

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Riverside-Sonas Residential Service
<b>Centre ID:</b>	OSV-0005452
<b>Centre county:</b>	Dublin 15
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Daughters of Charity Disability Support Services Company Limited by Guarantee
<b>Provider Nominee:</b>	Lorraine Macken
<b>Lead inspector:</b>	Helen Thompson
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	6
<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: 27 June 2017 09:20 To: 27 June 2017 18:30

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

**Background to the inspection**

This was an unannounced inspection that was conducted in line with HIQA's remit to monitor ongoing compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. This inspection was scheduled as a follow up to the centre's previous registration inspection, post the residents moving in just over three months ago. The inspection was conducted by one inspector over one day.

The required actions from the previous inspection in October 2016 were also followed up as part of this inspection.

**How we gathered our evidence**

The inspector met with a number of the staff team which included social care staff, the person in charge and a psychologist who was present on the day. Additionally, in assessing the quality of care and support provided to residents, the inspector spent time observing staff engagement and interactions with residents.

As part of the inspection process the inspector spoke with the aforementioned staff and reviewed various sources of documentation which included the statement of purpose, residents' files, centre documentation and a number of the centre's policy documents. The inspector also completed a walk through of the centre's premises.

### Description of the service

The service provider had produced a statement of purpose which outlined the service provided within this centre. The centre was a detached dormer style bungalow on its own grounds. It was situated adjacent to a busy suburban village which was within walking distance. A range of amenities and public transport options were available there.

The statement of purpose stated that the centre provided a long stay high support house for six residents which is open 24 hours, seven days a week. Staff strive to achieve and provide a homelike environment where each individual's needs are identified and met.

Residents' support needs included those associated with their intellectual disability, epilepsy, dementia, phenylketonuria, liver disorder, sensory disabilities, mental health needs and behaviours that challenge. There was capacity for six residents and at the time of inspection it was now home to six ladies over 18 years of age.

### Overall judgment of our findings

Nine outcomes were inspected against and overall the inspector found a mixed level of regulatory compliance. Four outcomes were found to be of moderate non-compliance. These included health and safety and risk management, residents' social care needs and the centre's workforce. The staffing complement was not observed to be consistently maintained at a level appropriate to some resident's needs and wishes. This was the situation on the day of inspection and contributed to residents experiencing a lot of unstructured time. The centre's care planning systems also needed to be updated in line with residents' current circumstances, and some improvements were required with the centre's risk and fire safety management systems.

Additionally, the service's governance and management was non-compliant due to its failure to provide effective oversight over the above identified systems.

Other core outcomes inspected were found to be compliant with regulatory requirements. These included residents' healthcare, medication management and safeguarding and safety needs. The inspector observed that in general residents appeared to be contented and relaxed in their new home.

These findings along with others are further detailed in the body of the report and the action plan at the end.

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

**Outcome 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:**

Overall, the inspector found that significant improvement was required to ensure that resident's personal plans were current to their circumstances and needs. Additionally, the review process needed to improve to ensure that resident's social goals were reviewed and evaluated in a systematic manner. Accessibility of some residents' plans also required attention and improvement.

Members of the multidisciplinary (MDT) team did conduct assessments and reviews. Residents and their representatives were noted to contribute to the development of plans. Residents were attending some activities and accessing their local community amenities. Residents' transitions were observed to have been supported.

From a review of residents' files the inspector observed that overall the centre's care planning system was in an interim phase and still required input to ensure that some of the residents' wellbeing and welfare needs were underpinned by documented evidence-based care and support. This finding had been highlighted by the person in charge (PIC) as an area for improvement during the inspection's opening meeting. The PIC had noted that a changeover was underway with the care planning templates and format.

Thus, some residents had a new file just nearing completion and others were mid-way. This resulted in some plans not being available, current or having had a systematic review or evaluation since residents had transitioned to their new centre.

The inspector noted that a number of staff had attended person centred planning training and this outstanding education need was planned for delivery with others.

Residents were observed to attend and participate in a range of activities of their

choices. This included accessing amenities in the local village and shopping centres. Social goals assessment had identified residents' likes and dislikes, with activities planned from this process. However, the inspector found that these were not reviewed since the resident's move to their new setting nor in a systematic manner. Improvement was also needed in the provision of accessible versions of plans for some residents.

