

**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 Enable Ireland Disability Services Limited
Centre ID:	ORG-0008233
Centre county:	Cork
Email address:	tdatson@enableireland.ie
Registered provider:	Enable Ireland Disability Services Limited
Provider Nominee:	Fidelma Murphy
Person in charge:	Terry Datson
Lead inspector:	Geraldine Ryan
Support inspector(s):	Cathleen Callanan
Type of inspection	Announced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	6

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 2 day(s).

The inspection took place over the following dates and times

From:	To:
04 February 2014 09:30	04 February 2014 18:00
05 February 2014 08:30	05 February 2014 13:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce

Summary of findings from this inspection

This monitoring inspection was the first inspection carried out by the Authority. Enable Ireland provides a respite service from two houses which constitute two units of the same designated centre.

After the inspection of one of the units, an immediate action plan was issued by the Authority as the registered provider did not ensure that effective fire safety management systems were in place. The following was observed in this unit:

- there was no fire alarm installed
- adequate means of escape via fire exits were not identified
- emergency lighting had not been installed
- the fire panel box was not electrically connected to the mains
- procedures to be followed in the event of fire were not displayed in a prominent place and/or readily available as appropriate in the designated centre. The response from the provider stated that the respite service was temporarily suspended until the required remedial works were completed. Therefore, no further detail on this unit is contained in the body of this report.

Inspectors inspected the respite service provided in the other unit. As part of the monitoring inspection, inspectors met with residents and staff members. Inspectors observed practices and reviewed documentation such as the centre's statement of purpose, person-centred care plans, records of residents' finances, medical and nursing records, the menu, activities, staff training records, staff files, policies and procedures, fire safety records and the residents' accommodation.

On the first day of inspection, the inspectors met with the appointed person in charge, who was based off site. The person in charge stated he was familiar with the Regulations and Standards and stated he was committed to working towards compliance with regulatory requirements.

The person in charge informed inspectors that the unit managed by a respite coordinator and staff, could accommodate six residents. There was evidence that the centre was well managed locally. It was warm, clean and suitably furnished. Residents stated they enjoyed coming to this unit, enjoyed the outings, activities and that the staff were lovely. Residents' documentation was maintained in an orderly fashion. It was evident that the respite service operated in a seamless manner.

Six residents were availing of the respite service on the days of inspection. The centre provided a respite service to persons with a physical and/or intellectual disability in the Cork and Kerry area. At the time of inspection the respite service accommodated 83 residents per year. Referral to the centre was made by residents' families, local public health nurses, general practitioners (GPs) or other organisations.

Findings on this inspection identified concerns in areas such as:

- contracts for residents outlining the services to be provided to the resident
- risk management
- governance and management
- use of resources
- infection control practices
- education and training for staff.

The Action Plan at the end of this report identifies where a number of improvements are required to meet the requirements of the Health Act 2007 Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. These were discussed in detail with the person in charge at the feedback meeting at the end of the two days of inspection.

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

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Judgement:

Non Compliant - Minor

Findings:

There was evidence that residents were consulted with and participated in discussions in regard to their expectations of their week of respite. The respite manager stated that residents had access to an advocate.

Inspectors noted that each resident's privacy and dignity was respected. Residents were accommodated in single, en-suite bedrooms and a separate sitting room was available to meet visitors in private. There was evidence that the respite service was managed in a way that maximised residents' capacity to exercise personal autonomy and choice in their daily lives.

Laundry facilities are provided. Residents can attend to their own laundry and retain control over their own possessions, and adequate space was provided for personal possessions. There was evidence of opportunities for residents to participate in activities that suited their needs and capacities.

The centre had a complaints policy. While there was evidence to indicate that complaints were addressed promptly, whether or not the complainant was satisfied with the outcome was not recorded.

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

Judgement:

Compliant

Findings:

There was evidence that residents were assisted and supported to communicate. Residents availing of respite were encouraged to bring in any assistive equipment/technology they used. Residents had access to televisions, both in their bedrooms and in the communal sitting room. Staff were observed communicating with residents in a respectful manner.

