

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	The Ash
<b>Centre ID:</b>	OSV-0004759
<b>Centre county:</b>	Clare
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Brothers of Charity Services Ireland
<b>Provider Nominee:</b>	Eamon Loughrey
<b>Lead inspector:</b>	Catherine Glynn
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	3
<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 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: 21 July 2017 09:30 To: 21 July 2017 19:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

Background to inspection:

The purpose of this unannounced inspection was to monitor the centre's ongoing regulatory compliance with the Health Act 2007 (Care and Support of Residents in Designated Centre's (Children and Adults with Disabilities) Regulations 2013.

How we gathered our evidence:

The inspector met with three residents, two staff members, the regional manager, the person in charge and the provider's representative during the inspection process. The inspector reviewed practices and documentation, including two residents' personal plans, five staff files, medication related documentation, policies and procedures, fire management related documents and risk assessments.

Description of the service:

This centre is managed by the Brothers of Charity services, Ireland and is located in a town in Co. Clare. This centre provides residential services to people with an intellectual disability, who have been identified as requiring low to medium levels of

support. The service can accommodate male and female residents from the age of 18 years upwards. The maximum number of residents this centre can accommodate is three. There were no vacancies at the time of this inspection.

The centre was a three bedroom bungalow which provided residents with access to a kitchen and dining area, activity room, sitting room, bathroom and utility room. There was a self-contained apartment attached to the centre which provided one resident an independent living space. This apartment also contained cooking facilities, a dining area and lounge area, bedroom and bathroom facilities. There was garden space provided to the bungalow and apartment separately. The centre was found to be well-maintained, suitably decorated and had a homely feel.

The person in charge had the overall responsibility for the centre and was supported in their role by person's participating in management, the regional manager and the provider. The person in charge held an administrative role and visits the centre regularly each week to meet with both staff and residents.

Overall Judgment of our findings:

The inspector found that while some improvement had occurred in the centre, further improvement was required. 12 outcomes were inspected, seven were found to be compliant, two were substantially compliant and three outcomes were found to be in moderate non-compliance with the regulations.

An immediate action was issued on the day of inspection to the provider and person in charge in relation to the management of emergency healthcare needs. The provider was required to submit a response on the day following the inspection. The provider submitted the required information, with assurance of measures in place to ensure effective management of emergency healthcare.

The findings of the inspection are 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):**

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

**Findings:**

The inspector did not review all aspects of this outcome as part of this follow up inspection.

On review of the complaints procedure, the inspector found that there was a nominated person appointed to oversee the management of complaints. This role was separate to the person nominated to deal with complaints. The provider had responsibility for this role and was aware of all complaints that had been received.

**Judgment:**

Compliant

**Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

The inspector did not review all aspects of this outcome as part of this follow up inspection. Inspectors found that the action identified during the last inspection had not been satisfactorily completed.

Overall, the inspector found that staff were aware and familiar with the communication ability and supports required for all residents in the centre. Communication systems in place included the use of pictures, calendars and object to assist staff to communicate with residents. However, the inspector found that the communication documentation was not been fully completed. For example, a hospital passport completed for one resident did not reflect the residents' communication needs. Staff responsible for completion of this task confirmed that it had not been completed and it was outstanding at the time of inspection.

**Judgment:**

Substantially Compliant

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

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

**Findings:**

Overall, the inspector found residents' wellbeing and welfare was maintained, with each resident having opportunities to participate in activities that were of interest to them,

The inspector found that comprehensive assessment's were in place to reflect the care and support needs of residents. The person in charge was also ensuring that a balanced approach was provided to ensure residents received support for health care needs and social care needs. Reports on the discussions held with the multi-disciplinary team (MDT) were kept on the residents' file and demonstrated the participation of all involved in the MDT; including, physiotherapy, and family members.

The inspector found that personal plans were reviewed every six months. These were coordinated by the person participating in management with the person in charge.

These plans were found to include short, medium and long term goals and were being reviewed on a six monthly basis.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**

Effective Services

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

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

**Findings:**

Overall, the inspector found that there were systems and measures in place that promoted health and safety in the centre. The inspector noted that actions required from the previous inspection had been addressed with regard to vehicle driving checks. Formal arrangements were in place when required to manage infection control outbreaks, and a multi-factorial review was in place in the event of incident's or accidents. However, further improvement was required to the management and control of risk.

