

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Mountain View Residential & Respite Services
Centre ID:	OSV-0003702
Centre county:	Mayo
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Western Care Association
Provider Nominee:	Bernard O'Regan
Lead inspector:	Thelma O'Neill
Support inspector(s):	Ivan Cormican
Type of inspection	Unannounced
Number of residents on the date of inspection:	11
Number of vacancies on the date of inspection:	2

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 un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 13 December 2016 10:00 To: 13 December 2016 19:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 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

Summary of findings from this inspection

This inspection was a follow-up inspection to monitor compliance with the regulations and standards to inform a registration decision and to review the actions taken by the provider, since the last inspection.

Prior to this inspection, an 18 outcome registration inspection was carried out on 2 February 2016. However, serious risks to the health and safety of the residents were identified on that inspection. As a result two immediate actions were issued by the inspector on the day of inspection. Following the inspection an action plan was issued to the provider to address the non-compliances identified. In addition, two provider meetings were held with Health Information and Quality Authority (HIQA) on the 7 February 2016 and 28 July 2016 to discuss the actions taken by the provider to address the serious failings identified.

How we gathered our evidence:

As part of the inspection, inspectors met with 11 residents and seven staff members. Inspectors observed practices and reviewed documentation such as care plans,

medical records, accident logs, policies and procedures and staff files. Interviews were carried out with the person in charge, the senior nurse and the person authorised to act on behalf of the provider.

Description of the service:

The provider produced a document called the statement of purpose which explains the service they provide. Since the previous inspection the statement of purpose was reviewed, as the number of houses in this service was reduced from four to three. Furthermore, staffing in the centre had increased and a waking night staff was working in the respite house at night. Also the person in charge of the service had changed and the details of the current management structure were updated.

The centre consists of three houses in county Mayo. The service is available to adult men and women with an age range of 25–67 years who have an intellectual and physical disabilities. Residential services were provided to five full-time residents and six respite services per night. These respite services were available to 22 residents in two of the three houses in the centre. There were two vacancies on the day of inspection.

Overall judgment of our findings:

Overall, inspectors found that the provider had put systems in place to ensure that the regulations were being met. This resulted in positive experiences for residents, the details of which are described in the report.

Significant improvements were identified since the last inspection.

At the last inspection, there were 23 areas of non-compliance identified and the actions taken to address these issues were reviewed on this inspection. Seventeen actions were complete; one was not complete, and five of the actions related to areas of non-compliance in one house which had subsequently been reconfigured into another centre. These actions were not reviewed as part of this inspection.

The health and safety risks previously identified were now addressed, issues identified with the premises had resulted in the provider making significant renovations to one of the houses in this centre. Safeguarding and safety concerns and the management of behaviours that challenge were all addressed since the last inspection. In addition, senior management had put additional resources into the centre to improve the governance and management of the centre. As a result, the premises, and the services being delivered had improved the quality of the service in the centre.

However, some areas that required further improvement included,

- The assessments of residents' social care goals and achievements required review.
- Safe medication practices required review.
- The workforce and staffing rosters required review to ensure residents requiring additional support and supervision, while on respite, received the support required.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

On the day of inspection, inspectors found that the rights and dignity of the residents was promoted within the designated centre. The actions from the previous inspection had been addressed. Accurate records in relation to residents' finances and complaints were now maintained. The premises facilitated residents to have visitors, and residents could now lock their bedrooms, if they so wished.

Residents' meetings were occurring on a regular basis. The minutes of these meetings stated that topics such as residents' rights, choice of meals and up-coming events were discussed. Some aspects of these meetings were delivered in a pictorial format to meet the communication needs of residents. Advocacy was also made available to residents who wished to use this service.

The centre maintained a record of received complaints. Inspectors found that all complaints had been addressed in a prompt manner. The centre had an easy-read complaints procedure, which listed two nominated persons to manage received complaints. The complaints procedure also included an appeals officer to manage any unresolved issues.

Each resident's personal plan had a rights checklist in place, which incorporated aspects such as access to personal belongings, community access, healthcare and freedom of movement. Personal plans also included guidance on intimate care which detailed if

residents required assistance, areas of independence and preferences in relation to personal care.

Judgment:

Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

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

Findings:

Each resident had an individualised communication assessment completed in their personal plan. The assessments documented the resident's comprehension abilities and their preferred style of expressing themselves, for example, their use of gestures, eye contact or spoken language.

