<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Health Service Executive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002562</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Dublin 20</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:ray.bonar@hse.ie">ray.bonar@hse.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Ray Bonar</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Leone Ewings</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>16</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
</tr>
</tbody>
</table>
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:  
16 July 2014 09:30
17 July 2014 09:00
To:  
16 July 2014 17:30
17 July 2014 17:30

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
</tr>
<tr>
<td>Outcome 05: Social Care Needs</td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 08: Safeguarding and Safety</td>
</tr>
<tr>
<td>Outcome 11. Healthcare Needs</td>
</tr>
<tr>
<td>Outcome 12. Medication Management</td>
</tr>
<tr>
<td>Outcome 13: Statement of Purpose</td>
</tr>
<tr>
<td>Outcome 14: Governance and Management</td>
</tr>
<tr>
<td>Outcome 17: Workforce</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection
This was the first inspection of the centre by the Health Information and Quality Authority (the Authority). Ten outcomes were inspected against and the centre was found to be in compliance with six of the ten outcomes. The inspector found the management team had made considerable efforts to comply with The Health Act 2007 (Care and support of residents in designated centres for persons (Children and adults) with disabilities) Regulations 2013.

The centre is a 17 bedded unit for long term residents', many living with acquired brain injury, with one of the bed allocated for specific respite admissions only.
Residents and relatives were in the preparatory phase of planning to enable the centre to de-congregate and identify long term provision to community based homes or other suitable identified accommodation. The centre has clearly stated in the statement of purpose that they were closed for long term admissions in order to achieve the goal of de-congregating the designated centre.

The inspector met with residents and staff throughout the two day inspection. The inspector observed practices and reviewed documentation such as comprehensive assessments, personal plans, fire records, policies and medication records.
Overall the inspector found there were no immediate risks to residents. Residents enjoyed living in the centre, and many accessed community activities both on the campus where they are located and in their local communities.

All residents' had a key workers in place, who promoted, encouraged and facilitated their independence, assisting them in every way possible to achieve their personal goals, interests and lead a meaningful life. The social care model was in a development phase with a move away from the traditional medical model of care. A high standard of nursing and medical care was found to be available to each resident and consistently meeting their changing needs at the centre.

The inspector found that improvements were required in four of the ten outcomes inspected against. Improvements were required in areas such as the contract of care, adult safeguarding policy, risk management, staffing/training and policy review to make more centre specific.

The action plans at the end of the report reflect the non compliances with regulations and standards.
**Outcome 01: Residents Rights, Dignity and Consultation**

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

**Theme:**
Individualised Supports and Care

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

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

**Findings:**

Residents' rights and dignity were found to be respected. Residents' were consulted with about the running of the designated centre. The centre operated the Cuan Aolbheann Residents Association (CARA) which met each month to discuss issues concerning them. Areas for discussion and feedback included minutes from the last meeting, voting, resident rights, transport, outings and holidays. One of the resident spoken with told the inspector she was always given choice in relation to how she wanted to live her life and her choices were respected. Access to the internet and current affairs was facilitated with newspapers and television in place. A small number of residents had been provided with assistive devices, to maximise independence.

There was a complaints policy in place, it was accessible in a format readable to residents and was displayed in the front foyer. The inspector was informed there were no written complaints. The policy identified who the nominated person to investigate all complaints was, who the appeals person was or who was nominated person to oversee the complaints process. Feedback was encouraged at the resident's association meeting which was well attended and active.

Residents could receive visitors to the centre and there was a small private visitor's room named by residents as the 'wheel inn' available to them to use if they wished, the garden was accessible with private areas available for residents use. The centre of the building was very much the dining room which also had adequate communal space for music, watching television and other social activity.

Residents retained autonomy and choices in their own lives. The inspector met and spoke with most of the residents during the two day inspection, residents spoken with stated they were able to take risks within their day to day lives and were not impeded
from participating in anything they choice to do. For example, one resident went swimming and other residents had access to a hydrotherapy tub on site. A number of residents told the inspector that the personal assistants in place had given them greater freedom, social support and opportunity to engage with the community.

