<table>
<thead>
<tr>
<th>Centre name:</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0005699</td>
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<td>Centre county:</td>
<td>Kilkenny</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
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<td>Saint Patricks Centre (Kilkenny)</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Ann-Marie O'Neill</td>
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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.
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: 06 December 2017 10:45
To: 06 December 2017 16:50

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

<table>
<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
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<tr>
<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 11. Healthcare Needs</td>
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<td>Outcome 12. Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 17: Workforce</td>
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Summary of findings from this inspection

Summary of findings from this inspection

Background to Inspection:
This was an announced inspection to inform a registration decision after an application to the Health Information and Quality Authority (HIQA) by Saint Patrick’s Centre, Kilkenny (the provider) was received. The provider was seeking to register this building in order to support four adult female residents move to the community from the congregated Saint Patrick’s Centre campus. This was the first inspection of the proposed centre.

How we gathered our evidence:
The inspector spoke with the person identified in the registration application as the person in charge and the community services coordinator, representing the provider about the service to be provided. Residents intending to move into the centre were not available to speak with during the inspection however, the inspector had met most of the residents during previous inspections on the campus of Saint Patrick’s Centre.

The inspector reviewed a sample of documentation such as health care assessments, transition planning, staff training records and risk assessments. A visual inspection of
the premises both inside and out was also carried out during the inspection.

Description of the Service:
The centre comprised of a large detached two storey house with capacity to support four residents. It was a bespoke property which was located near a church in a rural village. The property was leased by the provider from a religious order. While the property looked imposing from the outside, inside it had been furnished and reconfigured into a unique and high standard property throughout which could provide residents with a comfortable, modern and spacious home.

The centre’s location would provide the intended residents with access to amenities in the local village. A large urban centre was approximately 20 minutes drive away and would provide residents with access to a range of other amenities such as shops, shopping centres, restaurants, churches, library, hairdressers, swimming pools, fitness centres, cinemas, pubs and hotels.

The provider had also identified a vehicle for sole use for the designated centre to facilitate residents’ community access when then moved to the designated centre.

Overall judgment of our findings:
This inspection found that the centre was compliant or substantially compliant in all nine outcomes assessed.

This proposed designated centre would provide residents with a very comfortable living experience where their privacy and dignity could be supported. Each resident would now have a large ensuite bedroom. The centre would also provide residents with options for a multi-sensory room, a private courtyard/garden space they could use when they wished, a visitor’s room for privacy and large communal spaces to use and occupy.

Residents identified to move to the centre also required assistive equipment for mobility, positioning and manual handling purposes. This centre would provide them with multiple storage area spaces for their personal assistive equipment to be stored. It would also provide them with lots of space to engage in their recommended physical therapy programmes.

On the campus of Saint Patrick’s Centre some residents identified to move to the centre lived in environments that were crowded which impacted on them being able to engage in their physical therapy programmes. Their campus based living environments did not afford them with adequate privacy or bathing facility options.

Residents experienced safeguarding risks from their peers in their campus living environments. A move to this proposed designated centre would ensure those peer-to-peer safeguarding risks were mitigated.

Some improvements were required.

The provider was required to review proposed staffing arrangements at night time. The provider was also required to ensure all staff identified to work in the centre had
appropriate training in the areas of safe administration of medication, dysphagia management and first aid. There were also some gaps in refresher training in the areas of manual handling, for example.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities.
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:
The inspector was assured when the proposed centre was operational, the care and support as described by the person in charge, provider and documentation reviewed would be consistent and provide for the residents’ assessed needs and wishes.

The inspector reviewed residents’ personal plans and associated transition planning. The residents’ needs had been assessed through a comprehensive allied health professional framework.

Allied health recommendations and reviews were evident in the personal plan and had been taken into account by the provider when identifying their new home. It was also evident that a person-centred approach had been taken by the provider to support residents in choosing their prospective new home and.

Systems were in place to ensure person centred goals for the resident would continue and new goals would be established to reflect the residents’ new living environment and community location.

Residents would maintain their allied health supports from Saint Patrick’s Centre when they moved to the centre and allied health professional assessments and recommendations would be maintained in their personal planning when they transitioned fully to the designated centre.

The provider had resourced the centre with a vehicle which would provide residents with necessary transport to support them in engaging in community based activities and to
encourage community participation and integration.

**Judgment:**
Compliant

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**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

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**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector found that the premises was suitable for its stated purpose. As described in the summary of this report, while the property looked imposing from the outside, inside it had been furnished and reconfigured into a unique and high standard property throughout which could provide residents with a comfortable, modern and spacious home.

The proposed centre provided four large en-suite bedrooms with a number of communal space options, such as a living room, large foyer with open fire and a large comfortable room the provider had identified could be used as a visitor’s room. The provider had also identified a large room that could be used as a multi-sensory room for residents to use.

