**Centre name:** A designated centre for people with disabilities operated by Enable Ireland Disability Services Limited  

**Centre ID:** ORG-0008228  

**Centre county:** Clare  

**Email address:** bcurley@enableireland.ie  

**Type of centre:** Health Act 2004 Section 39 Assistance  

**Registered provider:** Enable Ireland Disability Services Limited  

**Provider Nominee:** Fidelma Murphy  

**Person in charge:** Barbara Curley  

**Lead inspector:** Julie Hennessy  

**Support inspector(s):** Finbarr Colfer;  

**Type of inspection** Announced  

**Number of residents on the date of inspection:** 3  

**Number of vacancies on the date of inspection:** 1
About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 29 January 2014 10:30  
To: 29 January 2014 18:30

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

<table>
<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
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<tbody>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 11. Healthcare Needs</td>
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<td>Outcome 14: Governance and Management</td>
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</tbody>
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Summary of findings from this inspection
The centre provides residential and respite accommodation and services for adults with physical disabilities.

This report sets out the findings of an announced one day monitoring inspection. Inspectors met with residents, staff members, the person in charge, the designated provider and the director of services.

The centre is a bungalow within a group of houses on the outskirts of Ennis town. The bungalow may accommodate a maximum of four adult residents and this comprises two residential beds and two respite beds. The bungalow is set on grounds that include ample parking to the front and a spacious well-maintained garden to the rear. There was a polytunnel in the garden for use by the residents for horticultural activities.

Overall, inspectors found evidence of a person-centred approach being promoted that met the health and social care needs of residents. Residents told inspectors that they were enabled to exercise choice and control over their lives in accordance with their individual wishes and preferences and that their independence is maximised.

Inspectors found evidence of good practice in a range of areas. Staff interacted with residents in a respectful, warm and friendly manner. Inspectors found evidence of residents being involved in decisions about their care and being supported to promote independence and exercise choice in their daily lives.
Inspectors found one area for immediate action which related to safeguarding and safety. Not all staff knew what to do in the event of an incident, allegation or suspicion of abuse and the person in charge had not provided training to staff in relation to safeguarding residents and the prevention, detection and response to abuse.

Inspectors found non-compliances in a number of other areas including medication management, risk management and staff files which will be discussed in the body of this report.

Overall, inspectors found that residents received a good quality service in the centre. Residents had complex social and healthcare needs. Staff were very knowledgeable regarding each resident's assessed needs and inspectors were satisfied that individual needs were being met. Staff supported residents in making decisions and choices about their lives. Residents were supported to pursue their interests, hobbies and to attend activation workshops.

Staff and residents knew each other well, residents were observed to be relaxed and comfortable in the company of staff.

Areas of non compliance related to risk management, fire safety, medication management, the person in charge not employed full time in the post and personal planning documentation which are discussed further in the report and included in the Action Plan at the end of this report.
**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.*

<table>
<thead>
<tr>
<th>Theme:</th>
<th>Effective Services</th>
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</thead>
<tbody>
<tr>
<td>Judgement:</td>
<td>Compliant</td>
</tr>
</tbody>
</table>

**Findings:**

Inspectors found evidence of good practice in supporting residents to pursue their interests and engage in their local community. Residents were supported to make decisions and choices and consulted on the running of the service. The independence of residents was encouraged and facilitated.

All residents had a personal plan. The personal plans were reflected in practice and residents told inspectors about a wide range of activities and interests in which they were involved. For example, residents who are interested in cooking were participating in cookery classes on the day of inspection while another resident goes in to Kilkee from where he runs his own radio show.

Personal plans were regularly reviewed and updated. Personal plans included the input of members of the multidisciplinary team. Residents knew about their plans and told inspectors that they were involved in the development of their plans. Residents and their families were consulted on all aspects of their personal plans. The person in charge was reviewing the personal plans to make them more outcome-focussed and making it easier to identify and measure successes and achievement of goals.

Although the centre was a number of miles outside town, residents could use accessible transport to go into town.