The inspector saw that while some residents retained full control of their finances, others were facilitated with this with the assistance of staff members, records were maintained at the centre, a full review of finances did not take place at the time of this inspection.

**Judgment:**
Compliant

### Outcome 04: Admissions and Contract for the Provision of Services

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

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
Residents had contracts in place signed by the residents’ and the person in charge. The contracts included details about the support, care and welfare the resident would be expected to receive and included full details of the services to be provided, at the centre. The information included was detailed and reflected all the care and services provided. The fees to be charged were included in the contract, and details of additional service fees were clearly outlined.

Evidence was provided that all contracts had been issued. However, only 4 of 16 contracts had been returned by the resident or their representative. This was discussed with the provider and person in charge who were involved with the provision of the contracts.

**Judgment:**
Non Compliant - Minor
**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

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

**Findings:**

The inspector was satisfied that the care supports provided to the residents were appropriate to meet their assessed needs and a good standard of activity and social supports were in place. The inspector reviewed four resident's records and found that they had a comprehensive assessment completed. There was evidence that the resident, or their representative and the person in charge were actively involved in this assessment. Each resident had a comprehensive assessment completed on admission which reflected their needs, interests and preferences and outlined how staff could assist the resident to maximise their opportunities to participate in meaningful activities. For example, provision of music therapy for residents, quizzes, and a visiting animal therapy service.

Clinical needs identified on assessment had a corresponding detailed care plan in place. These care plans were clear, concise and reflected the residents' identified changing needs. The residents' wishes and specific requirements around health and intimate support plans were identified clearly and independence promoted and kept under review.

The centre had implemented a key worker system and had introduced new documentation to be more reflective of residents living at the centre, and the social model. Training had been put in place to increase awareness of staff to the social care model and residents' files reflected this change to a more outcome based personal plans in place. The inspector saw evidence that each resident was involved in the development of their personal plan for 2014 and they were being facilitated by staff to achieve their goals. Additional training was discussed during the inspection with regard to developing the model used further and supporting residents in the transitional stage to make informed decisions about care in the short or long term.

Staff and supports to residents relating to long term care decisions and de-congregation of the centre, were available on site from staff employed by the project, and based on site. Their roles were outlined in the statement of purpose and function, to assist with decisions and future care provision relating to the de-congregation of this care setting which is planned for by the provider over the next few years. Residents and relatives
confirmed that a consultation process had commenced, and information had been made available and communicated to inform any future decisions by residents. A number of residents spoken with were positive about the project and the future. However, concerns about future care were raised with the inspector, and this had also been raised with the person in charge and provider and information and appropriate supports were being considered as part of the long term planning process.

A small number of people attended day services or a work setting. Transport was available through a variety of community based services and the on-site transport which was a fully accessible vehicle driven by a staff member who knew the residents well.

**Judgment:**
Compliant

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

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector formed the view that overall the health and safety of residents, visitors and staff was promoted and protected. The person in charge completed risk assessments as required relating to the premises and smoking and any identified risks. Access to the safety and risk manager on the campus was evident and she supported and advised where appropriate relating to best practice. Accidents and incidents were reviewed on a monthly basis by the person in charge and none had been identified as requiring reporting to the Authority. There was an up-to-date health and safety statement in place. The emergency plan in place was detailed and included the procedures to be followed in the event of all potential emergencies.

Records were available to confirm that fire equipment including fire extinguishers, fire blankets, emergency lighting and the fire alarm had all been tested by professionals within the required time frame. All staff had completed fire training within the past year and those spoken with had a clear understanding of the procedure to be followed in the event of a fire. The inspector saw that each resident had an individual fire evacuation plan in place and records reviewed showed that fire drills were practiced on a regular basis by both staff and residents.

