

**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 North West Parents and Friends Association
Centre ID:	OSV-0001932
Centre county:	Leitrim
Email address:	edel.stciarans@gmail.com
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	North West Parents and Friends Association
Provider Nominee:	Evelyn Carroll
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	2
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 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 announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 27 May 2014 15:00 To: 27 May 2014 20:00

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

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 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This monitoring inspection was the first inspection of this centre by the Health Information and Quality Authority. The designated centre is part of the service provided by the North West Parents and Friends Association (NWPF) in Sligo. The NWPF provides residential, day and education services to both male and female adults and children, with an intellectual disability, in Counties Sligo and Leitrim.

As part of the inspection, the inspector met with the person in charge, visited the centre and met with service users and staff members on duty. The inspector had met with the provider representative, Evelyn Carroll when inspecting the North West Parent and Friends, Sligo Services. The inspector observed practice and reviewed documentation such as personal plans, medical records, policies and procedures.

This designated centre provides support and accommodation to both male and female adults with a moderate to profound intellectual disability, with additional severe physical disabilities. Staff confirmed that the service users were informed of the inspection and this was confirmed by some of the service users who were able to communicate their views to the inspector. The inspector requested the consent of the service users to enter their home and to review personal plan and care files. The inspector viewed the bedrooms with the Person in Charge (PIC) and reviewed the person centred plans of the service users who were in residence on the day of

inspection with staff and the service users. The house was clean and appropriately furnished.

The inspector found that service users received a quality service. On the day of inspection there was sufficient staff to meet the needs of the service users. All service users had personal centred plans and there was evidence of good communication with significant others for example family members. Systems were in place including risk management, health and safety policies and fire systems to support staff to provide safe care to service users. Staff were familiar with residents and could inform inspectors of their likes and dislikes with regard to food, running of the centre and activities service users enjoyed. Staff stated that they supported and assisted the service users to be involved in making decisions and in engaging in meaningful activities of their choice.

The areas that require review post inspection include ensuring that the risk management policy complies with Regulation 26, completion of fire drills to include mock evacuation during night time hours to ensure that service users can be safely and swiftly evacuated at all times, review of the statement of purpose, development of picture timetables and a non verbal communication system, the use of assistive technology by way of DVD's etc for the person centred plans, ensuring safe management of epilepsy, documentation review of enabling/restrictive practices and ensuring that person centred plans reflect planning for a change in circumstances should service users needs change for example an increase in their dependency and /or a deterioration in physical or mental well being. These are discussed further in 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 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):

This was the centre's first inspection by the Authority.

Findings:

Each Service User had a PCP (Person Centred Plan) which outlined choices and identified needs together with actions/interventions to address these needs. A comprehensive assessment of their health, personal and social care needs had been completed.

The inspector found that service users and their relatives were involved in the development and review of their personal files. These were contained in a folder with photographs of some activities undertaken by service users, however there was a considerable amount of information in written format which was inaccessible to service users. Digital photo frames were available for family photographs. However further consideration is required to make the person centred plans more user friendly and accessible to the service user, for example, by use of assistive technology such as communication aids and picture timetables. Additionally, the personal plans did not reflect any planning for the future for a change in circumstances and there was no transition plan drawn up to support service users should their needs change for example deterioration in physical health, dementia or other common associated problems. There was evidence that plans were reviewed regularly and had a complete review annually or more often if required. Service users had access to an advocacy service.

Social Activities

Recreational activities were available for service users in day services five days a week. This provided opportunities for service users to participate in meaningful activities appropriate to their interests and capabilities. In addition the inspector was informed that activities carried out at the centre included, foot/hand massage, nail care, television, music, DVD's, food preparation, and house hold skills. External activities included visits to local cafes and restaurants, shopping, discos, concerts, mass, home visits, walks and trips out to local parks.

<p>Judgment: Non Compliant - Moderate</p>

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):
This was the centre's first inspection by the Authority.

