Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Oldfield Services
Centre ID:	OSV-0001510
Centre county:	Galway
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Ability West
Provider Nominee:	Breda Crehan-Roche
Lead inspector:	Anne Marie Byrne
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
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 to monitor compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
20 February 2017 10:00	20 February 2017 18:30

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 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:
The purpose of this unannounced inspection was to monitor the centre's on-going regulatory compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres' for Persons (Children and Adults with Disabilities) Regulations 2013.

How we gathered our evidence:
The inspector met with four residents, two staff members and the Person in Charge (PIC) during the inspection process. The inspector reviewed practices and documentation, including residents' personal plans, incident reports, policies and procedures, fire management related documents and risk assessments.

Description of the service:
This centre is managed by Ability West and is located on the outskirts of Galway city. Oldfield Services provide both a respite and residential service to people with an intellectual disability, who have been identified as requiring low to high levels of support. The service can accommodate male and female residents, from the age of 18 years upwards. The centre provides residential services. Respite services are also

provided on planned, recurrent and short-term placements of varying durations.

The PIC had the overall responsibility for the centre and is supported in his role by a Person Participating in Management (PPIM) and the provider. The PIC works directly within the centre, in both an administrative and operational capacity. The centre is a two storey house, which has spacious communal areas for residents' use.

There were five male residents residing at the centre on the day of inspection. Some residents were using of the centre's respite service, while other residents were using of the centre's residential service. Residents varied in age, which was taken into consideration by the centre in the planning of activities and personal goals.

Residents' social care needs were well-promoted within the centre. Residents were supported to access local amenities around them and each resident had to choice to spend their day as they wished. Staff spoke respectfully of residents and were found to be very knowledgeable of the residents care and support needs.

Overall judgment of our findings:
Overall, the inspector found this centre provided a warm, pleasant and homely environment for residents. The centre provided very individualised and person-centred care to the residents. Three of the four actions identified in the centre's last inspection were completed. However, further improvements required were identified upon this inspection.

This inspection identified that of the 10 outcomes inspected, two outcomes were compliant, three outcomes were substantially compliant and five outcomes in moderate non-compliance. The outcomes found to be in moderate non-compliance related to admissions and contract for the provision of services, health, safety and risk management, medication management, governance and management and workforce.

These findings 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, 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:
The centre had no actions in relation to this outcome from it's last inspection.

Residents' meetings were held on a regular basis and residents were involved in the scheduling of weekly activities, menus and general routines. Residents had access to advocacy services through an external service. The inspector observed staff interacted with residents in a respectful manner. However, some improvements were identified in relation to complaints management and in the management of residents' monies.

There was a complaints procedure in place and records of complaints received were maintained in the centre. Staff spoken with were knowledgeable of their responsibility in the local management of complaints. A copy of the complaints procedure was displayed, however, the procedure did not identify the people nominated in the centre to manage complaints. In addition, the centre did not routinely record the complainants' satisfaction level following the management of complaints.

Residents were supported to manage their own finances. Where residents' money was maintained by the centre, the centre had records in place to show all transactions and lodgements made to residents' personal accounts. Residents were given receipts for these transactions and lodgements, and a spot check of balances was regularly completed by the PIC. Transactions and lodgements were witnessed and signed by a staff member. However, staff were not guided by local procedure on the management of residents' money.

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 no actions in relation to this outcome from the centre's previous inspection.

There were policies and procedures in place for admitting residents, including transfers, discharges and temporary absence of residents. No residents had recently been admitted to the centre at the time of inspection.

Written agreements were in place for each resident. Easy-read versions of the agreements were available to meet the communication needs of some residents. These agreements outlined the services to be provided to residents and all additional charges which may be incurred. However, upon review by the inspector, it was observed that one residents' agreement did not clearly outlined the shared accommodation arrangements in place for them.

Judgment:
Non Compliant - Moderate

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:
There were no actions in relation to this outcome from the centre's previous inspection.

Residents were supported to participate in a variety of activities. On the day of inspection, all residents were attending day-care services. Residents were encouraged and supported by the centre to have regular home visits. Staff were very familiar with residents' likes and dislikes and residents' preferences were well-documented within the centre. Residents were supported to access local attractions such as the cinema, nearby pubs and restaurants, hairdressers and shops. The centre had access to a full-time vehicle which was used to transport residents to various activities.

