

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Binn Eadair
Centre ID:	OSV-0002371
Centre county:	Dublin 5
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Lead inspector:	Thomas Hogan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	3
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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 19 September 2017 09:15 To: 19 September 2017 18:26

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was an unannounced inspection of this designated centre to assess compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. This was the Health Information and Quality Authority's (HIQA) third inspection of this designated centre and took place over one day and was completed by one inspector. Seven outcomes were inspected against with actions from an additional three outcomes being followed up on also.

Description of the service:

The designated centre comprised of one single storey building located in a North Dublin suburban area which was close to a number of community amenities. There was an area for the parking of vehicles at the front of the building with a modest sized garden to the rear. There were five bedrooms, a staff office, a spacious kitchen/dining area, a small utility room, two modest sized sitting/living rooms, a staff office/sleep over room, and four bathrooms contained within the building. The

service provider had produced a statement of purpose which outlined the service provided within the designated centre.

How we gathered our evidence:

The inspector met with all three residents using the services of this designated centre and spoke in detail with two residents. A number of staff members were spoken with including three social care workers, a service manager, and the director for adult services. The person in charge was not on duty on the day of inspection. Additionally, in assessing the quality of care and support provided to residents, the inspector spent time observing staff engagement and interactions with residents.

As part of the inspection process the inspector spoke with the aforementioned staff members and reviewed various sources of documentation which included the statement of purpose, residents' files, centre self-monitoring documentation and a number of the centre's policy documents. The inspector also completed a walk through the centre's premises.

Overall judgment of our findings:

Ten outcomes were inspected against and overall the inspector found that there was limited compliance in the safety and quality of care provided in the centre with eight of the 10 outcomes found to be in a level of non-compliance with the Regulations. Three outcomes were found to be in major non-compliance due to findings of serious concern which related to the management of risk in the designated centre, the appropriate containment of fire, the safeguarding and protection of residents, the appropriate management of behaviours, and the support needs of one resident not being met with the staffing levels in place at the time of inspection. These concerns were brought to the attention of the provider and service manager during the inspection and at the feedback meeting.

These findings along with further details can be found in the body of this report and the accompanying action plan.

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:

The actions from the previous inspection were reviewed by the inspector. One action relating to the completion of audits of resident finances was found to be satisfactorily implemented. The second action related to the practice of residents contributing a fixed monthly financial contribution to another resident's bank account was found to have ceased. The person participating in management informed the inspector that this practice was no longer taking place in the designated centre.

The inspector did not inspect against any other aspects of this outcome.

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:

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

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

Findings:

Overall, the inspector found that while residents had opportunities to engage in meaningful activities appropriate to their interests and preferences, there were areas where improvements were required.

There were comprehensive assessments in place for all three residents availing of the services of the designated centre. The inspector found that there was clear evidence that residents, and/or their representatives were actively involved in the assessment process. There was evidence also of multidisciplinary inputs at the assessment and planning stages. The completed assessments included sections relating to general health, communication, emotional wellbeing, physical and intimate care supports, safety, environment, rights, and social supports.

Staff members spoken with felt that the assessment and planning processes were worthwhile and guided practice in the designated centre. However, the inspector found that there was an overall absence of planning for personal and social care needs in the case of two residents. In the case of one resident support plans were limited to financial management, communication style and positive behavioural supports. In addition, it was found that plans were not available in accessible formats - this was an action from the previous inspection.

The inspector spoke in detail with two residents about social care needs. In both cases the residents expressed that they felt supported to lead active lives and outlined examples of same to the inspector. Both residents expressed concerns regarding compatibility of the current resident group. The service manager outlined plans for the transition of one resident to another designated centre; however, the inspector found that no written transition plan was available in the designated centre to provide guidance for the staff team.

A person-centred planning policy (dated September 2017) was in place in the designated centre and was reviewed by the inspector. It was found to provide good guidance for staff on the person centred planning process, the roles and responsibilities of staff, and core principles.

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:

The inspector found that the design and layout of the centre was suitable for its stated purposes and met the residents' individual and collective needs in a comfortable and homely way. There was appropriate equipment for use by residents and staff which was maintained and in good working order.