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

Judgement:

Compliant

Findings:

There was evidence of good communication between the respite centre and residents' families. The centre had very good access to and communication links with the residents' public health nurses and GPs. Residents' family members were not in the centre on the days of inspection. The respite manager stated that many residents' families organised holiday breaks at this time. Open visiting was facilitated and encouraged.

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

Judgement:

Non Compliant - Major

Findings:

The residents did not have a written agreement, although the respite manager showed inspectors a draft of a service agreement she had written up. It set out in a clear manner information for the resident availing of the respite service and the centre. It outlined the support and care offered to the residents and details of the services to be

provided. As the draft service agreement had not been signed off, it had not been implemented. The respite manager showed evidence of assessments of need being carried out prior to residents' admission to the centre. Residents and/or their families are invited to visit the centre prior to admission for respite. On arrival to the respite centre, a meeting is convened with the resident and/or family to outline a plan for the week.

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Judgement:

Compliant

Findings:

Residents accessing the respite service had a personal care plan with information on requirements in regard to personal hygiene and clothing, mealtimes, manual handling, social interests and activities. Any new respite resident was either invited to view the centre, or staff visited the resident in their home. On arrival to the centre, the respite manager stated that resident's personal care plan was reviewed in consultation with the resident. However, this review was not always documented and signed by the resident. Each resident had a risk management profile and a record of their personal details. Access to a local GP and the out-of-hours service was available. The inspectors saw evidence of a daily record of care.

The centre's statement of purpose clearly stated that each resident was actively engaged in developing and implementing plans that were built around their own needs. Residents could access a copy of their care plan, but not always in an accessible format.

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

Judgement:

Compliant

Findings:

The centre was purpose built to facilitate respite breaks. Access to the centre is off the main road and ample car parking is provided. All entrances to the centre were wheelchair accessible. Access is via a secure front door leading to a reception area. Double doors on the right of the reception area lead into a communal sitting/dining and kitchen area. The communal area is bright and appropriately furnished, with views of the sea and. A comfortably furnished, separate quiet sitting/reading room was provided. Books and CDs for residents' use were located in this room. Residents' bedrooms are located left of the reception area. All bedrooms were spacious and had full en-suite facilities. Each bedroom had a bed, locker, chest of drawers, a wardrobe, seating and a television, with doors leading to the external pathway.

Residents who smoke can do so in this area outside their bedroom. The design and layout of the premises ensures that the premises is fit for purpose for accommodating residents with a maximum dependency and with co-existing complex medical conditions. Residents could access any area of the building. Light switches are located at an accessible height and doors have ergonomic push buttons for residents with reduced dexterity.

An assisted bathroom, a clinical room, a laundry room, staff changing facilities and the respite coordinator's office are located to the back of the building. Closed circuit television (CCTV) is used in the centre. However the centre did not have a designated housekeeping room . Housekeeping equipment was housed in an external shed. There was no hand-washing facility in this shed or a water supply.

There is designated overnight accommodation for staff, with separate en-suite facilities.

Organisational arrangements with regard to access to and ongoing maintenance and general upkeep of the premises required review. It was evident that a regular programme for maintenance was not in place and that issues were addressed as they arose and not in a timely manner. Concerns regarding infection control in relation to housekeeping procedures are addressed under Outcome 7. Eight hours per week was allocated to housekeeping duties (four hours on Monday and four hours on Friday).

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

Effective Services

Judgement:

Non Compliant - Major

Findings:

The organisation had a health and safety statement which was up to date. While the governing organisation under which the unit operated did not have an overarching risk management policy and a risk register, the respite coordinator had implemented a register of assessed risks. A certificate of fire compliance had been submitted to the Authority.

While there were some procedures in place for the prevention and control of infection (alcohol hand gels, disposable gloves and aprons), the centre did not have a designated housekeeping room with a water supply or hand-washing facilities. The housekeeping equipment was housed in an external shed. These practices did not concur with the centre's policy on the prevention of infection. Staff were observed wearing personal protective equipment when engaging in personal care or housekeeping practices. Procedures were in place in regard to procedures on cleaning residents' bedrooms and en suites. However, the system required review as mops were used communally. This practice did not concur with the centre's policy on the prevention of infection.

