

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St Hilda's Services
Centre ID:	ORG-0008066
Centre county:	Westmeath
Email address:	sbuckleybyrne@sthildas.ie
Registered provider:	St Hilda's Services
Provider Nominee:	Sheila Buckley Byrne
Person in charge:	Alan Nolan
Lead inspector:	Ciara McShane
Support inspector(s):	Brid McGoldrick
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	1

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 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 announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 27 February 2014 09:30 To: 27 February 2014 14:30

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

This centre, part of St Hilda's Services, is a two-storey house located in Athlone, Co Westmeath with amenities nearby. Athlone centre is nearby. This centre is owned by the Health Service Executive (HSE). St Hilda's Services proposes to provide support to the residents living there. St Hilda's Services is a voluntary body established originally by parents and friends to carry out its mission of providing services to people with an intellectual disability.

This centre is currently vacant and has one resident prepared to move in once registration with the Health Information and Quality Authority (the Authority or HIQA) is complete. The designated centre has available occupancy for five residents. St Hilda's Services proposes to provide an annual seven-day residential service to residents who fall within the moderate range of intellectual disability and who have a

history of behaviours that challenge. The service proposes to provide a one-to-one staffing level.

The registration inspection was announced and took place over one day. As part of the inspection, inspectors met with the person in charge, the nurse manager and a person participating in management. There were no residents living in the designated centre at the time of inspection. Inspectors viewed a variety of policies and procedures and documentation as part of the inspection process.

Overall, inspectors found the person in charge to be knowledgeable and dedicated to providing a person-centred service. He spoke knowledgeably about his role as person in charge and had an understanding of the Standards and Regulations.

While evidence of good practice was found across all outcomes, there were a few areas of non-compliances with the Regulations identified. These included the premises and elements of the policies and procedures. These non-compliances are discussed further in the body of the report and included in the Action Plan at the end of this report.

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

Judgement:

Compliant

Findings:

The inspectors found that there were proposed systems in place to support residents' rights, dignity and consultation. The person in charge demonstrated a willingness to ensure that proposed residents were consulted with regarding their care and daily routines. The person in charge stated that there was a plan in place to have weekly house meetings and to ensure that residents were consulted with daily regarding food choices, how their day is spent, etc .. The proposed resident who would move into the service would have his/her own tailored day service which would be provided for 12 hours a week with input from the resident. The person in charge demonstrated good knowledge of the proposed resident. This was reflected in the communication aids that were developed specifically for and with the resident to ensure they could exercise choice and control in their life.

There was space available for the proposed resident to spend time by themselves or be with family and friends if they wished. The resident had their own bathroom, bedroom and sitting room all of which was decorated in consultation with the resident. The person in charge informed the inspectors that the resident had input into choosing their duvet, the colour of their bedroom, rugs and couches amongst other items. The person in charge also stated that they had spoken about the option of the resident having his or her own front door.

The inspectors were told about the proposed plan to involve the resident in the community. The person in charge spoke knowledgeably about the resident's likes and dislikes. It was proposed that the resident will continue to avail of the amenities in the community, supported by staff, walks in the park, eating out, coffee in the local coffee shop and attend the local salon. The person in charge spoke about support to allow the resident go food shopping and supporting the resident to make healthy food choices. Inspectors saw laminated sheets with a selection of healthy food items, in picture form,

to assist the resident in making healthy food choices.

Inspectors viewed a recently updated policy on financial management in community homes, clearly outlining the fees in addition to procedures and guidelines for staff assisting residents to manage their money. The policy stated the breakdown, in percentage form, of their fees put toward light, food, heat, TV etc. and the remaining rent charge that is contributed towards the house. This was further explained for the resident in picture format in the detail of their tenancy agreement.

