## Compliance Monitoring Inspection report

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Offaly Centre for Independent Living (Offaly CIL)</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001930</td>
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<td>Centre county:</td>
<td>Offaly</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<td>Registered provider:</td>
<td>Offaly Centre for Independent Living (Offaly CIL)</td>
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<tr>
<td>Provider Nominee:</td>
<td>Michael Nestor</td>
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<tr>
<td>Lead inspector:</td>
<td>Louise Renwick</td>
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<tr>
<td>Support inspector(s):</td>
<td>Conor Brady</td>
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<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>5</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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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 un-announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: To:
13 May 2014 11:30 13 May 2014 18:00
14 May 2014 10:30 14 May 2014 15:00

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

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Summary of findings from this inspection
This was the first inspection of a designated centre run by Offaly Centre for Independent Living (OCIL Ltd). OCIL is a limited company, which is governed by a board consisting of six directors. The person nominated to act on behalf of the provider is Michael Nestor, who also has the role of named person in charge. Michael Nestor will be referred to as the provider / person in charge throughout the body of this report.

This inspection was originally scheduled to inspect against seven outcomes. However, due to grave concerns regarding compliance with the Regulations, a total of 15 outcomes were reviewed. The findings of this inspection identified major non compliances across all 15 outcomes. At the end of the first day of inspection, inspectors met with the provider / person in charge and issued an immediate action plan consisting of three actions in relation to areas of high risk to residents. These
Immediate actions are included in the main action plan at the end of this report. Following the close of the inspection on the second day, inspectors were satisfied that the provider/person in charge had sufficiently acted upon two of the actions in the immediate action plan, and at the time of report writing had adequately addressed the final action.

Overall, inspectors were very concerned regarding the high level of non-compliance across all areas inspected. The provider/person in charge had no knowledge of the Health Act 2007 (as amended), the Regulations and Standards, and had taken no steps to ensure compliance across all areas in the designated centre. The provider/person in charge, along with the Board of Directors for the limited company, were not aware of their legal responsibility as provider to be in compliance with the Act, the Regulations and any Standards within them. Due to these concerns, the provider was required to submit a written plan to inspectors to outline the steps that they would take in order to bring the centre into compliance with the Regulations. This plan was submitted within the required time frame, and offered inspectors some assurances that the provider would address the non compliances identified.

The designated centre offered respite breaks for up to five residents at one time with physical and/or sensory disabilities, with the length of stay varying from two to 12 nights depending on the residents’ needs and requirements. Notwithstanding the level of satisfaction expressed by residents in relation to the service being provided, the findings of non-compliance across the majority of areas indicated negative outcomes for residents, and highlighted areas in need of significant improvement.

The initial two action plan responses submitted by the provider, did not sufficiently assure inspectors that all non-compliances identified in this report would be adequately addressed. Inspectors offered guidance in this regard, and furnished the provider with a third attempt to submit a satisfactory action plan.

Detailed findings across all areas are discussed under the relevant outcome heading within the body of the report and in the action plan at the end of the report.
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:
Inspectors were not satisfied that the privacy and dignity of residents were protected and promoted at all times. There were no policies, procedures or protocols in place to guide staff in relation to privacy and dignity of residents, or in supporting residents with the provision of personal and intimate care. The main issues identified during inspection as having a negative impact on the privacy and dignity of residents were in relation to the following:

☐ A number of bedrooms operated a shared bathroom whereby there were multiple entrances. One resident expressed difficulty to inspectors with this, stating that he was not good with the door locks and feared that others could walk in on him while he was in the shower.
☐ The location of an office for an external body based in the building which had a clear view into a resident’s bedrooms and access to the building.

Inspectors were not satisfied that all residents had sufficient choice or control over their daily life within the designated centre. The routines, practices and facilities did not maximise residents’ independence and choice. For example:
☐ Any resident requiring the use of a hoist needed to go to bed before 10pm and could not get out of bed until a second staff member came on duty the following morning. The inspectors issued an immediate action plan in relation to this issue which was addressed on the first day of the inspection.
☐ Transport was only available each Wednesday.
☐ Mealtimes were set to the times of the adjoining hospital who provided the meals.

Inspectors were not satisfied that residents’ were adequately consulted with and promoted to participate in decisions about their care and about the organisation of the
centre. Inspectors found that although residents' views were sought, and some attempts had been made to engage with residents staying in the designated centre, there was no evidence that these views or opinions were acted upon. For example, through the use of a resident questionnaire, residents had made continual requests for more activities, more transport and more weekend respite. Inspectors found no evidence of any acknowledgment, action or follow up regarding any of these requests, and there was no evidence of positive changes as a result of this consultation. Residents informed inspectors that they had never used the 'suggestion box' which was in place in the main living room, and were not familiar with it. Inspectors found a lack of an appropriate system to review and follow up on residents' views and requests.

Inspectors found that there was no complaints policy, procedure or operational protocols or practices in place within the designated centre to appropriately manage complaints. There was no system to record, log or respond to complaints. The provider/person in charge and staff members interviewed displayed no knowledge of their regulatory requirements regarding complaints procedures. There was no evidence that complaints had been appropriately responded to or investigated. For example, there was a record in the incident log from a resident voicing dissatisfaction with the manner in which a staff member interacted with him/her. There was no evidence to show that this had been discussed, investigated or followed up by the provider / person in charge.

Overall inspectors were not satisfied that residents’ rights and dignity were at all times promoted, and that residents were encouraged to participate fully in the organisation of the designated centre.