There were some areas of improvement identified at the time of inspection and these included:

- a requirement for redecoration throughout the designated centre
- additional measures for cleaning and upkeep were required as cobwebs were observed in several rooms
- furniture in one sitting room area was observed to be tarnished

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Overall the inspector found that the health and safety of residents, visitors and staff within the designated centre was not satisfactorily promoted or protected. Improvements were also required in incident and risk management in order to ensure risks were appropriately assessed and managed.

The inspector found that the risk management policy in place in the designate centre was not appropriately implemented in practice. In the case of a resident, who engaged in specific behaviours of concern, a risk assessment categorised the risks as being 'high', however, there were no additional measures in place to reduce the identified risks. This

document acted as a summary of previous strategies which were engaged with and which had proven unsuccessful. The inspector found that risk associated with the resident was not being managed appropriately.

A review of incident and accident records identified that one resident fell in the centre on four occasions since the beginning of 2017. While there was a risk assessment in place relating to the risk of falling for this resident, the overall risk rating was categorised as 'low', and no additional control measures were listed to reduce the risk further. This risk was not included on the list of three risks on the designated centre's risk register.

There was an absence of fire containment arrangements in the designated centre. A risk assessment in place (dated September 2016) relating to fire safety in the centre was found to make no reference to the absence of fire containment. Similarly, the risk register in place made no reference to this risk.

Personal emergency egress plans (PEEP) were found to have been in place for all residents of the designated centre. However, in the case of one resident the PEEP in place instructed that if they did not respond to the fire alarm or to staff interventions, the staff member on duty was to open the bedroom window, close the bedroom door, and to inform the fire brigade. This instruction was also provided in the 'night time evacuation plan' (dated June 2016). The risks associated with this instruction and the absence of fire containment arrangements within the designated centre were not recognised or assessed.

In the case of a fire drill reviewed by the inspector, an issue which was identified during the drill related to a resident taking a prolonged period of time to evacuate from the building. This risk had not being identified in the resident's PEEP or completion of a risk assessment or any additional control measures being put in place to address the matter.

A review of staff training records found that four staff had not completed refresher fire training in line with the designated centre's required time frame. One staff member had not completed the refresher fire training since their initial fire training in October 2013. Local records relating to staff training were not up to date and fully maintained in the designated centre and additional evidence of completed training was submitted post inspection by the service manager.

While there was no specific health and safety policy in place in the designated centre, there was a health and safety statement (dated June 2014). It was found, however, that this document had incorrect names of key personnel listed such as the chief executive officer. In addition, section 9.2 of the document outlined a requirement for an annual review of the health and safety statement, however, it was confirmed by the service manager that this was not completed. In addition, a fire safety management policy (dated October 2015) in place in the designated centre was found to be outside the required review timeframe.

Judgment:
Non Compliant - Major

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:

Overall, the inspector found that measures to protect residents from harm or suffering abuse were not in place in the designated centre and appropriate action was not taken in response to allegations, disclosures or suspected abuse.

The inspector found that the provider failed to protect residents using the services of the designated centre from abuse. Two residents were spoken with during the time of inspection and both individuals indicated that they did not feel completely safe living in the designated centre. Both residents communicating these concerns outlined examples of incidents which had occurred in recent times.

A review of incident records available in the designated centre confirmed an ongoing significant issue within the centre. Related support plans and safeguarding reports did not provide adequate assurance that the issue was being appropriately managed. This was brought to the attention of the service manager and representative of the provider at the feedback meeting.

The inspector spoke with three staff members about abuse and overall found that there was mixed levels of awareness of what constitutes abuse and regarding the appropriate responses to take in the event of witnessing or suspecting abuse. Staff training records were reviewed and it was found that all staff had received training in the area of safeguarding within the timeframe set out by the organisation's 'minimum required training for staff 2015' document.

The inspector reviewed staff training records made available in relation to positive behaviour support training. The mandatory element of this training was found to not have been completed by any member of the staff team in the designated centre.

A policy and procedures for the protection of adults from abuse and neglect (dated January 2016) was found to be in place in the designated centre. In addition, an intimate care policy (reviewed in October 2016) was also in place.

