

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	The Orchard
<b>Centre ID:</b>	OSV-0005516
<b>Centre county:</b>	Dublin 22
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Nua Healthcare Services
<b>Provider Nominee:</b>	Noel Dunne
<b>Lead inspector:</b>	Maureen Burns Rees
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	0
<b>Number of vacancies on the date of inspection:</b>	5

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

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

From: 19 December 2016 09:30 To: 19 December 2016 15:30

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

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

**Summary of findings from this inspection**

Background to the inspection:

This was the first inspection of the centre by HIQA as it was a new application to register a designated centre for individuals with a disability. It was a ten outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision.

How we gathered our evidence:

As part of the inspection, the inspector met with the person in charge and deputy team leader. There were no service users availing of the service at the time of inspection. The inspector reviewed the premises, policies and procedures, staff files and a suite of templates which had been presented for use in the centre.

Description of the service:

According to the providers statement of purpose, dated December 2016, the centre would provide long term residential care for children aged between 12 to 17 years with an intellectual disability and autism who require medium support. The service had not identified any specific service users at the time of inspection, although it was reported that a number of referrals had been received. It was proposed that the centre would accommodate a maximum of five children at any one time.

#### Overall Judgment of our findings:

Overall, the inspector found that the management team had completed significant work on templates and systems to ensure that the majority of regulations were being met. There were arrangements in place to promote potential service users rights and safety and to provide a good quality of life for those who would avail of the service. The person in charge demonstrated adequate knowledge and competence during the inspection and the inspector was satisfied that he was a fit person to participate in the management of the centre.

#### Good practice was identified in areas such as:

- There were arrangements in place to support service user's rights. (Outcome 1)
- There were arrangements in place to assess service user's individual needs and choices and to put in place personal plans to meet the needs identified.(Outcome 5)
- Arrangements were in place to support service users on an individual basis to achieve and enjoy the best possible health. (Outcome 11)
- There were systems in place to support staff in protecting children in relation to medication management. (Outcome 12)
- There were arrangements in place to monitor the quality and safety of care and support once the centre opened. (Outcome 14)

#### Areas of non compliance with the regulations and national standards were identified in areas such as:

- There were some areas for improvements in terms of painting and decoration and the provision of furniture in a number of bedrooms. (Outcome 6)
- Adequate hand hygiene facilities had not yet been put in place. There were no templates for recording safety checks regarding fire exits. Fire drill templates were in place but did not include adequate space to record those attending, time required for full evacuation and issues encountered. (Outcome 7)
- There was a statement of purpose in place, but it did not meet all of the requirements of schedule 1 of the regulations.(Outcome 13)
- The full staffing complement for the centre had not yet been determined. (Outcome 17)

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

There were arrangements in place to support service user's rights.

There was a user friendly 'residents information' booklet, dated June 2016 which outlined children's rights. The person in charge proposed that rights would routinely be discussed at weekly resident forum meetings. The inspector found that the admission process was focused on children's rights and needs. The person in charge demonstrated a satisfactory knowledge of children's rights and his responsibility to uphold them.

It was proposed that resident children and their families would be consulted with regarding the planned service and would have an opportunity to choose paint colour and soft furnishings for their bed room and other areas of the centre. It was also stated that they would be provided with an opportunity to visit the centre before being admitted. Children to avail of the residential service had not yet been formally identified.

Arrangements for children to have access to advocacy services were proposed. It was proposed that each service user would have an identified key worker who would advocate on their behalf and advocates through the national advocacy service.

There were proposed procedures in place for the management of complaints. There was a compliant policy in place, dated June 2016, which included details of the appeal process. There was a user friendly version of the complaint procedure available which it was proposed would be put on display in the centre. There was a named complaint officer referred to in the policy. There was a complaint log template in place.