**Judgment:**
Non Compliant - Major

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**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:**
Inspectors were not satisfied that there was clear criteria around admissions and discharges in the designated centre. There were no agreed written contracts for residents in place outlining the support, care and welfare that would be provided in the designated centre, or the fees that would be charged.

Inspectors reviewed a small number of documents available, including a brief generic
cover letter that was sent to all residents availing of the respite service. Inspectors found that the completion of this documentation varied greatly. For example, some residents had complete application information on their files while other residents had very little information completed.

Judgment:  
Non Compliant - Major

**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:**  
Inspectors were not satisfied that the care and support provided, reflected the current needs and wishes of residents due to a lack of sufficient assessment and planning processes. Inspectors noted a lack of comprehensive assessments and written personal plans for residents. There were inconsistencies in the quality and quantity of information gathered in relation to residents. For example, a number of records reviewed had no information on the social care needs, preferences, interests, hobbies or activities enjoyed by residents. Information that had been gathered was not in date or did not reflect all aspects of care and support. For example, supports required in relation to personal care. Although the nursing staff had a system of reviewing medication needs and certain health care needs at each admission, this was not comprehensive enough to ensure all areas of care and support were appropriately assessed and planned. This will be further discussed under outcome 11 healthcare needs.

Inspectors were not satisfied that residents had opportunities to participate in meaningful activities, appropriate to his / her interests. Inspectors found that there were limited meaningful activities available to residents. Activities were dictated by the routine and resources of the designated centre, and not by the wishes of residents. This was something that had been raised through residents’ questionnaires as discussed under outcome 1, but was not followed up on. During inspection, residents expressed that there were not enough activities or access to transport for trips or outings. Residents who could travel independently could access the local community at any time during their stay. However, this was not consistent for residents who required additional
Inspectors found an informal and unplanned approach to resident discharge arrangements that operated within the designated centre. For example, on the second day of inspection one resident who was due to attend for respite the following Monday, was contacted and told that he could no longer avail of respite. Staff told inspectors that this individual would have to be re-assessed before he could come back to the designated centre. Staff did not give a clear reason as to why or how this decision was made. Inspector found no evidence of planning or of a transparent criteria regarding this resident’s cancelled respite stay on short notice.

Overall, inspectors found that residents’ social care needs were not appropriately assessed and met in the designated centre. The systems for assessing, planning and reviewing of care and support required strengthening to ensure positive outcomes for residents.

Judgment:
Non Compliant - Major

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:
The designated centre presented in a poor state of repair, externally and internally. Inspectors were not satisfied that the location, design and layout of the centre were suitable to meet residents' individual and collective needs. Inspectors found that there was a lack of appropriate and suitable equipment available within the centre to promote maximum capability and independence for residents.

For example:

- The front garden was overgrown and unkempt. The ground surface was uneven and damaged and did not promote ease of access for residents with mobility difficulties.
- The internal building was in need of decorative repair. Paint work was cracked and damaged, furnishings were outdated, and not all bedrooms had curtains.
- The dining area consisted of a high table and high stools, which was not adequately accessible for all residents with mobility difficulties.
Inspectors observed wheelchair users having difficulties in opening doors in the building.
Residents expressed difficulty in locking the bathroom doors for privacy.
Height adjustable tables and push button switches were noted in storage and not in use. These pieces of equipment could be used to enhance residents’ independence and accessibility, but were not deployed.
Equipment was stored in communal areas. For example the hoist and seats from a bus.
Cooking facilities were not available to residents in the designated centre.

There was a functioning call bell system and height adjustable beds in use in the designated centre. Pressure relieving mattresses were accessible if a resident required them. There was one hoist available in the centre which appeared to be in working order. Staff said that it had been recently serviced. However, there was no documentary evidence to support the servicing of any equipment in the designated centre available to inspectors to review.

The provider and staff described the designated centre as a home away from home for residents. However, inspectors were not satisfied that a homely environment was promoted for the following reasons:

- The use of “Health care waste” bins throughout the building
- Pillow covers which were stamped with the HSE logo
- The provision of hospital food at meal times
- The use of HSE storage cupboards in bedrooms that had previously been used in the hospital, gave the designated centre a clinical feel
- The designated centre was located through a busy car park, at the side of the primary health care clinic, and was not clearly distinct from the hospital and health centre building.

Overall inspectors found that the building was out dated and in need of decorative repair. The design and layout did not facilitate ease of access for residents.

**Judgment:**
Non Compliant - Major

**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:
Overall, inspectors had significant concerns regarding health and safety in the
designated centre. There was a lack of systems in place to ensure the safety of
residents, staff and visitors was being pro-actively managed and protected at all times.
For this reason the provider was issued with an immediate action plan in order to
manage some of the immediate risks identified during inspection.
The designated centre did not have operational policies in relation to health and safety
and risk management to guide staff. There were no systems to ensure that all risks were
identified, assessed and managed in the designated centre. Inspectors identified areas
of risk while on inspection which were not being appropriately assessed or managed. For
example:

☐ Risk of harm due to lack of an appropriate evacuation plan and staffing to ensure safe
egress in the event of an emergency. Immediate action given
☐ Risk of slips/ trips or falls due to uneven and damaged ground surfaces and the
storage of tools/ hoses in the garden and entrance way to the building
☐ Security and safeguarding risk in relation to the open access to the building from an
office belonging to an external body, and the presence of external contractors on the
grounds
☐ Infection control risk
☐ Risk of entrapment from the use of restraint. i.e. Bed rails
☐ Risk of self harm for residents who presented with suicidal thoughts
☐ Risk of medication errors and mismanagement of medication by residents who self
administered, due to a lack of effective assessments and review
☐ Risk of inadequate epilepsy care, wound management and falls management which
will be further discussed under outcome 11 healthcare needs.