An immediate action was issued to the provider on the day of inspection. The provider did not have effective controls in place to support residents with epilepsy in the centre. During the inspection a resident was found in a post-seizure phase. Staff had not been alerted to the seizure as the alarm in place was not working effectively. The inspector observed that staff did not effectively implement the residents' emergency epilepsy protocol. The inspector also found that a comprehensive review had not occurred of the controls in place and the risks identified. The provider was required to take immediate action to ensure that effective measures were in place to support and monitor residents seizure activity. This included implementing the emergency protocol, the provision of working equipment with training and monitoring of the systems in place.

The provider responded by allocating waking night duty staff until new equipment was sourced and installed, and training in its use had been completed by all staff. In addition, a system to review the equipment was also outlined in the report provided. Risk assessments were also up-dated to reflect the changes and the controls in place. Personal emergency plans were also up-dated to reflect the changes in staffing structure.

The inspectors found that fire precautions were in place in the centre; however, further improvement was required as measures were not in place for the containment of fire. The inspector found that fire doors were open and did not ensure containment of fire on exit routes. There were regular fire drills and all residents actively engaged in these. Fire

drill records showed how many residents participated, evacuated and the level of support they required. Learning was also recorded, to guide staff. Fire fighting equipment and fire alarms were provided. In addition, the inspector observed that specialised equipment was in place to support residents with sensory needs. Records of servicing of fire equipment was maintained in the centre. Personal emergency plans were in place for all residents and outlined the care and support needs required by each resident. All staff had completed training in fire safety and were able to inform the inspector what they would do if the alarms were activated.

The inspector reviewed risk assessments and personal plans and found these to reflect residents' needs and the centre's policy. Risk assessments and plans were reviewed regularly by named specialists, with changes in interventions being reflected in documents reviewed. The inspector observed that where training had been recommended for staff in line with residents' needs, this had been accessed by all staff from training records examined.

**Judgment:**

Non Compliant - Moderate

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

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

**Findings:**

The centre had policies in place on the prevention, detection and investigation of abuse and provided personalised support in the management of behaviour. Actions from the previous inspection were addressed regarding, development of behaviour support plans, awareness of reporting concerns of abuse. restrictive practices were subjected to audits and reviewed in line with the organisations policy and best practice. However, further improvement was required to ensure that guidelines were followed as outlined in behaviour support plans and the measures in place to review restrictive practices.

The inspector observed residents being supported in a respectful and dignified manner by staff throughout the inspection. Residents appeared comfortable with staff and informed the inspector that they were happy with the support they received.



The centre had a policy and procedure in place on the prevention, detection and investigation of abuse. Safeguarding information was displayed on the residents' notice board, which identified the centre's designated safeguarding officer. The inspector found that staff treated residents with respect during their interaction. Staff had received safeguarding training and told the inspector what constituted abuse and the actions they would take should they suspect abuse had occurred, which was reflective of the centre's policy.

Policies at the centre included the management of behaviours that challenged and the use of restrictive practices. The inspector found that while staff were familiar with residents behaviours, they failed to share key information with the inspector on arrival to the centre. The inspector found that clear and detailed guidance was held in the residents' file on the requirement to alert new visitors to behavioural issues within the centre; however, this measure had not been implemented at the start of inspection.

**Judgment:**

Non Compliant - Moderate

**Outcome 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**

Health and Development

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

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

**Findings:**

The inspector did not look at all aspects of this outcome, but focused on the action required from the previous inspection.

On the day of inspection, the inspector found that all residents had arrangements were in place to ensure residents assessed needs were being met. A review cycle was also in place, which ensured the staff, management, representative and resident were engaging in a comprehensive review of residents' education, employment and developmental needs. A keyworker was allocated to all residents with the overall responsibility of monitoring and reviewing residents personal plans and goals in place.

**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 inspector found that residents' healthcare needs were assessed and supported in the centre. However, the inspector found that some controls in place to support residents healthcare needs were not effective.

The inspector reviewed residents' healthcare records and found that residents had access to a range of allied healthcare professionals including general practitioners, psychiatrists, chiropodists and dentists. The inspector found that residents' health was regularly reviewed and, in the case of specific health issues, recommendations were included in residents' risk assessments and personal plans. The inspector observed staff practices which reflected the support required by residents' healthcare needs and risk assessments. However, further improvement was required, as staff were not implementing an emergency medication protocol as required for a resident with epilepsy.

