

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Rush
Centre ID:	OSV-0003417
Centre county:	Co. Dublin
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Praxis Care
Provider Nominee:	Carol Breen
Lead inspector:	Jillian Connolly
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	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 following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 24 August 2016 10:30 To: 24 August 2016 17:30

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

Outcome 01: Residents Rights, Dignity and Consultation
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 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 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was the third inspection of the centre. The provider had applied to vary the conditions of registration of the centre, to increase the occupancy of the centre from 4 to 5 residents. The purpose of this inspection was to assist in HIQA assessing that application.

How we gathered our evidence:

As part of this inspection, inspectors spoke with three residents. Inspectors also met with three staff, observed practices and reviewed documentation such as residents' personal plans, health and safety documentation and audits. Residents, management and staff facilitated the inspection.

Description of the service:

The designated centre is a house located in Co. Dublin. Services were provided to male and female residents over the age of 18. The centre is operated by the Praxis Care.

Overall findings:

The inspector found that the service provided was safe and effective. Residents expressed satisfaction with the service received and how they were supported to live their lives. Residents were actively involved within their local community and supported in learning opportunities and to develop skills. Autonomy and choice was promoted within the centre. Residents were very positive regarding the staff supporting them. Failings were identified in the physical premises, primarily due to the layout of the centre and challenges with accessibility for all residents. Improvements were also required in the fire management systems. Overall the provider had taken appropriate action to ensure that the needs of five residents could be met (four on a full-time basis and one for 52 nights per year). However, the room proposed to be registered as a bedroom was observed to be small with limited floor space and storage for personal possessions. The provider stated that the room would be used for residents in receipt of shared care. Therefore the inspector determined that clarity was required in the Statement of Purpose regarding the criteria for admission to this room prior to registration.

Within this report, the inspection findings are presented under the relevant outcome. The action plan at the end of the report sets out the failings identified during the inspection and the actions required by the provider to comply with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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:

There were policies and procedures in place for the management of complaints. The photograph of the person nominated for the receipt of complaints was displayed in a prominent position. Residents informed the inspector that they felt supported to make complaints. The inspector reviewed the record of complaints and confirmed that they were managed in line with Regulation 34.

Each resident had their own bedroom which promoted their privacy and dignity. The inspector observed staff to engage with residents in a dignified and respectful manner and residents spoke positively of the staff supporting them. Personal documentation of residents was stored in a secure location.

Residents' meetings demonstrated that discussions and consultation with residents occurred. However, the inspector noted that residents had not been consulted about the potential of an additional resident moving into the house. The inspector discussed this with management and written confirmation was submitted to HIQA that this had occurred post inspection. The correspondence stated that residents were happy for another person to move in.

Of the occupied bedrooms, residents stated that they had sufficient space for the storage of their personal belongings. However, the inspector was not assured that there was sufficient space for the storage of personal belongings in the single bedroom which was proposed as the bedroom for an additional resident. The room measured 5m². The inspector observed limited storage and floor space. The inspector found that there was insufficient space for an individual living full-time in this room.

Residents were supported to engage in a wide range of activities. The inspector observed residents to take part in activities of daily living and recreational activities, in line with their personal plan.

Judgment:
Substantially 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):
No actions were required from the previous inspection.

Findings:
There were policies and procedures in place for admissions to the centre. These were also clearly outlined in the Statement of Purpose. The inspector reviewed a sample of written agreements between the resident and the provider. The inspector found that clarity was provided regarding the services provided for the fees to be paid. Residents had two separate agreements and paid two separate fees however what was provided for each fee was not clear.

Judgment:
Substantially 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):

No actions were required from the previous inspection.

Findings:

The inspector reviewed a sample of personal plans and found that an assessment had been conducted of the health and social care needs of residents. Following on from this assessment a plan had been identified which identified the supports residents required to ensure identified needs were met. The inspector found that personal plans were reviewed annually or sooner if a change in need arose.

The inspector found that personal plans had a focus on skill building and development. For example, residents were supported to find employment and develop daily living skills such as cooking and laundry. Residents spoke of their experience of being supported to manage their finances and shopping. Residents' records further demonstrated that residents were supported in line with their personal plans. For example, on the day of inspection a resident was supported to go on holiday in line with their wishes.

Residents were involved in the development of their personal plans and had meetings with their key worker every six weeks.