The inspector observed that residents had been well supported with their transition from their previous residential setting to their new centre. This included the involvement of families and MDT assessments and supports. For example, one resident's transition was facilitated and augmented with the usage of social stories.

**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):**

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

**Findings:**

Overall, to ensure the health and safety of residents, staff and visitors the inspector found that improvements were required with the centre's fire safety and risk management systems. Satisfactory infection control measures were in place.

The inspector observed that the centre's risk management system was underpinned by the required policies and procedures which included a risk management policy, a health and safety statement and a policy relating to incidents where a resident goes missing. There was also a centre risk register which was developed from resident's individual clinical risk assessments and from the identification of centre risk assessments. The register encompassed risks from slips, trips and falls, fire, bruising, choking and challenging behaviour. There was a system in operation for the review of, and learning from incidents and events, and for responding to emergencies.

However, during the inspection process it was noted that the risk process had not identified all possible risks, for example, risks associated with periods of the lowest staffing level in the centre. Additionally, it was found that not all identified control measures were in place to mitigate the cited risk. For example, a review of a resident's choking risk assessment document demonstrated that the first aid training required by staff as a control measure had not been facilitated/implemented. These matters were discussed during the feedback meeting.

The centre had a fire safety management system in place. This included the provision of the required fire safety equipment, of fire detection equipment including an alarm

system and of emergency lighting. Fire safety checks were completed by staff members. Residents' individual needs were outlined in their personal emergency evacuation plans and fire procedures were displayed.

However, the inspector found that the required servicing of the centre's fire alarm system was not completed. Additionally, certified evidence of the servicing of the fire safety equipment and emergency lighting was not available. The inspector acknowledged that the electrician was on site on the evening of the inspection and that evidence of the servicing of the fire alarm was, post request, forwarded by close of business the following day.

The inspector reviewed fire drill documentation and noted that one daytime drill had been conducted since the ladies moved into the centre. However, no drill had been conducted to test the fire safety procedure and supports at times of the lowest available staffing level.

From an infection control aspect, the centre was observed to be clean with the necessary protective equipment and hand hygiene facilities available for staff. Staff were noted to be trained in both manual handling and fire safety.

The centre did not yet have it's own vehicle available for residents.

**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:**

Overall, the inspector observed that there were measures in place to protect and safeguard residents from any risk of abuse. Residents' emotional and behavioural needs were supported with a positive approach taken to behaviour that challenged. A restrictive and restraint free environment was promoted.

The inspector observed that residents were happy and contented in the centre. No

incidents of alleged abuse had occurred since they had moved there. Staff engagement and interactions were noted to be very person centred and respectful in manner. There were personal and intimate care plans available to inform staff practices and supports. Staff attended relevant training.

Residents' emotional and behavioural needs were acknowledged, supported and reviewed. Members of the multidisciplinary (MDT) team were involved and included psychology, psychiatry and a clinical nurse specialist in behaviour. Efforts were made to understand and alleviate resident's behavioural expression. Staff were facilitated with training in behavioural support and were noted to be guided in this area by MDT members.

A restrictive and restraint free environment was fostered and there were due process measures in situ to underpin the usage of any restrictive practice.

The policies as required by legislation were available in the centre. A number were noted to be outside of the three year timeframe - this is dealt with under Outcome 18.

**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:**

The inspector observed that all residents were supported on an individual basis to achieve and enjoy the best possible health.

Residents' healthcare needs were identified, supported and reviewed. They had access to a local general practitioner and were also supported to access a number of multidisciplinary team members. This included physiotherapy, clinical nurse specialist, psychology and psychiatry.

The inspector noted that residents were facilitated as appropriate to attend allied health services which included consultant's reviews and specialised outpatient clinics.

Residents' diet and nutritional needs were assessed and supported. This included assessments and review by a speech and language therapist and a dietician. On the day of inspection a resident was having a follow up review. Specialised diets were facilitated in the centre. The inspector observed that a healthy lifestyle was promoted.

Residents' choices were facilitated and they were encouraged to participate in meal

preparation and tidy up. Mealtimes observed on the day were noted to be a relaxed, social event.