Intimate care plans were found to be in place for residents who required support with personal care. All observed interactions between staff and residents were respectful and demonstrated a consent based approach by offering choices in relation to daily living tasks and activities.

No restrictive practices were found to be in place in the designated centre on the day of inspection.

Judgment:

Non Compliant - Major

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:

Overall, it was found that residents were supported on an individual basis to achieve and enjoy the best possible health.

The inspector found that residents' healthcare needs were met through timely access to healthcare services and appropriate treatment and therapies. Comprehensive assessments of need were completed and in place which included general health and emotional and mental health needs.

Staff spoken with demonstrated indepth awareness of residents' health and medical care needs, however, there was an absence of appropriate planning in place for the needs identified by staff members. Identified health and medical care needs such as reduced mobility, schizophrenia, and reduced balance post fracture did not have care plans in place.

It was found that residents had access to a medical practitioner of their choice or one that was acceptable to them.

A mealtime experience in the designated centre was observed by inspector and it was found to be a positive and sociable event. Residents and staff were observed to prepare the meal together. Food served was observed to be nutritious, appetising, and available in sufficient quantities.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents were partially protected by the designated centre's procedures for medication management. Areas for improvement were identified.

While there was a policy in place for the safe administration of medications, this was found to not have been reviewed in January 2017 as identified as the required review date on the document. The policy provided guidance on the following areas: introduction, responsibilities, procedures to safely administer medication, supporting guidance, incidents and errors, references, and bibliography.

The processes in place for the handling of medicines were found to be safe, and appropriate procedures were in place for the handling and disposal of unused and out-of-date medicines.

Two residents were found to have self-administration of medication guidelines in place, however, no risk assessments or assessments of capacity were found to have been completed for the self-administration of medication for any resident using the services of the designated centre.

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):

No actions were required from the previous inspection.

Findings:

Overall, the inspector found that the quality of care and experience of the resident was monitored by the management team, however, in some instances there was a lack of identification of concerns and follow up on issues identified.

An annual review of the quality and safety of care in the designated centre for 2016 was completed and available at the time of inspection. The review provided for consultation with residents availing of the services of the designated centre, members of the staff team, family members of residents, and clinical team members. In addition, the review outlined information relating to: unannounced six monthly visits, health and safety inspections, fire drills and risk register, adverse incidents and safeguarding, HIQA inspections 2015, resident and family and representative views, compliments and complaints, staff training, reporting arrangements, conclusion, achievements, and plans for 2017. The document did not specify who the author was or the date of completion. While safeguarding and health and safety are briefly mentioned in the review, there was an overall absence of identification of the concerns found during this regulatory inspection.

Two six monthly unannounced visit reports were made available to the inspector. These were completed on 19 October 2016 and 31 May 2017. One of the documents outlined the date of the next unannounced visit to the centre and therefore called into question the unannounced nature of the visits. Areas focused on within the visits included: review of complaints, nurse manager on call supports, restrictive practices, assessments of risk, assessments of residents' needs, emergency planning, staff training, accidents and incidents, safeguarding, medication management, finances, notifiable events, governance and management, transport, and review of previous reports. A corrective action plan was in place for findings from the unannounced visit with persons identified for completing actions and dates for which actions are to be completed by.

'Governance and safety monthly data reports' were completed in the designated centre. One report dated 31 August 2017 was reviewed by the inspector. It related to a six month period between January and July 2017. The reports contained information on: the quality enhancement plan, service users personal plans, incident report forms, safeguarding referrals, complaints, restrictive practices to manage behaviours of concern, rights restrictions, high and medium risks for the period, supervision and support meetings for staff, additional staffing requirements, whole time equivalent requirements, audits completed, events completed, outstanding issues, mandatory training, notifications to HIQA, and breakdown of quarterly notifications to date.

While the 'governance and safety monthly data report' was found to be a positive and useful tool, it was found that in some areas it was not completed fully and it did not identify the concerns or risks referred to in Outcomes 7 and 8 of this report.

There was a clearly defined management structure in the designated centre which

identified the lined of authority and accountability.

The person in charge was not present in the designated centre on the day of inspection.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

The inspector found that there were insufficient staff numbers in place in the designated centre to meet the assessed needs of residents at the time of inspection. While staffing levels did take into account the statement of purpose and the size and layout of the designated centre, it was found that the support needs of residents were not being appropriately met.