Inspectors found that due to the lack of policies and procedures in relation to risk
management, and the lack of supervision from the person in charge, staff were not
being facilitated with the assessment tools and skills necessary to deal with risk in the
centre, which presented a significant risk to residents' safety.

Inspectors observed that there was an emergency lighting system and fire alarm
detection system in place in the designated centre. As the servicing and checking of this
equipment was done through the adjoining hospital, there was no documentary
evidence available to inspectors to show that quarterly checks had been carried out, and
that the system was functioning correctly. The alarm panel was located outside of the
designated centre in the adjoining hospital. There were no arrangements in place in
relation to responding to emergencies. For example, there was no evacuation plan and
no routine fire drills including trial evacuations had ever taken place in the designated
centre. All staff had not received training in fire safety, the use of fire fighting
equipment and how to evacuate safely in the event of a fire. Staff were not confident in
how to evacuate all residents safely while working alone at night in the centre. The
provider had arranged fire safety training for all staff to be carried out before the end of
the week, and had placed a second staff member on duty at night time to ensure
residents safety in response to the immediate Action Plan issued.

There were no written policies in relation to infection control for the designated centre.
Inspectors reviewed the area within the hospital grounds where general waste was
brought, and found it to be wide open, with a mix of recycling, general and clinical waste together in the one location. Inspectors had concerns regarding infection control measures due to the open nature of the waste facility and the identification of what appeared to be blood stained on the floor and door frame. Inspectors noted that this waste facility was not operated or managed by the provider, but was accessed by staff and residents if they wished. While staff explained that no residents had any infections at present, inspectors were not satisfied that infection control measures were robust enough should an infection arise due to the lack of guiding practices and protocols. Inspectors noted gloves available in each residents bedroom and bathroom, and some alcohol gel sanitizers in place.

There were no arrangements in place for investigating and learning from incidents/adverse events in the centre. Inspectors reviewed the accidents and incidents diary for 2014 and 2013. Inspectors were not satisfied that there was an adequate recording system. There was no clear format for recording to guide staff on the details required, there was no evidence of steps taken to reduce the likelihood of another occurrence, and no evidence of any learning gained from incidents and accidents. There was no procedure in place to guide staff on how to respond to accidents and incidents effectively. There was no formal reporting or on call system in place for staff working alone at night should an incident occur.

There was no evidence that staff were trained in moving and handling of residents including the safe use of the hoist as no training records were available to inspectors in this regard.

Overall there was a significant lack of oversight arrangements in order to ensure the ongoing promotion and protection of the health and safety of residents, staff and visitors.

Judgment:
Non Compliant - Major

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:**
An immediate action was issued to the provider / person in charge at the end of the first day of inspection, to ensure that staff received training in the prevention, detection and response to abuse. At the time of report writing, inspectors were satisfied that this action had been adequately carried out.

Inspectors were not satisfied that there were sufficient measures in place to safeguard and protect residents from harm or abuse. There was no centre specific policy or procedure in place for the prevention, detection and response to abuse in the designated centre. Staff where not knowledgeable on what constituted abuse and the different signs and indicators, and there were no formal reporting mechanisms in place to guide staff. There was a lack of monitoring arrangements to ensure that there were no barriers to staff and/ or residents from disclosing abuse or suspicions of abuse in the designated centre. Staff had not received training in this area. Inspectors did note a copy of the HSE policy "Trust in Care", and a HSE procedure for dealing with suspicions and/ or allegations of abuse available in a folder in the main office within the centre. However, staff had no knowledge of these policies, and they did not include details of the specific reporting procedures for this designated centre. For example, the HSE procedure outlined the reporting chain and included the responsibilities of line managers, service managers and designated officers, none of which were roles held within this designated centre. Inspectors reviewed accidents and incidents, and found one incident where a resident voiced her dissatisfaction at how she was treated by a staff member. There was no evidence to show that this had been appropriately followed up with the resident and staff involved. The resident was reported to the provider for speaking untruthfully about the staff member. This further highlighted the lack of systems in place to ensure that all allegations or suspicions are effectively investigated and managed to ensure there are no barriers to openness in reporting procedures.

Inspectors reviewed documentation and found that there was no policy in place in relation to the provision of behavioural support, the use of restraint and the provision of intimate care as required within Schedule 5 of the Regulations. Inspectors were informed that there were no residents availing of respite in the centre who presented with behaviours that were challenging. Some residents had bed rails in place in the designated centre, and inspectors saw a collection of bed rails on site available for use if necessary. These physical restraints, although necessary in some cases, had not been based on an assessment of risk, and there was no evidence of alternative options being explored. Documentation in relation to the use of bed rails was lacking. Inspectors found that staff were not knowledgeable on the best practice guidelines in relation to the use of restraint, and so were not promoting a restraint free environment.

**Judgment:**
Non Compliant - Major
### Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

**Theme:**
Safe Services

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

**Findings:**
Due to lack of knowledge regarding the Regulations, the provider / person in charge was not aware of the requirements to notify the Chief Inspector of any notifiable incidents or events. Quarterly notifications had not been made in line with the requirements of the Regulations. The system in place for recording and monitoring of accidents and incidents was not robust enough to satisfy the inspectors that all events had been appropriately captured, reviewed and followed up and notified.