All meals were prepared in the centre and staff had received food safety training.

**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 inspector found that the centre had a clear medication management system in place which ensured that each resident and their medication needs were protected.

There were written operational policies regarding the ordering, prescribing, storing and administration of medicines to residents. There was evidence of residents' medical and medication needs being reviewed. Capacity assessments were completed with residents. Medicines were observed to be stored in an appropriate manner.

Staff were trained in the safe administration of medicines. Additionally, there was a system for reviewing and monitoring safe medication management practices.

Residents were supported by a pharmacist with future plans for transitioning to a local community based service outlined by the person in charge.

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The inspector observed that the centre's statement of purpose on the day of inspection (version 4 of 22/06/2017) had addressed the matters identified in the previous inspection. However, some improvement was still required to ensure that all Schedule 1 aspects were met.

From a review of the document the inspector found that it did not contain the information that was set out in the centre's Certificate of Registration. Also, it was noted that the age range/profile of the residents was not current.

**Judgment:**

Substantially Compliant

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

Overall, the inspector found that some improvement was required to ensure that there were effective management systems in place to support and promote the delivery of safe, quality care services for residents.

There was a clearly defined management structure in place with lines of authority and accountability. There was a meeting process in operation where the person in charge (PIC) was supported by a clinical nurse manager 3 who had particular responsibility for the centre. Centre managers also attended a service wide managers meeting which interfaced with a number of operational areas.

However, these processes had failed to ensure oversight and accountability across a number of the centre's key systems for the delivery of safe and evidence based services for residents. This included the centre's health and safety and care planning systems. Improvement was also identified with the centre's workforce.

The inspector also noted that residents were still awaiting the provision of their own wheelchair accessible transport, though were now over three months residing in their new home. This plan had been outlined to the inspector at the time of the empty build inspection in October 2016. The inspector was informed that in the interim accessible taxis and cabs were utilised.

The Centre was managed by a PIC who met the requirements for the role in their qualifications and experience. They demonstrated knowledge of the legislation and their statutory responsibilities. The PIC was involved in the governance, operational management and administration of the centre. The PIC was very identifiable to both residents and staff.

Additionally, up to the previous week they had only had responsibility for this centre but going forward they were now also responsible for another centre where they would be allocating two days a week. This centre was a significant geographic distance away. During interview the PIC outlined plans to address this additional demand and how any possible affects would be mitigated for this centre.

Plans in keeping with the required timeframes were outlined for the future implementation of the centre's self-monitoring systems. The six monthly provider visit will be completed by the service's provider nominee and the annual review by the service's quality and risk officer.

**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:**

Overall, the inspector observed that improvement was required with regard to ensuring that an appropriate number of staff is consistently maintained to meet residents' needs and wishes. Some improvement was also required with the provision of staff training.

From a review of documentation, the centre rota, observations and interviews the inspector concluded that the number of staff available to support residents was not consistently maintained for each day. On some days there were only two rather than

three staff on duty to meet residents' assessed needs and wishes. Additionally on each shift staff were responsible for meal preparation and all household/laundry chores. The observed affects of the reduced staff number included less opportunities for residents to be facilitated with day activation options/choices, particularly with access to their local community.

The inspector also noted that a reduction in staff numbers was linked to an increased likelihood of using an environmental restriction. The Person in charge (PIC) did on occasions provide frontline support but the inspector queried the maintenance of this provision with the PIC's recent increase in responsibility.

It was observed that continuity of care was provided for residents and staff met during the inspection process were very knowledgeable regarding individual residents.

Staff training records were reviewed and a number of gaps were identified. This included the provision of education/training for some staff in fire safety, behavioural support and in first aid.

The person in charge outlined that further training in line with residents' evolving needs was planned, for example, in dementia.

Staff supervision was at the time of inspection provided in a direct manner as the PIC worked alongside staff and through staff meetings. The PIC planned to commence a formal supervision process.

Staff files were not reviewed during this inspection and will be reviewed again on future inspections.

**Judgment:**

Non Compliant - Moderate

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

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

No actions were required from the previous inspection.

**Findings:**

During the course of the inspection it was observed that some of the centre's policies were not current. Also, the inspector noted that some of the resident's documentation required improvement in their maintenance.

