors that the combustible materials had been removed from the garden shed.

The inspector observed that hand hygiene and infection control information was displayed at the centre. In addition, hand sanitisers and segregated waste disposal facilities were provided. In addition, records reviewed by the inspectors showed that staff had received hand hygiene training in -line with the provider's policy.

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):

No actions were required from the previous inspection.

Findings:

Inspectors found that residents at the centre were protected from harm.

The inspectors found that residents did not require support with behaviours of concern on the day of inspection which was reflected in documents reviewed such as personal plans and staff knowledge. However, training records showed that staff had received positive behaviour management training and the provider's behaviour management policy was up-to-date and reflected staff knowledge.

The inspectors further found that residents did not require support with safeguarding concerns on the day of inspection. The inspectors observed that information on the provider's safeguarding of vulnerable adults policy was prominently displayed in the centre's premises. Furthermore, information included photographs of the centre's designated safeguarding officers and arrangements for the reporting of safeguarding concerns. Inspectors reviewed training records which showed that staff at the centre had received up-to-date safeguarding training in-line with the provider's policy. In addition, staff were able to tell the inspectors about what might constitute abuse and the actions they would take if suspected.

The inspectors observed that no restrictive practices were used at the centre on the day of inspection.

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:

The centre ensured that residents were supported to manage their health and diet.

The inspectors reviewed healthcare records and found that residents had access to a range of allied healthcare professionals including a General Practitioner (GP) of their choice, specialist consultants, occupational therapists, physiotherapists, chiropodists and dentists.

The inspectors looked at protocols for the administration of emergency and pain relief medication and found them to be up-to-date and reflective of staff knowledge.

Food records maintained at the centre showed that residents had access to a variety of foods reflective of their individual tastes and healthy eating options. Residents were involved in meal preparation based on their abilities which was reflected in records reviewed and discussions with both residents and staff.

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:

The inspectors found that medication practices at the centre were in-line with the provider's policy.

The inspectors reviewed a sample of the residents' medication prescription sheets which reflected corresponding administration records. Medication records included residents' personal information such as photographs, dates of birth and GP's name. Furthermore, medication was kept in secure cabinets and signature banks of all trained staff were maintained at the centre.

In addition, arrangements were in place for the segregated storage of out of date medication, which was disposed of at a local pharmacy which was reflected in documents reviewed by the inspectors.

The inspectors reviewed training records and found that all staff had received up-to-date 'safe administration of medication' training in-line with the provider's policies.

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 centre's governance and management arrangements had not identified concerns observed during the inspection. Furthermore, the provider had not completed the annual review of the care and support provided and unannounced provider visits to the centre in-line with the regulations.

The inspectors found that temporary management cover arrangements at the centre ensured that a full-time person in charge was in place, who was suitably qualified. Furthermore, management records and discussions with staff reflected that the person in charge was regularly present at the centre. Staff told the inspectors that the person in charge was approachable and responsive and available when required. Staff further told the inspectors they would have no reservations in raising concerns about the quality and safety of the centre with the person in charge.

The person in charge conducted regular audits at the centre including medication, residents' finances, and personal plans. However, the inspectors found that audits had not highlighted concerns found as part of the inspection in areas such as fire safety and the updating of risk assessments and resident's personal plans.

The inspectors found that an up-to-date annual review of care and support provided by the centre was not available on the day of inspection. In addition, the inspectors reviewed the centre's six monthly unannounced provider visits reports which although available had only included visits to one of the services within the designated centre.

Judgment:

Non Compliant - Major

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 inspectors found that temporary arrangements were in place at the centre to cover the person in charge's absence over 28 days; however the Chief Inspector had not been notified in-line with the regulations.

The inspectors were informed during the inspection that the centre was in the process of recruiting a new person in charge. The inspectors reviewed temporary arrangements in place at the centre to cover the person in charge's absence which reflected staff knowledge.

However, the inspectors found that the provider had not notified the Chief Inspector of the person in charge's absence and related arrangements in-line with regulatory requirements.

Judgment:

Non Compliant - Moderate

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:

Inspectors found staffing levels and training at the centre reflected residents' assessed needs.

The centre had both an actual and planned roster in place which reflected documentation reviewed by inspectors such as residents' personal plans and daily activity records.

During the inspection, the inspectors observed residents receiving timely support from staff in a respectful manner in- line with their needs. Residents told the inspectors that they were happy with the support they received and were assisted to achieve their goals. Furthermore, the inspectors found that staff knowledge reflected residents' personal plans.

The inspector reviewed staff training records which showed that staff had accessed mandatory training such as fire safety, manual handling and the safeguarding of vulnerable adults. In addition, staff had attended training specific to residents' healthcare needs.

Staff told the inspector that they received regular supervision from the centre's management which was reflected in records sampled. Supervision minutes showed that staff were supported in areas such as residents' needs and access training opportunities. In addition, staff attended regular team meetings which were facilitated by person in charge and discussed residents needs and the centre's operational management.

