

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Brompton - Community Residential Service
Centre ID:	OSV-0003069
Centre county:	Dublin 15
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Provider Nominee:	Mary Lucey-Pender
Lead inspector:	Marie Byrne
Support inspector(s):	
Type of inspection	Unannounced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 21 November 2017 09:00 To: 21 November 2017 17:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was an unannounced inspection to monitor compliance with the regulations and standards. It was the second inspection by the Health Information and Quality Authority (HIQA), the first inspection being an 18 outcome inspection.

This inspection was carried out by one inspector over one day. As part of this inspection, the inspector reviewed the actions the provider had undertaken since the last inspection, observed practices, reviewed documentation, and sought the views of residents and staff. During the inspection the inspector met and spent time with all six residents in the centre, and spoke with the person in charge and two social care workers.

The statement of purpose for the centre states that 24-hour care is provided in the centre for a maximum of six residents. There were six residents living in the centre on the day of inspection. The centre is situated in a Co. Dublin, close to a good range of local amenities, including a large shopping centre and good public transport links. The premises consisted of a two-storey building with four bedrooms, two

bathrooms, a kitchen-living room, and a self contained one-bedroomed apartment. Five residents live in the main part of the house and one resident in the apartment.

Overall the inspector found evidence of good practice in relation to admissions and contracts of care, social care, health care, medication management, and governance and management. Areas of non-compliance are outlined in the main body of the report.

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

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

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

Findings:

Overall the inspector found that residents were consulted with and participated in the planning and running of the designated centre. Residents' meetings were held weekly and agenda items included menu and activity planning, goals for residents, and maintenance issues in the centre.

Actions from the previous inspection had been followed up on, the practice of closing the centre on a regular basis and moving residents to another centre had ceased. The inspector found evidence of positive risk taking which included residents staying at home alone, staying on the bus alone and travelling to work independently.

Each resident attended a day service four days a week, and had one planned day off each week. On the day of inspection one of the residents was on their planned day off and was observed to engage in meaningful activities of their choosing including home and community-based activities.

On reviewing activity records and goals for residents, it was evident to the inspector that they were engaging in meaningful activities in line with their needs and wishes. Goals were reviewed and updated regularly. Step-by-step instructions and pictures on how to achieve goals were in place e.g. pictures described the step-by-step process for preparing a number of meals which one resident would like to learn how to cook. Quality of life audits were completed monthly to track residents' meaningful home and community based activities.

The inspector found that residents had access to information about an advocacy service

in their personal support plan. There was also evidence in the minutes of residents' meetings that advocacy and rights were discussed. Staff members were observed by the inspector to treat residents with dignity and respect during the inspection.

There were two shared bedrooms in the centre, with two residents in each of these bedrooms. Through discussions with one resident and a number of staff it was confirmed to inspector that the privacy and dignity of residents was not being maintained at all times due to the lack of space in the shared bedrooms. One resident told the inspector that they were not happy to share their bedroom, and would like to move out into an apartment in the community. There was no documentary evidence to show that the remaining residents had consented or agreed to share their bedrooms. There was no screen available to put in place between the beds and the shared rooms were small in size. There was limited space for residents and staff to move around the beds.

There was a policy and procedures in the centre for the management of complaints. The complaints procedure was available in a format which was accessible to residents. Residents reported to the inspector that they knew how to make a complaint and named the person who they would go to if they had a complaint. There was a nominated person to deal with complaints and complaints reviewed by the inspector were appropriately followed up on.

There was a policy in place in relation to residents' personal property, finances and possessions; however, it had not been reviewed within the timeframe required by the regulations. Residents' finances were kept safe in the centre. Financial records for residents were reviewed by the inspector. There were area specific guidelines in place and records maintained of all transactions. Residents had money management competency assessments completed. Goals were developed in line with residents' money management assessments e.g. step by step goal on using ATM machine.

There was no CCTV in place in the centre.

Judgment:

Non Compliant - Moderate

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

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:

Overall the inspector found that residents in the centre were supported to develop and maintain personal relationships and links with the wider community. There was a visitor's policy in place and residents' families were kept informed of their well-being and involved in the development and review of their personal plans. However, there was a lack of opportunity for residents to meet their family and friends in private due to the layout of the centre.

If they chose to residents were supported to go home for visits, overnight and weekend stays. There are no restrictions on family or friends visiting except when requested by residents or when the visit is deemed to pose a risk. Some residents have mobile phones and tablets for contacting family and friends.