There was an actual and planned rota available in the designated centre, however, this rota related to two separate designated centres on one combined document. As a result, it was difficult to establish the staffing allocation at certain time periods for the designated centre.

As mentioned previously in this report, there were areas of mandatory staff training which were not completed as required. In addition to those previously mentioned, the following numbers of staff members had not completed the required mandatory training, or had not completed mandatory refresher training in the required timeframe, as per the designated centre's 'minimum required training for staff 2015' document:

- occupational first aid: nine staff members
- emergency first aid: five staff members
- food safety for food handlers: three staff members
- hand hygiene: four staff members
- safe administration of medication: three staff members

There were no volunteers employed in this designated centre.

Staff files and records of supervision were not available in the designated centre on the

day of inspection and therefore did not form part of the inspection of this outcome.

Judgment:

Non Compliant - Major

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):

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

Findings:

The inspector found that the designated centre did not have all written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Adults and Children) with Disabilities Regulations 2013.

There was no health and safety policy in place in the designated centre. A food safety policy (dated September 2014) was found to be in place, however, was not reviewed in the three-year period required. A safe administration of medication policy was found to not have been reviewed in January 2017, a date identified as being required by the organisation.

No other aspects of this outcome were inspected against.

Judgment:

Non Compliant - Moderate

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:

Thomas Hogan
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 St Michael's House
Centre ID:	OSV-0002371
Date of Inspection:	19 September 2017
Date of response:	19 December 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:

Personal plans, which reflected assessed needs and outlined supports required to maximise personal development in line with personal wishes, were not in place for all residents in the designated centre.

1. Action Required:

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

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

All residents Personal Plans will be reviewed with the residents in this Designated Centre and will be completed in line with their personal and social care needs and their personal preferences.

Proposed Timescale: 22/12/2017

Theme: Effective Services

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

Residents' personal plans were not made available in an accessible format to the residents and, where appropriate, their representatives.

2. Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

Accessible personal plans are now in a format accessible for and agreeable with the individual residents.

Proposed Timescale: 06/12/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

1. The designated centre required redecorating throughout.
2. Additional measures for cleaning and upkeep were required as cobwebs were observed in several rooms.

3. Action Required:

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

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

- Painting of the house interior is scheduled to start in January 2018.
- High dusting has been carried out and is now on the cleaning checklists for staff.

Proposed Timescale: 31/01/2018

Theme: Effective Services

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

Furniture in one sitting room area was observed to be tarnished.

4. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

All tarnished furniture in the sitting room will be replaced.

Proposed Timescale: 31/01/2018

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Systems were not in place in the designated centre for the assessment, management and ongoing review of risk.

5. 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:

Resultant from one resident moving to another Designate Centre, all required risk assessments in this house are in place, however, they are under review and an updated risk register will be in place to assess, manage and review risks in this centre.

Proposed Timescale: 22/12/2017

Theme: Effective Services

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

Adequate measures were not in place for the containment of fire in the designated centre.

6. 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 organisations Fire Prevention Officer has conducted an internal fire audit in the Designated Centre on 28th June 2017
- All actions arising from the internal fire report are being implemented

Proposed Timescale: 30/06/2018

Theme: Effective Services

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

Arrangements were not in place in the designated centre for the evacuation of all residents in the designated centre and bringing them to safe locations.

7. Action Required:

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

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

- One resident has been discharged from this designated centre.
- A designated safe location is available and all Personal Evacuation Plans have been reviewed to take into account resident's support needs when evacuating.

Proposed Timescale: 06/12/2017

Theme: Effective Services

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

Four members of staff had not completed refresher fire training in line with the designated centre's required timeframe.

8. Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

Three staff members have now completed this training.
The last staff member is scheduled for this training on Friday 9th January 2018

Proposed Timescale: 09/01/2018

Theme: Effective Services

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

There was an absence of appropriate follow up following the identification of risk during a fire drill in the designated centre.

9. 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:

Arrangements and supports are in place, including reviewed Personal Evacuation Plans for the two residents which take into account their support needs when evacuating to the designated safe location.