Inspectors found through discussions with staff that they were knowledgeable about the regulations proportionate to their roles and responsibilities within the centre.

The inspector reviewed a sample of three staff personnel files and found that they contained all documents required under schedule 2 of the regulations.

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:

Stevan Orme
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 Stewarts Care Limited
Centre ID:	OSV-0003904
Date of Inspection:	24 April 2017
Date of response:	12 May 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 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:

The inspectors found that a resident's personal information was displayed on their bedroom door.

1. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

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

dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

The Service User's personal information was removed from public display on 24th April 2017. The Service User's Personal Support Plan has been updated and the relevant information highlighted for staff's attention.

Proposed Timescale: 24/04/2017

Outcome 05: Social Care Needs

Theme: Effective Services

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

Inspectors found that a resident's personal plan had not been updated to reflect their current day activities.

2. Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

The Service User's daily activities routine was updated on 28th April 2017 in their Personal Support Plan.

Proposed Timescale: 28/04/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The inspectors found that suitable ventilation was not provided in one of the centre's laundry rooms.

3. 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:

The Person In Charge met with the Technical Services Manager on 28th April 2017. The maintenance department will organise for the extractor fan in the laundry to be serviced by the 31st May.

Proposed Timescale: 31/05/2017

Theme: Effective Services

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

The inspectors observed combustible materials on the floor of one of centre's laundry rooms.

4. 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:

The combustible material was removed on 24th April 2017. A new cleaning procedure for the laundry room has been developed and is currently in place. The Person In Charge will audit on a monthly basis

Proposed Timescale: 28/04/2017

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:

Risk Management systems in place at the centre had not ensured that :

- All identified risks were assessed
- Risk control measures were consistently implemented in-line with risk assessments
- Identified risks were addressed in-line with agreed timeframes
- The frequency of internal fire checks was in-line with the provider's policy
- Risk assessments were updated to reflect current practices

5. 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:

The original fire door checklist was reviewed and updated on 25th April 2017 to identify that all fire doors are operational in accordance with Regulation 28(3) of the Health Act 2007. Risk assessments and smoking protocols have been reviewed & updated to reflect current practices. The Person In Charge and the Risk Manager have reviewed and updated the environmental risk assessments for the designated centre.

Proposed Timescale: 05/05/2017

Theme: Effective Services

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

The inspectors observed that the effectiveness of residents bedroom fire doors was affected by :

- An obstruction on the fire door's smoke seal
- A fire door did not fully close

6. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

The obstruction on the fire door's fire seal was removed on the day of the inspection 24th April 2017. The problem relating to the fire door not closing was resolved on 24th April 2017 and it is now closing properly.

Proposed Timescale: 24/04/2017

Theme: Effective Services

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

The inspectors found that staff knowledge did not reflect the centre's fire evacuation plan in terms of the frequency of simulated fire drills.

7. Action Required:

Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

The information relating to the frequency of the planned Fire Drills in the designated centre has been updated on April 25th and staff have been made aware of this.

Proposed Timescale: 25/04/2017

Theme: Effective Services

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

Records showed that not all staff had completed all elements of the provider's fire safety training.

8. Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

All staff of the centre have attended Fire Safety Awareness training. Staff who are required to will attend the on-site fire-drill training on the 22nd May.

Proposed Timescale: 22/05/2017

Theme: Effective Services

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

Inspectors observed that combustible materials were present in a garden shed used as a smoking shelter.

9. Action Required:

Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

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

All combustible materials have been removed and the shed has been cleaned on 25th April 2017. The service user's smoking protocol has been reviewed, to exclude smoking near or in the shed

Proposed Timescale: 28/04/2017

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:

Governance and management systems in place at the centre had not identified concerns found on the day of the inspection.

10. 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:

The Person In Charge as part of on-going governance has updated the daily safety checklists, the environmental and individual risk assessments and the Service Users personal plans on 5th May 2017. As part of on-going review and evaluation this will be monitored by the Person In Charge and the Compliance Manager on a weekly basis.

Proposed Timescale: 05/05/2017

Theme: Leadership, Governance and Management

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

An up-to-date annual review of the care and support provided at the centre was not available on the day of inspection.

11. 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 report of the Annual Review of Care and Support provided at the designated centre is now available.

Proposed Timescale: 09/05/2017

Theme: Leadership, Governance and Management

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

The provider's six monthly unannounced visits had not included all services within the designated centre.

12. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

The 6-monthly unannounced provider visit will be carried out by the 31st May 2017.

Proposed Timescale: 31/05/2017

Outcome 15: Absence of the person in charge

Theme: Leadership, Governance and Management

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

The provider had not notified the Chief Inspector in-line with regulations of the proposed absence of the person in charge for over 28 days.

13. Action Required:

Under Regulation 32 (1) you are required to: Provide notice in writing to the Chief Inspector where the person in charge proposes to be absent from the designated centre for a continuous period of 28 days or more.

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

The Chief Inspector was notified on the 25th April 2017 that there was a new temporary Person In Charge in the designated centre.

Proposed Timescale: 25/04/2017