The inspector was informed by the person in charge that smoking took place in an indoor smoking room, with appropriate ashtrays and flooring accessed by residents only. An appropriate risk assessment was completed and the policy was that smoking aprons were used and that a fire blanket was kept in the smoking room. The inspector noted
from the number of cigarette ends present on the ground, that smoking also took place in an outdoor gazebo with a wooden table and no appropriate ashtrays in place, additionally visitors to the centre's garden also used this unofficial facility which was not identified for this use. Improvements were required relating to the smoking arrangements in place and the smoke free policy in place which was not centre specific, the person in charge and provider agreed to address this matter at the time of the inspection.

**Judgment:**
Non Compliant - Moderate

**Outcome 08: Safeguarding and Safety**
*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
Measures were in place to protect and safeguard residents which included a policy and procedure on the prevention, detection and response to abuse. Staff had up to date mandatory safe guarding vulnerable adults training in place and those spoken with had a clear understanding of how to safeguard residents. However, the policy referenced elder abuse and was not centre specific to this designated centre. There had been no statutory reports made to the Authority relating to safeguarding allegations, or concerns.

Resident spoken with told the inspector the centre was a safe and secure home to live in. Residents had access to an enclosed garden and enclosed courtyard. All the exit/entry doors could be secured by locking, but an open environment was promoted where residents had the freedom in place to move about and go in an out of the centre if desired. Residents could lock their bedroom door if they wished, and one resident chose to do this on a regular basis. The inspector saw bathroom and toilet doors had privacy locks and there were curtains on bedroom windows.

Communication between residents and staff was respectful. Residents who at times displayed behaviours that maybe challenging had detailed, up-to-date assessments and detailed behavioural support plans and detailed records of each episode of behaviour that may be challenging in place.
Residents' who used a form of restraint had been assessed and alternatives considered before any use. These residents each had a risk assessment in place to reflect when, how and for what period the restraint should be used and had a corresponding care plan in place. Bedrails in use had appropriate protective covers in place, and residents with custom seating and chairs had been individually assessed for the use of any lap belts. Individual risk assessments had been documented for each resident with regard to the use of any form of restraint.

Improvements were required relating to the policy on safeguarding as outlined in the action plan.

**Judgment:**
Non Compliant - Minor

**Outcome 11. Healthcare Needs**

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

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector observed that a number of residents had complex healthcare needs which were well managed, and residents and relatives were very complimentary about this aspect of the service. It was noted that staff were well informed about the prevention of any skin breakdown and had access to a tissue viability nurse on campus if required. There was no incidence of pressure ulcer at the time of the inspection and residents also demonstrated that they were well educated by staff with regard to the importance of skin care.

Personal hygiene was to a good standard, with adequate access to communal shower rooms on both the men's and ladies sides of the premises and appropriate assistive devices and equipment from a moving and handling perspective. Residents also attended the beauty room for personal beauty treatments, including nails, and the hairdressing facility was fully equipped for this service. The snoezelen room was fully equipped and the hot tub in the hydrotherapy room was well maintained.

The health care needs of residents were being met to a high standard. The inspector reviewed two residents’ files and saw evidence that they were facilitated to access the medical officer and the wider multi-disciplinary team to seek appropriate treatment and therapies from allied health care professionals when required. The inspector was satisfied that the allied health services were in place to meet residents' needs. Completed referral forms were available for review in residents’ files and written
evidence of relevant reviews were also available. For example, one resident had recently been reviewed by the speech and language therapist and new guidelines for the resident drawn up. Records were on file to reflect this assessment. The inspector met with the dietician and speech and language therapist during the inspection and discussed the requirements of the residents at the designated centre and supports in place to individual residents. For example, staff had been trained to replace the gastrostomy tube for one resident, and maintain and manage to avoid any potential acute hospital admissions. Seating requirements were individually assessed by the occupational therapist for those residents who required this and custom chairs were in use, with a number of residents in self propelling seating which allowed for greater access to the community.

