

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Nagle Adult Residential Service
Centre ID:	OSV-0004475
Centre county:	Tipperary
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Johanna Cooney
Lead inspector:	Ann-Marie O'Neill
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	16
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 02 March 2017 10:15 To: 02 March 2017 20:00

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

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 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to Inspection.

This was an announced inspection to inform a registration decision after an application to vary conditions of registration were submitted to the Health Information and Quality Authority (HIQA) by Brothers of Charity Services South East (the provider).

The centre was previously inspected June 2016. Following that inspection a decision to register the centre was made. In June 2016 the centre comprised three residential units. The provider intended to move residents from one of the properties into another property they had purchased. Following registration of designated centre the provider supported residents to move to their new home and the residential unit they moved from became unoccupied for a period of time. During that time the provider upgraded the fire safety measures in the property to bring them into a compliant standard. Following this, residents from another designated centre within Brothers of Charity Services South East moved in.

In November 2016 the provider made an application to vary the conditions of the registration for Nagle Adult Residential Services, to increase the number of residential units in the centre from three to four residential units. The upgraded

residential unit, mentioned in the previous paragraph, would now be re-incorporated back into the designated centre.

How we Gathered Evidence.

For the purpose of this inspection, the inspector visited two residential units in the designated centre. They included the new residential unit proposed in the application to vary and the residential unit that had been unoccupied on the last inspection but was, on this inspection, occupied.

As part of the inspection, the inspector met and spoke with residents living in both of the residential units visited and spoke specifically with three residents. The inspector also met with staff during the inspection, including the newly appointed person participating in management (PPIM) for the centre and regional manager for the service.

Documentation reviewed included policies, personal plans, risk assessments, assessment of needs, person centred planning and behaviour support management plans.

Description of the Service.

The centre comprises four separate houses some distance from each other and supports 17 residents both male and female. The four residential units making up the centre are located near a town in south Tipperary. All residential units provide residents with access to a range of amenities such as shops, restaurants, churches, barbers, hairdressers and shops. Transport is provided for trips further afield if and when requested by residents or required for medical appointments, for example.

Overall Judgment of our Findings.

Actions from the previous inspection had been adequately addressed. A fire safety issue in the unoccupied residential unit, which was identified on the last inspection, had been addressed to a high standard. The provider had ensured any resident using the downstairs bedroom of the premises would have an adequate escape route from the premises in the event of an emergency or fire.

Of the nine outcomes inspected, all nine were found to be compliant or substantially compliant. Some improvement was required relating to the identification of personal risks for residents and the review framework in place for the management of restrictive practices in the centre.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities.

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 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

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

Findings:

Residents social care needs were appropriately assessed and adequate support planning was in place to meet the needs of residents identified through the assessment process. Person centred planning was in place and goals set for residents were reviewed on an ongoing basis. The action from the previous 2016 inspection relating to lack of transition planning for residents moving premises was reviewed on this inspection and found to be completed to a good standard.

All residents had personal plans in place. A sample reviewed by the inspector found that an up-to- date assessment of need had been carried out for each resident. The inspector noted the assessment of residents' social care needs was detailed and comprehensive.

For each identified need support planning had been developed which was to a good standard and guided staff practice to meet residents' social and health care needs.

Each resident had also received a personal planning assessment from which goal planning and setting had occurred. Up-to-date goals were set for residents with ongoing review of how goals were progressing. Some goals achieved by residents included supporting residents to get a passport and planning for a holiday, go to a music show and a horse racing event.

Residents' personal plans contained information with regards to allied health professional assessments, reviews and intervention recommendations. Healthcare planning was maintained in residents' personal plans also. Recommendations by allied

health professionals were referenced in support planning for residents for example; speech and language recommendations to support residents with compromised swallow were incorporated into residents' personal plans.

Contemporary narrative notes were also maintained which provided an outline of each residents' day and activities they participated in, appointments they attended, for example.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Not all aspects of this outcome were reviewed on this inspection. The inspector assessed if the new residential unit, proposed as part of the application to vary, was a safe and suitable premises for residents. The inspector found the location, design and layout of the residential unit was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way.

The premise was clean, warm and comfortable. Provider led audits that had been carried out in the residential unit, dated November 2016 and identified significant issues with the premises at that time. For example, dirty carpets, patches of mould in the ceiling of an ensuite bathroom, a significant collection of dust throughout and malodours in parts of the centre.