**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 - Moderate

Findings:  
There were arrangements in place to manage risk in the centre. However, some areas of non-compliance were identified. Areas of non-compliance related to the risk management policy, risk assessments and infection control.

There was no risk management policy in the centre as required by the Regulations. The health and safety statement was not in date. The absence of a risk management policy increases the risk of inefficient or inconsistent practices.

The provider had not ensured the consistent implementation of infection control guidelines. Staff interviewed were inconsistent in their understanding as to what temperature to wash potentially contaminated laundry at and what duration they should remain off work if they had vomiting or diarrhoea. A thorough understanding of infection control guidelines is necessary to prevent the spread of infection to vulnerable adults and other staff members.

Inspectors also found that staff regularly 'multi-task' between food and general duties (including laundry). The practice of multi-tasking carries the risk of cross-contamination which can result in food-borne illness and there were inadequate arrangements in place to manage this risk in the centre. In addition, when inspectors spoke with staff, they did not have sufficient awareness of the arrangements to manage this risk.

There was a system in place to identify hazards or potential sources of harm to residents and staff but there were no related risk assessments or control measures and the provider had not put arrangements in place to monitor risk management and promote learning as required by the Regulations. Uncontrolled hazards observed by inspectors included the open storage of cleaning chemicals in the laundry room and staff toilet that posed a potential risk to residents.

There were individualised risk assessments for residents in the centre which were comprehensive.

Accidents and incidents were recorded in sufficient detail. Accidents and incidents were reviewed by the person in charge and the director of services. The reports contained follow up actions and plans to minimise the risk of re-occurrence. Reports were used to identify trends and take action as a result of this learning.

There was an emergency plan and staff knew the arrangements to follow in event of an emergency, including in the event of fire. The person in charge informed inspectors that they intend to develop an accessible format of the emergency plan for residents.

The provider had ensured that fire precautions were implemented in the centre. There was a policy in place, staff had received training and staff members interviewed were knowledgeable about what to do in the event of a fire. There are regular fire drills and the residents were involved in fire drills. There were detailed records of the fire drills.
that included areas for action and improvement. Fire equipment was available in the centre and all servicing records were up to date.

**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:**
The provider had failed to put adequate arrangements in place to protect residents. While staff were knowledgeable about what constituted abuse, they did not all know what steps to take if they suspected abuse and were not aware of their responsibilities, as set out in the policy on safeguarding residents. The person in charge had failed to provide a formal programme of training to staff on the protection of vulnerable adults. The provider was required to take immediate action to address the failings.

**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:**
Inspectors found that arrangements were in place for the assessment and support of residents’ health needs.

Residents had access to a general practitioner (GP) of their choice and out-of-hours GP services were available. Inspectors saw evidence of regular review of residents by medical consultants and input was reflected in care plans and individual risk assessments. Inspectors saw evidence of involvement of allied health professionals including occupational therapists, physiotherapists, a counsellor, dietitian and dentist. Staff were knowledgeable about the recommendations of health professionals and how
to put recommendations into practice. Residents told inspectors that they were fully involved in decisions about their health care. Residents also told inspectors that they can manage their own day-to-day health care should they chose to, such as arranging an occupational therapy appointment and renewal of a prescription.

One staff member is a facilitator for and runs a 'Cook it!' Programme in the centre (a community-based nutrition education programme). The same staff member had established links with the dietician in relation to meeting the needs of residents on special diets. All staff had completed training in relation to food safety.

Cooking classes were held in the residence and such a class was being held on the day of inspection. Two residents were participating in the class and made a nutritious healthy meal for that evening. Residents told inspectors that they could access snacks and drinks as they wished. Residents’ preferences in terms of food and drinks were noted in their personal plans and reflected in practice. Residents confirmed that they were able to exercise choice in relation to what they eat, where they eat and when they eat.

### Outcome 12. Medication Management

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

**Theme:**
Health and Development

**Judgement:**
Non Compliant - Moderate

**Findings:**
The person in charge had ensured that the prescription details contained sufficient information to ensure the safe administration of medication by staff. Prescription sheets reviewed by inspectors did not include for example; the times of administration, the maximum dosage of PRN (as required) medication, or a photo of the resident.