Some residents were supported through the use of pictures to tell them what activities were planned for the day. Other residents used communication books, which were used between the resident's home, respite and day service. These communication books were in picture format and helped the residents in understanding their planned day.

Some residents had access to televisions in their bedrooms and also in the communal areas of the houses. There was a notice board in the centre indicating the daily and weekly routine of the house. This indicated what events were taking place in the local community.

At the last inspection, the inspector found that training for staff was required to ensure staff implemented the alternative communication techniques for residents. This was completed.

Judgment:

Compliant

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.

<p>Theme: Effective Services</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: Each resident had a written agreement called an 'individual service agreement'. The written agreements outlined the level of support, care and services that would be provided in the designated centre. The agreements also detailed the services provided and the daily and weekly costs of the services, as well as the additional costs that maybe incurred, by the individuals receiving the service.</p> <p>At the last inspection, the inspector found that some residents were paying excessive amounts towards travel expenses for diesel, to support social activities and to travel home to visit family. This action has been addressed by the organisation.</p>
<p>Judgment: Compliant</p>

<p>Outcome 05: Social Care Needs <i>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.</i></p>
<p>Theme: Effective Services</p>
<p>Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p>Findings: On the day of inspection, inspectors found that each resident's wellbeing and welfare was maintained to a good standard. However, not all actions from the previous monitoring inspection had been addressed, as improvements were still required in relation to the review and implementation of residents' goals. This was an issue identified in the residential and respite services.</p> <p>Inspectors reviewed a sample of personal plans and found they reflected the assessed needs of the residents. Each plan contained details such as family and friends, social</p>

interests, intimate care plans, healthcare needs and risk assessment plans. Residents had regular contact with their families who were also involved in the formulation of their goals. Each plan also had a log of family contact, which was regularly updated to include phone calls and visits from family members.

Inspectors also reviewed a sample of personal goals for residents. Residents' goals had been decided following circle of support meetings which involved the resident, family members and personal facilitators. However, the inspector found that some of the residents' personal goals were not supported by relevant action plans. Goals for residents lacked timescales for completion and frequency of review. A person responsible for carrying out the required actions to achieve some residents' goals was also absent. This resulted in residents not fully achieving their desired goals.

Residents were encouraged to participate in the local community. Residents regularly attended art classes and used the services of local restaurants, shops, garden centres and local areas of interest. The centre had transport available and residents used the service of local taxis to access the community independently.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

At the last inspection there were four houses in this centre. However, since the inspection, the provider had divided the centre into two designated centres. Consequently, the number of houses in this centre was reduced to three, and one of these houses had undergone significant renovation works to bring the centre into compliance.

The residential and respite services provide accommodation to males and females with an intellectual disability aged between 25 to 67 years. This centre provided 5 full-time residential beds and six respite beds and two vacancies. The total number of individuals receiving respite was twenty-two.

House one: This was a modern purpose built house with six bedrooms providing full-

time residential services to four residents and respite services to two residents three nights a week on alternating nights.

House two: This was a four-bedroom house where one lady resided; there was a sitting room, a kitchen and dining room and one bathroom. Two bedrooms were vacant. At the last inspection, the heating boiler in this house kept breaking down and required replacement. This has since been repaired, the action was complete.

House three: This was a seven bedroom house, used for respite services. At the last inspection, the respite house and was not fit for purpose as the design and layout, heating and ventilation, bathroom and bedroom facilities were inadequate and did not meet the needs of the residents. Since then a significant amount of structural work was completed in the house. The house was repainted and the heating, electrical and fire systems were all upgraded.

Records were available to indicate that equipment in the centre had been serviced as required. This was evidenced on the maintenance logs which showed evidence of prompt actions on some issues by the person in charge. For example; thermostatic control valves were fitted to sinks and showers within the centre. This prevented risk of scalding to residents from water that was too hot. There were adequate laundry facilities in each house at centre. They were each supplied with a washing machine and dryer. The external grounds were clean and there were suitable arrangements for the safe disposal of general and clinical waste when required.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:
Effective Services

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

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

Findings:

On the last inspection, significant risk was identified in two of the houses, resulting in two immediate actions being issued to the provider. The risks identified specifically related to three residents living in two houses and were due to a lack of appropriate supervision at night. As a result, an immediate action was issued to the provider to ensure that all of these residents were appropriately supervised at night.