Following the internal provider led audit, the provider addressed the issues to a good standard. On this inspection the inspector found the residential unit to be clean throughout, nicely decorated and comfortably furnished. The issue relating to mould on the ceiling had been addressed to a good standard. There were no malodours present on the day of inspection. Carpets had been cleaned and the house had been repainted throughout to a good standard.

Residents' bedrooms were of a suitable size and were decorated and personalised based on their personal taste and reflected their hobbies and interests.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Overall, the inspector found there were appropriate health and safety and risk management systems in place in the centre which met the matters as set out in the organisation's risk management policy which is a required in Schedule 5 of the regulations. A fire and smoke containment issue which was identified in the unoccupied house of the centre on the last inspection had been addressed to a high standard before residents moved in. The inspector however, did identify that not all personal risks for residents had been adequately identified and required improvement.

On the previous inspection, inspectors identified a fire evacuation safety issue in an unoccupied residential unit the provider intended to move residents to. The arrangements in place for the means of escape from a ground floor bedroom were not adequate. The only means of escape from the bedroom was through the utility room to the back door. The resident using the bedroom required an alternative escape route arrangement.

Following the inspection the person in charge submitted to the inspector a costed plan of works to address the fire safety issue. The works were due to take place in late June 2016 and when completed would address the issue adequately. On this inspection the inspector reviewed if the works had been carried out and found they had and to a high standard.

The risk management policy met the requirements of the Regulations and was overall effectively implemented in the centre. The policy covered the matters set out in Regulation 26 including identification and management of risks, the measures in place to control identified risks and arrangements for identification, recording, investigation and learning from serious incidents.

However, risks associated with self harm, aggression and violence and safeguarding issues were not identified as risks on the risk register for the centre and specific personal risk assessments were not in place for them outlining the measures that were in place to manage them.

Of the two residential units visited on the day of inspection only one was fitted with a

security alarm. The provider was required to assess the risk this posed to residents and staff, particularly in light of the fact that there was a practice of lone working.

Fire policies and procedures were centre-specific and up to date. The inspector observed that there were fire evacuation notices and fire plans displayed in the residential units visited during this inspection. The fire and smoke detection system had received servicing which was up-to-date. Fire extinguishers were located throughout and fire blankets were also available. Emergency lighting was located at specific points in the centre and serviced on a quarterly basis.

Keys were used in some fire escape route doors. The provider was required to risk assess this and ensure appropriate evacuation systems were in place which provided easy and prompt exit from the centre without the necessity for a key. This would also provide residents with a system which they could easily evacuate independently if necessary.

The inspector noted the presence of smoke seals on a sample of doors reviewed on inspection. All doors in the premises appeared to be heavy set fire compliant doors. This promoted good fire and smoke containment measures in the centre.

Individual personal evacuation management plans were documented for some residents and implemented as part of fire drills in each residential unit. However, the inspector identified that they did not provide enough detail to reflect the measures staff actually implemented during fire drills. The services manager undertook to update the evacuation plans before the close of inspection.

Regular fire drills took place and records reviewed by the inspector confirmed that they were undertaken approximately once a quarter. The response of residents during fire drills was documented and also the length of time the drills took.

There was a policy on infection control available. Cleaning schedules were in place and these were to be completed by staff on an on-going basis. Hand wash and drying facilities were available to promote good hand hygiene in each residential unit of the centre. Colour coded mops and buckets were designated to clean specific areas in the centre to prevent cross contamination of surfaces.

Safe and appropriate practices in relation to manual handling were in place. All staff had attended training and refresher training.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

There were measures in place to protect residents being from being abused, measures in place also ensured staff working in the centre understood appropriate procedures for the response to allegations of abuse and detection of signs of abuse. Some residents could present with behaviours that challenge which required specific supports. Behaviour support planning was in place and relevant allied health professionals were involved in the development and ongoing review of this support planning. Some improvement was required in relation to the provider's framework for auditing and review of restraint in the centre.

There was a policy in place on the prevention, detection and response to abuse and all staff had received training. Staff spoken with outlined the procedures they would follow should there be an allegation of abuse. Two designated persons were nominated within the organisation as persons to report allegations of abuse to. Photographs and contact details of designated persons were clearly displayed in each of the residential units the inspector visited on the day of inspection.

Residents requiring behaviour support interventions had access to relevant allied health professionals such as psychologists and psychiatrists for the development of behaviour support plans and management of mental health issues which can contribute to behaviours that challenge.

