

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by RehabCare
<b>Centre ID:</b>	OSV-0002676
<b>Centre county:</b>	Cavan
<b>Email address:</b>	bernard.mcveigh@rehabcare.ie
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	RehabCare
<b>Provider Nominee:</b>	Laura Keane
<b>Lead inspector:</b>	PJ Wynne
<b>Support inspector(s):</b>	Mary McCann;
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	7
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 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: 30 June 2014 14:00 To: 30 June 2014 19:00

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

Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

This was the first monitoring inspection of this centre. As part of the monitoring inspection the inspectors met with residents and staff members. Inspectors observed practices and reviewed the documentation including care plans, medical records, accident and incident reports, policies, procedures and staff files.

The inspectors found evidence of a person-centred approach. Residents were engaged in meaningful activities appropriate to their interests, needs and preferences. Residents appeared very content and well cared for. Staff knew the residents very well and interacted with residents in a kind, warm and appropriate manner. Residents spoken with stated they enjoyed living in their accommodation.

Residents' accommodation comprised of two apartments with two bedrooms and one four bedroom apartment accommodating three residents, with a bedroom for staff rostered for night shifts. The apartments were located on the first floor of a building complex adjacent to the day service resource centre. Each apartment was self contained and each resident had their own bedroom.

Areas of non compliance related to risk management, mandatory training in fire

safety requirements and refresher training in protection of vulnerable adults. The statement of purpose and policies relating to risk management and protection of vulnerable adults required review and are discussed further in the report and included in the Action Plan at the end of this report.

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

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

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

**Findings:**

The inspector found that residents wellbeing was maintained by a good standard of evidence based care and support, with opportunities and arrangements in place to improve the quality of residents' lives and promote independence in living. The inspector met with a number of residents and reviewed their personal plans.

A review of the personal plans for residents demonstrated good practice in the promotion of individualised care for residents and those residents' preferences were considered and supported in enhancing their life experiences. Staff members were named to take forward objectives in the plan within agreed timescales. The progress being made in achieving those goals was documented, The personal plans contained information about people who were important to the residents, and how those relationships were supported. Each resident was assigned a key worker. Personal plans were reviewed annually or more frequently if there is a change in needs or circumstances.

There was a range of documents used to inform the care provision including risk assessments, background history, family involvement and external allied health support services which translates into the personal objectives planning documentation. Residents and their families were consulted on all aspects of their personal plans. Specific plans were in place to achieve goals identified. The ethos of the service is to provide support to residents to transfer to their own apartments within the community. Arrangements were being finalised for one resident to relocate to a more independent living accommodation. The resident spoke to inspectors and explained her success in reaching this goal and the support of staff all the way to achieve this outcome.

Inspectors found that each resident had opportunities to be involved in the activities of

their personal choice and arrangements were in place to meet individual needs. Inspectors were informed by residents and staff that there were a number of options available for all residents in relation to activities and work. All residents attended various training workshops and had opportunities for employment and education. A number of residents had attended an evening class in floristry which they told inspectors they enjoyed.

**Judgment:**  
Compliant

**Outcome 06: Safe and suitable premises**

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

**Theme:**  
Effective Services

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

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

**Findings:**

Residents' accommodation comprised of two apartments with two bedrooms and one four bedroom apartment accommodating three residents, with a bedroom for staff rostered for night shifts. The apartments were located on the first floor of a building complex adjacent to the day service resource centre. Each apartment was self contained and each resident had their own bedroom. The building is well maintained both internally and externally. It was found to be clean, comfortable and welcoming. There was a good standard of décor throughout and very high levels of personalisation evident in residents' bedrooms. Residents spoken with confirmed that they felt comfortable in their accommodation.

There are a sufficient number of toilets, baths and showers available. Call alarms were provided in each bathroom to help a resident summon assistance if necessary. Each apartment was suitably ventilated with adequate heat and lighting. Residents were independently able to cook and wash their own clothes as all apartments were fully equipped with suitable utilities.

**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:**

Inspectors identified a number of policies and procedures relating to health and safety. There was a safety statement in place; however it was a generic document, and did not identify key roles such as fire officer or health and safety representative.

While there was a policy to guide staff on behaviours that challenge and a policy on positive risk enablement, the risk management policy did not include procedures on the specific risks outlined within the regulations namely, the risk of self harm, violence and aggression. There was an emergency plan and this was found to be appropriate with identification of services and emergency numbers in the event of a range of possible occurrences. A missing person's policy and procedures on incident reporting and risk escalation were in place.