Residents were involved in a variety of activities in the local community such as drama, jewellery making, going to local shopping centre and going to local restaurants for meals.

Judgment:

Non Compliant - Moderate

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

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

Findings:

The centre had a policy and procedures in place for the admission, discharge, temporary absence, and transfer of residents.

Since the last inspection by the authority new contracts of care had been developed, which were now reflective of the care and support for residents in the centre. The contracts of care outlined the services provided to residents and the fees charged.

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):

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

Findings:

The inspector found that each resident's well-being and welfare was maintained in the centre. Residents had opportunities to participate in meaningful activities in line with their interests and preferences. On the day of inspection some residents were collected by day service transport, one resident was supported by staff to attend day services and one resident travelled independently to their day service. There was evidence of goals in place to support residents with independent skills and evidence of implementation and evaluation of these goals.

Each resident had a comprehensive personal plan which included and assessment of their health, personal, social care, and support needs. It contained an 'all about me' document which had a traffic-light system to guide staff to support residents. Each resident and their representative were given an opportunity to be involved in a review of their personal plan during a planned annual person centre planning meeting. Informal reviews had also taken place with family members during their visits to the centre.

There was evidence that there was multidisciplinary team involvement and contribution in residents' personal plans. Goals were in place, implemented and tracked weekly using a personal support plan goal review form. These goals included supporting residents with life skills such as cooking and baking. Other goals included using a tablet computer, using a microwave, gardening, using an ATM, and using a washing machine. Goals were available in a format which was accessible for residents.

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:

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

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

Findings:

The centre was not designed or laid out to meet the number and needs of resident. There was inadequate private and communal accommodation to meet the number or needs of residents in the centre. The provider outlined measures to address this in the action plan following the last inspection. These works had not been completed.

There were two bathrooms in the main house one upstairs and one downstairs, for use by five residents. Two bedrooms were being used as twin rooms. There was only one communal space available in the centre which was a combined living-dining room, and kitchen. There was no private space available for residents to meet visitors.

There were facilities in place for residents to launder their clothes. Suitable arrangements were in place for safe disposal of general and clinical waste. The centre was clean throughout; however, there were areas of the centre in need of attention such as the sink and tiles in the downstairs bathroom, the carpet on the stairs, and a pole for net curtain in one of the bedrooms.

In line with the action plan developed by the registered provider following the last inspection by the authority there was now a smoking canopy in place in the back garden for use by residents who smoke.

Judgment:

Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Overall the inspector found some improvement was required in relation to the promotion of health and safety of residents, visitors and staff in the centre. Adequate consideration had not been given to containing fire in the centre.

Emergency lighting was not in place in the apartment. There were no smoke detectors in the living/dining room or in upstairs bedrooms. Fire doors were not in place throughout the centre. However, there were smoke sensors in place for residents with hearing impairments in one of the bedrooms.

Staff and residents described to the inspector how to safely evacuate the centre. Residents had personal emergency evacuation plans in place which outlined the supports they required during evacuation by day and night. Staff had received fire safety training.

There was a fire policy in place in the centre. There was a daily visual check of fire exit routes and fire systems. There was suitable fire equipment in the centre which was serviced regularly and appropriate records of this held in the centre. Regular fire drills were held both day and night in the centre. Weekly fire safety checklists were completed in the centre. There was an evacuation plan in place for day and night; however, it did not consider how to safely evacuate from the enclosed back garden. This was also identified during the last inspection by the authority.

Procedures were in place for the prevention and control of infection. The centre was found to be clean throughout on the day of inspection. There were sufficient hand washing facilities and antibacterial hand wash was available at all sinks. There were disposable hand towels available in the bathrooms in line with the action plan developed by the provider following the last inspection by the authority. Cleaning schedules were in place and fully completed.

The centre had policies and procedures in place for risk management and emergency planning. There was an up-to-date health and safety statement in place. Health and safety checklists were present and completed regularly in the centre. On reviewing incident reports the inspector found that overall incidents in the centre were well-managed and serious incidents were appropriately investigated.

Risk management procedures in the centre included the identification and management of risk and measures were in place to control identified risks in areas such as infection control, manual handling, slips trips and falls, smoking and transport. The centre had a local risk register in place.

The vehicle in the centre was found to be roadworthy and suitably equipped. Monthly checks were completed on the vehicle and records of these checks maintained.