An assessment of need was completed on an annual basis for all residents. Assessment findings were used to inform the development of residents' personal plans. The inspector found that personal plans clearly outlined the care and support required by residents. Each resident had a nominated key-worker, who supported them to develop and work towards their personal goals. Personal goals were reviewed annually and involved residents, key-workers and family members. On the day of inspection, some residents informed the inspector that they were currently in the process of reviewing their personal goals with their key-worker. The inspector reviewed a sample of personal goals and these were found to be varied and appropriate to the age of residents residing in the centre. Action plans were in place which identified the goals the resident wished to achieve and included the names of staff who were nominated to support the resident to achieve them. However, the inspector found the centre had not updated these plans to clarify the progression made by residents in achieving these goals.

There were no residents transitioning to or from the centre at the time of inspection.

Judgment:
Substantially Compliant

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

Theme:
Effective Services

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

Findings:
The actions required in relation to this outcome from the centre's last inspection were found to be satisfactorily completed. However, further actions were identified during this inspection in relation to fire and risk management.

A culture of incident reporting was promoted within the centre. All incidents were recorded on an electronic database which the PIC used for trending purposes. Staff spoken with were aware of which incidents warranted reporting and were aware of incidents that had occurred in the centre. Staff meetings were conducted on a regular basis and the agenda for these meetings included the review of incident trends.

There were risk management systems in place within the centre for the assessment, management and on-going review of risk. A health and safety statement was in place for the centre. Residents' specific risk assessments were in place and these were reviewed on a minimum of an annual basis. However, the inspector observed some gaps in the assessment of residents' specific risks. For instance, the centre had not risk assessed the safeguarding of residents' personal belongings, for residents who wished to leave their personal belongings in the centre while returning home after a period of respite leave.

A risk register was in place for the management of organisational risks. The PIC had the responsibility for the review and update of this register. However, not all organisational risk assessments clearly identified the current and additional control measures required to mitigate risk. For instance, fire management risk assessments failed to identify additional controls required in relation to outstanding fire maintenance works.

Fire drills were occurring in the centre, these were observed to involve all residents using the respite and residential service. Records of these drills were reviewed by the inspector, which demonstrated residents were successfully evacuated in a timely manner. Fire detection systems and fire fighting equipment were maintained on a regular basis. Daily, weekly and monthly checks of fire systems were also in place. Staff spoken with were aware of how to respond to a fire within the centre.

During this inspection, the inspector found a number of areas of improvement required in relation to fire management to include:
- Intumescent strips were in need of repair to some fire doors
- The fire panel was identified in need of repair in 2014. This repair work had not yet been completed.
- Not all fire exits had signs, in accordance with the centre's floor plan.
- Inadequate emergency lighting was provided to the exterior of the building to safely guide to the fire assembly point.
- The floor plan does not identify the allocated upstairs bedroom assigned as the centre's first floor fire exit point.
- Emergency lighting had not been provided to the upstairs bedroom identified as the first floor fire exit point.
- Accessible storage arrangements for emergency medication in the event of a fire had not been clearly defined.
- No guidance was provided on the centre's fire zones, in line with the centre's fire detection system.
- Local fire procedures for the centre were not prominently displayed.
- Residents' personal evacuation plans did not include the arrangements for an evacuation from the first floor.
- Arrangements for additional staff support during a night-time evacuation, had not clearly been defined.

All staff had received up-to-date fire training at the time of 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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
All actions from the centre's previous inspection had been satisfactorily completed.

Some residents in the centre presented with behaviours that challenge. The centre had the support of a behavioural support therapist for the assessment and management of these. Behavioural support plans were in place, which clearly guided staff on the proactive and reactive interventions to be carried out as required. Staff spoken with were aware of the behaviours that challenge within the centre and how to support these residents.

There were some restrictive practices in place at the time of inspection. These restrictive practices had been risk assessed and the appropriate use of these practices was documented within personal plans and behavioural support plans. The centre was guided by the organisations' Human Rights Committee, with regards to the review and implementation of restrictive practices.

The centre had a safeguarding policy and procedure in place. Staff spoken with demonstrated a clear understanding of their role in the protection of vulnerable adults. No safeguarding concerns were identified within the centre at the time of inspection. However, not all staff had received up-to-date safeguarding training.

Judgment:
Non Compliant - Moderate

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

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
No actions were required in relation to this outcome from the last inspection.

Residents were supported to attend day-care services each week. Residents were involved in personal skill development in areas such as safeguarding, finance management, and advocacy. Some residents were approaching older years and were facilitated to access age appropriate community focus groups. Residents' informed the inspector of the day-service activities they participated in. Other residents' informed the inspector that they preferred to use public transport systems and were supported by staff to do this.