Inspectors were informed of recent arrangements made with the local Citizens Information Board (Citizens Information) that identified an external advocate who was available to residents to assist them with any advocacy issues or needs. This was highlighted in a poster displayed on the wall. The person in charge informed inspectors that an advocate from Citizens Information will sit in on one house meeting to introduce themselves to the residents.

The designated centre had a complaints policy. It met the requirements of the Regulations and allowed for both formal and informal complaints to be logged. The person in charge was aware and knowledgeable of this recently reviewed policy. As the centre had no residents yet the inspectors were unable to verify if they were aware of the complaints procedure. The inspectors saw posters on the wall, in picture and word format, explaining the complaints procedure. Pictures of the nominated staff members to deal with complaints were also visible throughout the centre.

The inspectors were told about the human rights committee that the provider developed ensuring that all ethical issues and issues impacting on human rights were discussed by a designated team ensuring rights were not impinged on. New policies and procedures that may impact on human rights were addressed at this forum.

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

Judgement:

Compliant

Findings:

The inspectors found the proposed communication needs of residents in the centre were met. The person in charge showed inspectors a communication box that was developed with and for the proposed resident to assist him/her to communicate effectively with staff about his/her wants and wishes. The communication box contained numerous laminated sheets, in picture format, outlining options such as food choice, finances, places to go and actions the resident may wish to take such as making a phone call.

The person in charge stated that they had worked with the psychologist to find the most appropriate communication mechanisms for the resident. Inspectors were shown a white board with three items on it to communicate with the resident on what would take place on any given day. These three items were changed depending on the message being communicated.

Inspectors viewed a personal folder for a resident that was completed in picture format. As there were no residents living in the house, inspectors were unable to speak with residents regarding their personal plans.

Inspectors were informed that residents would have access to a telephone and that staff would assist residents to make calls. The centre had two televisions in addition to radios.

Inspectors noted numerous forms of accessible posters throughout the house with pictures and photographs. The person in charge informed inspectors that he proposed weekly house meetings, which would be documented.

The person in charge spoke about residents' desire to know who was working each day. Inspectors saw that the weekly staff rota was communicated in an accessible format for proposed residents, clearly outlining each day of the week and a photograph of the staff member that was working each day.

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

Judgement:

Compliant

Findings:

Although inspectors were unable to meet with family members or proposed residents, the person in charge spoke about assisting residents to maintain contact with family members and friends. The person in charge said that staff would assist residents to visit friends in other homes, and to help make phone calls to family members.

There was ample space for the resident to meet their friends and family in private. The person in charge told inspectors that the proposed residents had established links with the community and would know and recognise shop assistants etc..

The person in charge told inspectors that they would communicate information to family members when necessary, such as if a resident was ill and transferred to hospital.

Staff members were indemnified and insured to bring residents in their own vehicles as well as the organisation's vehicles. The designated centre was within walking distance of nearby amenities.

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

Judgement:

Compliant

Findings:

There was an admissions policy detailing the procedure for transfers and discharge of residents. It clearly outlined new admissions, including the internal transfer of residents to other services within the organisation. The organisation had a designated admissions team who manage admissions, referrals and transfers.

Inspectors viewed a tenancy agreement that complied with the requirements of the Regulations. In addition to outlining the cost and terms of its service, it also outlined in word and picture format the care, welfare and supports available. As there were no residents in the centre at the time of inspection, the inspectors were unable to confirm if residents understood the document.

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

Judgement:

Compliant

Findings:

As there were no residents living in the centre at the time of inspection, inspectors viewed a folder entitled 'all about me' for a proposed resident of the designated centre.

The reviewed folder was laid out in an accessible format, with pictures and photographs throughout. Amongst other items, it documented the activities that the resident enjoyed, the resident's preferred house chores and had photographs of previous holidays the resident had been on.

The person in charge demonstrated good knowledge of the proposed resident. He informed the inspectors of his/her likes, dislikes, primary and secondary diagnosis as well as other inputs they had from allied health professionals such as an occupational therapy assessment. The person in charge also spoke about the input the proposed resident had into his/her proposed service and had been involved in the service planning for the past two months.