Residents intending to move to the property had visited it on a number of occasions and had expressed their satisfaction with the premises and happiness about moving in. They had been supported to choose soft furnishings and decoration for their bedroom and living environment.

The centre also afforded residents with a large utility space for laundering their clothes and linen.

It was also observed that arrangements for the safe disposal of general waste were in place.

The centre was adequately ventilated and there was also lots of natural lighting throughout.

Cleaning schedules were in place and the person in charge would be responsible to oversee the cleanliness of the property on an ongoing basis through audits and spot
checks, staff supporting the resident would be responsible for the daily upkeep of the centre.

Front, rear and side access to the property was available and the provider had put fencing to the rear of the property to ensure security of the perimeter of the property. There was also adequate parking space to the front of the property.

The centre also contained a large kitchen and pantry decorated and fitted out to a high standard with modern equipment and lots of storage space for fresh, frozen and dry goods for preparing and cooking homemade meals.

A central courtyard was available for residents to use which was private and well maintained. This space would provide residents with safe, secure and private space to use.

**Judgment:**
Compliant

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**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:**
The inspector was satisfied that the health and safety of residents, visitors and staff would be promoted in the proposed centre if risk management systems were effectively implemented by staff, team leader and the person in charge.

As required by the regulations the organisation had a policy on risk management which included the provider’s system for management of specific risks as set out in the regulations. The provider had compiled a risk register which included some environmental hazard identification and risk assessments related to specific personal risks for the resident intended to move to the centre.

Incidents and accidents would be documented on a paper system by staff if and when they occurred. The provider was in the process of changing over to an electronic recording system in the near future.

Emergency lighting was in operation in the centre and a range of fire fighting equipment, including fire extinguishers and a fire blanket were also in place.

The centre was also fitted with a functioning fire alarm, smoke and heat detectors were
located at specific points in the building. Fire extinguishers were also fitted in the centre and located at key points.

Documentation reviewed by the inspector outlined plans in place to carry out regular fire drills. A sample of a fire log was viewed and the inspector was assured that fire drills would be carried out as required by regulations. Daily checks of escape routes would also be carried out and from a small sample of files reviewed most staff had attended fire training as required.

The provider had identified that one staff would work in the centre at night time, however the inspector was not assured that this staffing arrangement could adequately ensure evacuation of the centre at night time in the event of an emergency given each resident required wheelchairs to evacuate the premises. The provider was required to review the staffing arrangements at night time to ensure effective fire evacuation arrangements.

Following the inspection the provider contacted the inspector with written confirmation that they had increased the staffing provision at night time from one to two staff to facilitate evacuation in emergencies. Therefore, this outcome was found substantially compliant.

Adequate arrangements were in place for the promotion of infection control.

Staff identified to work in the proposed centre had received training in manual handling. Some staff required refresher training in manual handling. This was important for the provider to address prior to residents moving into the centre as some residents required specific manual handling supports. An action relating to this is assigned to Outcome 17: Workforce.

Judgment:
Substantially Compliant

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.
Findings:
The provider had ensured there were adequate measures in place to protect residents from being harmed in the centre if implemented effectively by staff and the person in charge of the centre on a consistent, ongoing basis.

There were policies and standard operating procedures in place on supporting vulnerable adults. This was to ensure all residents who use Saint Patrick's Centre, Kilkenny services were protected from abuse of any kind and outlined the responsibility of staff in protecting vulnerable adults, how to respond to such issues and the appropriate reporting procedures.

Designated officers for the organisation, Saint Patrick’s Centre, their photographs and contact details were on display in the centre.

The inspector spoke with the person in charge regarding safeguarding vulnerable adult procedures and how they would ensure these systems were implemented robustly. It was observed that he had training in safeguarding of vulnerable adults and knew the reporting procedures with regard to any allegations of abuse. The person in charge would carry out unannounced visits to the centre each week and through regular meetings with staff and the resident maintain an open line of communication so any safeguarding allegations could be brought to their attention.

A policy on safeguarding vulnerable adults was in place which followed the National Safeguarding policies and procedures. The provider was currently reviewing this policy to incorporate Saint Patrick’s Centre, Kilkenny specific arrangements. The policy was at review stage with an external person who would provide an objective critique of the policy before being signed off by the provider.

The inspector reviewed a sample of training records which informed that most staff had received specific training in this area. However, there were some gaps noted with regards to refresher training in the area of safeguarding vulnerable adults.

The person in charge and provider acknowledged the requirement for robust, ongoing review and implementation of safeguarding vulnerable adult procedures for this centre specifically in light of lone working staff in the centre.