There was provision of a sink in the clinical/medicines room, but not a separate sink for staff hand washing. There was no hand-washing facility in the laundry room. Waste was securely stored and there was evidence of an arrangement in place for the collection of waste by an external agency.

Enable Ireland did not have a risk management policy for this centre. While the unit did have a risk register devised locally by the manager and staff, the specific risks as outlined in Regulation 26 were not identified. Organisational arrangements were not in place for investigation and learning from serious incidents and adverse events involving residents. The respite coordinator stated that issues were discussed locally and there was evidence of this in the centre. Issues were discussed and addressed at staff meetings and at the daily report.

The centre had an emergency plan inclusive of arrangements in place for responding to emergencies and a location identified for safe placement of residents in the event of an evacuation of the centre. However, this location was not documented. This was addressed by the respite coordinator before the close of inspection.

The inspector noted that reasonable measures were in place to prevent accidents (hand rails, grab rails, safe floor covering). A functioning call bell was in operation.

No resident availing of respite at the time of the inspection was a smoker. In the event that a resident did smoke, the centre did not have a policy to guide staff on residents who smoked, assessing the risk of smoking and if residents were able to smoke unsupervised or not.

It was not clear if residents who availed of the assistance of a hoist had the use of designated slings appropriately assessed for them.

Suitable fire equipment was provided. All fire exits were unobstructed and there was evidence that they were checked daily. A procedure for the safe evacuation of residents and staff in the event of fire was prominently displayed. Fire records reviewed by the

inspector confirmed that the fire alarm and fire safety equipment were serviced on a regular basis and that fire drills took place regularly.

Admission to the centre was via a key lock system. A visitors' sign in/out book was readily accessible at the front reception desk and there was evidence that persons entering and leaving the centre signed the book.

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Judgement:

Non Compliant - Major

Findings:

Enable Ireland had an up-to-date policy on, and procedures in place for the prevention, detection and response to allegations or suspicions of abuse, and staff were trained on this policy.

Residents informed the inspectors that they felt safe and happy in the centre and enjoyed coming for respite. Inspectors observed staff interacting with the residents in a respectful manner and having their meals with residents. Staff reported that they felt very supported by the respite coordinator.

There had not been any incidents, allegations or suspicions of abuse recorded and procedures were in place to ensure that any such incidents were appropriately investigated and responded to in line with the centre's policy. Enable Ireland operated under the auspices of the Health Service Executive (HSE) Trust in Care process for managing disclosures.

Staff informed inspectors that the centre held residents' monies. Details of residents' financial transactions were recorded in a clear manner, dated and signed by two signatories. Receipts were available. The inspector noted that the centre had a local policy with regard to safeguarding resident's finances.

There was evidence of efforts made to identify and alleviate the underlying causes of behaviour that was challenging for each individual resident. Individual plans to manage behaviour that challenged were included in the resident's plan of care which was being implemented. This was managed locally by the respite coordinator and staff. Training had not been provided for staff on how to manage behaviours that challenge.

The respite manager stated that staff had not been trained on the use of restraint. Residents on whom restraints were used (bedrails, chair belts for upper and lower body) had not been assessed for its use. There was no evidence of consent for the use of restraints and no arrangements were in place for the checking of and regular release of the restraints. Staff were carrying out restrictive measures without being trained to do so. There was no plan in place to ensure that restrictive measures were regularly checked and released while the residents were on day trips and excursions organised by the centre during the week's respite .

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

Judgement:

Compliant

Findings:

Residents accessing the respite service had a personal care plan. Any new respite resident was either invited to view the centre or staff visited the resident in their home. On arrival to the centre, the respite manager stated that the resident's personal care plan was reviewed in consultation with the resident. However, this review was not always documented and signed, where possible, by the resident, or by their next of kin. In the event that a resident was unable to sign, there was no evidence that efforts had been made to discuss the personal care plan. This was addressed under Outcome 5.