Inspectors were told that there was a personal plan completed for the proposed resident but the resident had it with him/her.

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

Judgement:

Non Compliant - Moderate

Findings:

While the centre was warm, clean and inviting on the day of the inspection, non-compliances were identified in the premises.

The two-story centre had five bedrooms, two bathrooms, one on each level and a separate WC. The bathroom on the ground floor was recently refitted and was also equipped with a body dryer. The ground floor was fully furnished, it comprised of one bedroom which was nicely decorated and personalised for the proposed resident and had suitable storage. The two sitting rooms were both well furnished and decorated, a large equipped kitchen, a separate utility room with a door leading out to the back patio area also formed part of the ground floor. Upstairs was unfurnished with the exception of one room which was kept as an office. The upstairs required refurbishment and updating. The person in charge acknowledged that blinds had been ordered for all windows in the house and that as other residents were identified the upstairs would be refurbished.

The stairs, leading from the ground level to the upstairs, required a second handrail. The person in charge told the inspectors that this had been ordered and was ready for fitting. The bathroom upstairs and WC had no grab-rails in place. However, the refurbished bathroom downstairs was adequately equipped with supporting grab-rails.

The driveway leading to the house was in need of repair. There were numerous potholes throughout and the surface was uneven. The person in charge told inspectors that it would be resurfaced. The ramp at the main entrance was unfinished and there was no supporting handrail. The person in charge stated that a grab-rail will be erected once the ramp has been resurfaced with non-slip material.

There were sufficient procedures in place should the need to dispose of clinical waste arise and there were numerous domestic waste units throughout the house.

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

Judgement:

Non Compliant - Minor

Findings:

Overall, from the information available and reviewed, inspectors believed there was good risk management in place. However non-compliances were identified.

The person in charge spoke to inspectors about risk management and showed inspectors some of the recently identified risks and associated risk assessment for the proposed resident. Inspectors noted that the risk assessment procedure was robust and appropriate, and that adequate controls were established. The person in charge stated that all proposed staff for the centre were trained in risk management and completing risk assessments. The person in charge demonstrated an understanding of how to report accidents and incidents and what measures to take. The person in charge stated the intention to carry out a quarterly review of all incidents, accidents and near misses.

The designated centre had adequate fire extinguishers, emergency lighting and break-glass units throughout the centre. The equipment had been recently serviced. The kitchen had a fire blanket on the wall. There were posters throughout the house, in word and picture format, detailing the fire evacuation plans. There was also a laminated poster placed near the front door, upstairs and in the kitchen on who to call if an emergency arose along with contact details. This poster also outlined the poison unit number. The Authority also received up-to-date fire certification for the building.

Infection control procedures were in place. Inspectors observed colour-coded mops and a poster explaining the colour coding. Inspectors observed hand hygiene posters in the bathrooms and personal protective equipment.

As the designated centre was not occupied, no fire drills had been simulated to date with proposed staff or residents. Inspectors saw the fire panel beside the front door. The designated centre had a security alarm. There were no restrictors fitted on any windows throughout the designated centre, contrary to the Regulations.

There was a visitors' book in the entrance hall, and the person in charge requested inspectors to sign in and out.

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

Judgement:

Non Compliant - Minor

Findings:

In general, there were procedures and practices in place to protect residents from the risk of abuse. Some improvements were required in the policy.

The person in charge communicated his knowledge of how to protect vulnerable adults from abuse, had a good understanding of what abuse was and what procedures to take should it arise. The inspectors saw training certificates where the proposed staff recently attended a full day's adult protection training session. The person in charge was aware of who the designated officer was to report incidents or alleged incidents of abuse to. There was also a poster with a photograph of this person, along with their contact details, placed on the wall.