Findings:
 The centre is a bungalow style house situated in Carrick-on-Shannon, Co. Leitrim. It was opened in 2005. It provides full – time permanent accommodation to two residents and five service users attend the service on a shared-care basis. No more than 4 residents are accommodated on any one occasion. There are four bedrooms, two of which are occupied on a shared care basis and two for permanent service users. One bedroom has a toilet and wash-hand basin adjoining it. The bathroom is wet room style and contains a bath, toilet and changing bench. A sitting room dining area and small kitchenette is also available. A small utility room has been converted to provide office space for storage of confidential records and the medicine storage cupboard. The laundry is completed in the garage. In order to ensure that the individual privacy and dignity rights of service users are protected all residents have their own bedroom. The permanent service users' bedrooms were person centred and provided a homely, warm place for service users to sleep. There were no shared-care service users in residence on the day of inspection. On arrival the inspector noted that service users were using the garden which provided a safe secure space for service users.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

The inspector found that some measures were in place to promote and protect the health and safety of residents, visitors and staff. The centre had a health and safety statement and a risk management policy in place. Some environmental risks had been managed by staff, for example, the environment was clean and clutter free, hazardous cleaning products were stored in locked cupboards. However, there were deficits in risk management. The risk management policy did not meet the requirements of Regulation 26, as it did not include the measures and actions in place to control the risk of accidental injury to visitors or staff, aggression and violence or self-harm and did not cover the identification and management of risks, arrangements for identification, recording, investigation and learning from events. The person in charge confirmed that policies were available on unexpected absence of a service user and accidental injury to service users. It also failed to reference other policies that were available in relation to risk.

The inspector viewed a number of individual risk assessments such as skin integrity, behaviour and other issues as required and found that staff took a proactive approach to mitigate risk to service users. Appropriate measures and actions to control risks for the service user were in place. These were being used to ensure that service users could participate in activities with identified controls and supports in place to ensure the safety of service users.

Transport services

The Person in Charge told the inspector that all vehicles used to transport service users were roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who were properly licensed and trained.

Emergency plan

An emergency plan was in place which included a contingency plan for evacuation in the event of an emergency.

Accident and incident reporting

The centre had an incident reporting system in place. These mainly related to a residents pulling hair. A positive behaviour support plan was in place and this was supervised by the behaviour therapist. The person in charge described a transparent reporting system and there was an open positive culture of incident reporting in place. Accident and incident recorded were reviewed by PIC and discussed at a monthly quality and risk group.

Fire safety

As part of the fire regulations the provider shall ensure that effective fire safety management systems are in place. The inspector found that precautions were in place to prevent or respond to fire. A policy was available on fire safety. Precautions were in place to prevent or respond to fire. The inspector spoke with staff and they were knowledgeable about what to do in the event of a fire. While fire drills were carried out, completion of fire drills over the night time period had not taken place to ensure that

staff could safely evacuate at night time. The fire extinguishers were serviced on an annual basis, these were last serviced in February 2014 and quarterly servicing of the fire alarms was occurring, this had last been completed on the 17 May 2014. Fire safety training for all staff had taken place which included evacuation procedures was in date. Fire exits, which had daily checks, were observed by the inspector to be unobstructed.

Moving and Handling

The inspector reviewed staff training records and found that staff had received training in safe moving and handling of service users.

Infection Control

An infection control policy was available and staff were aware of infection control procedures. Staff had received training in hand hygiene. Staff were aware of laundry procedures should there be an outbreak of infection, however no alginate bags were available to assist with infection control. The PIC obtained alginate bags while the inspector was on site from the HSE.

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):

This was the centre's first inspection by the Authority.

Findings:

Measures to protect service users being harmed or suffering abuse were in place. Examination of staff files demonstrated that staff had received training in the protection of vulnerable adults. The inspector reviewed the policies and procedures for the prevention, detection and response to allegations of abuse. These gave guidance to staff as to their responsibility if they suspected any form of abuse and outlined the procedure for managing allegations or suspicions of abuse. The nurse on duty was aware of the name and contact details of the designated contact person. Staff members spoken with were aware of the policy, and of their responsibility to report any allegations or suspicions of abuse. Procedural guidelines on the provision of personal care to service users to include respecting service users privacy and dignity was available. There have been no allegations of abuse reported to date at this service.