Each resident had a risk management profile and a record of their personal details. Access to a local GP and the out-of-hours service was available. There was evidence of a daily record of care.

It was evident that residents had opportunities to participate in activities. Each Monday, when residents arrived for respite, a meeting was convened to establish residents' expectations, particular interests, food preferences and choice of activities. A white board in the communal area had details of the named staff on duty and the menu for the week, which detailed residents' preferences and activities. Transport, driven by in-house staff, was available to take residents accompanied by staff on excursions. The centre had a local policy on the use of transport.

There was evidence that the privacy, dignity and confidentiality of the residents were safeguarded in that information and documentation pertinent to residents were securely stored.

The dining area was bright and spacious. Staff and residents dined together. While the menu was on the white board, the coordinator was asked to ensure that it was in an accessible format for all residents who may access the respite service. Residents had

opportunity to cook meals. Staff had Hazard Analysis and Critical Control Point (HACCP) training but did not have training on modified diets. Staff had attended in-house training on the use of percutaneous endoscopic gastrostomy (PEG) tubes for nutritional support. Snacks were readily available and there was evidence that food supplies were in place. Cutlery to aid a resident with reduced dexterity and non-slip mats were available.

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Major

Findings:

There was evidence that the respite centre was well managed locally by the respite coordinator and staff, and staff stated they were well supported by the respite coordinator. There were no clear lines of accountability for decision making and responsibility for the delivery of services to residents and the overall governance and management systems at the time of inspection did not adequately support the local manager and staff. The respite coordinator stated that monthly meetings were planned. However, it was evident that the monthly meeting was not always convened.

There was little evidence of a robust and regular organisational review of the quality and safety of care in the centre and no evidence that the outcomes and learning or improvements from such quality assurance reviews were communicated to staff. Concerns regarding education and training of staff and staffing levels are discussed under Outcome 17.

There was no evidence that senior management regularly visited the centre.

There was no evidence that Enable Ireland had in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

Outcome 16: Use of Resources

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

Theme:

Use of Resources

Judgement:

Non Compliant - Major

Findings:

Resources allocated to maintenance, housekeeping and practices in regard to the prevention of infection, the repair of equipment, education and training of staff, required review to ensure that the safety and care needs of the residents were met.

Outcome 17: Workforce

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

Theme:

Responsive Workforce

Judgement:

Non Compliant - Moderate

Findings:

A sample of staff files reviewed complied with the requirements of schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres For Persons (Children and Adults) with Disabilities). The person in charge showed evidence of centre-specific policies on recruitment.

On days of inspection there were sufficient staff to meet the needs of the residents. Four staff were on day duty and two waking staff were on night duty. The centre was opened one Sunday in the month and closed for four weeks during the year. The centre had a relief panel of staff to call on should the assessed dependency requirements of the respite admissions demand a higher staffing level. There was an actual rota reflecting the numbers of staff on duty at any one time and a planned rota reflecting the intended staff complement .

Records reviewed indicated that staff had attended training on fire prevention, manual handling, prevention of abuse, and the prevention of infection, PEG tube nutritional support, cardio pulmonary resuscitation and catheter care. There was evidence that the respite coordinator organised yearly training for all staff when the centre was closed to

respite admissions. However, staff had not had access to education and training in:

- the use of restraint
- how to manage behaviours that challenge.

The respite coordinator worked full time in the centre and was supported by an acting respite coordinator. Both demonstrated a willingness and strong commitment to the delivery of person-centred care and to work towards meeting regulatory requirements.

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Geraldine Ryan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Enable Ireland Disability Services Limited
Centre ID:	ORG-0008233
Date of Inspection:	4 and 5 February 2014
Date of response:	26 February 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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Not ensuring that complainants were informed promptly of the outcome of their complaints and details of the appeals process.

Action Required:

Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed promptly of the outcome of their complaints and details of the appeals process.