Following the inspection, two provider meetings was held and assurances were received from the provider that a complete review of the service had taken place and appropriate measures were put in place, to address the risks identified on inspection. These risks

were reviewed on this inspection and found to be addressed and the action complete. In addition, there were three actions issued following the last inspection, these related to the management of risks and staff training in fire safety. All of the actions were completed on this inspection.

Risk management practice was not being implemented in line with the centres policy, and the person in charge had not ensured that arrangements were in place to effectively assess and control the risks in the centre. While individual risk assessments were completed for all residents in the centre, however, not all of the control measures identified on the risk assessments were being implemented in the centre. For example, some residents risk assessments had identified that they required constant staff supervision due to their health issues and as positive behaviour support measures and this had not been provided.

Fire safety equipment in the centre had been serviced annually. There was a fire safety policy in place and an emergency plan in place on the day of inspection. The fire detection and alarm service records were on display and up to date. There was emergency evacuation lighting in operation and suitable fire containment measures in place. For example, there was an up-to-date record of fire drills. This showed that regular fire drills had been carried out in the past six months.

Residents with specific needs had an individualised fire evacuation plan documenting the type of assistance they would need, during an evacuation of the centre. The fire alarm system had been serviced, no faults were detected. However, inspectors identified that there was no fire detection system in the hot press and this was a fire risk due to the contents of the hot press on the day of inspection.

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):

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

Findings:

On the day of inspection, inspectors found that the provider had systems in place to safeguard residents against abuse. Some of the actions from the previous inspection had been addressed, with staff having received training in safeguarding residents. However, some residents' behavioural support plans continued to require improvements, and protocols in relation to PRN medications also required review.

Inspectors reviewed behavioural support plans for residents in one of the houses of the designated centre. These behavioural support plans were found to be comprehensive, regularly reviewed and supported the care of residents who present with behaviours that challenge. However, inspectors found that behavioural support plans for residents in another house failed to clearly identify the behaviours of concern and did not support the delivery of care to these residents.

Inspectors reviewed protocols for medications used 'as required' during chemical restraint. Inspectors found that the PRN medication had been prescribed by a mental health professional and were supported by an up-to-date behavioural support plan. A referral had also been made to the human rights committee in relation to this restrictive practice. However, inspectors found that PRN protocols did not guide staff on when this should be administered or the maximum dosage of the medication to be administered. Furthermore, the medication protocols did not correspond with the resident's medication prescription sheet.

Judgment:

Non Compliant - Moderate

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:

On the day of inspection, inspectors found that residents were supported to achieve the best possible health.

Residents were supported to attend allied health professional appointments such as speech and language therapists and occupational therapists. Residents were also being reviewed by medicals professionals such as general practitioners, psychiatrists and specialised medical professionals.

Recommendations from both allied health professions and medical professionals had been implemented, with health action plans available to guide staff in relation to the

healthcare needs of residents.

Food prepared for residents appeared nutritious and appetising. Inspectors observed residents being offered snacks and refreshments throughout the day. Residents who required modified diets had been assessed by the speech and language therapist and information to support the dietary needs of these residents was readily available.

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:

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. However, the practices around the administration of medications to residents required review.

Although the management of medications was found to be compliant on the last inspection, the inspector identified that staff required training in safe medication practices. This training was completed prior to the inspection. However, on the day of inspection, several medication errors were identified. On review, the management of the medication errors was not adequate. In some cases, residents had not received the prescribed medication doses, or medications were omitted when they should have been administered.

Some residents receiving respite care had epilepsy. Each individual experienced different types of seizures and the treatments required could be different, depending on the individuals' ability to recover post seizure. Consequently, the organisation has a guidance document for each individual to assist staff to manage each person's epilepsy, should a seizure occur while in respite. The information is recorded on the residents' emergency protocol. However, some of the protocols reviewed did not include the recommendations detailed in the residents medical or care notes. For example, in one file viewed, the doses to be administered, including the maximum dose in 24hrs, the doctors recommendations to call an ambulance if the medication was administered to the resident, was absent from the protocol.

There was a system for reviewing and monitoring safe medication management practices in the centre, and following two staff are required to check all medications

prior to administration.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

Since the last inspection, the provider had met with HIQA to discuss the serious failings identified on the previous inspection, and the actions required to address the failings identified. On this occasion, the inspector found considerable improvements had taken place in the governance and management of the centre, the premises, staff training, risk management processes and workforce.

The person in charge had changed on two occasions since the last inspection. The area manager was currently the person in charge of this centre, while a new person in charge was being recruited for the centre.