**Judgment:**
Non Compliant - Major

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### 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:**
Inspectors were not satisfied that the healthcare needs of residents were being consistently met. Inspectors acknowledged that the designated centre was a respite centre, and were not the main providers of healthcare to residents. However, inspectors were not satisfied that there was appropriate continuity of healthcare for residents while staying in the designated centre.

The nursing staff said that they had a good relationship with the local General Practitioners (GP), the pharmacist and public health nurse. There was access to a tissue Viability Nurse where required for residents. The designated centre had recently appointed an Occupational Therapist to work in the designated centre. Access to other healthcare professionals was facilitated through the primary health care team where necessary.
As previously mentioned in outcome 5, inspectors were not satisfied that the care and support provided, reflected the current needs and wishes of residents due to a lack of sufficient assessment and planning processes. Assessments and plans in relation to healthcare were in need of review in the designated centre. Respite care plans which were to be completed on admission, were reviewed by inspectors, and found to be inconsistently completed. Information that had been gathered in relation to residents was not in date or did not reflect all aspects of their care and support. For example, support for personal and intimate care was facilitated for a high number of the residents who attended the respite service. Inspectors reviewed files and found little or no information in relation to the support needs for residents in this regard.

There was a lack of comprehensive assessments, risk assessments and written personal plans in relation to some specific health areas for residents. Therefore inspectors found deficiencies in the management of the following areas:

- Epilepsy care
- Wound management and risk of pressure sores
- Falls management
- Self harm

For example, a resident who had been identified as having a pressure sore did not have a clear written plan in place around this. Due to the lack of documentation and planning to guide staff, the resident complained each night of her stay, up to four times a night of pain and discomfort in her pressure area. Night staff were not aware of suitable interventions or control measures to put in place to offer relief or prevent her pressure sore from deteriorating.

The occupational therapist and nursing staff were in the process of writing up a draft policy in relation to pressure area care and wound management, and the use of a risk based assessment was being implemented. Staff had also identified with the provider that they required further training in epilepsy management.

As discussed under outcome 5 social care needs, inspectors were not satisfied that residents had opportunities to participate in activities that were meaningful and purposeful to them.

Inspectors observed that the food on offer to residents appeared to be wholesome, nutritious and well presented. Meals were provided by the hospital canteen adjacent to the designated centre, and were brought to the designated centre in a heat thermal box each mealtime. There was no facilities available to residents or staff should they want to cook something in the designated centre. Residents informed inspectors that they could chose between two options for dinner the night before, and in general the food was good. Some residents expressed that they did not like to eat hospital food. Inspectors were concerned that meals provided in this manner did not offer full choice to residents with regards to quantities and portion sizes. Residents also explained to inspectors that there was a set time for dinner at 1pm, and that there was not much flexibility in this regard as after a few hours the plate of food would need to be discarded for food safety reasons.
Overall inspectors found that assessment, planning and practices in relation to health care required strengthening in order to support residents to achieve the best possible health.

**Judgment:**
Non Compliant - Major

### 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:**
Inspectors found that there was a lack of written operational policies in relation to the ordering, prescribing, storing and administrating of medication mediation in the designated centre which resulted in a risk for residents. There was no system in place for reviewing and monitoring safe medication management practices. Inspectors reviewed one procedure in relation to the self administration of medication. However, this procedure offered conflicting guidance to staff on their roles and responsibilities with regards to supporting residents. For example, it clearly stated that only nurses were to administer medication, however in practice, respite attendants supported and supervised residents taking medication whom without this support would not be able to administer themselves. Staff had not received any training in medication management or the safe administration of medication. Nurses had not been offered any training in relation to medication management for their continual professional development.

Inspectors spoke with the nursing staff and reviewed documentation, and found evidence of good practices in relation to medication documentation. For example the medication prescriptions were updated prior to each admission by the relevant General practitioner and written up in line with national guidelines. This prescription was discussed with the resident on arrival for their respite stay and the medication packs were checked. The nursing staff had a good relationship with the local pharmacist who facilitated medication packs for residents coming to stay in the designated centre.

As highlighted under outcome 7 health and safety and risk management, there were three areas identified as high risks in relation to medication management:

- Assessments to determine if a resident was capable of administering their own medication contained conflicting and misleading information. For example a resident who was assessed as not being able to consent or communicate had signed that they...
consented to administer their own medication. Documentation required strengthening in this regard to ensure a clear and comprehensive assessment was carried out with residents.

- Two medication errors had occurred on two consecutive days for the same resident who self medicated. There was no documentary evidence to show what steps had been taken following the first medication error to ensure that this resident was still capable of safely administering his own medication. While speaking with nursing staff, inspectors were satisfied that appropriate steps had been taken to address the initial medication error, however there was no documentary evidence to support this, the residents risk assessment had not been reviewed, and due to the lack of appropriate supervision and oversight arrangements the resident was not protected against this happening again.
- There were no monitoring systems in place to ensure residents continued to safely administer and securely store their own medication while in the designated centre. For example, on two separate occasions during the inspection, inspectors found residents' medication presses unlocked with medication accessible.

Overall, improvements were required in relation to guiding policies on medication management, the safe storage of medication, audits and reviews of safe practices, assessments in relation to self administration, clear roles and responsibilities of staff supporting residents with medication and the management of medication errors.