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

The complaints process will be reviewed to include procedures to notify service users of the outcome of their complaint and the recording of their level of satisfaction with the outcome. Detailed information on the appeals process will also be provided.

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

Proposed Timescale: 28/03/2014

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:

Not having in place, on admission, in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

Individual service contracts will be agreed and signed off on admission with each service user or their advocate/representative and will include reference to individual care plans.

Proposed Timescale: 10/03/2014

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:

Not ensuring that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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:

Residents' personal plans will be made available in a format that meets the needs of the residents and, where appropriate, their representatives.

Proposed Timescale: 28/03/2014

Theme: Effective Services

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

Not ensuring that personal plan reviews were conducted in a manner that ensured the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

Individual service contracts and care plans will be reviewed on admission, agreed and signed off on admission with each service user or their advocate/representative - to include consent for therapeutic services.

Proposed Timescale: 10/03/2014

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Not ensuring that the centre had a risk management policy including the specific risks as stated under Regulation 26 and the hazard identification and assessment of risks throughout the designated centre.

Action Required:

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

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

The organisation will have a Risk Management & Emergency Planning Policy signed and in place which will include the specific risks as stated under regulation 26 and the hazard identification and assessment of risks throughout the designated centre.

Proposed Timescale: 28/03/2014

Theme: Effective Services

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

Not ensuring that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the National Standards for the Prevention and Control of Healthcare Associated Infections published by the Authority.

Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

The organisation will have a Risk Management & Emergency Planning Policy signed and in place which will include the specific risks as stated under regulation 26 and the hazard identification and assessment of risks throughout the designated centre.

Also taking into account areas for improvement detailed in the Inspection Report including; infection control, hand washing facilities and smoking. Currently linking with the HSE Infection Control Team.

We will ensure adequate facilities are available in line with the standards to include; a review of location of designated housekeeping room and additional hand washing facilities. A time framed action plan will be developed arising from the review.

Proposed Timescale: 28/03/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Not ensuring that staff have up-to-date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

Challenging Behaviour Policy will be implemented by the organisation - training will be provided following sign off of policy. Policy Sign off by 28.03.14. Training completed; 12.05.14.

Proposed Timescale: 12/05/2014

Theme: Safe Services

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

Not ensuring that staff received training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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:

Challenging Behaviour Policy will be implemented by the organisation - training will be provided following sign off of policy. Policy Sign off by 28.03.14. Training completed; 12.05.14.

Proposed Timescale: 12/05/2014

Theme: Safe Services

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

Not ensuring that where required, therapeutic interventions were implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

Individual service contracts will be agreed and signed off on admission with each service user or their advocate/representative. To include consent for therapeutic programmes.

Proposed Timescale: 10/03/2014

Theme: Safe Services

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

Not ensuring that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence-based practice.

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:

Enable Ireland do not use restrictive procedures. The client group have complex physical disability support requirements and may require postural management supports. Enable Ireland will have a policy in place to reflect postural management support procedures.

Proposed Timescale: 28/03/2014

Theme: Safe Services

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

Not ensuring that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

Enable Ireland do not use restrictive procedures. The client group have complex physical disability support requirements and may require postural management. Enable Ireland will have a policy in place to reflect postural management support procedures.

Challenging Behaviour Policy will be implemented by the organisation - training will be provided following sign off of policy.

Proposed Timescale: 28/03/2014

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:

Not ensuring that where a person is appointed as person in charge of more than one designated centre that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

Action Required:

Under Regulation 14 (4) you are required to: Where a person is appointed as person in charge of more than one designated satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

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

We will provide a clear statement detailing levels of accountability.

The senior manager (Director of Service) in the region is currently holding the role of PIC owing to a long term vacancy in the area. We are currently recruiting to this position. The successful candidate will take on the role of PIC for this unit. The PIC is in regular contact with the service.

Monthly management meetings & CEO review process will ensure continuous review of governance and quality issues.

All actions are immediate apart from the recruitment, Proceeding to recruit.

Proposed Timescale: 26/02/2014

Theme: Leadership Governance and Management

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

Not having in place a clearly defined management structure in the designated centre that identified the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

Action Required:

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

We will provide a clear statement detailing levels of accountability.