Finance Management

Systems were in place to manage service users' pocket money and protect them from financial abuse. The parents of the service users managed their main finances. Staff managed small amounts of money for the service users. Transparent arrangements were in place with regard to the documentation of all transactions. Staff signed all transactions and receipts were available and given to relatives if requested.

Restrictive procedures

Restrictive procedures to include bedrails, a cocoon sleep system and the use of an 'all in one' night suit were in place. The PIC had submitted the required notification (NF15D) to the Authority with regard to the use of these procedures. The inspector reviewed the procedures, spoke with the PIC with regard to the use of these and reviewed the documentation in place with regard to these procedures. Service users had been assessed by the occupational therapist and risk assessments were completed prior to the use of these. These systems were deemed to enhance the safety of the service users due to service users moving swiftly /abruptly while in bed and as service users have epilepsy. However, there was not clear documentation in the care files reviewed as to the enabling function of these practices and the review process that was in place with regard to these practices. Additionally, staff had not completed training in positive behaviour support planning which may impinge on their ability to appropriately respond to behaviour that challenges.

Judgment:

Non Compliant - Minor

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):

This was the centre's first inspection by the Authority.

Findings:

Staff and service users described good access the local general practitioner and there was evidence available of this in files reviewed. An out of hour's service was also available. Allied health services to include dentist, physiotherapy, occupational therapy and chiropody were available to service users as required. The inspector spoke with staff with regard to arrangements re food. Service users supported by staff completed the weekly grocery shop. Care plans contained information about food that service users liked and disliked.

Residents who had epilepsy were prescribed anti-convulsion medication, as well as emergency medication to be administered in the event of the service user suffering status epilepticus. Staff were trained in the safe management of epilepsy. However, the inspector noted that procedures required review to ensure the safety of service users and to guide staff in the safe management of epilepsy. While service users were prescribed emergency medication for status epilepticus this did not accompany the service user outside the centre. The inspector spoke with the PIC with regard to this matter who assured the inspector she would enact this procedure forthwith.

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):

This was the centre's first inspection by the Authority.

Findings:

A medication management policy was in place to guide practice and included the arrangements for ordering, prescribing, storing and administration of medicines to service users. The inspector reviewed the prescription records and medication administration record and found that documentation was complete. The inspector observed that medications were stored appropriately, and there were no medications that required strict control measures (MDA's) at the time of the inspection.

There were some improvements required as not all as-required (PRN) medication stated the maximum dosage. In addition one chart reviewed prescribed two types of analgesia, but no indication was given if safe to administer an integrated dose or a timescale with regard to separate administration.

There was a nurse on duty at all times who took responsibility for the administration of the medication. Staff spoken with knew what process they had to follow if they made an error.

Judgment:

Non Compliant - Minor

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):

This was the centre's first inspection by the Authority.

Findings:

The statement of purpose requires revision as it did not provide sufficient detail in some sections and failed to include all of the information required by Schedule 1 of the Regulations. The criteria for the supervision of specific therapeutic techniques, the arrangements for consultation with and participation of service users in the operation of the designated centre, the arrangements made for residents to attend religious services of their choice, and the criteria for admission to the designated centre, including the designated centre's policy and procedures (if any) for emergency admissions were omitted.

Judgment:

Non Compliant - Minor

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):

This was the centre's first inspection by the Authority.

Findings:

The PIC holds a full-time post and generally worked 09:00hrs 17:30 Monday to Friday and was on call outside hours. The PIC informed the inspector that they met regularly with the provider representative, minutes were available of these meetings. The PIC had the required skills and experience to manage the designated centre. Courses recently undertaken by the PIC included Medication Management, Introduction to Clinical audit, first aid, Children first, and instruction in the use of hydraulic wheelchair lifts. All the PIC's mandatory training was up to date. They told the inspector that they wished to

run a quality safe service. They were confident and caring in their approach to the running of the centre, displayed a positive attitude to regulation and were aware of relevant legislation and policies pertinent to their role.