Proposed Timescale: 06/12/2017

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:

Staff in the designated centre had not completed mandatory training in the area of positive behavioural support.

10. Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

Three staff have completed positive behavioural support course.
One staff member is due to submit the assignment by end of December 2017.
The remaining staff will be supported to complete their written assignment by the end of March 2018.

Proposed Timescale: 31/03/2018

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

The support plans in place for did not appropriately address behaviour of concern.

11. 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:

This resident has since moved from this Designated Centre. His Positive Behaviour Support Plan is currently under review in his new Designated Centre.

Proposed Timescale: 15/12/2017

Theme: Safe Services

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

1. The inspector found that staff knowledge on what constitutes abuse and the appropriate responses to take if abuse was witnessed or suspected was not satisfactory.
2. Residents spoken with by the inspector indicated that they did not feel completely safe living in the designated centre.
3. There was no evidence of review of two safeguarding plans since July 2016 and August 2016.

12. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

- Safeguarding procedure has been reviewed with all staff by the PIC & Service Manager on the 1st December 2017.
- One resident has since moved to another Designated Centre
- All safeguarding requirements have been reviewed in the Designated Centre

Proposed Timescale: 01/12/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Health care plans were not in place for identified health care needs of residents.

13. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

Required Health Care Plans for the identified resident are now in place.
Annual review of the Assessment of Needs for the second resident is underway and resulting from this all updated required Health Care Plans will be in place.

Proposed Timescale: 15/12/2017

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:

Risk assessments and assessments of capacity were not completed for residents using the services of the designated centre.

14. 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:

Both residents self administer when they choose and the PIC has completed the required risk assessments. The Assessment of Capacity will be completed to support 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.

Proposed Timescale: 08/12/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

Management systems in place in the designated centre were not effective in ensuring that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

15. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

- The Annual Review for 2016 now lists the author and completion date.
- The date of a proposed unannounced visit to the centre was an error and no visit took place on this date.
- The Monthly Data Report had been introduced in August and this is now completed on a monthly basis this will now address all concerns / risks identified in the Designated Centre.

Proposed Timescale: 22/12/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The inspector found that there were insufficient staff numbers in place in the designated centre to meet the assessed needs of residents at the time of inspection.

16. 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:

Staff roster has been reviewed taking into consideration the new circumstances in the Designated Centre.

Proposed Timescale: 18/10/2017

Theme: Responsive Workforce

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

The staff rota in place was for two combined designated centres.

17. 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 staff rota has now been separated and there is an individual rota in place for each Designated Centre.

Proposed Timescale: 15/10/2017

Theme: Responsive Workforce

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

Staff were found to have not completed mandatory training, and completed mandatory refresher training in the required timeframe.

18. 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:

- Seven staff have completed Emergency First Aid and the remaining four staff are scheduled to complete this course by end of February 2018.
- Designated Centre staff who had not completed food safety training did so on the 7th December 2017.
- Hand Hygiene Training has been scheduled for the staff team on the 3rd January 2018.
- Safe Administration of Medication Refresher has been completed by all staff who administer medication in this Designated Centre.

Proposed Timescale: 28/02/2018

Outcome 18: Records and documentation

Theme: Use of Information

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

1. A food safety policy was not reviewed within a three year timeframe.
2. A safe administration of medication policy was found to not have been reviewed within the timeframe identified by the organisation.

19. 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:

1. The Food Safety Policy is under review and will be completed by the end of April 2018.
2. The Organisations Safe Administration Policy is currently under review by the Medication Management & Therapeutic group and will be completed by end of February 2018

Proposed Timescale: 30/04/2018

Theme: Use of Information

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

A health and safety policy, including food safety, of residents, staff and visitors was not in place in the designated centre.

20. 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 Corporate Safety Statement (including policy statement) is under review in consultation with relevant stakeholders. The new revision will be brought to Senior Management Team for approval and ratification by end of quarter. Rollout and implementation of plan will follow beginning in January 2018.
- New revision will include a site specific safety management system template which PICs will customise to their local arrangements. PICs will receive briefing on the changes and updates to the contents as part of the rollout plan

Proposed Timescale: 31/01/2018