There were arrangements in place to promote children being treated with dignity and respect. There was an intimate care policy in place and templates for the provision of intimate care. There was ample space in the centre for children to have time on their own, or to have private contact with family and significant others as required. It was proposed that each child would have their own bedroom and there were three separate sitting rooms in the centre.

There were some arrangements in place to keep children's personal belongings, including monies, safe. There was a personal property, finances and possessions policy in place, dated June 2016 which promoted service users rights. There was a secure press in the staff office which the person in charge reported would be used to store service user's pocket money within individual envelopes. It was proposed that a record of same would be maintained in a ledger. There was a template money management plan in place. In addition, it was proposed that secure presses or safes would be provided in each child's room but these had not yet been put in place.

Opportunities for the service users to participate in activities within the local community had been considered. These included, a local gaelic and soccer club, leisure centre, skate park, scouts den, dance club, petting farm, cinema and number of shopping centres. There was a template activity planner in place. A number of books and board games were observed in the centre.

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

This was the centre's first inspection by the Authority.

**Findings:**

There were arrangements in place to assess service user's individual needs and choices and to put in place personal plans to meet the needs identified.

There was an initial needs assessment template in place. It was proposed that a full assessment would be completed as part of the admission process. There was also a

separate ability, skills and needs assessment template. It was proposed that this would be completed with each child by their key worker and used to inform individual support plans for children.

There was a template person centred plan in place with adequate space to detail individual needs and choices. There was also a separate template to record personal goals, actions required to achieve and timelines. The person in charge reported that once admitted each service user's key worker would be responsible to put in place a written personal plan within 28 days as per the requirement of the regulations. It was proposed that each person centred plan would have a multidisciplinary input and that children and their family representative would be involved in the development of plans put in place. It was proposed that personal plans in an accessible format would be made available for service users

There person in charge proposed that all personal plans would be formally reviewed on a minimum of a yearly basis. The inspector reviewed template checklists for review meetings. It was proposed that the multidisciplinary team and each service user's family would be consulted and involved in reviewing plans.

There was an admission, discharge and transition policy in place, dated June 2016. It was proposed that life skills would form part of the goal setting piece for older children. There were templates for life skills assessments, life skills action plan and task analysis sheet. These were computer based to aid analysis. Task analysis guidelines were in place to guide staff.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The design and layout of the centre was fit for purpose and reflected the layout as described in the centres statement of purpose. However, there were some areas for improvements in terms of painting and decoration and the provision of furniture in a number of bedrooms.

Overall, the centre was observed to be homely, clean and tidy. The centre consisted of five bedrooms. There was suitable lighting and ventilation in place. The inspector found that the centre would promote service users' safety, dignity and independence. It was noted that each service user would have their own bedroom. There were adequate communal bathrooms and accommodation in the centre. The kitchen was found to have sufficient cooking facilities. There were facilities in place for potential service users to launder their own cloths if they so wish. In the majority of rooms, there were sufficient furnishings, fixtures and fittings. However, a number of items had not yet been put in place. These included, a bed and in one bedroom and wardrobes to hang up cloths in a number of rooms. The inspector noted a number of areas required repainting, e.g. hallways and bathrooms. Grouting of tiles in two of the bathrooms appeared stained.

There was a good sized garden to the rear of the centre which could be accessed by descending a small number of steps. This would provide a suitable outside area for children to play in.

As no service users had been identified to live in the centre, specialist equipment requirements were not known at the time of inspection.

**Judgment:**

Substantially 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):**

This was the centre's first inspection by the Authority.

**Findings:**

There were arrangements in place to promote and protect the health and safety of service users and staff. However, there were some areas for improvement in relation to infection control and fire safety.

There was a health and safety policy and procedure, dated June 2016, which was specific to the centre. Site specific risk assessments had been undertaken and appropriately recorded. There were templates in place for health and safety checks which it was proposed would be completed by an identified staff member. The provider had a quality team which it was proposed would be accessible as a resource for the centre. There was a risk management policy, dated June 2016 which met the requirements of Regulation 26. Templates for individual risk assessments for children on admission and as required thereafter were in place. In addition, templates plans to address any risks identified were in place. There was an emergency plan in place to guide staff in responding to an emergency.