The Provider representative is responsible for three centres in Co. Sligo and two in Co. Leitrim (one of which is a children's respite service). They were knowledgeable regarding the requirements of the Regulations and Standards.

There was a good communication process between the day and residential services. Staff reported each morning to the PIC. An integrated day and residential communication file was in place where all information pertinent to the service user was available to the staff in the home. This was transported on a daily basis between the home and the day service.. The management structure was clear to staff, who told the inspector that they would have no hesitation in approaching the PIC if they had any issues of concern.

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):

This was the centre's first inspection by the Authority.

Findings:

The centre is staffed by a Registered Nurse - Intellectual Disability (RNID) at all times (day and night) and 1-2 Care Assistants up to 23:00hrs according to the dependency levels of the service users in residence. After 23:00hrs there is a care assistant 'sleep over' in the children's respite service that is shared with the adult service if required. There are currently 2 service users living at the designated centre on a full time basis and 5 service users attending on a shared-care basis. All service users attended a day service each day. The staff on duty was pleasant and welcomed the inspector. The inspector observed that staff knew service users well and there was a relaxed and homely environment in the home. The staff member worked for the organisation for a considerable period of time and stated that there was a low staff turnover. If staff were off sick or on leave they were replaced by regular part-time staff working extra hours and no agency staff were utilised. This meant that replacement staff were familiar to the service users and management were aware of the competences and training undertaken

by staff.

Staff worked 08:30 to 20:30 and accompanied the service user from the residential service to the day centre and back to the residential service in the evening. This ensured that there was regular contact between staff and the PIC. The PIC also dropped into the residential house on an ad hoc basis to see staff and service users. Staff confirmed that the PIC or the provider representative was freely available by phone out of hours and if they were away a deputising person was put in place.

The inspector noted adequate staffing levels to meet the needs of service users at the time of inspection. A staffing roster showing staff on duty was available. The inspector observed the staff members addressing the service users respectfully and chatting with the service users having a cup of tea with them and talking about their day. The inspector confirmed that up-to-date registration was in place for nursing staff.

The inspector reviewed the recruitment practices and found there was a system in place to ensure all the required documentation for staff employed in the centre was in place. The inspector viewed staff files at the organisation's headquarters and found that all required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were in place. Copies of the regulations and standards were available in the centre

The organisation valued their staff and was committed to providing ongoing training to staff. Staff had attended training in hand hygiene, epilepsy and the administration of buccal midazolam, food hygiene, cardio pulmonary resuscitation ,protection and safety of vulnerable adults, fires safety, manual handling and Lamh (Lamh is a manual sign system designed for children and adults with intellectual disabilities and communication needs in Ireland) There was a training plan in place for 2014.

Judgment:

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:

Mary McCann
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 North West Parents and Friends Association
Centre ID:	OSV-0001932
Date of Inspection:	27 May 2014
Date of response:	31 July 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 05: Social Care Needs

Theme: Effective Services

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

There was a considerable amount of information in written format which was inaccessible to service users in the person centred plans.

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:

The information contained in personal plans will be made available in an accessible

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

format to the residents and their representatives, where appropriate. These will be discussed at annual review meetings.

Proposed Timescale: 31/10/2014

Theme: Effective Services

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

The personal plans did not reflect any planning for the future for a change in circumstances and there was no transition plan drawn up to support service users should their needs change for example deterioration in physical health, dementia or other common associated problems.

Action Required:

Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

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

An interagency group has been set up that commenced on 4th July, 2014, of which our registered provider nominee is a member. A large piece of work has been undertaken by all Organisations collectively in relation to admissions and discharges to Community Group Homes to collate existing assessment processes, interdisciplinary processes, descriptors for support based on will and preferences of the Service User. This work will be progressed in conjunction with our existing contracts of care and statements of purpose.

