

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Sunbeam Lodge
<b>Centre ID:</b>	OSV-0001932
<b>Centre county:</b>	Leitrim
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	North West Parents and Friends Association for Persons with Intellectual Disability
<b>Provider Nominee:</b>	Evelyn Carroll
<b>Lead inspector:</b>	Ivan Cormican
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	4
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

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

From:	To:
10 October 2017 10:00	10 October 2017 18:00
11 October 2017 09:00	11 October 2017 13:30

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 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 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

Background to the inspection:

This inspection was carried out by the Health Information and Quality Authority (HIQA) to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and also to inform a registration renewal decision. The previous inspection of this centre took place on 15 June 2016. 12 actions were identified following the previous inspection, the inspector found that 11 of these actions had been implemented as described; however, one of these actions had not been addressed and remained non-compliant on this inspection.

How we gathered our evidence:

As part of the inspection, the inspector met with four residents who were observed to interact warmly with staff and appeared to enjoy their surroundings. All of the residents were non verbal and used augmented communication plans to support them to communicate. The inspector met with five staff members, including senior staff on duty, care assistants, an area manager and the person representing the organisation. The person in charge was not available on the day of inspection but spoke to the inspector post inspection. The inspector also met with one family member who voiced their satisfaction with the service. The inspector observed interactions between residents and staff and work practices. Documentation such as personal plans, risk assessments, medication records and emergency planning within the centre was also reviewed.

Description of the service:

The designated centre comprised of a single-storey detached house and accommodated up to four residents who have an intellectual disability. The house was located within a short drive of a medium sized town and transport was provided to residents who wished to access the community. The centre was warm, clean and was appropriately equipped to meet the residents' needs. Some residents were supported to attend a nearby day service while one resident was offered an individual programme from the designated centre if they so wished.

Overall judgment of our findings:

This inspection found a good level of compliance with the regulations and residents' appeared to enjoy a good level of care. Outcomes including residents' rights, family and personal relationships, admissions, social care needs, premises, notifications, general welfare, healthcare, absence of the person in charge and resources were found to be in compliance with the regulations. However, the inspector also found outcomes including communication, health and safety, safeguarding, medications, statement of purpose, governance and management, workforce and records required some improvements and were deemed in substantial compliance with the regulations.

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):**

No actions were required from the previous inspection.

**Findings:**

On the day of inspection, the inspector found that the rights and dignity of residents was promoted in the designated centre.

The inspector observed that staff interacted with residents in a warm and caring manner. Staff were also guided in supporting resident's individual personal care needs by intimate care plans which were regularly updated.

The centre had information on rights on display in an accessible format and an external person had visited the centre to inform residents and their representatives of the role of advocacy.

Residents attended a daily planning meeting, if they so wished, where topics such as meal choice and activities were discussed. Pictures of staff who were on duty were on display and picture choice boards, with information on meals and activities, which were used by residents to indicate their preferences in these areas.

The centre had procedures and policies in relation to managing complaints and information on complaints was available to residents in an easy read format. There were no active complaints in the centre; however, previous complaints had been managed by the person in charge in a prompt manner.

Residents were supported to manage their finances and regular audits of receipts, balances and transactions were carried out by staff and the person in charge.

**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):**

No actions were required from the previous inspection.

**Findings:**

On the day of inspection, the inspector found that the communication with residents was promoted in the designated centre.

The inspector reviewed a sample of personal plans which contained a communication profile on each resident. These profiles included areas such as 'how I communicate my needs and wants', 'I make choices by' and 'I communicate yes and no by'. Speech and language therapists were also involved in supporting residents who required assistance and staff were found to have a good knowledge of resident's individual communication plans.

Residents also had access to media such as television and radio; however, residents did not have access to the internet.

**Judgment:**  
Substantially Compliant

**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):**

No actions were required from the previous inspection.

**Findings:**

On the day of inspection, the inspector found that residents were supported to meet with their respective families.

The centre maintained a visitors book which indicated that residents were visited by their families on a regular basis. The inspector also met with one family member who stated that they were always welcomed in the centre. The family member also stated that the provider was currently arranging for the resident to come visited them at home.

**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.*

**Theme:**

Effective Services

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

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

**Findings:**

On the day of inspection, the inspector found that residents had signed written agreements in place which stated the fees they would be charged and any additional charges that they may incur.

**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:**

On the day of inspection, the inspector found that the social care of residents was promoted in the designated centre. The actions from the previous inspection were implemented with effective plans in place to address the social needs of residents.

Each resident had a personal plan in place which was reviewed on a regular basis, available in an accessible format and contained areas such as communications, personal choices, book about me, risk assessments and plans of care.

Residents' goals were identified at individual planning meetings which were attended by their representatives. Action plans were effectively implemented to support residents to achieve their chosen goals such as train trips and pampering days.

Residents were also supported to access the community on a regular basis on engage in activities such as personal shopping, walks and going for meals.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

On the day of inspection, the inspector found that the premises met the assessed needs of residents.