There were arrangements in place for investigating and learning from serious incidents and adverse events involving service users. This meant that there would be opportunities for learning to improve services and prevent incidents. There was a template for incident and near miss reporting which included a section to record action taken and further actions required. There was also a template for reporting accidents which would need to be reported to the providers insurer. A procedure for completing incident forms was in place to guide staff. It was proposed that all individual incidents would be reviewed and discussed at team meetings scheduled to occur on a monthly basis.

There were some procedures in place for the prevention and control of infection. There was an infection control policy and procedure, dated June 2016. There were template cleaning schedules in place and sign off sheets. Colour coded cleaning equipment was in place. The inspector observed that there were some facilities for hand hygiene available. However, adequate hand hygiene facilities had not yet been put in place. The person in charge proposed that paper hand towels, alcohol hand gel and soap dispensers would be put in place. There were no posters on display to demonstrate the correct hand washing technique. The person in charge proposed that appropriate training for staff would be provided.

There were precautions in place against the risk of fire but there were areas for improvement. A procedure for the safe evacuation of service users and staff, in the event of fire, was prominently displayed. The inspector found that there were adequate means of escape and that all fire exits were unobstructed. The fire assembly point was identified with appropriate signage in the front garden. A fire risk assessment had been undertaken. There was documentary evidence to show that fire fighting equipment, fire alarms and emergency lighting were appropriately installed and serviced by an external company. Fire doors with self closing hinges had been newly installed in the centre within the preceding six month period. Staff identified to work in the centre had received appropriate training. There were arrangements in place for undertaking and recording formal safety checks of fire equipment and other safety precautions. However, there were no templates for recording safety checks regarding fire exits. Fire drill templates were in place but did not include adequate space to record those attending, time required for full evacuation and issues encountered. There were no templates for personal evacuation plans for proposed service users which referred to the mobility and cognitive understanding of service users.

The centre had a road worthy vehicle which it was proposed would be used by staff to transport children to school, work or other social outings. Appropriate service records, insurance certificates and tax documentation was maintained in relation to same.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

There were measures in place to safeguard children who would avail of the service. However, there was some small areas for improvement.

There was a policy and procedure on child protection, dated June 2016, which was in line with Children First, National guidance for the protection and welfare of children, 2011. The inspector noted that the responsibilities and contact details for the designated liaison person for care and protection were detailed in the policy. It was noted that this named person was on extended leave at the time of inspection. However, a deputy designated liaison person was not identified in the policy although the person in charge reported that an individual had been identified. The person in charge was knowledgeable about what constituted abuse and how he would respond to any suspicions of abuse. The seven staff identified to work in the centre once opened, had received appropriate safeguarding training. The centre had intimate care policy in place, dated June 2016. The inspector reviewed templates for intimate care assessments and plans.

Arrangements were in place to provide potential service users with emotional and behavioural support that would promote a positive approach to the management of behaviour that challenges. The centre had a policy and procedure on behaviour support, dated June 2016. Staff identified to work in the centre had received appropriate training in a recognised behaviour management approach. The person in charge was familiar with the management of challenging behaviour, with de-escalation techniques and had attended appropriate training. It was proposed that the centre would have access to the providers behaviour support team which included expertise in psychology and psychiatry, a psychotherapist and play therapist. There was a policy and procedure on restrictive practices, dated June 2016. It was proposed that any restrictive practices put in place would be approved by the behaviour support team and subject to regular review and monitoring by said team.

**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):**

**Findings:**

Arrangements were in place to support potential service users on an individual basis to achieve and enjoy the best possible health.