**Judgment:**
Non Compliant - Major

**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:**
There was no written statement of purpose available in the designated centre to accurately describe the service that is provided in the designated centre. Inspectors were not satisfied that the provider / person in charge was aware of the requirements of the Regulations in respect of this document. Inspectors reviewed a template letter which was sent out to residents and outlined what they could expect from their stay in the designated centre. This letter included a description of the service provided, however inspectors found that it was not a true reflection of what was on offer in the centre.
Judgment:
Non Compliant – Major

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:
Inspectors found that there was a lack of effective management systems in place in the designated centre. Front line staff which consisted of nurses, personal attendants, an occupational therapist and an administrator reported directly to the provider / person in charge, who was not based on site in the designated centre. The provider / person in charge did not demonstrate that he was actively engaged in the governance, operational management and administration of the designated centre on a regular or consistent basis. The day to day running of the designated was carried out by the staff team. Inspectors found that there was a lack of clear leadership, supervision and guidance in the designated centre.

There were no arrangements in place for the supervision or performance management of staff. There were no formal arrangements in place for staff meetings, or arrangements for the review and improvement of existing service delivery.

Due to staffing issues, the provider nominee had also stepped into the role of person in charge for the designated centre. Inspectors found that the provider/ person in charge was not familiar with the Regulations and therefore was not aware of his statutory responsibilities. The provider / person in charge carried out the role of manager for both OCIL Ltd and another limited company which provided personal attendants in the community for people with disabilities. Inspectors reviewed documentation in relation to the person in charge and found that it did meet the requirements of the Regulations.

Inspectors discussed the lack of leadership in the designated centre with the provider / person in charge, and the specific requirements of the Regulations. The person in charge / provider explained to inspectors that he wanted to appoint a suitable person to take on the role full time who would be based in the designated centre, and who would take responsibility for writing up policies and procedures and implementing management systems.
Overall, inspectors found that effective oversight arrangements were not in place. Improvements were required in relation to the management structure and management systems in the designated centre to ensure a safe and quality service would be provided to residents.

**Judgment:**
Non Compliant - Major

<table>
<thead>
<tr>
<th>Outcome 15: Absence of the person in charge</th>
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<tbody>
<tr>
<td>The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.</td>
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</table>

**Theme:**
Leadership, Governance and Management

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

**Findings:**
Inspectors found that there were no arrangements in place for the management of the designated centre in the absence of the person in charge. The provider was not aware of his requirements to notify the Chief Inspector should a planned or emergency absence of the person in charge arise.

**Judgment:**
Non Compliant - Major

<table>
<thead>
<tr>
<th>Outcome 16: Use of Resources</th>
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<tbody>
<tr>
<td>The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.</td>
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</table>

**Theme:**
Use of Resources

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

**Findings:**
Inspectors were not satisfied that there was sufficient transparency in relation to the resourcing of the designated centre. There was a lack of clarity with regards to responsible for the provision of the resources due to the fact that the Health Service Executive (HSE) had been the provider up until 2011, and little had changed in the
centre since this time. Transport and a driver were provided one day a week by the HSE, and food supplies, waste disposal, laundry and fire systems also being provided by the Executive. The designated centre relied heavily on the adjoining hospital for certain services, which added to the lack of clarity in relation to responsibilities with regard to management systems and compliance with Regulation.

Inspectors found that the designated centre routines and activities were resource led, and not person centred. For example the provision of hospital meals at set times for residents. Although inspectors were informed that the roster could be adapted to meet the needs of residents, it was not evident to inspectors that resources were being prioritised to meet the needs of residents. For example, in the case of residents who required hoisting at night time.

Judgment:
Non Compliant - Major

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 were not satisfied that there were appropriate number and skill mix of staff to meet the needs of residents. Following the first day of inspection, the provider / person in charge was issued with an immediate action to put in place a second staff member on night duty to ensure the safety of residents. This action was adequately addressed.

Staffing rosters were completed by the administrator along with the staff members and submitted to the provider / person in charge weekly. The centre was staffed with personal attendants, nursing staff, a newly appointed occupational therapist and a part time administrator. The roster reflected two personal attendants for five residents during the day time along with the addition of 2.5-3 hours nursing care in the morning and in the evening, each day the centre was open. At night time there was one staff member on waking night shift with five residents. This was changed to two staff on night duty, following the issuing of the immediate action plan.

Inspectors reviewed documentation in relation to staff held at the company head office,
and found that information was not in line with the requirements of the Regulations. For example, there were no contracts in place for staff employed in the centre to outline their role and hours of work. Garda Vetting was evident for some of the staff files reviewed, but not all staffing files were available to inspectors to determine if this was consistent for all staff. There was no policy in place to guide practice in relation to the recruitment, selection and vetting of staff to ensure this was carried out in line with best recruitment guidelines.

Inspectors were not satisfied that staff were provided with education and training in order to meet specific needs of residents. For example, epilepsy management and wound care. Evidence in relation to the provision of mandatory training for staff was not available for inspectors. Staff informed inspectors that there had been manual handling training and fire training recently, but there was no records or documentary evidence to support this. The lack of training in the areas of protection of vulnerable adults and fire safety has been discussed within the relevant outcomes.

Inspectors found that staff were not supervised appropriately to their role. The provider / person in charge was not based on site, and no formal supervision or performance management of staff had taken place. Staff were not made aware of the Regulations and did not have copies available to them.

**Judgment:**
Non Compliant - Major

### 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:**
Inspectors found that the policies and procedures as outlined in Schedule 5 of the Regulations were not in place. There was a significant lack of operational policies in place in the designated centre to guide safe practice in the areas as outlined in Schedule 5 which resulted in poor practices and negative outcomes for residents. The provider had recently hired an occupation therapist, whom he planned to give the role of creating
new centre specific policies for the designated centre.