Inspectors reviewed the organisation's policy which outlined how allegations of abuse should be managed. It did not, however, outline the specifics of what staff should do in certain situations where alleged abuse had occurred, and in particular when it related to alleged sexual abuse.

In relation to supporting residents with behaviours that challenge, the person in charge told inspectors that the psychologist had supported the proposed resident and staff in developing a behavioural support plan for the resident concerned.

As this was a new designated centre, there were no incident logs for the inspectors to review.

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

Judgement:

Compliant

Findings:

The person in charge was knowledgeable on how to report incidents, accidents, near misses and notifiable events. Inspectors saw a notifications folder, available to all staff, which detailed the notifiable events as detailed in the Regulations. The person in charge proposed that a quarterly review of these incidents would be carried out. Inspectors saw templates for a risk assessment, risk assessment control and a near-miss form, all of which are sent to the organisation's health and safety officer.

As this was a new designated centre there were no logs to review.

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

Judgement:

Compliant

Findings:

As the designated centre was not yet occupied the inspectors formed a judgement based on conversations with the person in charge.

The person in charge spoke about the proposed routine for the proposed resident that involved going to the local park for walks, availing of local services such as the hairdresser and coffee shop, amongst other activities. The person in charge informed inspectors of their proposed individualised day service.

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Judgement:

Compliant

Findings:

The person in charge told inspectors that proposed residents' healthcare needs would be addressed with the support of care staff and staff would assist the resident to follow the advice prescribed by the doctor etc..

Inspectors were told that the food and nutritional needs of the proposed residents would be met and that residents would be encouraged to select healthy food options. Inspectors saw photographs of the food pyramid and healthy food options.

Outcome 12. Medication Management

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

Theme:

Health and Development

Judgement:

Compliant

Findings:

Inspectors viewed a detailed and substantial policy on medication management. Inspectors spoke to the nurse manager for the organisation who, in great detail, explained the training that all staff must undertake prior to administering medication from the blister packed medication. She showed the inspectors the drug prescription and administration record that met the requirements of the Regulations. The nurse manager also outlined her intention to carry out an audit of medication errors and PRN medication (medication as required) at the end of this quarter.

The person in charge demonstrated his knowledge of medication management outlining what to do should a medication error occur and how to safely administer medication. Inspectors saw the locked press where medication would be stored.

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

Judgement:

Non Compliant - Moderate

Findings:

The statement of purpose did not meet all the requirements of the Regulations. Greater clarity was required regarding the description of the service, the range of needs that the service met, the transport provided, aids and equipment available, aspects of medical care provided and detail of the admission criteria. Other areas that required amendments was:

- the organisational chart for the designated centre
- greater clarification regarding the breakdown of staff and other roles the person in charge has in the organisation
- the detail around therapeutic techniques
- arrangements for respecting privacy and dignity.

These actions were all discussed with the person in charge on the day of inspection.

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

Judgement:

Compliant

Findings:

The provider had a clear management structure as communicated by the person in charge. The person in charge was supported in his role by the general manager, the health and safety coordinator, the nurse manager, the policy manager and ancillary services such as maintenance.

The inspector found the proposed person in charge has appropriate qualifications and robust experience and knowledge of the organisation. He demonstrated knowledge of the standards and the Regulations and had an enthusiastic interest to maintain a quality service. The person in charge was knowledgeable about the proposed resident and had supported them for a number of months. The person in charge stated weekly team meetings and supervision would commence for all staff members in the organisation.

Outcome 15: Absence of the person in charge

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.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Findings:

The person in charge outlined satisfactory arrangements to cover any short- or long-term absences. The person in charge was aware that the Authority had to be notified of any such absences.

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

Judgement:

Compliant

Findings:

The inspector found that there were sufficient resources to meet the needs of the proposed resident. The rota reviewed by the inspector showed one-to-one cover. There was transport available for the resident should they require it.