There was a comprehensive health assessment and action plan template in place. The person in charge proposed that children's health needs and strengths would be assessed as part of the pre admission process in consultation with the service user and their families. The personal plan template included space for information relating to the service user's health needs and care requirements. There were a suite of templates in place for health monitoring. A hospital passport template was in place and included space and prompts to record all pertinent information. There were template contact sheets to record contacts with GPs and a range of other health professionals. The person in charge proposed that each service users would have their own GP (general practitioner). The service had access to a number of therapeutic supports which would be available to children in the centre. These included: speech and language therapy, occupational therapy, physiotherapy, behaviour specialist, psychology, psychiatry and counselling therapist.

There were arrangements in place for children proposed to avail of the service to be involved in choosing and assisting to prepare meals in the centre. There was a fully equipped kitchen and a dining area with adequate seating to allow meal times to be a social occasion. There was a policy on diet and nutrition, dated June 2016. The inspector reviewed template weekly menu planners. The person in charge proposed that service users would be supported to buy and prepare their own meals and that a health diet and lifestyle would be promoted in the centre. It was proposed that children would have access to a dietician if so required. .

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

There were systems in place to support staff in protecting children in relation to medication management.

There was a policy and procedure on the safe administration of medication, dated June 2016. Staff identified to work in the centre once opened had received appropriate training in the safe administration and management of medications. The inspector reviewed template medication prescription and administration records and found that they provided adequate space to record the required information. There were also templates in place for: individual medication management plans, medication assessment checklist, staff signature banks, medication stock control logs, and for medication order receipt form. A medication fridge and secure storage press were in place. It was proposed that an individual assessment of all service users would be undertaken to assess their ability to be responsible for their own medication management and administration. There was a template self administration of medication assessment form in place.

There were proposed arrangements in place to review and monitor safe medication management practices once the centre opened. The inspector reviewed templates for undertaking medication audits which it was proposed would be undertaken on a regular basis by the person in charge. It was proposed that the output from these audits would be reviewed by the senior management team with any learning identified shared across the wider service. There were a number of pharmacists available in the local area whom it was proposed service users could choose from.

The procedures for the handling and disposal of unused and out of date drugs. There was a template form to record all unused and out of date drugs medication returned to pharmacy. A separate secure area for the storage of out of date medications had not been identified.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

There was a statement of purpose in place, but it did not meet all of the requirements of schedule 1 of the regulations.

The statement of purpose, dated December 2016 contained the majority of the information required by Schedule 1 of the regulations. It was proposed that it would be made available to service users and their representatives. It set out the aims and objectives of the centre. It also stated the facilities and services which were to be provided for service users availing of the service. However, the staffing complement for the centre was not specified.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

Effective management systems were in place to support and promote the delivery of safe, quality care services. There were proposed arrangements in place to monitor the quality and safety of care and support once the centre opened.

It was proposed that the director of service would undertake the annual review of services and that the provider's auditing team would complete the six monthly unannounced visits in the centre, as per the regulatory requirements. There were a number of audit templates in place. For example, medication, hand hygiene and health and safety. It was proposed audits within the centre, would be undertaken on a regular basis so as to ensure that the service provided was safe and appropriate to service users needs.

There was a clearly defined management structure that identified lines of authority and accountability for the service. The person in charge reported to regional manager who in turn reported to the director of service.

The centre was managed by a suitably skilled and experienced person. The person in charge had worked within the service for more than four years. He had completed a leadership and management degree. The inspector found that the person in charge was knowledgeable about the requirements of the regulations and standards and had a clear vision for the proposed service. The inspector noted that the person in charge had a full time post and was the named person in charge with responsibility for another centre. It was proposed that that the person in charge would manage both centres once the centre being inspected opened. He was to be supported in each of these centres by a team leader.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

There were recruitment procedures in place, which were managed centrally by the provider. However, the full staffing complement for the centre had not yet been determined and arrangements for supervision required improvement.