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):

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

Findings:

The centre is a six bedroom house on the outskirts of a town in Co. Dublin. There was a kitchen/dining room and separate sitting room. There was also a bedroom and a shower room downstairs. Upstairs there was a bedroom with an en suite which was used as a staff office/sleepover room, three double bedrooms and a single bedroom. The inspector found that the centre was clean and suitably decorated and reflective of the individuals residing there. There was also sufficient heat and light as of the day of inspection. There were external grounds which were well maintained and accessible to residents.

An action arising from the previous inspection was that the layout of the downstairs did not promote accessibility. The inspector found that this challenge remained as of this inspection and resulted in egress from the downstairs' bedroom via the back garden to the kitchen. A ramp had been provided for this. Furthermore, due to a step at the front door, access to the house for individuals who required a wheelchair to mobilise was via the back garden. The inspector met with the resident involved who stated that they were happy with the arrangement at present, however knew that this was not a long term plan and was aware that an alternative accommodation was being sought. Management confirmed this by stating that as the premises were leased, there were limitations to the physical adaptation's that could be made to the centre. However, they were in the process of sourcing an alternative residence. Therefore the failing is repeated at the end of this report. The inspector found that, appropriate equipment was available to promote accessibility in areas such as bedrooms and bathrooms. Records demonstrated that equipment was serviced at appropriate intervals.

A previous failing was that communal equipment was stored in bathrooms. This had been adequately addressed as of this inspection.

Judgment:

Non Compliant - Moderate

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:

There were systems in place for the assessment, management and review of risk. This included an assessment of the clinical, operational and environmental risk. Control measures had been identified and the inspector observed that they were implemented in practice. Risk assessments had also been conducted for individual residents if required. For example, risks to residents due to deterioration in mental health had been identified and control measures identified.

The centre had systems in place for the management and control of infection. These included regular checks of the temperature of the fridge and a routine for ensuring equipment such as hoists were cleaned regularly. The inspector observed the centre to be visibly clean. Staff had received training in infection control and food hygiene.

The inspector reviewed the systems in place for the assessment and management of fire. A review had been undertaken by the provider. The inspector found that the

practices of the centre did not consistently correspond with the findings from the review. The centre had fire doors in place and equipment such as a fire alarm and extinguishers. There were also fire doors in pertinent areas, which had intumescent and cold smoke seals. However, the inspector found that there was an absence of self closers on relevant doors and emergency lighting. The inspector also noted that the main fire exits were operated by a key lock. While there were break glass units in place the inspector determined that this posed an unnecessary risk in the event of an emergency as the doors were locked and staff held the keys on their person. A control measure for the absence of self closers identified in the review by the provider was that the doors were closed at all times. The inspector observed that this was not occurring in practice. Furthermore, the review also stated that there were two members of staff present at all times in the centre. However a review of rosters demonstrated that staffing was reduced to one at 20.30 hours.

A finding from the previous inspection was that clarity was required regarding the supports required for the evacuation of residents residing in the bedroom on the ground floor. This had occurred however on this inspection, the arrangements remained unclear. For example, the personal evacuation plan of the resident provided guidance which was incorrect, stating the room was on the left however it was on the right. Furthermore, the guidance only reflected the circumstance that the resident was in their bedroom as opposed the sitting room. Due to the absence of accessible access from the front door, the inspector determined that this required review to ensure that all possible scenarios were assessed and control measures identified.

A review of the records of fire drills demonstrated that they occurred at appropriate intervals. However, they did not demonstrate that all residents could be evacuated to a place of safety with the lowest compliment of staffing. The inspector informed management of the findings during and at the close of the inspection.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

There were policies and procedures in place for the protection of vulnerable adults. Staff had received training in safeguarding vulnerable adults and children. Residents informed the inspector that they felt safe in the centre and that staff supported them. HIQA had been notified of allegations or suspicions of abuse since the last inspection. The provider had taken appropriate action, in line with policy and had implemented measures to safeguard residents.

There were systems in place to enable positive behaviour support for residents who required this. This included the support of appropriate Allied Health Professionals if necessary. The supports residents required were identified in personal plans. Staff had received training in personal protection.

HIQA had been notified of restrictive practices within the centre related to safeguarding of residents. These practices were in place with the consent of residents involved.

Judgment:

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):

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

Findings:

There was a record maintained of adverse events in the centre. The inspector reviewed the record and confirmed that all incidents had been notified to the Chief Inspector as required by Regulation 31.

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):

No actions were required from the previous inspection.

Findings:

Residents had regular access to their general practitioner (GP) if required. In the main, residents were also supported to access other health care professionals as required. Assessments as required by Regulation 5 included an assessment of the health care needs of residents. Monthly reviews evidenced that residents were supported to ensure that their needs were met in line with their personal plans.