Records in respect of the designated centre as outlined in Schedule 4 were found to be insufficient to meet with the requirements of the Regulations. For example, there was no record of complaints being responded to, no record of the use of any occasion where a restrictive procedure was used, no records of any fire drills or testing of fire equipment as discussed earlier in the report.

Records in relation to staffing as outlined in more detail under Outcome 17 Workforce, were not complete or compliant with Schedule 2 of the Regulations.

The designated centre did maintain some of the records in relation to residents as outlined under Schedule 3 of the Regulations. For example, records of medications administered and any nursing care as administered to residents were in place and found to be sufficient. However, improvements were required to ensure full compliance with the requirements across all the areas identified.

Overall, inspectors found that significant improvements were required in relation to documentation in the designated centre to ensure evidence based and safe practice was delivered to residents across all areas.

**Judgment:**
Non Compliant - Major

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**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:**

Louise Renwick
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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Offaly Centre for Independent Living (Offaly CIL)</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001930</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>13 May 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>Initial response received 17 June 2014, unsatisfactory. Final response deemed acceptable 26 September 2014</td>
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</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.

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Failure to demonstrate residents participation and consent through consultation of care and support planning.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**Action Required:**
Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support.

**Please state the actions you have taken or are planning to take:**
- Policies, procedures and protocols to guide staff in relation to privacy and dignity of residents and personal and intimate have been drafted.
- Person centred plans have been reviewed and modernised in line with the Independent Living Philosophy with service users and their PAs taking a more active role in design and daily use of these. These person centred plans will be client led and leaders will be consulted of every level of their care. Residents will sign their care plans on each review.
- P.A’s now complete weekly group meetings with leaders so that consultation of care, participation and choice are exercised throughout their stay.

**Proposed Timescale:** 23/09/2014

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Failure to demonstrate residents freedom to exercise choice and control.

**Action Required:**
Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

**Please state the actions you have taken or are planning to take:**
- A second staff member commenced working nights (13/05/2014) to facilitating those requiring use of hoist in going to bed late or getting up early
- Funding was sought and made available to OCIL to purchase wheelchair accessible transport which is now available to Leaders 7 days a week (when organised on leader meetings on Mondays).
- Prior to admission each potential leader is now given the opportunity to state whether they would like to prepare/cool their own meals during their stay. A greater choice of meals is now encouraged via restaurants offering take out services and a bus is available to bring leaders out for dinner if they organise this at the start of the week (so as to organise surplus staff/resources if required).
- Prior to admission leaders are asked about their preference in male/female staff in relation to personal and intimate care and also in relation to the preference of leaders they would like to share their stay with.
- A policy to govern freedom to leave the unit for independent trips down town to shops and restaurants for those who do this while living at home has been drafted.
- Weekly leader meetings now enable leaders to voice their opinions on a variety of subjects such as weekly timetable, activities, meal choices and suggestions for service improvement. The PIC addresses all the minutes of this meeting.
Proposed Timescale: 22/09/2014

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Failure to engage in ongoing consultation to ensure meaningful resident participation in the organisation of the designated centre.

Action Required:
Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

Please state the actions you have taken or are planning to take:
- A review of services available to leaders to be undertaken with a view to offering greater choice through means of focus groups, questionnaire etc.
- Leaders to be consulted regarding a new name for the Centre
- A ‘discharge satisfaction questionnaire’ has been created to ensure opportunity for suggestions from the service user
- The Leader Forum has been invited to compile recommendations to the management from their perspective on the running and maintenance of services for the Centre. Minutes will be kept to document discussions regarding the weekly management of the centre.
- During the weekly leader meetings leaders are asked to voice their opinions on the organisation of the designated centre.

Proposed Timescale: 01/09/2014

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Failure to ensure residents’ privacy and dignity is respected and maintained.

Action Required:
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:
- The door to the adjoining hospital is swipe access only, therefore not possible for the public to come through.
- User friendly door locks for bathrooms have been sourced and fitted
- An area has been allocated in the ‘living room’ for private family visiting periods at preferred times for each leader.
- The layout of the centre has been redesigned to facilitate private meetings for family members / professional consultation e.g. chiropody, OT etc

**Proposed Timescale:** 01/09/2014  
**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Failure to provide opportunities for residents to participate in activities in accordance with interests, capacities and needs.

**Action Required:**  
Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

**Please state the actions you have taken or are planning to take:**  
- We have developed a timetable offering weekly activity suggestions for the residents. They have the option of filling this out themselves/expressing interest in our suggestions. A daily timetable for each resident will be put on the board in the staff office. Minutes of discussion will be kept with timetable.  
- OT to carry out occupational assessment with view to improving residents independence, improving individual capacity and offering increased lifestyle choices  
- Timetabling weekly events/ displaying on notice board and sharing information regarding 'What's on in the local area on notice board.  
- Folder has been created listing recreational activities and social outings available to the leader that takes into account various interests, capacities and developmental needs.

**Proposed Timescale:** 01/10/2014  
**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
There were no records or log of complaints in the designated centre.

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

**Please state the actions you have taken or are planning to take:**  
- Complaints Policy, procedure and protocols has been developed and shared with leaders and staff.
• Complaints log book has been instigated and updated accordingly
• Complaints officer was appointed on (01/07/2014) and the process clearly identified in the complaints policy.