The senior manager (Director of Service) in the region is currently holding the role of PIC owing to a long term vacancy in the area. We are currently recruiting to this position. The successful candidate will take on the role of PIC for this unit. The PIC is in regular contact with the service.

Monthly management meetings & CEO review process will ensure continuous review of governance and quality issues.

All actions are immediate apart from the recruitment, Proceeding to recruit.

Proposed Timescale: 26/02/2014

Theme: Leadership Governance and Management

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

Not having management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Action Required:

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

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

We will provide a clear statement detailing levels of accountability.

The senior manager (Director of Service) in the region is currently holding the role of PIC owing to a long term vacancy in the area. We are currently recruiting to this position. The successful candidate will take on the role of PIC for this unit. The PIC is in regular contact with the service.

Monthly management meetings & CEO review process will ensure continuous review of governance and quality issues.

All actions are immediate apart from the recruitment, Proceeding to recruit.

Proposed Timescale: 26/02/2014

Theme: Leadership Governance and Management

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

Not ensuring that there was an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

We will provide a clear statement detailing levels of accountability.

The senior manager (Director of Service) in the region is currently holding the role of PIC owing to a long term vacancy in the area. We are currently recruiting to this position. The successful candidate will take on the role of PIC for this unit. The PIC is in regular contact with the service.

Monthly management meetings & CEO review process will ensure continuous review of governance and quality issues.

All actions are immediate apart from the recruitment, Proceeding to recruit.

Proposed Timescale: 26/02/2014

Theme: Leadership Governance and Management

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

Not ensuring that the annual review of the quality and safety of care and support in the designated centre provided for consultation with residents and their representatives.

Action Required:

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

We will provide a clear statement detailing levels of accountability.

The senior manager (Director of Service) in the region is currently holding the role of PIC owing to a long term vacancy in the area. We are currently recruiting to this position. The successful candidate will take on the role of PIC for this unit. The PIC is in regular contact with the service.

Monthly management meetings & CEO review process will ensure continuous review of governance and quality issues.

All actions are immediate apart from the recruitment, Proceeding to recruit.

Proposed Timescale: 26/02/2014

Theme: Leadership Governance and Management

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

Not having in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

We will provide a clear statement detailing levels of accountability.

The senior manager (Director of Service) in the region is currently holding the role of PIC owing to a long term vacancy in the area. We are currently recruiting to this position. The successful candidate will take on the role of PIC for this unit. The PIC is in regular contact with the service.

Monthly management meetings & CEO review process will ensure continuous review of governance and quality issues.

All actions are immediate apart from the recruitment, Proceeding to recruit.

Proposed Timescale: 26/02/2014

Theme: Leadership Governance and Management

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

Not facilitating staff to raise concerns about the quality and safety of the care and support provided to residents.

Action Required:

Under Regulation 23 (3) (b) you are required to: Facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.

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

We will provide a clear statement detailing levels of accountability.

The senior manager (Director of Service) in the region is currently holding the role of PIC owing to a long term vacancy in the area. We are currently recruiting to this position. The successful candidate will take on the role of PIC for this unit. The PIC is in regular contact with the service.

Monthly management meetings & CEO review process will ensure continuous review of governance and quality issues.

All actions are immediate apart from the recruitment, Proceeding to recruit.

Proposed Timescale: 26/02/2014

Outcome 16: Use of Resources

Theme: Use of Resources

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

Not ensuring that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

Formal maintenance plan to include; use of all resources on site, to include H&S related training will be in place and reviewed on a quarterly basis. Subject to the terms of agreement with the HSE.

Proposed Timescale: 28/03/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

Not ensuring that staff had access to appropriate training, as part of a continuous professional development programme.

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:

Inspection report highlighted two training area deficits; challenging behaviour and the use of restraints. Please see response to Outcome 8 Safe guarding and Safety. Policy Sign off by 28.03.14. Training completed; 12.05.14.

Proposed Timescale: 12/05/2014