The inspector found residents' had a General Practitioner (GP) of their own choice.

Residents had access to healthy and nutritious meals. Residents told and showed the inspector that they choose their weekly meals as part of their residents meetings and were involved in food shopping. Residents were involved in preparing meals dependent on their abilities and this was reflected in discussions with staff and individual personal plans.

The inspector observed meal preparation at the centre. Residents were involved in meal preparation based on their abilities, with the activity being a positive experience for residents.

**Judgment:**

Non Compliant - Moderate

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

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

**Findings:**

The inspector reviewed the centre's medication management arrangements which were in line with the provider's policy. The inspector found that actions required from the previous inspection had been satisfactorily addressed.

Medication prescription sheets contained a photograph of the resident as well as all relevant personal information such as date of birth and address. Prescription sheets also clearly showed the medication prescribed for the person, its dosage, times to be administered and the route of administration. Medication recording sheets reflected the prescription sheets for each resident and the inspector observed medication being given at the prescribed times to residents. Staff signed when they had administered medication in residents' medication records.

The inspector found protocols were in place for the administration of 'as required' medication indicating, the reason for administering and maximum dosage prescribed.

Medication was stored in a secure cabinet at the centre. The centre maintained records of all medication returned to a local pharmacy for disposal. Medication for return to a pharmacy, was stored in a secure locked box, separate from daily medication.

**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):**

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

**Findings:**

Overall the inspector found that there was a clearly defined management structure in place in the centre; however, there was evidence of poor oversight and ineffective implementation of governance arrangements in the centre. Governance and management arrangements at the centre had not ensured that effective risk

management was in place for all residents. The management structure reflected the centre's statement of purpose and staff knowledge.

The inspector found that the person in charge and provider had not monitored and reviewed systems in place to support residents with their health care needs effectively.

The person in charge was full-time and responsible for the centre along with three other designated centres in the local town. The person in charge was known to the residents, had a weekly presence in the centre and was available as and when required. Staff and residents told the inspector that they found the person in charge both approachable and responsive to their needs. The inspector found the person in charge to be suitably qualified and knowledgeable on the needs of residents, as well as their role under the regulations. Training records reflected the person in charge's commitment to continued professional development in line with the needs of the centre.

The inspector reviewed monthly visits to the centre conducted by the person participating in management. Audit systems were also completed by the person in charge as required by the provider. The provider conducted six monthly unannounced visits to the centre, with written reports on the visits being available at the centre. The inspector also reviewed the annual review of care and support at the centre which was completed by the provider's representative and available at the centre.

**Judgment:**

Substantially Compliant

**Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**

Use of Resources

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

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

**Findings:**

The inspector did not look at all aspects of this outcome but focused on the actions identified from the previous inspection. The inspector found that the action required from the previous inspection had been addressed, a review of staffing had occurred and supports were in place to meet the needs of residents.

The inspector found that the provider had reviewed staffing levels to meet the assessed needs of all residents in the centre. On review of the roster in place, additional hours had been provided to support residents. This provided residents opportunities to engage in activities of their choice. In addition, the organisation was utilising community resources to provide additional hours to facilitate residents to achieve their social goals.

<b>Judgment:</b> 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:**  
The inspector found that staff had received training which reflected the residents' needs and staffing levels had been increased since the last inspection.

Staff training records showed that staff accessed mandatory training such as manual handling, fire safety, safeguarding of vulnerable adults. Staff informed the inspector that they attended team meetings chaired by the person in charge, and records reviewed showed discussions on resident needs, staff training and organisational policy. The inspector examined annual staff performance reviews and monthly supervision records which were in line with local policy.

Staff were aware of the Health Act 2007 and the regulations and standards, in line with their roles and responsibilities.

The inspector reviewed a sample of personnel files, which contained all information as required under Schedule 2 of the regulations.

<b>Judgment:</b> Compliant
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**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*

**Theme:**

Use of Information

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

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

**Findings:**

The inspector found that records and documentation required under regulations were maintained at the centre.

The centre had all of the written policies as required by Schedule 5 of the Regulations.

There was a guide to the centre available to residents which met the requirements of the Regulations. It outlined the services provided at the centre, the terms relating to residency, the arrangements for residents' involvement in the running of the centre, how to access inspection reports, the procedure for respecting complaints and the arrangements for visits.