A number of good practices were observed in relation to medication management. Inspectors found that staff were knowledgeable about the medications management policy. The person in charge had put in place a system for staff training and competency assessment in relation to safe administration of medication. Residents were supported in self medicating and training in self medicating was offered. The person in charge had put in place a system for recording medication errors, which were being monitored and reviewed.
### Outcome 14: Governance and Management

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

**Theme:**
Leadership, Governance and Management

**Judgement:**
Compliant

**Findings:**
The provider had put in place effective management systems to ensure consistent delivery of services to residents.

There was a quality assurance system in place to ensure regular review of the service and set quality assurance goals. Inspectors found evidence of a clear management structure and staff were aware of the reporting arrangements in place.

The person in charge was experienced and qualified and demonstrated good knowledge of the requirements for her position. The person in charge attends a forum of managers of adult services within the organisation, which facilitates the sharing of learning. The director of services has regular contact with the service and meets with the person in charge formally on a monthly basis and more frequently if required. The director of services was very familiar with the needs of the residents in the service. The CEO (chief executive officer) participates in an annual review of the service.

### 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:**
Inspectors found that the staffing arrangements were suitable to meet the needs of residents. Inspectors reviewed the rosters and spoke with staff, management and
Inspectors found that there was sufficient staff on duty and staffing levels were adjusted to meet the needs of residents.

Inspectors reviewed staff files and found that while most of the documentation required by the Regulations to ensure staff were fit to work in the centre were present, gaps in staff files were present. Identified gaps included unexplained gaps in the employment history of some staff and the photo identification in files for other staff were of poor quality making it difficult to confirm the identity of those staff members. Also, copies of all qualifications relevant to the work that staff do had not been obtained.

While there was an informative and instructive recruitment policy it had not been reviewed since 2007.

Inspectors found that a staff supervision process was in place. The person in charge reviews staff work and a performance management system is in place. Inspectors reviewed the minutes of performance management meetings and found they were focussed both on staff development and improving the quality of services to residents.

The person in charge displayed a commitment to maintaining her own professional development and had completed a HETAC Level 7 single subject course in supervision, theory and practice in 2012.

Inspectors found evidence of good training programmes, with the exception of training around safeguarding of residents. Staff were able to tell inspectors how they implemented training in their work. Areas of staff training included food safety, people moving and handling, health and safety awareness, fire safety and social care training.

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

**Findings:**

One aspect of this Regulation was reviewed during inspection. Inspectors found that a range of policies and procedures were outside of their review dates and that some policies and procedures that are required under Schedule 5 of the Regulations were not in place.
Policies and procedures outside of their review dates include the recruitment and selection policy and procedure, the infection control policy and the medications management policy. Required policies and procedures not in place included a risk management policy and a policy on behaviour that challenges. These topics are discussed in further detail elsewhere in the body of this report.

**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:**

Julie Hennessy  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Enable Ireland Disability Services Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0008228</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>29 January 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>27 February 2014</td>
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</table>

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 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no risk management policy in the centre that specified how control measures identified from risk assessments are documented and implemented

Action Required:
Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

Please state the actions you have taken or are planning to take:
There is a Risk Management Policy currently being drawn up by the organisation for implementation by 1/04/2014

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Locally the person in charge is working with both staff and service users identifying risks, writing up risk assessments that include the measures and actions in place to control the risks. The timescale for this is to have a local register by 1/04/2014.

**Proposed Timescale:** 10/04/2014  
**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
There was no risk management policy in the centre that specifically outlined measures and actions in place to control the risk of unexpected absence of any resident.

**Action Required:**  
Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

Please state the actions you have taken or are planning to take:  
- There is a Risk Management Policy currently being drawn up by the organisation for implementation by 1/04/2014, that will include a Missing Persons policy and procedure  
- Locally the person in Charge will be devising a local procedure outlining measures and actions in place to control the risk of unexpected absence of any resident.