Evidence was seen that risk assessment processes and systems were being operated and staff took a proactive approach to minimise risk. Safety checks were undertaken on a daily and weekly basis and were carried out to identify any hazards within the premises, for individuals, and for incidents that had taken place. They included managing data, slips, trips and falls, security and more specific issues for residents such as transport, and going out for meals. The inspector noted there were systems in place to ensure the transport vehicle used by the service was roadworthy, insured and equipped with appropriate safety equipment.

Fire safety equipment including the fire alarm, fire fighting equipment, emergency lighting and smoke detectors were provided in each apartment and were serviced quarterly and annually as required. Inspectors reviewed the fire safety register and training records. Fire equipment was routinely checked to ensure it was in place and operational and escape routes were unobstructed. A plan to show the fire escape route was located in the entrance hallway. Each resident had a personal evacuation plan place.

Record indicated routine fire drill practice were completed and identified staff and residents who participated and the length of time to evacuate the apartment. While fire drills were completed at various times none were undertaken at night time when risk level is at the highest. There was a program of annual fire safety training in place. However, training in fire safety was not up to date. Three new staff were not trained in fire safety evacuation procedures and current staff were not retrained within a 12 month time-frame.

There was a detailed infection control policy and practices were appropriate to the needs of the residents.

**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:**

Inspectors viewed policies and procedures for the prevention, detection and response to allegations of adult abuse. While the policy was detailed it was not specific to the centre. The designated person to whom an allegation should be reported was not named or if staff wished to bring a matter to the attention of a more senior member of the management team, no individual was identified. The policy while significantly detailed did not include a flow diagram to assist staff in their understanding of the procedures to disclose a concern or ensure the protection of all residents.

There were procedural guidelines on the provision of personal and intimate care to residents. These were identified in personal care plans and they provided specific information to guide practice. Inspectors were informed that the safeguarding of residents was enhanced by the small number of residents living in each apartment. Residents to whom inspectors spoke confirmed that they felt safe and spoke positively about the support and consideration they received from staff. Interaction as observed by the inspectors was respectful and open. Each apartment is protected by a security alarm.

Staff to whom inspectors spoke with were able to confirm their understanding of the features of protection of vulnerable adults and to whom they would report a concern. However, not all staff had up to date refresher training in protection of vulnerable adults. Some staff were last trained in 2008.

The inspector reviewed the procedure for the management of residents' finances including fee payment and management of monies for residents. The provider is not nominated as an agent for any resident. All residents retain control of their own finances and pay their bills independently. Risk assessments were completed for each resident in relation to budgeting and managing their personal finances.

There is a policy on the management of behaviour that is challenging and supportive strategies were in place. This policy detailed the arrangements for the effective management of behaviour that challenges. Each resident identified with behaviours that challenged had a behavioural support plan in place. The plans were developed in conjunction with staff and the behaviour support therapist. The care plans were well personalised to identify triggers and outlined preventative and reactive strategies on the interventions to take to ensure the safety of the resident.

The inspectors noted from reviewing staff training records that training in the management of behaviour that is challenging including de-escalation and intervention techniques had not been provided to all staff.

**Judgment:**

Non Compliant - Moderate

**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:**

Residents were supported on an individual basis to achieve good health through care planning, accessing allied health professionals and monitoring of residents individual health care needs.

Residents had access to their own GPs and had reviews by allied health professionals such as dentists, chiropody and opticians as required. Staff were knowledgeable about the recommendations of health professionals and how to implement recommendations into practice.

There was a policy in place to provide guidance for the monitoring and documentation of residents' nutritional intake. From reviewing residents personal plans inspectors noted that residents were provided with support in relation to areas of daily living including eating and drinking. Residents participated in the healthy lifestyle program when attending their day service. Inspectors were informed that residents' choice in relation to food options was available and any particular dietary needs that they might have were addressed. Residents had access to refreshments and snacks with a selection of juices and fresh fruit readily available.

**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 was a policy on the management and prescribing of medication which was compliant with guidelines and the legal framework. However, it was not specific to the centre and did not outline the local arrangements for ordering and receiving medication, the management of the medication dispensing system in use to guide staff appropriately.

An assessment was undertaken to ascertain if residents had the capacity to manage their own medication safely in accordance with the assisted living function of the service. A risk assessment tool to guide staff in their decision making to facilitate residents who may wish to self medicate was available. Presently three residents are self medicating.