One resident spoken with told the inspector that the choice of food at mealtimes was better now and food/nutrition had been a subject discussed at resident association (CARA) meetings. Food and catering service was mostly provided from the main kitchen on campus and occasional takeaways were available to provide some variety. The menus provided variety and choice and had been reviewed by the dietetic department in conjunction with requests from the residents. The inspector saw that residents’ had access to adequate quantities and a good variety of nutritious food to meet their dietary needs, observed residents making choices visually from the hot food bain-marie and heard residents advise staff that they were going out so did not need a meal saved. Staff had a good knowledge of the different food consistency required by the residents' and the inspector saw their knowledge was reflected in the resident individual assessment records. Six resident required some degree of assistance with eating and drinking and this was provided in an appropriate and discreet manner to maintain the dignity of each resident. Communication at mealtimes was good and meals were seen to be enjoyed and a good social occasion. Snacks were also available from the kitchen and staff all had up-to-date food hygiene training in place.

Judgment:
Compliant

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

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
There were written operational policies relating to the ordering, prescribing, storing and administration including self administration of medicines. The medication storage, management and administration practices were observed to be in line with best practice.
Medication was largely administered as part of a nursing role and responsibility and the policy in place supports this practice.

The practices observed in relation to ordering, storing and disposal of medication were in line with the relevant policies. There was a safe system in place for the ordering and disposal of medications and the inspector saw records which showed that all medications brought in and out of the centre were checked by staff. Medication audit was completed by a senior nurse and any areas for improvement were identified and actioned accordingly. The audit results were reported to the person in charge and practice development. For example, further to the last audit undertaken during June 2014, practice was confirmed to be in line with professional guidelines, however, a 'Guidance to Nurses and Midwives on Medication Management' book was identified as missing from the trolley and replacement found.

The inspector saw that each of the residents had their prescribed medications reviewed by the Medical Officer.

Staff had up-to-date medication training and competencies in medication management completed.

Judgment:
Compliant

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
A copy of the statement of purpose was submitted to the Authority and reviewed prior to the inspection. It included details of the services and facilities provided. It also contained the information as required in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013. The statement of purpose also contained details of the proposed de-congregation of the centre and supports in place to manage this process by the provider.

A copy of the statement of purpose had been made available to residents and their representatives.
### Outcome 14: Governance and Management

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

### Theme:
Leadership, Governance and Management

### Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

### Findings:
There was a clearly defined management structure that identified the lines of authority and accountability. The centre was managed by a suitably qualified, skilled and experienced nurse with authority, accountability and responsibility for the provision of the service. She was the named person in charge and was employed full-time. She was requested to undertake the role of person in charge late last year and was supported in this role by the Nursing Service Manager who has experience in operational management and social care provision. The inspector observed that she was involved in the governance, operational management and administration of the centre on a daily basis. For example, she explained how she was involved in preparing for any resident transfers; there were no admission requirements as the centre was currently closed to any new long term admissions. Residents knew her well. She confirmed that she was supported by a clinical nurse manager, and by her Nursing Service Manager on a day to day basis.

During the inspection she demonstrated a good knowledge of the legislation and of her statutory responsibilities. She was committed to the wellbeing of each resident and was supported in her role within the centre by a team of nursing staff and health care assistants. She reported directly to Nursing Service Manager who reports to the Assistant Director of Nursing, who in turn reports to the Director of Nursing who reports to the nominated person on behalf of the provider. She had scheduled minuted meetings with her line manager every month and the nominated person on behalf of the provider attended the centre and met with relatives and residents as required. She has identified her own learning needs and has been closely involved with the change to the social care model and associated implementation of the new documentation.

The inspector also met with the provider nominee who outlined his involvement with the operational management of the centre and the plans for the centre. He was clear about the governance and management structure and his own responsibilities and has experience in this role. The reporting structure which defined the lines of accountability
was outlined in the appendix of the statement of purpose.

Judgment:
Compliant

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

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The numbers and skill mix of staff were adequate to meet the needs of the 16 residents. Education and training had been provided to staff and was outlined in the mandatory training records provided to the inspector. The training received included care planning, cardio pulmonary resuscitation (CPR), moving and handling, crisis prevention intervention training and medication management.