There was a recruitment and selection policy and procedure in place, dated June 2016. The inspector reviewed a sample of staff files for four staff identified to work in the centre. All of the information as required in Schedule 2 of the regulations was available in the files reviewed. The person in charge told the inspector that the required staffing level for the centre had not yet been determined and or consequently recruited. However, seven staff working within the wider service had been identified to work in the centre when opened. There was a proposed template staff roster in place.

There was a training and development procedure in place, dated June 2016. It was proposed that a training programme would be put in place and coordinated by the provider based on a training needs analysis for all new staff. Templates to record training attendance were in place. The inspector noted that copies of the standards and regulations were available in the centre.

Formal supervision arrangements for staff were proposed. This meant that staff performance might not be formally monitored in order to address any deficits and to improve practice and accountability. There was a supervision template in place. A local induction and staffing policy, dated June 2016 was in place.

The person in charge told inspectors that no volunteers were proposed to work in the centre when opened.

**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:***

Maureen Burns Rees  
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 Nua Healthcare Services
<b>Centre ID:</b>	OSV-0005516
<b>Date of Inspection:</b>	19 December 2016
<b>Date of response:</b>	18 January 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 06: Safe and suitable premises

**Theme:** Effective Services

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

A bed in one bedroom and wardrobes to hang up cloths in a number of rooms had not yet been put in place.

A number of areas required repainting, e.g. hallways and bathrooms.

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



Grouting of tiles in two of the bathrooms appeared stained.

**1. Action Required:**

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

All suitable bedroom furniture will be placed in the Centre

All maintenance issues i.e. painting etc. will be addressed

**Proposed Timescale:** 23/01/2017

**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:**

Adequate hand hygiene facilities had not yet been put in place.

**2. Action Required:**

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

Hand hygiene facilities to be put in place i.e. paper hand towels, alcohol hand gel and soap dispensers, ensuring it is consistent with the standards for the prevention and control of healthcare associated infections.

**Proposed Timescale:** 30/01/2017

**Theme:** Effective Services

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

Fire drill templates were in place but did not include adequate space to record such detail as those attending, time required for full evacuation and issues encountered.

**3. 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:**

All relevant information will be recorded to include those attending fire drills, time required for full evacuation and issues encountered.

**Proposed Timescale:** 31/01/2017

**Theme:** Effective Services

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

There were no templates for recording safety checks regarding fire exits.

Fire drill templates were in place but did not include adequate space to record those attending, time required for full evacuation and issues encountered.

There were no templates for personal evacuation plans for proposed service users which referred to the mobility and cognitive understanding of service users.

**4. 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:**

Safety checks regarding fire exits are recorded as part of QA audits within the Centre on a quarterly basis. The PIC will also do weekly Health & Safety checks in the Centre to include fire exits.

All relevant information will be recorded to include those attending fire drills, time required for full evacuation and issues encountered.

Personal emergency evacuation questionnaire will be complete on all service users and where relevant a personal emergency evacuation plan will be complete with all new residents following admission.

Proposed Timescale: On registration

**Proposed Timescale:** 31/01/2017

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

It was noted that named designated liaison person(as per Children First, National guidance for the protection and welfare of children, 2011) was on extended leave at the time of inspection but that a deputy designated liaison person was not identified in the providers policy.

**5. Action Required:**

Under Regulation 08 (5) you are required to: Ensure that the requirements of national guidance for the protection and welfare of children and any relevant statutory requirements are complied with where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child.

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

An updated policy for the protection and welfare of children has been placed in the Centre

**Proposed Timescale:** 18/01/2017

**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:**

The staffing complement for the centre was not specified in the statement of purpose.

**6. 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:**

A base staffing complement has been identified within the statement of purpose.

**Proposed Timescale:** 23/01/2017

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

The person in charge told the inspector that the required staffing level for the centre had not yet been determined and or consequently recruited.

**7. 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:**

Recruitment is currently ongoing and efficient numbers of staff have now been identified for the Centre.

**Proposed Timescale:** 18/01/2017