**Proposed Timescale:** 10/02/2014  
**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
There was no risk management policy that specifically outlined measures and actions in place to control the risk of accidental injury to residents, visitors or staff.

**Action Required:**  
Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

Please state the actions you have taken or are planning to take:  
- There is a Risk Management Policy currently being drawn up by the organisation for implementation by 1/04/2014, that will include an Accident policy covering residents, visitors or staff

**Proposed Timescale:** 01/04/2014
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no risk management policy that specifically outlined measures and actions in place to control the risk of aggression and violence.

**Action Required:**
Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

Please state the actions you have taken or are planning to take:
- There is a Risk Management Policy currently being drawn up by the organisation for implementation by 1/04/2014, that will include policy and procedure on Violence and aggression in the work place (Challenging Behaviour Policy)
- An implementation period for training staff on the policy which will be covered by 30/04/2014

**Proposed Timescale:** 30/04/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no risk management policy that specifically outlined measures and actions in place to control the risk of self-harm.

**Action Required:**
Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

Please state the actions you have taken or are planning to take:
There is a Risk Management Policy currently being drawn up by the organisation for implementation by 1/04/2014, that will include a policy on Behaviour that Challenges, including measures and actions in place to control self-harm.

**Proposed Timescale:** 01/04/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no risk management policy that specified the arrangements in place for identifying, recording, investigating and learning from all serious incidents, accidents or adverse events.

**Action Required:**
Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and
Please state the actions you have taken or are planning to take:
There is a Risk Management Policy currently being drawn up by the organisation for implementation by 1/04/2014, that will include arrangements for reviewing of incidents and risk assessments to ensure that they are identified, recorded, investigated and that there is learning from any serious incidents or adverse events involving residents.

The person in charge completes a monthly review of health and safety issues including any incidents/accidents, this is sent to the director of services and the national health and safety advisory group. If there are any issues that arise these are brought to the staff meeting for discussion with staff.

The Person in Charge will draw up a monthly monitoring form, which will then be brought to staff meetings, service user meetings and senior management meetings to discuss and detail any points of learning to review and improve practice.

**Proposed Timescale:** 01/04/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no risk management policy that specified arrangements to ensure that control measures have taken account of the resident's quality of life and do not disproportionately inhibit residents in exercising their independence and autonomy.

**Action Required:**
Under Regulation 26 (1) (e) you are required to: Ensure that the risk management policy includes arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

Please state the actions you have taken or are planning to take:
There is a Risk Management Policy currently being drawn up by the organisation for implementation by 1/04/2014, that will include arrangements for Risk Assessments

The Person In Charge will update the current Service User Risk Assessment forms to include a section on ensuring the risk control measures are in proportion to the identified risk and a consideration of the impact control measures might have on the service users quality of life.

**Proposed Timescale:** 01/04/2014
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Risk assessments had not been completed for identified hazards.

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 person in charge is reviewing the current risk assessment identifying hazards and assessment of risks throughout the building.

Proposed Timescale: 01/04/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The registered provider had not put in place a risk assessment system for the management and ongoing review of identified hazards.

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:
There is a Risk Management Policy currently being drawn up by the organisation for implementation by 1/04/2014, that will include arrangements for managing and ongoing review of risk assessments and responding to emergencies.

The person in charge will set up a Risk Assessment review group as part of the health and safety monthly meetings to review the assessments and system in place.

Proposed Timescale: 01/04/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The registered provider had not completed a risk assessment that addressed all areas relating to the prevention and management of infection control in the centre.

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 is reviewing its Infection Control Policy and procedure which will be in place by 1/4/2014

The HSE Infection Control Nurse for the Mid-West will deliver staff Training on 13/3/14 in relation to infection control. As there is no nurse specifically linked to disability services, this has been highlighted to the Disability Manager within the HSE in the Midwest to look at a longer term view in putting in place Infection Control nurse specifically for disability services.

The Person in Charge has been in contact with other disability service providers to explore a regional training day linking in with the HSE

The person in Charge will put in place local procedures based on information published by the Authority, HSE and organisational procedures with follow up in staff meetings to cascade information to staff.