A sample of residents' behaviour support plans were reviewed by the inspector. All residents that required a behaviour support plan had one in place which followed the principles of positive behaviour support. They had been developed by a psychologist with knowledge of the resident and their presenting issues. Support plans set out proactive and reactive strategies for staff to implement in order to support residents. There was evidence that review of the effectiveness of these plans was ongoing and implemented by the psychologist that had devised them.

A restraint free environment was promoted in general throughout the centre. Where restrictive practices were in use appropriate risk management plans were in place to ensure they were the least restrictive measure. A restrictive practice register was in use which identified each restraint in use in the centre and what category of restrictive practice it was, for example, environmental or chemical restraint.

While this was evidence of improved auditing of restrictive practices within the centre there were still some improvements required. While each restrictive practice had been identified there was a lack of information regarding if it had been referred to the

organisation's Human Rights Committee, whose role is to examine the rationale and purpose of all restrictions used within the service. The register did not identify what control measures were in place to ensure restraint was used as a last resort and for the least amount of time. The person in charge and provider were required to review their auditing framework for the use of restraint in the centre.

Each resident requiring specific care supports had an intimate care plan in place. They were found to be detailed and person specific setting out residents personal preferences in a person centred manner with due respect for each individual resident that required them.

Judgment:

Substantially Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

An allegation of abuse that had been investigated and reported to An Garda Síochána had not been notified to the Chief Inspector as required in the regulations.

During the course of the inspection the notification was submitted to the Chief Inspector including information in relation to the investigations carried out and a copy of the safeguarding plan in place for the resident.

Judgment:

Substantially 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:

The inspector reviewed a sample of health care plans and found residents were supported to have their health needs met.

Residents were supported to access health care services relevant to their needs. Residents each had their own general practitioner (GP). Residents also used the supports of allied health professionals such as dietician, speech and language therapists (SALT), chiropody, physiotherapy and psychiatry services. They were supported by staff and/or family members to attend appointments and undergo necessary interventions, for example, blood tests or hospital appointments.

Residents who required specific supports with regards to epilepsy had associated care plans in place which outlined the specific management of the resident's seizures and emergency responses including the use of emergency rescue medication. Care plans were accompanied by a doctor's signature or stamp, for example.

Where residents required specific medical interventions on a regular basis to manage specific healthcare needs they were supported to access hospital appointments. Staff spoken with during the course of the inspection were knowledgeable of the healthcare planning supports those residents required to manage their medical condition, for example the importance of a low salt diet, restriction of fluids and when to contact emergency services. At the time of inspection there were no nurses working in the residential unit to support the resident. The provider had evaluated that the resident's condition was being appropriately managed with the resources allocated to the centre. This is further discussed in Outcome 17: Workforce.

Residents had been supported to receive pneumonia and flu vaccinations as part of their preventative health management. There was also evidence of residents availing of other preventative health checks available to all members of the public such as bowel cancer and diabetic retina screening.

The residential units of the centre the inspector visited each had adequate space for storage of food. Residents had the choice to eat out, order in takeaway or prepare meals in the centre as they wished. Fresh and frozen foods were in good supply in both units visited. There was a good selection of condiments, oils, spices and herbs which were used in the preparation of nutritious meals for residents.

Residents identified at risk of choking, due to compromised swallowing ability, had been referred to speech and language therapy (SALT) for review and a modified consistency meal and fluids plan was prescribed for them where appropriate.

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, residents were protected by the centre's policies and procedures for medication management.

Residents' medications were stored securely in the residential units of the centre visited on the day of inspection. Residents had been assessed as not able to independently take their own medications.

Staff involved in the administration of medications had attended safe administration of medication training. Staff who spoke to the inspector were knowledgeable about the residents' medications and demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements when observed by the inspector during the inspection.

Medication administration charts reviewed were clear and distinguished between PRN (as required), short-term and regular medication. There were no controlled drugs in use at the time of this inspection.

Medications were dispensed from a local pharmacy in generally in prepared dosage packs by a pharmacist. A clear description of each medication was provided to ensure that staff could recognise the correct medication to be administered.

There were also appropriate systems in place for the management and investigation of medication errors and also for the management of out-of-date or spoiled medications.

The inspector reviewed a sample of medication management audits that had been carried out in the residential unit that was intended to become part of the centre. This audit had found a number of issues relating to out of date medications and excess stock that was required to be returned to the pharmacist. This action had been taken at the time of inspection.

The inspector also reviewed the system in place for management of medication errors in the centre. A medication error logged for the residential unit intended to become part of the centre was reviewed and found to be managed appropriately by the staff member who had identified it.