The centre was warm and clean and residents had a large spacious sitting room in which to relax. There was an adequate number of bathrooms' which were suitably equipped to meet the needs of residents. There centre also had a small kitchen and separate dining room. There was also adequate lighting and ventilation.

**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 day of inspection, the inspector found that the health and safety of residents, staff and visitors was promoted in the designated centre. The actions from the previous inspection was addressed with revised fire precautions and risk management procedures in place in the designated centre. However, some improvements were required in regards to fire drills in the centre.

Staff in the centre were conducting regular checks of fire precautions such as emergency lighting, fire doors, emergency exits and fire extinguishers. Staff had a good understanding of supporting residents to evacuate in the event of a fire. Drills which were conducted indicated that residents could be evacuated in a prompt manner. Staff had also conducted a fire drill with minimum available staffing; however, some drills carried out were not conducted in line with displayed fire precautions in the centre.

The centre had a safety statement and risk management was promoted in the centre. Each identified risk such as fire, self harm and behaviours of concern was rated, had appropriate controls in place and was reviewed on a regular basis.

The centre had systems in place for the recording and review of adverse events and the inspector found that each recorded adverse event had been responded to in a prompt manner by the person in charge.

The centre had infection control procedures in place such as the promotion of hand washing and using colour coded mops for cleaning.

**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):**

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

**Findings:**

On the day of inspection, the inspector found that the provider had systems in place to protect residents from potential abuse. The action from the previous inspection was no longer required as there were no restrictive procedures in place. There was one safeguarding plan which was recently compiled and the implementation date for this plan corresponded with the first day of inspection. The inspector met with a number of staff members who had a good understanding of this plan; however, not all staff members were familiar with this plan. This was brought to the attention of the provider on the first day of inspection who then made all staff aware of the safeguarding plan. Some improvements were also required in regards to behavioural support plans and the use of chemical interventions.

Staff on duty had a good understanding of identifying abuse and of reporting procedures used in the centre. Information on responding and reporting of suspected abuse were on display which included the designated people to manage allegations of abuse. Staff were also observed interacting with residents in a warm manner and residents appeared relaxed in their company.

There were some behavioural support plans in place and staff were found to have a good understanding of these plans including proactive and reactive strategies. One resident who was under the care of a mental health team was supported through the use of a chemical intervention. There were clear protocols for its use in place; however, the behavioural support plan did not sufficiently guide staff during which stage of support this chemical intervention could be used.

**Judgment:**

Substantially Compliant

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

On the day of inspection, the inspector found that the person in charge had maintained records of all the required notifications in the designated centre.

<b>Judgment:</b> Compliant

**Outcome 10. General Welfare and Development**  
*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**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, the inspector found that the training, education and employment needs of residents were supported through their day service.

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

**Findings:**  
On the day of inspection, the inspector found that the best possible health of residents was promoted in the designated centre. The action from the previous inspection was addressed with all weight management plans implemented as planned.

Residents were reviewed on a regular basis and attended appointments with specialists such as neurology and psychiatry as scheduled. Residents were also supported to undergo further investigations such as computer aided topography and magnetic resonance imaging.

The centre was nurse-led and each resident had a nursing assessment completed. Each

assessment was reviewed on at least an annual basis and decisions such as referrals, implementation of care plans or risk assessments were carried out as required.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

On the day of inspection, the inspector found that the centre had appropriate medication practices in place. However, residents had not been assessed to self medicate.

Only nurses were administering regular medication on the day of inspection. Medications had appropriate storage and the keys for this storage were held by the senior staff on duty. All medications held in the centre were in date, had appropriate labels attached and staff were conducting regular stock control.

The administration of 'as required' medications was supported by regularly reviewed administration protocols. Some residents required the administration of rescue medication due to epilepsy. Each resident who required this medication had a rescue medication administration protocol in place which was in line with prescription sheets which were signed by the general practitioner.

**Judgment:**

Substantially Compliant

**Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

On the day inspection, the inspector found that improvements were required in regards to the centre's statement of purpose.

The centre's statement of purpose had been reviewed by the provider since the previous inspection and also on an annual basis. However, the inspector found that this document did not contain all the requirements of the regulations.

**Judgment:**

Substantially Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

On the day of inspection, the inspector found that the designated centre had appropriate governance and management arrangements in place. However, some improvements were required in regards to the annual review.

The person in charge was in a full time role and had a good understanding of the residents' needs and of the regulations. The person in charge was conducting regular reviews of medications and was reviewing staff audits of fire precautions, personal plans, health and safety, care planning and finances.

The provider had conducted a six monthly audit of the quality of care provided to residents and an action plan had been generated to address issues found in regards to personal planning, risk management and staff training. The inspector found that good progress had been made in addressing these issues.

The annual review of the centre had been completed as required which examined 18 outcomes in the centre; however, the inspector found that residents or their representative had not been consulted as part of this review.