No residents were accessing employment schemes at the time of inspection.

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:
No actions were required from this centre's last inspection.

Residents' healthcare needs were met, with timely access to healthcare services and appropriate treatments. Residents had access to local General Practitioner's (GPs) of their choice. Residents also had access to healthcare specialists, as required, and the centre maintained good communication with these specialists in the management of residents' specific healthcare needs.

Where residents presented with specific healthcare needs, personal plans were in place to guide staff on the care and support required by these residents. These plans were found to be reviewed on a minimum annual basis. Staff spoken with were aware of residents' specific healthcare needs and had a clear understanding of how they were required to support these residents on a daily basis.

Residents' meals were prepared in the centre by staff. Residents were supported to help in the preparation of meals if they wished to do so. Menu planning was done on a weekly basis and residents were facilitated to choose which meals they wanted each day. Residents were also supported to help with grocery shopping. Some residents liked to have take-away food from nearby restaurants, and the inspector observed this was also facilitated at residents' request. The centre had two dining areas in the centre for residents to choose from.

Judgment:
Compliant

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
No actions were required from the centre's previous inspection.

There were written operational policies and procedures relating to the ordering, prescribing, storage and administration of medications to residents. Medications were dispensed in blister packs, which were clearly labelled with residents' details. Staff had received training in safe medication administration. Staff spoke with were aware of the incidents which required reporting as medication errors to the PIC. Some residents were supported to self-administer their own medications, risk assessments were in place for these residents. Residents who were not self-administering their own medications had capacity assessments in place to assess their suitability to self-administer in the future.

A number of medication records were reviewed by the inspector. These were found to be in clear and informative, no gaps in the documentation of medication administration were found. A sample of prescription records was also reviewed and it was observed that the centre was using two types of prescribing recording systems. However, guidance on the use of these recording systems was not clearly outlined in the centre's medication management policy.

Judgment:
Substantially Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

Findings:
Actions from the centre's previous inspection were satisfactorily completed.

The PIC had overall responsibility for the centre. He was supported in his role by the PPIM and the provider. The PIC was found to have a good knowledge of each residents' needs, and of the operational management of the centre. The PIC held both an operational and administrative role within the centre. Allocated time was provided to the PIC each week to carry out the administrative functions of his role.

There were management systems in place to ensure the service provided to residents was safe and consistently monitored. Improvements to the centre's incident reporting system had been introduced since the last inspection. This reporting system enabled the trending of incidents to occur more frequently and effectively. The PIC held regular staff meetings in the centre, where topics specific to the operations of the centre were discussed. Risk management activities were reviewed on a scheduled basis and the inspector observed all timeframes for review had been met.

An annual review of the service had been completed. Unannounced visits to the centre were also conducted on a six monthly basis. An action plan was in place to address areas of improvement identified within these six monthly audits. The inspector found that actions which were due for completion, were satisfactorily completed. Upon review of the centre's recent unannounced visit report, the inspector observed it addressed areas such as complaints management, social care, risk management and medication management. However, the inspector found the findings did not reflect of all areas for improvement within the centre. For instance, while the report identified areas such as the centre's fire evacuation procedures, it failed to consider the gaps in the centre's fire maintenance.

Judgment:
Non Compliant - Moderate

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

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

Findings:
Not all actions from the previous action plan were satisfactorily completed. Similar findings were identified during this inspection in relation to staff training in epilepsy management. No volunteers were working in the centre at the time of inspection.

There was a system in place for the supervision of staff. A supervision schedule was in place and all supervision was being carried out by the PIC. The inspector observed that to date, the PIC had maintained the supervision deadlines as outlined in the schedule. There was a planned and actual roster for the centre. This roster indicated the exact times staff commenced and finished duty. However upon review, the inspector found that staff members full names were not always identified on the roster.

Training records demonstrated the nature of staff training conducted within the centre. Staff had received training and refresher training in areas such as behaviour support and fire safety. However, refresher training was noted to be overdue for some staff members including epilepsy management, modified diet training and manual handling.

Inspectors also reviewed a sample of staff files. One staff file was identified as requiring an up-to-date staff photograph.

Judgment:
Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Anne Marie Byrne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Ability West
Centre ID:	OSV-0001510
Date of Inspection:	20 February 2017
Date of response:	13 March 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 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 provider failed to ensure staff were guided by policy and procedure in supporting residents manage their financial affairs.