Staff who spoke with the inspector were clear about actions to take to safeguard residents with regard to their role at the centre. However, the training received in adult safeguarding was based on a policy on responding to reports of elder abuse and not specific to the area of adult safeguarding or the people with disabilities living at the centre, as outlined in outcome 8 this policy and relevant training requires review. Training had been provided prior to the introduction to the social care model in use at the centre. All staff except one registered nurse attended a two day training programme and this was valued by staff who had attended in the implementation of this new approach. Additional training needs in this area had been identified by the person in charge and discussed at feedback with the provider.

The person in charge completed the roster for staffing based on the assessed needs and requirements of the residents of the centre. Health care assistants were supervised and supported in their role by nursing staff and were active in the day to day lives of each resident. The staffing rosters reviewed indicated adequate staffing was in place to meet the changing needs and proposed activities of each resident on the day of the inspection. Overall residents reported satisfaction with the quality of care delivery and numbers of staff at the centre, some residents reported difficulties at weekends. This was discussed with the person in charge and weekend rosters reviewed which confirmed that this was a problem, when trying to cover unanticipated leave at the weekend, and the person in charge was required to undertaken her nursing and management duties.
whilst covering an absent colleague. The provider and person in charge agreed to review the contingencies around unanticipated leave particularly at the weekends in order to meet the assessed needs of residents and fully implement the social care model.

The recruitment process in place was safe and robust and the provider had arranged for staff files to be made available for review. Four staff files reviewed included all the required documents outlined in Schedule 2 of the regulations.

**Judgment:**
Non Compliant - Minor

---

**Closing the Visit**

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

**Acknowledgements**

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

**Report Compiled by:**

Leone Ewings
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 Health Service Executive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002562</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>16 July 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>14 August 2014</td>
</tr>
</tbody>
</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 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:

All contacts of care had been issued to residents or their representatives but only four had been returned as signed.

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:

The unit CNM 2 will continue to ask residents and their representatives to sign and return their contract of care. In Addition the Hospital Manager will send a reminder.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Proposed Timescale: 14/09/2014

**Outcome 07: Health and Safety and Risk Management**  
**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The outdoor smoking area was not fully risk assessed or designed to accommodate those who wish to smoke in the garden, and the smoke free policy in place was not centre specific and requires updating.

**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:
A full risk assessment will be carried out on the current outdoor smoking area. The area will be reviewed and appropriate measures and materials will be put in place to ensure the area will safely facilitate those who wish to smoke. The area will be clearly identified as a smoking area and signage will be put in place. The smoke free policy will be updated and will be centre specific.

Proposed Timescale: 15/09/2014

**Outcome 08: Safeguarding and Safety**  
**Theme:** Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The policy and procedures on adult protection was not specific to people with disabilities living at the designated centre.

**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:
Policy and procedures for Adult protection will be made specific to people with Disabilities.

Proposed Timescale: 14/08/2014
<table>
<thead>
<tr>
<th><strong>Outcome 17: Workforce</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Responsive Workforce</td>
</tr>
</tbody>
</table>

**The Provider is failing to comply with a regulatory requirement in the following respect:**
Staffing and provision and contingency for unanticipated leave at weekends was not found adequate.

**Action Required:**
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.

**Please state the actions you have taken or are planning to take:**
The Director of Nursing and the Nursing Service Manager will review current staffing levels and skill mix to meet the needs of residents at all times. Contingency plans are in place to cover unanticipated leave at the weekends via Nursing Administration. All efforts are made and all resources are used to replace absent staff.

**Proposed Timescale: 02/10/2014**

<table>
<thead>
<tr>
<th><strong>Proposed Timescale:</strong> 02/10/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Responsive Workforce</td>
</tr>
</tbody>
</table>

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Training in the social care model introduced in late 2013 has not been provided to all staff at the centre to date.

**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:**
A schedule of training will be put in place to reinforce and expand upon the training received by staff in late 2013. This training will be part of a continuous professional development programme. The Nurse tutor, in partnership with the Nurse education Centre in Connolly Hospital, is planning to roll out a FETAC level 5 rehabilitation module.

**Proposed Timescale: 16/01/2015**