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<thead>
<tr>
<th>Proposed Timescale: 01/09/2014</th>
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<tr>
<td>Theme: Individualised Supports and Care</td>
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The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Failure to provide a complaints policy and procedure and appeals procedure.

Action Required:
Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

Please state the actions you have taken or are planning to take:
• Complaints Policy, procedure and protocols have been developed and shared with the leaders and staff.
• How to appeal a decision has clearly been defined in the newly created leader contracts
• Complaints log book is now onsite (instead of going to main office) and is updated accordingly.

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<tr>
<th>Proposed Timescale: 01/09/2014</th>
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<tr>
<td>Theme: Individualised Supports and Care</td>
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The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Failure to have an appointed/nominated person to deal with complaints.

Action Required:
Under Regulation 34 (2) (a) you are required to: Ensure that a person who is not involved in the matters the subject of a complaint is nominated to deal with complaints by or on behalf of residents.

Please state the actions you have taken or are planning to take:
• Complaints Policy, procedure and protocols has been developed and the PIC has been the person nominated to deal with all the complaints in The centre.
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Failure to ensure a person is nominated to ensure complaints are appropriately responded to.

Action Required:
Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

Please state the actions you have taken or are planning to take:
• The nominee provider has been nominated as the person to review that all complaints are being responded to by the complaints officer.

Proposed Timescale: 01/09/2014

Outcome 04: Admissions and Contract for the Provision of Services
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Failure to ensure admission criteria was in accordance to statement of purpose.

Action Required:
Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

Please state the actions you have taken or are planning to take:
• Statement of purpose includes admission criteria of suitable service users for the centre based on Social Model of disability and the Independent Living Philosophy
• Pre-admission review by the service users GP outlining the current medical condition of the proposed service user- (should the individual be medically unwell or in the advancing stages of a medical condition decline) this may determine that they are unsuitable for the service provided by the centre.
• Weekly meeting with OT, PIC and Nursing staff to determine suitability for of proposed service user for the services available in the centre before their place is confirmed. From this then, a range of activities and supports can be planned in conjunction with the wishes and requests of the service users.

Proposed Timescale: 01/08/2014
Theme: Effective Services
the following respect:
Failure to have written agreements in place with residents or representatives.

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:
• Leader contracts have been devised to include terms and conditions, support and care provisions.
• Care plans are now drawn up by leaders and staff and signed by both.

Proposed Timescale: 24/09/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Failure to include support, care and welfare services and fees to be charged within the written admission agreement with residents.

Action Required:
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

Please state the actions you have taken or are planning to take:
• Admission and discharge policy has been drafted that includes support, care & welfare services and fees for leaders.

Proposed Timescale: 01/09/2014

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Failure to have comprehensive assessments in place for residents prior to admission.

Action Required:
Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.
Please state the actions you have taken or are planning to take:
• Pre-admission ‘Empowerment plans’ used for OCIL service users which includes an extensive medical check and the level of support required through the use of a PA service with all Activities of Daily Living, the service users dream and goals, fears concerns and expectations of the service provided has been adapted and ready for use for the centre’s service users. Completed

Proposed Timescale: 01/09/2014
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Failure to update residents assessments to reflect changes.

Action Required:
Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

Please state the actions you have taken or are planning to take:
• The centre’s Nursing staff carry out an assessment on each service user on each admission and their findings are documented in the care plan. If a resident needs change over their stay care plans will be reviewed and modified and the necessary supports put in place to meet resident’s needs.
• OT/Nursing staff complete a pre-admission assessment on all potential leaders and also if a leaders needs have changes (from GP report).

Proposed Timescale: 01/09/2014
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Failure to have systems in place to ensure all residents assessed needs were met.

Action Required:
Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

Please state the actions you have taken or are planning to take:
• PCP or Empowerment Plan to be reviewed during mid-week stay with open discussion with service user and staff to monitor the needs of the service user and if they are being met. Information gathered and plan devised to be recorded in the PCP.
**Proposed Timescale:** 01/09/2014  
**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
Failure to demonstrate the designated centre is suitable to meet the needs of each resident.

**Action Required:**  
Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

**Please state the actions you have taken or are planning to take:**  
- OT to assess individual needs over time with a view to promoting independent living skills and opportunity to lead independent fulfilled lives

**Proposed Timescale:** 31/10/2014  
**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
Failure to have personal plans in place for all residents that reflected residents needs.

**Action Required:**  
Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

**Please state the actions you have taken or are planning to take:**  
- PCPs to be developed reflecting individual needs

**Proposed Timescale:** 01/09/2014  
**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
Failure to review personal plans whereby residents needs change.

**Action Required:**  
Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

**Please state the actions you have taken or are planning to take:**
• Review of PCPs on-going. If it has been over 3 months since a leader is admitted it may be necessary to attend a pre-admission assessment with a nurse/OT. If it is clear from GP letter that the resident’s condition has not changed their previous PCP may just be updated and signed by leader and OT/nurse.