The process that has always been in operation in NWPF is that as needs change these changes are identified in the service users PCP (including nursing assessments) and discussed at reviews and also highlighted on the NIDD forms. Referral to the appropriate MDT is completed and supports and recommendations are put in place. Changing needs are then highlighted to the HSE through the Referral process through the Adult Referral committee with the consent of the Service User and or family/advocate.

Recommendations are made at this committee and forwarded to NWPF. Application is then made through our Service Level Arrangements with the HSE in relation to additional funding under Schedule 10 and or the sourcing of an alternative placement to meet the assessed needs of the Service User.

This process will be included in a written format in our contracts of care giving the appropriate heading of a transition plan due to changing needs.

This transition plan will need to be agreed at the forum of the interagency group for all service providers.

Proposed Timescale: 30/12/2014

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:

The risk management policy did not meet the requirements of Regulation 26, as it did not include the measures and actions in place to control the risk of accidental injury to visitors or staff, aggression and violence or self-harm and did not cover the identification and management of risks, arrangements for identification, recording, investigation and learning from events. It also failed to reference other policies that were available in relation to risk.

Action Required:

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

- The organisation will provide further training for designated staff in relation to Risk Management.
- Existing Risk Management Policy will be reviewed at Quality Safety and Risk Management Committee meetings to ensure that it meets the requirements of the regulations.

Proposed Timescale: 25/11/2014

Theme: Effective Services

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

While fire drills were carried out, completion of fire drills over the night time period had not taken place to ensure that staff could safely evacuate at night time.

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:

Night time fire drills have been completed on 06/06/2014, 09/06/2014 and 25/06/2014. These are to continue on a quarterly basis

Proposed Timescale: 20/06/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

There was not clear documentation in the care files reviewed as to the enabling function of restrictive practices these and the review process that was in place with regard to these practices.

Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

Care plans will be reviewed to include the enabling function of restrictive practices, and to state the review process in place in relation to restrictive practices.

Proposed Timescale: 25/11/2014

Theme: Safe Services

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

Staff had not completed training in positive behaviour support planning which may impinge on their ability to appropriately respond to behaviour that challenges.

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:

Training will be arranged for staff in positive behaviour support planning.

Proposed Timescale: 25/11/2014

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Procedures required review to ensure the safety of service users and to guide staff in the safe management of epilepsy. While service users were prescribed emergency medication for status epilepticus this did not accompany the service user outside the centre.

Action Required:

Under Regulation 06 (2) (b) you are required to: Facilitate the medical treatment that is recommended for each resident and agreed by him/her.

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

Emergency medication for residents with status epilepticus now accompanies all Service Users when out in the community.

Proposed Timescale: 23/06/2014

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:

There were some improvements required as not all as-required (PRN) medication stated the maximum dosage. In addition one chart reviewed prescribed two types of analgesia, but no indication was given if safe to administer an integrated dose or a timescale with regard to separate administration.

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:

Charts have been reviewed to include the maximum dosage of PRN medication. The GP was consulted in relation to the administration of two types of analgesia and as to whether it was safe to administer an integrated dose or a timescale with regard to separate administration. The GP stated she was satisfied with the way the medication is charted, both can be used on the same day and maximum frequency is stated. Same documented by Nurse in notes.

Proposed Timescale: 30/05/2014

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 revision in order to comply with current legislation. The statement of purpose did not provide sufficient detail in some sections and failed to include all of the information required by Schedule 1 of the Regulations. For example the criteria for the supervision of specific therapeutic techniques, the arrangements for consultation with and participation of service users in the operation of the designated centre, the arrangements made for residents to attend religious services of their choice, and the criteria for admission to the designated centre, including the designated

centre's policy and procedures (if any) for emergency admissions were omitted.

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 will be revised in order to comply with current legislation to include the criteria for the supervision of specific therapeutic techniques, the arrangements for consultation with and participation of service users in the operation of the designated centre, the arrangements made for residents to attend religious services of their choice, and the criteria for admission to the designated centre, including the designated centre's policy and procedures (if any) for emergency admissions were omitted.

Proposed Timescale: 31/10/2014