1. Action Required:
Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably

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

practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

Please state the actions you have taken or are planning to take:
The Person in Charge is developing a local procedure for supporting residents to manage their financial affairs.

Proposed Timescale: 31/03/2017

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure an up-to-date copy of the complaints procedure was displayed in the centre.

2. Action Required:
Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

Please state the actions you have taken or are planning to take:
While an updated policy was in place, there was also another complaints document naming two staff members who had left the designated centre. This record was immediately removed leaving the current up to date policy.

Proposed Timescale: 20/02/2017

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure complainants satisfaction level is recorded following the management of complaints.

3. Action Required:
Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:
The Person in Charge will ensure that all future complaints record the complainants satisfaction level when a complaint is closed off.

Proposed Timescale: 20/02/2017

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:
The provider failed to ensure each resident had a written agreement in place which accurately reflected the service being provided to them.

4. 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:
New contracts of care are being issued to the resident in question, which will clearly outline the arrangements for the service being provided to them.

Proposed Timescale: 31/03/2017

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:
The provider failed to ensure personal goals were updated to reflect the progression made towards achievement.

5. Action Required:
Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

Please state the actions you have taken or are planning to take:
The Person in Charge addressed this issue at a staff meeting on 07/03/2017 and outlined to the staff team what is required to be recorded to reflect progression towards achieving goals.

Proposed Timescale: 07/03/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure systems were in place which:
- Appropriately risk assessed the risk posed to residents personal belongings while absent from the centre
- Ensured organisational risk assessments were reflective of the additional controls required to mitigate identified risks.

6. Action Required:
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:
The Person in Charge is updating both individual and centre risk assessments to reflect procedures in place to protect residents belongings if they are absent from the centre.

Proposed Timescale: 31/03/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider failed to put in place effective fire safety management systems in relation to maintenance, emergency lighting and evacuation procedures.

7. Action Required:
Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

Please state the actions you have taken or are planning to take:
A referral has been made to the Manager of Ancillary Services to assess the suitability of emergency lighting and emergency signage in the unit. Any additional lighting and signage will be fitted. The floor plans are being updated to include all emergency exits. All PEEPS are being reviewed and updated to include the procedures for an evacuation from the first floor. The CEEP is also being reviewed to include all areas identified during the inspection.

Proposed Timescale: 31/03/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure the centre's fire procedure was prominently displayed within the centre.

8. Action Required:
Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the designated centre.

Please state the actions you have taken or are planning to take:
The fire procedure is being reviewed and will be prominently displayed in the centre.

Proposed Timescale: 15/03/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure all staff had received up-to-date safeguarding training.

9. Action Required:
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

Please state the actions you have taken or are planning to take:
The Person in Charge has contacted the Training Department and all staff who require Safeguarding training are being prioritised for this training in the coming months.

Proposed Timescale: 30/04/2017

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure the medication policy guided on the prescribing recording systems in place within the centre.

10. 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 is implementing a localised procedure in conjunction with the organisation's medication policy to clearly show staff on duty what documents they

should follow when administering medication.

Proposed Timescale: 31/03/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure that unannounced visits to the centre addressed all areas of quality of care and support provided within the centre.

11. Action Required:
Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

Please state the actions you have taken or are planning to take:
A recent unannounced internal audit failed to pick up some issues regarding fire safety. The Quality and Compliance Manager has been informed of this and these checks will be incorporated into future audits/unannounced registered provider visits.

Proposed Timescale: 09/03/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure rosters clearly identified all staff on duty

12. Action Required:
Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

Please state the actions you have taken or are planning to take:
Rosters have been amended to include full names of staff members on duty.

Proposed Timescale: 28/02/2017

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure up-to-date photographs of staff members were maintained in accordance with schedule 2 of the regulations.

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

Please state the actions you have taken or are planning to take:
This referred to one staff member and a current photo of this individual has been submitted to the HR Directorate to update the staff file.

Proposed Timescale: 02/03/2017

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure staff received refresher training in accordance with the centre's training schedule

14. Action Required:
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Please state the actions you have taken or are planning to take:
One staff member is due to undertake modified diet training (FEDS) on 24/03/2017 while another staff member received manual handling training on 22/02/2017. The date on the training matrix regarding epilepsy management training should have read 26/08/2017 instead of 26/08/2016 so all staff in this designated centre have up to date training for epilepsy management training.

Proposed Timescale: 24/03/2017