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 provider had continued to implement consistent review of the quality of supports residents received in the centre.

The person in charge of the centre had changed since the previous inspection. However, she had been a person participating in managed of the centre previously. The provider had notified the Chief Inspector of the change of the person in charge and she had assumed her post since November 2016. The inspector found the quality and standard of care and welfare for residents had remained consistent with the findings from the previous July 2016 inspection which had found good compliance with the Regulations.

The person in charge reported directly to the services manager who is nominated as a person participating in management of the centre and was available on the day of inspection as the person in charge was on planned leave at the time of inspection. The services manager demonstrated a good knowledge of the residents and their specific needs. She had the appropriate accountability and authority to make decisions in the centre in the absence of the person in charge.

The person in charge met with the services manager for supervision every six to eight weeks. These meetings reviewed practice within the centre, incidents and accidents, staff supervision and any practice issues, identification of training needs and discussion of the residents.

The provider had met their responsibilities in relation to regulation 23. They had continued and maintained implementation of six monthly unannounced visits and audits of the quality of care and support offered to residents in the centre carried out by persons nominated by them.

The inspector reviewed a sample of six monthly provider led audits carried out for the residential unit proposes as part of the application to vary for the centre. The audit was comprehensive and had identified a number of issues relating to the premises which required significant improvements. At the time of inspection, the inspector noted all the

issues identified through the provider led audit process had been addressed to a good standard.

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):

No actions were required from the previous inspection.

Findings:

Staff working in the centre were supported to meet their continuous professional development needs in order to meet the needs of residents. A recent appointment of staff had ensured a shortfall of staffing numbers in the centre had been addressed.

There was a planned and actual rota in place. Staff working in both residential units of the centre generally worked in a lone working capacity. Staff spoken with during the inspection informed the inspector of the supports in place for them during their work hours such as on-call supports from management.

In light of a healthcare issue for a resident in one residential unit of the centre, the provider was required to continuously review the staffing arrangements in the centre and provide nursing care in the event of a resident's health deteriorating due to a pre-existing medical illness.

Staff supervision and support meetings were carried out by the person in charge on an ongoing basis with all staff. The regional manager also carried out supervision meetings with the person in charge on a regular basis.

There were no volunteers working in the centre at the time of inspection.

A sample of staff personnel files were reviewed as part of this inspection and found to meet the matters as set out in Schedule 2 of the Regulations.

Mandatory training and refresher training was available to staff and a training record was maintained which documented the training that had been received by staff and which was scheduled in the future. Staff had completed a range of training which was

tailored to meet the needs of residents in the centre, for example management of epilepsy, management and response to behaviours that challenge, risk assessment, adult safeguarding, safe administration of medication, management of dysphagia (compromised swallow).

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:

Ann-Marie O'Neill
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider’s response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Ireland
Centre ID:	OSV-0004475
Date of Inspection:	02 March 2017
Date of response:	03 April 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 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:

Risks associated with self harm, aggression and violence and safeguarding issues were not identified as risks on the risk register for the centre and specific personal risk assessments were not in place for them outlining the measures that were in place to manage them.

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

Of the two residential units visited on the day of inspection only one was fitted with a security alarm. The provider was required to assess the risk this posed to residents and staff, particularly in light of the fact staff worked alone in the centre.

1. 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:

Risk assessments and associated management plans will be put in place for the specified risks and will be identified on the risk register for the Centre by 14th April 2017.

An intruder alarm will be fitted to the identified unit by the 31st May 2017.

Proposed Timescale: 31/05/2017

Theme: Effective Services

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

Keys were used in some fire escape route doors. The provider was required to risk assess this and ensure appropriate evacuation systems were in place which provided easy and prompt exit from the centre without the necessity for a key.

2. 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:

Thumb-turn locks will be inserted in the identified fire escape route doors to ensure easy and prompt exit in the case of fire.

Proposed Timescale: 07/04/2017

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:

The person in charge and provider were required to review their auditing framework for the use of restraint in the centre.

3. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and

alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

The Restrictions Register in the Centre will be updated by the Person in Charge to include the required information on referrals to the Human Rights Committee.

Proposed Timescale: 21/04/2017

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 is required to submit notification to the Chief Inspector of any allegation of abuse that occurs in the centre.

4. Action Required:

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

For all future allegations of abuse the Person in Charge will submit the required notification to the Authority within the requisite timeframe.

Proposed Timescale: 02/03/2017