Medicines were being stored safely and securely. Staff were knowledgeable on the different medications and their functions. Staff had completed training on the safe administration of medication, epilepsy awareness and the administration of emergency medication. Each resident had an individual medication management plan developed.

The prescription and administration sheets viewed were clear and legible. However, the name of each resident's GP (general practitioner) was not indicated on the prescription sheets.

**Judgment:**

Non Compliant - Minor

### **Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The statement of purpose set out the services and facilities provided in the designated centre. The aims, objectives and ethos of the centre were defined. However, aspects of the statement of purpose required review to meet all the requirements of Schedule 1 of the Regulations and ensure more clarity in certain aspects. The areas requiring review are outlined below;

The age range and gender of residents for whom it is intended that accommodation should be provided was not indicated.

While reference was made to the day resource service specific details of any separate facilities for day care were not outlined. The links between the day resource centre and its location to the residents' accommodation were not clarified and the supports it provided overall.

Details of any specific therapeutic techniques used and the arrangements for their supervision were not outlined.

While a plan of each apartment was attached the room sizes in metres square was not indicated for apartment two and three. The floor plans were not integrated into the statement of purpose or similarly attached as an appendix to form part of the overall document.

**Judgment:**

Non Compliant - Minor

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The provider had put in place effective management systems to ensure consistent delivery of services to residents. Inspectors found evidence of a clear management structure and staff were aware of the reporting arrangements in place. There were sufficient arrangements in place to manage the service out-of-hours and at weekends,

with other community service managers available to do on-call on a rotating basis

The person in charge was experienced and qualified and demonstrated good knowledge of the requirements for his position. The person in charge was engaged with the governance, operational management and administration of the designated centre. He had a clear knowledge of the support needs and person centred plans for service users. The inspector found that clear lines of authority and accountability were present. The inspector was satisfied that the person in charge is employed on a full time basis as the community services manager and has responsibility for the management of the day resource centre additionally. None of the residents occupy the apartments during the day unless they are unwell or do not wish to leave for personal reasons. The person in charge has his office in the same building as the apartments occupied by residents and the majority attend the resource centre he manages.

**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:**

Inspectors observed there was sufficient staff with the proper skills and experience to meet the assessed needs of residents at the time of the inspection. They also took in to account the purpose, number and size of the apartments within the building. Staffing rosters showed there was staffing levels appropriate to support individual's daytime and evening routines, including weekends, and during the night. Residents spoken with said staff were available to provide for care and support needs in a respectful, timely and safe manner.

Inspectors reviewed a selection of staff files and noted that the files contained all documents as required under schedule 2 of the regulations with the exception of valid photographic identification such as a copy of a passport or driver license.

There was education and training available to staff to enable them to provide care that reflects evidence based practice. Records evidenced a range of training was ongoing. However, some gaps were identified. Mandatory training requirements detailed under

outcomes seven and eight including fire training and the protection of vulnerable adults was not fully complied with for all staff.

**Judgment:**

Non Compliant - Minor

**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

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

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

**Findings:**

The centre had all the policies required by the regulations. Many of the policies contained very detailed information which was informative to guide more senior managers in the service. However, to guide care staff, key policies as mentioned throughout the report did not have a easy reference or simple guide to assist them in the event of untoward situation or crisis to enabling a clear understanding of the procedure contained within the policies. Examples of the aforementioned include the health and safety policy which is a generic document and did not identify key roles such as fire officer or health and safety representative. The policy on protecting vulnerable adults did not name a person to whom an allegation should be reported and an individual was not named if staff wished to bring a matter to the attention of a more senior member of the management team.

**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:***

PJ Wynne  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by RehabCare
<b>Centre ID:</b>	OSV-0002676
<b>Date of Inspection:</b>	30 June 2014
<b>Date of response:</b>	30 July 2014

### Requirements

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

### Outcome 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 a safety statement in place; however it was a generic document, and did not identify key roles such as fire officer or health and safety representative.

**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:**

1. Work has commenced on ensuring the safety statement is centre specific.
2. Key roles have been identified for Fire officer and Health and safety representative.

**Proposed Timescale:** 30/08/2014

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

**Theme:** Effective Services

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

The risk management policy did not include procedures on the specific risks outlined within the regulations namely, the risk of violence and aggression.

**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:**

RehabCare is reviewing its risk management policy which will include areas of violence and aggression.