Residents informed inspectors that they were involved in the purchasing and preparation of their meals. Meals were altered to meet individual preferences of residents. However, the inspector identified that if residents were identified as requiring a specific fluid intake per day, the records did not demonstrate that this was provided.

Personal plans also identified interventions for a risk of choking. However the assessment in place did not support that the recommendations were created in consultation with the relevant Allied Health Professional.

Judgment:

Substantially Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines. Residents were involved in the management of their medication including developing the skills necessary to self medicate. Residents had also chosen their own pharmacist.

Medication was stored in a secure location and regular audits of medication management practices occurred. The inspector reviewed a sample of prescription and administration records and found that medications were administered at the times prescribed. However, the inspector noted that two medications which had been recently prescribed did not have the signature of the prescriber. Whilst this medication had not been administered as of the day of inspection, the inspector determined that a risk was present as it had not been identified by staff.

Judgment:
Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

As part of the application to vary the provider submitted a Statement of Purpose. The document was reviewed post inspection in the context of the inspection findings. The inspector found that all of the items as required by Schedule 1 of the regulations were included. The aims and objectives of the service were clearly stated and in line with the findings of the inspection. The services to be provided are for four full time placements and one shared care placement. The shared care placement is for fifty two nights per year. However, considering the findings of the inspection, amendments are required to ensure that the Statement of Purpose clearly states the purpose of the single bedroom and the criteria for admission to this room, due to the absence of sufficient storage and limited floor space.

Judgment:
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):

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

Findings:

The inspection was facilitated by the person in charge. The person in charge was full time and met the requirements of regulation 14. The person in charge was involved in the day to day management of the centre. The inspector observed that residents and staff were familiar with the person in charge and appeared comfortable in their presence.

There was a clear management structure in place. The person in charge reported to the assistant director of nursing who in turn reported to director of services. The director of services is the person nominated by the provider for the purposes of engaging with HIQA.

There were systems in place to ensure that the services provided were safe and effective. This included regular audits of medication, health and safety practices and finances. If deficits in practices or areas of improvement were identified in these audits, action plans were developed. The Assistant Director of Nursing also completed monthly monitoring inspections. This was complimented by six monthly unannounced visits by a person nominated on behalf of the provider. An action arising from the previous inspection was that the annual review of the quality and safety of care did not include the views of residents and/or their representatives. A review had occurred following the last inspection and this had been adequately addressed.

Judgment:

Compliant

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

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

No actions were required from the previous inspection.

Findings:

The person in charge had not been absent from the centre for more than 28 days. Therefore there was no need to notify HIQA as required by regulation 32. The provider demonstrated their knowledge of this requirement and there were arrangements in place in the event of this occurring.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed a sample of rosters and confirmed that the staffing levels within the centre were consistent and in the main, met the needs of the residents. However, a review of personal plans demonstrated that there was a requirement of two staff at times, however from 20.30 hours the staffing levels reduced to one staff. Staff stated that this level of staff was sufficient however was not supported by an assessment to ensure that it was effective.

The inspector was provided with documentation which supported that the provider had identified the staffing levels required to support an additional resident, in the event of the application to vary the conditions of the registration being granted. The inspector was provided with verbal assurances by management that this would be implemented on the admission of an additional resident.

Training records demonstrated that staff had been provided with all mandatory training. Training had also been provided in medication management, confidentiality, epilepsy management and the management of residents' finances. Records of staff meetings also demonstrated that staff were supported to discuss a wide range of topics. As the person in charge was assigned to work in the centre, staff were supervised on a regular basis.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

As this was a monitoring inspection, not all aspects of this outcome were inspected. However, on review of the duty roster, the inspector noted that the roster did not reflect the number of staff working specifically in the centre. This was as staff providing an outreach service were included on the roster. Therefore appearing that there were more staff in the centre, at times, than there actually were. Furthermore, the inspector also noted that the roster was documented in the 12 hour clock. This made it challenging to identify the actual start and completion time of staffs' working day.

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:

Jillian Connolly
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:	Rush
Centre ID:	OSV-0003417
Date of Inspection:	24 August 2016
Date of response:	18 October 2016

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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The single bedroom did not demonstrate that there was sufficient space for a resident to store their personal belongings.

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

1. Action Required:

Under Regulation 12 (3) (d) you are required to: Ensure that each resident has adequate space to store and maintain his or her clothes and personal property and possessions.

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

1) The Person In Charge has identified that the single bedroom will be allocated to the resident whom avails of shared care every second weekend. This will be occupied for approximately 52 nights of the year. Given this room is only used on this basis; the resident has adequate space to store his/her clothes, personal property and possessions. This resident, through key working in May 2016, stated they would like to utilise this room as they would prefer a single bed.