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

Judgement:

Compliant

Findings:

The person in charge informed inspectors that the proposed staff for the designated centre had previous experience of the organisation and had been recruited in line with the recruitment procedure. Inspectors viewed personnel files for two proposed staff members, and both complied with the requirements of the Regulations.

The inspector viewed training records of one proposed staff member, the training, some of which included preventing, recognising and managing elder abuse, safer moving and handling, occupational first aid and fire safety, and all were in date.

Formal supervision had recently been adopted by the organisation.

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

Judgement:

Non Compliant - Minor

Findings:

The inspectors reviewed a selection of documentation at the organisation's head office. There were some non-compliances identified.

The provider had developed a range of policies and procedures as required by Schedule 5 of the Regulations. The provider had recently developed a policy on financial management in community homes which included the personal property and possessions of the residents. The inspector reviewed the insurance schedule but it was unclear if cover had been allocated this centre. Following the inspection, the registered provider stated that there was adequate insurance in place for the designated centre but that it had not been added to the organisation's schedule.

Inspectors reviewed the Residents' Guide, and found it was in an accessible format with pictures and photographs throughout.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Ciara McShane
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Hilda's Services
Centre ID:	ORG-0008066
Date of Inspection:	27 February 2014
Date of response:	4 March 2014

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The ramp leading into the designated centre needs to be completed and a handrail erected. Not all bathrooms and toilets were fitted with grab-rails. A second handrail was required adjacent to the banister leading to the upper level of the designated centre.

Action Required:

Under Regulation 17 (5) you are required to: Equip the premises, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.

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

Our Facilities Manager is currently sourcing a suitable handrail for entrance to house. The guard rails in bathrooms / toilets will be completed by Thursday, 6/3/14. The rail addition to banister will be completed by the 6/3/14.

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

Proposed Timescale: 06/03/2014

Theme: Effective Services

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

The external ground required resurfacing.

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:

A risk assessment of the external grounds has been completed. Control measures to deal with uneven surfaces have been identified and will be put in place by the 14/3/14 (see attached). A long term plan for the driveway will be discussed by provider with funder at next statutory review meeting.

Proposed Timescale: 14/03/2014

Theme: Effective Services

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

The upper level of the designated centre required updating and refurbishing.

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:

It is the practice of the Provider to engage with service users re decoration for a room. The provider will re-decorate in consultation with future service users as need arises. This practice has been demonstrated with 1 service user who is to move to this accommodation.

Proposed Timescale: 05/03/2014

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:

All windows throughout the designated centre require window restrictors.

Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated

centre.

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

This will be completed by the 14/3/14 for all windows on the upper floor.

Proposed Timescale: 14/03/2014

Theme: Effective Services

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

No fire drills have been carried out for proposed staff or residents.

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:

The location is not occupied. When the service user moves in a fire drill will be carried out as part of Induction on the 1st day for both staff and service user. Staff handover will include Fire Drill to be carried out until all rostered staff have completed fire drill with service user. The site specific fire drill procedure is completed for location with assembly point identified.

Proposed Timescale: 05/03/2014

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 policy fails to outline in details the actions that staff take should an allegation or incident of sexual abuse occur.

Action Required:

Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

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

The procedure for staff dealing with a disclosure of abuse has been added to the policy (see attached). This revised policy will be circulated within the organisation by Friday, 7th March 2014.

Proposed Timescale: 07/03/2014

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 statement of purpose requires a further revision and additional detail as outlined in the body of the report.

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 Statement of Purpose and Function is currently being revised following inspection, this will be completed by the 14/3/14.

Proposed Timescale: 14/03/2014

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 insurance available to inspectors at the time of inspection failed to outline that the centre was covered under the organisation's insurance policy.

Action Required:

Under Regulation 22 (1) you are required to: Effect a contract of insurance against injury to residents.

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

The home has been added to the Insurance Policy since the 9/1/14 (see attached).

Proposed Timescale: 09/01/2014