**Proposed Timescale:** 30/08/2014

**Theme:** Effective Services

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

The risk management policy did not include procedures on the specific risks outlined within the regulations namely, 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:**

RehabCare is reviewing its risk management policy which will include areas of risk of self harm.

**Proposed Timescale:** 30/08/2014

**Theme:** Effective Services

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

Training in fire safety was not up-to-date. Three new staff were not trained in fire safety evacuation procedures and current staff were not retrained within a 12 month time frame.

**Action Required:**

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

Training in Fire Safety has been completed by all staff on 11/7/2014.

**Proposed Timescale:** 11/07/2014

**Theme:** Effective Services

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

While fire drills were completed at various times none were undertaken at night time when risk level is at the highest.

**Action Required:**

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

Conduct night time fire drill where residents can practice safe evacuation of the premises. This has been arranged for Wednesday 30th July 2014

**Proposed Timescale:** 30/07/2014

## **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:**

Training in the management of behaviour that is challenging including de-escalation and intervention techniques had not been provided to all staff.

**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:**

This has been arranged for 28th October 2014

**Proposed Timescale:** 31/08/2014

**Theme:** Safe Services

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

The adult protection policy while detailed was not specific to the centre. The designated person to whom an allegation should be reported was not named or if staff wished to bring a matter to the attention of a more senior member of the management team no individual was identified. The policy while significantly detailed did not include a flow

diagram to assist staff in their understanding of the procedures to disclose a concern or ensure the protection of all 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:**

The protection policy will be more centre specific and will include a flow chart to assist staff in the understanding of this procedure. Each of the three apartments have now got on the notice board the name of the designated person and named senior management identified.

**Proposed Timescale:** 30/09/2014

**Outcome 12. Medication Management**

**Theme:** Health and Development

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

There was a policy on the management and prescribing of medication which was compliant with guidelines and the legal framework. However, it was not specific to the centre and did not outline the local arrangements for ordering and receiving medication, the management of the medication dispensing system in use to guide staff appropriately.

**Action Required:**

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

Each service user's medication plan will include the local arrangements for ordering and receiving medication.

**Proposed Timescale:** 31/08/2014

**Theme:** Health and Development

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

The name of each resident's GP (general practitioner) was not indicated on the prescription sheets.

**Action Required:**

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

The name of each resident General Practitioner will be indicated on each prescription sheet.

**Proposed Timescale:** 28/07/2014

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

Aspects of the statement of purpose required review to meet all the requirements of Schedule 1 of the Regulations and ensure more clarity in certain aspects. The areas requiring review are;

The age range and gender of residents for whom it is intended that accommodation should be provided was not indicated.

While reference was made to the day resource service specific details of any separate facilities for day care were not outlined. The links between the day resource centre and its location to the residents' accommodation were not clarified and the supports it provided overall.

Details of any specific therapeutic techniques used and the arrangements for their supervision were not outlined.

While a plan of each apartment was attached the room sizes in metres square was not indicated for apartment two and three. The floor plans were not integrated into the statement of purpose or similarly attached as an appendix to form part of the overall document.

**Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

Statement of purpose to be updated including recommendations made to insure it is specific to residents in the Cavan service and will include the following:

1. The age range and gender
2. The link between day services and supported accommodation
3. Therapeutic techniques and their supervision
4. The plan apartment two and three will include the room sizes
5. The floor plan will be integrated in to the statement of purpose.

**Proposed Timescale:** 31/08/2014

### **Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

The files contained all documents as required under schedule 2 of the regulations with the exception of valid photographic identification such as a copy of passport or driver license.

**Action Required:**

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

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

This has been completed and filed in the HR folder

**Proposed Timescale:** 25/07/2014

**Theme:** Responsive Workforce

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

Mandatory training requirements detailed under outcomes seven and eight including fire training and the protection of vulnerable adults was not fully complied with for all staff.

**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:**

1. Fire training for all staff has been completed on site.
2. Training of the protection of vulnerable adults has been arranged for August 1st 2014

**Proposed Timescale:** 01/08/2014

### **Outcome 18: Records and documentation**

**Theme:** Use of Information

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

Policies as mentioned throughout the report did not have a easy reference or simple guide to assist them in the event of untoward situation or crisis to enabling a clear understanding of the procedure contained within the policies including the health and safety policy, policy on protecting vulnerable adults and medication management policy.

**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:**

A flow chart will be developed on each of the following:

1. Health and safety
2. Policy on protecting vulnerable adults
3. Medication management policy

All the above policy are reviewed every three years.

**Proposed Timescale:** 31/08/2014