2) The Person In Charge has revised the statement of purpose, amending same to indicate that Bedroom 5 shall only be used for shared cared purposes.

Proposed Timescale: 07/10/2016

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

It was not clear the services to be received for the two separate fees paid by residents.

2. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

The Registered Provider shall review the written agreements including the License Agreement, Bills Agreement & Guide to Costs to ensure that these documents are clear in reflecting what is provided in respect of each fee.

Proposed Timescale: 31/10/2016

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 centre did not promote ease of movement for all residents in the centre.

3. Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

- 1) The Registered Provider has sought follow up Occupational Therapy input to ensure so far as is possible that all residents have ease of movement through the centre, October 2016.
- 2) The Register Provider lease this property and are not permitted to carry out required alterations to make the house accessible to all, they have consulted with an Occupational Therapist to discuss further alternative ways to promote accessibility, 07/10/16. Quotes and varying option being obtained for a portable ramp through Occupational Therapist. The Registered Provider through guidance from Occupational Therapy will ensure so far as is possible, that all residents have ease of movement through the Designated Centre.
- 3) The Registered Provider is actively sourcing alternative property to replace this Designated Centre and will ensure any future Designated Centre promotes free movement for all residents and is accessible to all, at all times.

Proposed Timescale: 30/11/2016

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:

There was no emergency lighting and final fire exits were operated by a key.

4. Action Required:

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

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

- The Registered Provider will ensure installation of emergency lighting and turn thumb lock to final exit doors by 28/02/17.
- The Registered Provider will continue to ensure that torches are supplied and tested to provide emergency lighting cover to all residents and staff in the meantime.
- The Registered Provider has requested that the organisation health & safety officer complete a revised fire risk assessment to ensure that findings of the assessment are consistent with practise, and mitigate risk.
- The Registered Provider will ensure that the Person In Charge liaises with the local fire brigade and request that a Fire Officer review the centre, pre-incident plan, if they are willing to do so.

Proposed Timescale: 28/02/2017

Theme: Effective Services

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

There was an absence of self closers on pertinent fire doors.

5. Action Required:

Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

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

The Registered Provider will ensure self closures are installed on pertinent fire doors.

Proposed Timescale: 30/11/2016

Theme: Effective Services

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

Records of fire drills and personal evacuation plans did not demonstrate that residents could be evacuated to a place of safety at all times and from all locations within the centre.

6. 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:

The Registered Provider has requested that a review of all Personal Evacuation Plans be completed by both the Person In Charge and the Organisational Health & Safety Officer to assess all possible scenarios and identify control measures to ensure that all residents can be evacuated to a place of safety at all times and from all locations within the centre. As with all scenarios, this is on a basis of a risk assessment indicating that it is safe to evacuate at a given time.

Proposed Timescale: 31/10/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

The inspector identified that if residents were identified as requiring a specific fluid intake per day, the records did not demonstrate that this was provided.

7. 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:

The Registered Provider has directed the Person In Charge to include a new column on the daily record sheet so staff can accurately capture fluid intake per day and this is in line with recommended daily intake.

Proposed Timescale: 17/10/2016

Theme: Health and Development

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

Recommendations in personal plans were not consistently created in conjunction with the relevant Allied Health Professional.

8. Action Required:

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

- 1) The Person In Charge has reviewed documentation which captures the identified risk of choking. The likelihood of occurrence is now accurately reflected based on action plan/control measures to reduce risk. Date 02/09/16
- 2) The Person In Charge shall consult with Occupational Therapist around this identified risk and seat positioning for the resident in question. Date 07/10/16
- 3) The Person In Charge shall submit a Speech and Language referral to assess the risks of positional choking for one resident, review of existing control measure, and offer further recommendation to mitigate risk.

Proposed Timescale: 30/11/2016

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:

Two medications which had been recently prescribed did not have the signature of the prescriber.

9. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and

administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

The Person In Charge reviewed all prescriptions records to ensure that all prescribed medication has been signed by prescriber. Medication was signed by prescriber on 25th of August 2016.

Proposed Timescale: 25/09/2016

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 roster did not reflect the number of staff working specifically in the centre. Furthermore, the inspector also noted that the roster was documented in the 12 hour clock.

10. Action Required:

Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 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:

1) The Registered Provider has reviewed the roster. There are now two rosters in place for each service. The roster also includes 24 hour clock to help distinguish start and completing times of staff working day.

Proposed Timescale: 08/10/2016