<b>Judgment:</b> Substantially Compliant

<b>Outcome 15: Absence of the person in charge</b> <i>The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.</i>
<b>Theme:</b> Leadership, Governance and Management
<b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.
<b>Findings:</b> On the day of inspection, the inspector found that the provider was aware of the instances in which the chief inspector should be notified of the absence of the person in charge. The provider also had arrangements in place for when the person in charge was absent from the centre which included an emergency on call system, senior staff on duty and the addition of a person participating in the management of the centre.
<b>Judgment:</b> Compliant

<b>Outcome 16: Use of Resources</b> <i>The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.</i>
<b>Theme:</b> Use of Resources
<b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.
<b>Findings:</b> On the day of inspection, the inspector found that the centre was resourced to meet the needs of residents. Additional support had also been introduced to support a resident to remain at home when they did not wish to attend their day service.
<b>Judgment:</b> Compliant

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**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:**  
On the day of inspection, the inspector found that the allocation of staffing was meeting the assessed needs of residents. The action from the previous inspection was addressed, with staff having received training in fire safety. However, some improvements were required in regards to staff files.

The person in charge maintained a staff rota which was found to be accurate on the day of inspection. Staff had received training in areas such as fire safety, safeguarding, responding to behaviours of concern, manual handling and the administration of rescue medications and were found to be up to date with training needs.

Staff were also attending regular team meetings and received regular support and supervision. The inspector also reviewed a sample of staff files and found that full employment histories were not available in all files reviewed. There were no volunteers in place on the day of inspection.

**Judgment:**  
Substantially Compliant

**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):**

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

**Findings:**

On the day of inspection, the inspector found that documentation in the centre supported the delivery of care to residents.

The action from the previous inspection had not been addressed with some further improvements required in regards to policies in the centre.

All Schedule 5 documents were available for review in the centre. However policies on records management and residents' personal property did not contain all aspects of the regulations. The policy on the provision of behavioural support did not have a review date in place.

The inspector also reviewed the directory of residents and found that it did not contain all aspects of Schedule 3 of the regulations.

**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:***

Ivan Cormican  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority



## Health Information and Quality Authority Regulation Directorate

### Action Plan



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

<b>Centre name:</b>	A designated centre for people with disabilities operated by North West Parents and Friends Association for Persons with Intellectual Disability
<b>Centre ID:</b>	OSV-0001932
<b>Date of Inspection:</b>	10 & 11 October 2017
<b>Date of response:</b>	15 November 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 02: Communication

**Theme:** Individualised Supports and Care

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

The provider failed to ensure that residents had access to the internet.

**1. Action Required:**

Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access

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

to a telephone and appropriate media, such as television, radio, newspapers and internet.

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

Internet access has being provided for residents use.

**Proposed Timescale:** 27/10/2017

**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 provider failed to ensure that fire drills were conducted in line with displayed fire precautions in the centre.

**2. Action Required:**

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

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

Displayed Fire precautions have been reviewed All scheduled fire drills will be conducted in line with fire precautions on display.

**Proposed Timescale:** 12/10/2017

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

The person in charge failed to ensure that the behavioural support plan sufficiently guided staff in regards to the use of a chemical intervention.

**3. Action Required:**

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

The behavioural support plan has been reviewed and now provides adequate guidance to staff in regards to the use of chemical interventions.

**Proposed Timescale:** 12/10/2017

### **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:**

The person in charge failed to ensure that residents had been assessed to self medicate.

**4. Action Required:**

Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

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

All residents have been assessed in relation to self medicating.

**Proposed Timescale:** 19/10/2017

### **Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The provider failed to ensure that the centre's statement of purpose contained all the requirements of Schedule 1 of the regulations.

**5. Action Required:**

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

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

The Centres Statement of Purpose has been reviewed and now contains all the requirements of Schedule 1 of the regulations.

**Proposed Timescale:** 17/11/2017

### **Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

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

The provider failed to ensure that residents and their representatives had been consulted in regards to the annual review of the care provided in the centre.

**6. Action Required:**

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

The registered provider will consult with families in relation to the most recent Annual Review of Quality & Safety. Their views will be attached to the report. Going forward, families will be consulted in relation to the registered providers annual review of quality and Safety of the Service

**Proposed Timescale:** 17/11/2017

**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 failed to ensure that employment histories were available for all staff employed in the centre.

**7. Action Required:**

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

Employment histories are now available where deficits were identified by the inspector.

**Proposed Timescale:** 16/10/2017

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

The provider failed to ensure that policies in the centre contained all aspects as detailed in the regulations.

**8. Action Required:**

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The policy on resident's finances will be reviewed to include resident's personal property and possessions.

The documentation policy will be reviewed to include information on the creation of, maintenance of, access to, retention of and destruction of documentation.

**Proposed Timescale:** 30/11/2017

**Theme:** Use of Information

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

The provider failed to ensure that all policies had a review date.

**9. Action Required:**

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

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

All policies now have a review date.

**Proposed Timescale:** 12/10/2017

**Theme:** Use of Information

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

The provider failed to ensure that all aspects of Schedule 3 as detailed in the regulations was contained in the directory of residents.

**10. Action Required:**

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

The directory of residents will be reviewed to contain all information as outlined in paragraph 3 of schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013

<b>Proposed Timescale: 10/11/2017</b>