Some policies were not reviewed within the required three year timeframe, this included the policy regarding the provision of intimate care and behavioural support. A review of resident's records demonstrated that some were not updated to reflect their recent move and a number of documents did not contain any dates of creation.

**Judgment:**

Substantially Compliant

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

***Report Compiled by:***

Helen Thompson  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Company Limited by Guarantee
<b>Centre ID:</b>	OSV-0005452
<b>Date of Inspection:</b>	27 June 2017
<b>Date of response:</b>	10 August 2017

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 05: Social Care Needs

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Plans were not available to underpin and inform staff support for some of the residents' 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 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

Each resident will have a personal plan in place that will identify all of their individual supports required. The personal plans will be reviewed and evaluated every three months or sooner if required.

**Proposed Timescale:** 30/09/2017

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Accessible versions of their plans were not available to some residents.

**2. Action Required:**

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

Accessible versions of individual care plans will be available to all residents and will be reviewed and updated as required.

**Proposed Timescale:** 30/09/2017

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Some residents' plans were not reviewed and evaluated in line with changes.

**3. Action Required:**

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

All residents care plans will be reviewed and evaluated three monthly or sooner if required and will reflect the move to the residents new home.

Proposed Timescale: 30th September 2017 and thereafter three monthly

**Proposed Timescale:** 10/08/2017

**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 centre's risk management system had not identified all possible centre risks.

**4. Action Required:**

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

The risk register has been updated to include all hazards identified and assessments of risk throughout the centre.

**Proposed Timescale:** 10/08/2017

**Theme:** Effective Services

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

Some cited measures to reduce/mitigate an identified risk were not found to have been implemented.

**5. Action Required:**

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

Risk Assessments reviewed and appropriate control measures identified.

**Proposed Timescale:** 10/08/2017

**Theme:** Effective Services

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

As outlined in the body of the report the provider had not ensured that all fire safety equipment was serviced and maintained.

**6. Action Required:**

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

The Fire Register has been updated to ensure that all fire safety equipment has been serviced and certified for 2017 and will be systematically reviewed as per DOC policy No 60.

**Proposed Timescale:** 10/08/2017

**Theme:** Effective Services

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

There was no evidence of the centre's fire procedures being tested through the completion of a drill at times of the lowest available staffing levels.

**7. Action Required:**

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

Two fire drills have been completed successfully at the lowest available staffing levels. Fire drills will continue to be conducted to ensure staff and residents are aware of the evacuation procedures.

**Proposed Timescale:** 10/08/2017

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

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

**8. Action Required:**

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

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

The Statement of Purpose has been updated to reflect:

- 1) information that was set out in the centres certificate of registration
- 2) to reflect the current age range profile of the residents

**Proposed Timescale:** 10/08/2017

#### **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:**

As outlined in the body of the report some improvements were required to ensure that the service provided was safe and in line with residents' needs.

**9. 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 centres health and safety and care planning system will be audited to ensure that the service provided is safe and appropriate to residents needs.

**Proposed Timescale:** 30/09/2017

#### **Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

As outlined in the body of the report the number of staff available was not consistently maintained.

**10. Action Required:**

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

The number of qualifications and skill mix of staff will be maintained in line with the Statement of Purpose and the needs of the residents within their home.

**Proposed Timescale:** 10/08/2017

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Some gaps were identified with staff member's training needs.

**11. Action Required:**

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

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

Fire training has been completed (05/07/17)

Positive behaviour support completed (09/08/17) (16/08/17)

Dementia support training completed (09/08/17) (23/08/17)

**Proposed Timescale:** 31/08/2017

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

As outlined in the body of the report, some of the centre's policies were not reviewed within the required three yearly timeframe.

**12. Action Required:**

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

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

All service policies to be reviewed and updated as necessary.

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

**Theme:** Use of Information

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

As outlined in the body of the report some of the resident's records required improvement in their maintenance.

**13. Action Required:**

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in

Schedule 3.

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

All the residents personal plans and social goals assessments will be reviewed and evaluated three monthly or sooner if required.

Proposed Timescale: 30th September 2017 and ongoing

**Proposed Timescale:** 30/09/2017