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):

No actions were required from the previous inspection.

Findings:

Overall the inspector found that measures were in place to protect residents. There was policy and procedures in place for the prevention, detection and response to abuse. Staff had completed training in understanding and responding to abuse. They described to the inspector what to do if they witnessed abuse, if there was an allegation of abuse, suspicion of abuse or a disclosure of abuse was made to them.

Staff members were observed to treat residents with respect and warmth. Residents spoke fondly of the person in charge and staff in the centre and reported to the inspector that they felt safe in the centre. Residents had intimate care plans in place.

There was a policy in place for the provision of behaviour support and the use of restrictive practices. There were no restrictive practices in place in the centre. The inspector did observe one wardrobe was locked in the centre; however, the resident informed the inspector that they choose to lock their wardrobe and keep the key with them.

Residents had the support of relevant members of the multidisciplinary team in relation to the provision of behaviour support. Plans reviewed by the inspector were updated and reviewed regularly.

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 found that residents in the centre were supported on an individual basis

to achieve and enjoy the best possible health. Residents had access to relevant members of the multidisciplinary team. Residents had healthcare needs identified in their personal support plans and care intervention plans were in place, which clearly outlined their care and support needs. Care interventions were reviewed monthly and revised as necessary. Information leaflets were available for each identified healthcare need.

One resident in the centre had recently had assessments completed due to their changing healthcare needs. Appropriate assessments and were put in place involving relevant members of the multidisciplinary team. A clinical nurse specialist was available to monitor the residents' condition. Respite breaks in a specialist service had been secured for the resident and records of these breaks demonstrated improved outcomes for the resident.

The inspector observed mealtimes to be a warm and social occasion. Residents chatted about the events of the day and their plans for the evening. Food appeared appetizing and alternative meal choices were available. Snacks and fluids were available in sufficient quantities. The inspector observed staff providing support to residents in a sensitive manner and in line with dietitian and speech and language therapy guidelines. Residents had goals in place to prepare their own meals.

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 each resident was protected by the centre's policies and procedures for medication management. There was a policy in place for the ordering, prescribing, storing and administration of medicines. There were systems in place for the safe handling and storage of medicines including separate storage for out-of-date medicines and returns to the pharmacy.

Area specific guidelines were in place for ordering and collecting medicines. Medication packs were checked weekly by two staff and a comprehensive checklist was in place to support this process. Records were maintained in the centre of as required medicines, transfer of medicines to day services/home, returns to the pharmacy and loose medications. There were PRN (as required) protocols in place for residents which

sufficiently guided staff practice. Residents had access to their local pharmacy.

One resident was responsible for storing and administering their medicines. There was a self-medication risk assessment in place, and evidence that it was reviewed at least six monthly. Suitable storage facilities were in place for the residents' medicines.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

Overall the inspector found that there were effective management systems in place to support and promote the delivery of safe and effective care for residents. There were clearly defined management structures in place, in line with the statement of purpose. The person in charge supported staff in the centre and they reported to a CNM3, who in turn reported to the provider's representative.

Regular meetings were held between the person in charge and CNM3. Monthly house meetings were held in the centre. On reviewing the minute's residents' needs were the first item on the agenda. They also included the review of personal support plans, rosters, activity planning, policies and documentation review.

Monthly audits in the centre included review of rosters, incidents, residents' finances, house finances, personal plans, medication, first aid, and fire and vehicle maintenance. Quarterly audits included review of residents' files, directory of residents, rosters, meeting minutes, statement of purpose, complaints and policies.

Staff were supervised on a yearly basis using the annual development review form. The form outlined areas of good performance, areas of difficulty, anything preventing staff from performing their duties and how they were being facilitated and supported to take responsibility and utilize their skills.

Six-monthly provider visits were held in the centre and action plans were developed.

There was evidence of follow up and completion of actions. An annual review of the quality and safety of care was completed. Actions were developed and there was evidence of follow up and completion of actions.

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):

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

Findings:

The inspector found that there were inadequate staff numbers to meet the assessed needs of residents. Staffing in the centre was not in line with the statement of purpose or with the number and needs of residents.

Lone workers in the centre provide care and assistance for six residents. Staff reported to the inspector that five residents required low to medium levels of support with activities of daily living. One resident required high levels of support at times, especially during times of transition in the day.