The centre was insured against accidents or injury to residents, staff and visitors and the policy was up-to-date.

The inspector found that records required under the regulations were being maintained at the centre.

**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:**

Catherine Glynn  
Inspector of Social Services  
Regulation Directorate



## 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 Brothers of Charity Services Ireland
<b>Centre ID:</b>	OSV-0004759
<b>Date of Inspection:</b>	21 July 2017
<b>Date of response:</b>	06 September 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 02: Communication

**Theme:** Individualised Supports and Care

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

The provider had failed to ensure:

- that communication assessments were complete for all residents
- personal plan included methods to support residents with their communication needs.

#### 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 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

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

Communication assessments will be completed in line with the individuals Personal Plan. A communication guidance document will be developed to ensure that individuals methods of communication are captured. All staff working in the designated centre will be made aware of each individual's communication guidance document.

**Proposed Timescale:** 09/09/2017

**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

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

The provider had failed to ensure that effective measures were in place to manage risk in the centre.

**2. 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 provider submitted all relevant documentation required following the immediate action issued during the inspection. The paperwork included the following:

- Revised Epilepsy Risk Assessment.
- Revised Personal Emergency Evacuation Plans for each individual accounting for the waking night cover for the duration it was in place.
- Installation of a new Epilepsy Seizure Sensor System as well as a training demonstration for all staff present on the day of installation.
- Test protocol for one week following installation of the above system as well as a weekly testing protocol going forward.
- Incident Report From relating to the immediate action.
- Revised Protocol for dealing with the individual's seizures.
- Revised Restrictive Practice Protocol (for a listening device used to detect seizure activity in the absence of a Seizure Detection System)
- Protocol for the use of the new Epilepsy Seizure Sensor System's use.

The newly developed Weekly testing protocol advises staff to report any malfunctions of the System to the Person in charge – via our computerised reporting system as well as reporting these faults to the installation company.

Individuals Risk Registers will be reviewed in line with their Personal Plan six monthly reviews.

**Proposed Timescale:** 28/07/2017

**Theme:** Effective Services

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

The provider had failed to ensure that effective measures were in place for the containment of fire in the centre, which also reflected the assessed needs of all residents in the centre.

**3. 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:**

Risk assessment relating to the containment of fire are being reviewed in line with the Risk management policy and additional controls will be put in place based on the assessed needs of the resident. Selected internal doors have been identified as requiring automatic door release mechanisms. All other doors will remain closed throughout the day and night.

**Proposed Timescale:** 16/10/2017

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

The provider had failed to ensure that staff had measures in place to ensure that all guidelines are followed as directed in the behaviour support plans in place in the centre.

**4. Action Required:**

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

The guidelines for visitors will be made available on arrival to the designated centre along with the visitors signing book. A comprehensive Induction Folder will be available for new staff and visiting inspectors/auditors.

The Restrictive Practice Protocol has been reviewed in line with the Restrictive Practice Procedure.

**Proposed Timescale:** 01/09/2017

## Outcome 11. Healthcare Needs

**Theme:** Health and Development

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

The provider had failed to ensure that staff provided support for a resident in line with their assessed need.

**5. Action Required:**

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

A new Epilepsy Seizure Sensor System was installed on the 27th July 2017. This system has multifunction technology in terms of a sensor mat to detect seizure movement and an audio monitor to detect and subsequently alert staff to any vocalisation which is indicative of a seizure. All staff have received training on the correct use of the system. There is a written protocol on file for the use of the Monitor. A weekly check is being carried out and recorded to ensure efficient working order of the monitor. All malfunctions of the monitor are submitted as an incident to ensure the person in charge is aware. The protocol also advises staff to contact the installer if a malfunction occurs. The use of a listening monitor is also ongoing and will be reviewed in line with the services Restrictive Practice Procedure. All staff have received training on Epilepsy Awareness.

**Proposed Timescale:** 28/07/2017

## 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:**

The provider had failed to ensure that management systems reviewed care and support needs for residents in a timely manner.

**6. 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 Epilepsy Sensor Monitor Protocol has been developed to give guidance to staff on recording all incidents of malfunction of the Epilepsy Seizure Sensor system. Incidents of malfunction will be recorded on the organisational online reporting system to ensure that the person in charge is made aware of the incidents and appropriate actions taken in a timely manner

<b>Proposed Timescale:</b> 28/07/2017