The Person in Charge is linking in with a local trainer who also provides the medication management training to provide an information session on infection control to service users within the centre.

**Proposed Timescale:** 01/04/2014

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
While staff were knowledgeable about what constituted abuse, they did not all know what steps to take if they suspected abuse and were not aware of their responsibilities, as set out in the policy on safeguarding residents.

**Action Required:**
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

**Please state the actions you have taken or are planning to take:**
Following the receipt of an immediate action letter (HIQA ref: 0010254/29/01/2014) an Immediate Action Plan was put in place including

1. All staff working in the designated Centre were contacted to attend an immediate briefing on the current Adult Protection Policy and Trust in care document. Two separate session were held on the 29/1/14 with a third on the 30/1/14 to meet all 14 staff to give an immediate briefing on the policy and procedures of what to do in the event of an alleged abuse taking place. All staff were given a copy of the policy.
2. The Policy was updated by the policy group on the 30th January 2014 and uploaded to the staff intranet service on 31/1/14

3. Action plan sent into HIQA by required date 3rd February 2014

4. Formal training held with a suitably qualified trainer on 25th February 2014 encompassing the new policy. All staff were given copies of the powerpoint presentation and policy.

5. Adult Protection procedure discussed with service users 25/2/14 and a further information session will be provided to service users by 1/4/14

**Proposed Timescale:** 30/01/2014

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The person in charge had failed to provide a formal programme of training to staff on the protection of vulnerable adults.

**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:**
Formal training held with a suitably qualified trainer on 25th February 2014 encompassing the new policy. All staff were given copies of the powerpoint presentation and policy.

This will form part of the yearly training programme for staff at the designated centre

**Proposed Timescale:** 25/02/2014

**Outcome 12. Medication Management**

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Sufficient arrangements were not in place to ensure that staff receive clear detailed instructions in the prescription charts for the safe administration of medication.

**Action Required:**
Under Regulation 29 (4) you are required to: Ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines.
Please state the actions you have taken or are planning to take:
The policy is currently being reviewed and updated by the policy group and will be in
place by 1/04/2014.

The prescription charts have been updated to include the issues raised in the report, for
example, the times of administration, the maximum dosage of PRN (As Required)
medication and a photo of the resident.

Currently letters and prescription charts are being sent out to the residents to take to
their GP’s and complete the relevant information.

**Proposed Timescale:** 01/04/2014

<table>
<thead>
<tr>
<th>Outcome 17: Workforce</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Responsive Workforce</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>The information and documents specified in Schedule 2 of the Regulations had not been obtained for all staff.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>The recruitment policy is currently being updated by the organisation by the 1/04/2014.</td>
</tr>
<tr>
<td>The Person in Charge will address and rectify specific employment record gaps on the files reviewed on the day of inspection.</td>
</tr>
<tr>
<td>The Person in Charge will ensure clearer photo ID is obtained for staff files reviewed on the day of inspection.</td>
</tr>
<tr>
<td>The Person in Charge will ensure all relevant qualifications relevant to the work that staff do are on file.</td>
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<td><strong>Proposed Timescale:</strong> 01/04/2014</td>
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<th>Outcome 18: Records and documentation</th>
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<tr>
<td><strong>Theme:</strong> Use of Information</td>
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<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
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<td>Not all of the policies required in the Regulations had been developed and implemented.</td>
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**Action Required:**
Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
The organisation are updating and putting in place policies as outlined in Schedule 5 in the regulations and as highlight related to this inspection:
Risk Management Policy Infection Control Policy
Medications Management Policy
A policy on behaviour that challenges
Recruitment Policy

**Proposed Timescale:** 01/04/2014

**Theme:** Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider had not ensured that the policies in the centre had been reviewed at least once every three years.

**Action Required:**
Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

**Please state the actions you have taken or are planning to take:**
The Person in Charge has identified this with the Provider and the Policy group are aware of this requirement and working to a timescale

**Proposed Timescale:** 01/06/2014