There was a policy and register in place for the use of restrictive practices. The person in charge was required to carry out an appropriate assessment for the use of bed rails for residents requiring them and to implement all control and risk mitigation measures required for their safe use. Overall, however the provider had instigated good restraint management procedures and policies for the management of restrictive practice which, if implemented, would provide good oversight and management if and where they were deemed required.

Intimate care planning was in place and on review by the inspector found to be informative and comprehensive promoting the resident’s independence as much as possible.
**Judgment:**
Substantially Compliant

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**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The provider had implemented systems to ensure the healthcare needs of residents intending to transition to the proposed centre would be regularly reviewed with appropriate input from multidisciplinary allied health professionals as and when required.

Personal planning information evidenced residents had received regular and as required access to a GP, visits to the dentist and a comprehensive assessment of need by a range of other allied health care professionals such as speech and language therapist (SALT), psychiatrist, dietician and physiotherapist.

Provisions were also in place for residents to continue to receive an annual health check and as required blood tests.

Some residents required specific epilepsy care planning in place. Suitable healthcare planning was in place for each resident requiring these supports and staff identified to move to the proposed centre had experience of supporting these residents’ epilepsy care needs.

A resident had been identified as requiring an operation in the near future. A move to this proposed centre would allow the resident to experience convalescence in a more comfortable manner providing them with their own bathing facilities and ample storage space for manual handling equipment they may require.

Adequate equipment and space was available in the house to provide residents with home cooked meals and appropriate size dining space to eat meals with visitors and/or staff. A record of foods consumed by the resident was already in place and would continue to be implemented when they transferred to the centre.

As residents had previously received their main meals from a centralised kitchen in Saint Patrick's Centre, staff would be required to prepare home cooked meals in the new designated centre. This would ensure meals were tailored specific to the needs and personal preferences of residents and provide a more naturalised living experience for residents whereby they would participate in preparation of meals and could anticipate their meals while they were being prepared and cooked.
This sensorial experience has been absent in residents’ lives while living on the campus of Saint Patrick’s Centre.

Some residents required modified consistency meals as recommended by their speech and language therapist. Appropriate recommendations and support planning was in place. The provider was required to ensure all staff working in the centre had the necessary skills and training to create these meals to the consistency recommended in the resident’s care plan.

**Judgment:**
Substantially 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:**
The proposed medication management policies and procedures for the centre if implemented as per the provider's policies and procedures for medication management would ensure safe and effective medication management for the resident.

The inspector reviewed the policy which was comprehensive and gave clear guidance to staff on areas such as medication administration, medications requiring strict controls, ordering, dispensing, storage, administration and disposal of medications.

The policy was also informative on how to manage medication errors and systems were in place in the centre for the documentation and reporting of medication errors.

A safe storage space had been identified for the resident’s medication. Medications were supplied using a pre-dosed blister pack system and a community based pharmacist had been identified to dispense the resident’s specific medication.

Regular medication audits were also to take place within the centre by the person in charge.

The provider had trained staff intended to work in the centre in how to administer the resident’s medication. This training would ensure staff were competent in administering the medication to the resident. This training would not however, ensure staff could administer medication if they worked in any other part of Saint Patrick’s Centre campus.
This was a measure identified by the provider to ensure staff were competent and proficient in resident specific medications.

A resident specific medication management support plan was also in place which outlined specifically how staff were to administer the resident's medication to suit their individual identified needs and preferences.

A controlled drug register would also be in use in the centre. Policies and procedures were in place for its implementation and appropriate measures were also in place for safely storing such medications.

**Judgment:**
Compliant

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**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:**
The provider had produced a statement of purpose which described the service the designated centre would provide the resident intending to transition to the centre.

The provider was required to revise the statement of purpose to reflect a change in governance arrangements for the person in charge of the centre and governance arrangements for the centre in their absence. This was submitted shortly after the inspection and therefore this outcome was deemed compliant.

**Judgment:**
Compliant

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**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:**
The provider had created governance and quality assurance systems to ensure their oversight of the quality of care residents would receive when they moved to the proposed designated centre. Governance and management systems would be monitored and developed on an ongoing basis. The provider had not demonstrated the identified person in charge of the centre would meet the specific requirements of Regulation 14 in relation to management experience.

Arrangements were already in place for an annual review of the quality and safety of care delivered to the residents. Arrangements would also be in place for centre specific audits to be carried out in the centre by the person in charge and team leader as part of an annual schedule of operational audits to ensure the quality of care received by residents was in line with the regulations.

There was a clearly defined management structure in place that identified the lines of authority and accountability.

On the day of inspection the inspector found the proposed person identified to be the person in charge to be a suitably qualified and competent person to carry out the role of person in charge of the centre, however they did not have the appropriate experience of management to meet the requirements of regulation 14.

The provider was informed of this during the course of the inspection and made arrangements to appoint another person to be the person in charge of the centre who would also meet the requirements of regulation 14 and its sub-regulations. The provider notified the Chief Inspector of these changes shortly following the inspection.