The inspector observed staff providing assistance to residents in a respectful and safe manner. However the changing needs of one resident was having an impact on the availability of staff to meet the needs of other residents. On the day of inspection the inspector observed that lone-working staff required additional support to assist a resident to transition between the centre and their day service in the morning and then again between the day service and the centre in the evening time.

There were planned and actual rosters in place in the centre. From reviewing rosters the inspector found evidence of a significant reliance on relief and agency staff on an ongoing basis. This was also found to be the case during the last inspection by the authority.

There is a volunteer in place in the centre who supports one resident with their life story, baking, colouring, and with using their tablet computer. Documentary evidence was forwarded to the inspector of the volunteer's role, responsibilities and supervision

arrangements. The person in charge keeps records of what the volunteer does to support the resident while in the centre.

The inspector reviewed a sample of staff files and they were found to contain all the relevant documentation in line with schedule 2 of the regulations. Arrangements were in place for annual supervision of staff in the centre.

The education and training of staff was in line with the assessed needs of residents. It was evident on reviewing training records that staff had received training in line with the changing needs of residents. Staff demonstrated a good knowledge of the policies and procedures related to the general welfare and protection of residents in line with training they had received.

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:

Overall, the inspector found that complete records were maintained in the centre. Records were accurate and up-to-date. They were kept secure and easily retrievable.

The centre had all the written operational policies as required by Schedule 5 of the regulations. However, the policy in place for the provision of intimate care and residents' personal property, finances and possessions had not been reviewed within the required regulatory timeframe.

An up to date certificate of insurance for the centre was forwarded to the inspector following the inspection.

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:

Marie Byrne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Company Limited by Guarantee
Centre ID:	OSV-0003069
Date of Inspection:	21 November 2017
Date of response:	02 January 2018

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

There was no documentary evidence to demonstrate that residents had consented or agreed to share their bedroom. There was no screen available to put in place between the beds and the shared bedrooms were small in size.

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

1. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

The PIC will meet with residents sharing bedrooms to discuss current arrangements.

The Provider will continue to review the capacity of the centre when a resident leaves thus ensure that residents have their own rooms.

A screen will be available for shared bedrooms if required.

Proposed Timescale: 01/02/2018

Outcome 03: Family and personal relationships and links with the community

Theme: Individualised Supports and Care

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

There was no suitable private area for residents to receive visitors.

2. Action Required:

Under Regulation 11 (3) (b) you are required to: Provide a suitable private area, which is not the resident's room, to a resident in which to receive visitors, if required.

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

Dividing doors will be installed between the sitting room and the dining room to provide a private area for the residents to receive visitors.

Proposed Timescale: 31/03/2018

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The centre was not designed or laid out to meet the number and needs of residents.

3. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

The provider will continue to review the capacity of the designated centre and reduce the capacity when a resident leaves.

Proposed Timescale: 31/01/2018

Theme: Effective Services

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

There was only one communal space available to residents. This was a combined living room, dining room, and kitchen. Works outlined in action plan developed by registered provider following the last inspection by the authority had not been completed.

4. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

Dividing doors will be installed between the sitting room and the dining room to provide a private area for the residents to receive visitors.

Proposed Timescale: 31/03/2018

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Inadequate consideration had been given to containing a fire in the centre as outlined in the body of this report.

5. 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:

Emergency lighting and fire alarms are currently being upgraded. Fire doors will be installed.

Proposed Timescale: 31/03/2018

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory

requirement in the following respect:

The evacuation plan in the centre did not consider how residents could move from an enclosed back garden to a safe location in the event of a fire.

6. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

The evacuation plan will be reviewed to take in to consideration how residents could move from an enclosed back garden to a safe location in the event of a fire should they not be able to evacuate from the front of the house.

Proposed Timescale: 28/02/2018

Outcome 17: Workforce

Theme: Responsive Workforce

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

The number of staff in the centre was not sufficient to meet the number and needs of residents at all times. There was a heavy reliance in the centre on relief staff, and agency staff.

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:

The staffing complement for the centre had been reviewed and an additional Whole Time Equivalent Social Care Position is currently being recruited.

Proposed Timescale: 31/03/2018

Outcome 18: Records and documentation

Theme: Use of Information

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

The policy in place in the centre for the provision of intimate care and residents' finances personal property and possessions had not been reviewed within the required regulatory timeframe.

8. 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:

The authors of the specific policies have been made aware that they are due for review and they are currently being reviewed.

Proposed Timescale: 31/03/2018