The person in charge was suitably qualified with relevant experience commensurate to her role. She demonstrated a comprehensive understanding of organisational policies, procedures and regulatory responsibilities. She worked three days a week in a supervisory position as the manager of the three houses in this designated centre. There was an on-call out of hours support system in place for staff should they require support from a manager.

The provider has also organised financial support from the local fundraising committee to renovate one of the houses.

Clinical and environmental audits relating to healthcare issues, medication and fire management and maintenance requirements were completed. There was evidence that the audit data had influenced some practice changes in the centre, and resulted in control measures being put in place to mitigate some risks identified.

The provider had completed an annual review of the centre. This had generated an

action plan and the provider was working towards completing the actions at the time of inspection.

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):

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

Findings:

There were two actions since the last inspection. They were now complete.

At the last inspection, significant risks were identified in relation to inadequate supervision of residents at night. This issue was now appropriately managed and there was a waking night staff in the house, when required. However, the inspector found that although some residents required, and were receiving, one-to-one support in their day services, when the resident was admitted to the centre on respite, they did not receive one-to-one support, despite this being assessed as required on their risk assessment.

On the last inspection the staff rosters required review. However, this issue had not been addressed since the last inspection. The planned and actual roster was incomplete as the actual roster did not record the name, hours and shifts that staff were working in the centre.

There were regular staff meetings which the person in charge attended. The inspector saw evidence that the person in charge had met with individual staff members, and where issues of concern were identified during these meetings, staff members had agreed to undertake specific actions to resolve them.

The inspector reviewed the training records provided by the regional manager which showed on-going training for staff working in the centre. This was an action from the previous inspection that was addressed.

Judgment:

Non Compliant - Moderate

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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:

Thelma O'Neill
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 Western Care Association
Centre ID:	OSV-0003702
Date of Inspection:	13 December 2016
Date of response:	16 February 2017

Requirements

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

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

Outcome 05: Social Care Needs

Theme: Effective Services

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

The provider failed to ensure that appropriate action plans were generated to facilitate residents to achieve their chosen goals.

1. Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out

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

of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

The Person in Charge will audit the Individual Plans to ensure that personal goals are supported by action plans that clearly identifies the person responsible and timescales for completion.

Proposed Timescale: 10/03/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The risk management policy was not being implemented to ensure that arrangements were in place to effectively assess and control the risks in the centre.

2. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

The Registered provider will review the assessed needs of the individuals concerned and ensure that the appropriate level of staffing support is provided.

Proposed Timescale: 13/01/2017

Theme: Effective Services

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

There was no fire detection system in the hot press which contained flammable materials.

3. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

The registered provider has installed a fire detection device in the hot press.

Proposed Timescale: 13/01/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The provider failed to provide guidance for staff in protocols for the administration of as required medication. The provider also failed to ensure that the maximum dosage stated on the as required medication protocol corresponded with the associated medication prescription sheet.

4. 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:

The Registered Provider will review all P.R.N protocols in the designated centre to ensure that they clearly state how the medication should be administered, what the maximum dosage of medication to be administered and they correspond with the residents medication prescription sheet.

Proposed Timescale: 27/02/2017

Theme: Safe Services

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

The provider failed to ensure that behavioural support plans identified the actual behaviour of concern.

5. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

The Person in Charge along with the Behavioural Support Specialist and other relevant personnel will review each residents support plans to ensure that they clearly state any Behaviours of concern.

Proposed Timescale: 27/02/2017

Outcome 12. Medication Management

Theme: Health and Development

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

Medication was not administered as prescribed to the residents and protocols in place to ensure the correct administration of emergency medications were not complete.

6. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

The Person in Charge will review all medication errors and develop an appropriate action plan under the guidance of the Medication Trainer personnel.

The person in Charge will review all P.R.N protocols to ensure that the dose to be administered, including the maximum does in 24hrs and recommendations from Doctors are clearly stated.

Proposed Timescale: 27/02/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The person in charge did not maintain an up-to-date planned and actual staff roster to reflect the name, hours and shifts that staff were working in the centre.

7. Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

The Person in Charge has introduced an up-to-date planned and actual staff roster that reflects the name, hours and shifts that staff work in the centre.

Proposed Timescale: 13/01/2017

Theme: Responsive Workforce

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

There were insufficient staff to meet the individual needs of residents in the centre.

8. 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 Registered provider will review the assessed needs of the individuals concerned and ensure that the appropriate level of staffing support is provided.

Proposed Timescale: 13/01/2017