The notified person in charge was knowledgeable about the requirements of the Regulations and Standards. She was also committed to her own professional development and held a professional nursing qualification and had completed a management course in 2017 funded by the provider.

A team leader would work on a full time basis in the centre to provide operational management oversight. A quality and compliance manager and their team would also provide a governance oversight function within the centre and carry out the regulatory required six monthly provider led audits of the centre.

Management on-call arrangements were also in place and a roster of on-call managers would be emailed to the person in charge and staff of the centre each week identifying what manager was on-call.
**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:**
From the information available at inspection, the inspector was satisfied that there would be appropriate staff numbers and skill mix to meet the assessed needs of the resident. An action with regards to staffing numbers at night time is found in Outcome 7: Health and Safety and Risk Management. This relates specifically to evacuation measures for the centre at night time.

The provider had also implemented organisational systems to ensure staff would be supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

A sample of staff files were reviewed during inspection and found to meet Schedule 2 requirements.

From a sample of files viewed, staff had attended a range of training in areas such as positive behavioural support, safeguarding vulnerable adults, manual handling and fire safety training. There were some gaps in staffs refresher training in these areas however.

There were also gaps in staff training in relation to food safety and hygiene, medication management, dysphagia management and first aid. Following the inspection the provider contacted HIQA with written assurances that they would implement a comprehensive training schedule for staff to address any gaps. Therefore, the non compliance for this outcome was reduced to substantial compliance.

The provider was required to review this and address the issue prior to residents fully transitioning to the designated centre

There were arrangements in place for the provision of supervisory meetings with each staff member. These would be facilitated by the person in charge. A calendar
supervision schedule had been drafted which would be implemented when the designated centre opened.

No volunteers were identified to work in the centre.

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:

Ann-Marie O'Neill
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<th>Centre name:</th>
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<td>Centre ID:</td>
<td>OSV-0005699</td>
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<tr>
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<td>06 December 2017</td>
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<td>Date of response:</td>
<td>26 January 2018</td>
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**Requirements**

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

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

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

**Theme:** Effective Services

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

The provider was required to review the staffing arrangements at night time to ensure effective fire evacuation arrangements.

1. **Action Required:**

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape,
including emergency lighting.

**Please state the actions you have taken or are planning to take:**
- Night Time Staffing arrangements were reviewed prior to the centre being occupied and the proposed 1 night time staff was increased to 2 for an interim period.
- Fire Evacuation Procedures are under constant review (including day and night time evacuations) to determine the optimal level of night time staffing required to ensure effective fire evacuation arrangements are in place.
- New Fire Alarm System installed including emergency lighting and 30 minute fire doors.
- Additional staff support is available in the event of an emergency from the Night Manager (15 mins) and 2 other community houses (10 mins & 12 mins respectively).

**Proposed Timescale:** 28/02/2018

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<th>Outcome 08: Safeguarding and Safety</th>
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<td><strong>Theme:</strong> Safe Services</td>
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**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The person in charge was required to carry out an appropriate assessment for the use of bed rails for residents requiring them and to implement all control and risk mitigation measures required for their safe use.

**2. Action Required:**
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

**Please state the actions you have taken or are planning to take:**
- Bed rails are in line with recommendations from the orthopaedic consultant.
- Risk assessment for bed rails in place and will be reviewed after three months.
- Risk register updated.
- Restrictive practice register being updated at present including a restrictive practice checklist to be filled in following night time checks.

**Proposed Timescale:** 08/02/2018

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<td><strong>Theme:</strong> Health and Development</td>
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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The provider was required to ensure all staff working in the centre had the necessary skills and training to create modified consistency meals as per the recommendations set
out in residents' care plans.

3. **Action Required:**
Under Regulation 18 (2) (a) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

**Please state the actions you have taken or are planning to take:**
- All dysphagia training either completed or scheduled for remaining staff (14/02/18).
- Dietician scheduled to deliver nutrition information session week commencing 29/01/18 including swallow care with all staff.

**Proposed Timescale:** 28/02/2018

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were gaps in staffs' refresher training in the areas of manual handling and safeguarding vulnerable adults.

Not all staff had received training in:
- Safe administration of medication.
- Dysphagia Management
- Food Hygiene
- First Aid

4. **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:**
- Medication Training. 4 staff yet to complete training 2 of whom are on long term sick leave. Remaining 2 staff will be scheduled to complete training ASAP.
- Dysphagia Management. 1 staff has not completed this training but is scheduled to do so 14/02/18.
- Food Hygiene. 4 staff scheduled to complete this training 21/02/18.
- First Aid. 4 staff scheduled to complete this training in March.

**Proposed Timescale:** 31/03/2018