**Proposed Timescale:** 01/09/2014

| **Outcome 06: Safe and suitable premises** |
| **Theme:** Effective Services |
| **The Registered Provider is failing to comply with a regulatory requirement in the following respect:** |
| The design and lay out of the premises did not meet the needs of residents. |
| **Action Required:** |
| Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents. |
| **Please state the actions you have taken or are planning to take:** |
| • Accommodation issues for all staff to be reviewed over Summer period |
| • Suitable location for storage of equipment to be sourced |
| • Review of new equipment to be purchased to be carried out. Equipment will be further explored and a request for necessary equipment sent to stores. |
| **Proposed Timescale:** 31/10/2014 |
| **Theme:** Effective Services |
| **The Registered Provider is failing to comply with a regulatory requirement in the following respect:** |
| External and internal premises were in poor state of repair. For example, the garden and entrance area. |
| **Action Required:** |
| Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally. |
| **Please state the actions you have taken or are planning to take:** |
| • Exterior of building to be given a face lift - landscaping, path repairs etc. |
| • Internal painting and decorating to take place in August 2014 when facility is closed |
| • New curtains and bed covers were sourced and fitted. |
| **Proposed Timescale:** 01/07/2014 |
### Theme: Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The premises did not promote maximum accessibility for residents.

**Action Required:**
Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

**Please state the actions you have taken or are planning to take:**
- Decorating over summer period to take into account access for visually impaired together with access issues for those with physical disabilities
- Old/outdated furniture has been removed from the centre promoting maximum accessibility
- A ramp has been built for the entrance of the centre along with resurfacing of tarmac.

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

### Theme: Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no evidence or systems in place to show that equipment such as hoists and hi-low beds were being serviced at suitable intervals.

**Action Required:**
Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

**Please state the actions you have taken or are planning to take:**
- Log book detailing repairs, servicing and maintenance of equipment has commenced.
- Hoist was serviced on the 24/09/14 and all other equipment is booked in for service in the following week.

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

### 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:**
There was no risk management policy in place in the designated centre.

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

**Please state the actions you have taken or are planning to take:**
- A draft safety statement for the centre has been created.
- A risk management policy is currently being drafted.
- Continue the use of each PA ‘time sheet’ which includes a daily/weekly risk assessment which is monitored weekly by the relevant supervisors (on-going).
- Introduce the ‘leader journals’ used by the OCIL service users to the centre’s service users which includes an area for risk assessment reporting system which is viewed weekly by the designated Health and Safety Officer.
  (An external safety company visited on 28/05/2014 and identified areas for improvement)

**Proposed Timescale:** 31/10/2014

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Due to a lack of a risk management policy to guide practice, there was no measures and actions in place to control risks.

**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:**
- A risk management policy is currently being drafted.
- Training for PIC & staff on how to manage and identify risk to be organised.
  Continue the use of each PA ‘time sheet’ which includes a daily/weekly risk assessment which is monitored weekly by the relevant supervisors (on-going).
- Introduce the ‘leader journals’ used by the OCIL service users to the centre’s service users which includes an area for risk assessment reporting system which is viewed weekly by the designated Health and Safety Officer.
  (An external safety company visited on 28/05/2014 and identified areas for improvement)

**Proposed Timescale:** 31/10/2014

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in
**the following respect:**
There were no arrangements in place for dealing with serious incidents 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 learning from, serious incidents or adverse events involving residents.

**Please state the actions you have taken or are planning to take:**
- Accident and Incident forms and near miss forms designed for use in OCIL service users are used in this centre
- A policy is currently being drawn up to guide staff in accidents & incidents. Currently all staff are guided by the national guidelines. The PIC will review accidents and incidents in weekly supervision sessions and also at monthly group staff meetings.

**Proposed Timescale:** 31/10/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There were no systems in place for responding to emergencies in the designated centre.

**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:**
- Policy to be designed for emergency care and training provided
- Emergency responses has been discussed with all staff and further discussed in 1:1 supervision sessions as risks are identified.

**Proposed Timescale:** 31/10/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There were no written procedures in place to prevent and control possible healthcare infections.

**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:**
- Staff received training in Infection control from the HSE.
- HSE sent the policy to the centre
- Staff will then be given roles in the management of infection control such as completing audits.

**Proposed Timescale:** 31/10/2014  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
There was no evacuation plan in place for the designated centre.

**Action Required:**  
Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

**Please state the actions you have taken or are planning to take:**  
On 9/5/2014 all staff of The centre received training in fire safety and evacuation from a fire professional.  

Staff were trained in the safe evacuation of residents and the use of fire equipment.  
Staff received training certificates on 19/5/14.  
An order has been made through a fire professional on necessary fire safety evacuation equipment required for this centre 21/5/14.

Written confirmation of the centre’s compliance with Fire Safety and Building Regulations has been sourced through the HSE.

The PIC will ensure that all precautions pertaining to Fire Safety are adhered to and recorded accordingly. This will be monitored weekly by the PIC.  
Individual evacuation plans have been sought for each room in the centre and a floor place detailing nearest emergency exit etc.  
Staff members now complete PEEP’s on each leader on admission.

**Proposed Timescale:** 01/09/2014  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
There was no evidence that any fire drills had taken place in the designated centre.
**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:
A practice fire drill took place on the 23/09/14
PIC will liaise with HSE fire drills at regular intervals with a view to ensuring that staff and residents are aware of procedures to be followed in the case of a fire. A fire register has been sought from fire management in the adjoining hospital.

**Proposed Timescale:** 01/09/2014
**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no documentary evidence to show that the fire equipment was tested on a regular basis.

**Action Required:**
Under Regulation 28 (2) (b)(iii) you are required to: Make adequate arrangements for testing fire equipment.

Please state the actions you have taken or are planning to take:
Fire Safety Register is now being maintained

**Proposed Timescale:** 01/07/2014
**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Immediate Action: There was no documentary evidence to show that staff had received sufficient training in fire safety and evacuation. Staff were not trained in safe evacuation of residents, and the use of fire equipment. Training in this area to be provided for all staff working in the centre as a matter of urgency.

**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:
On 9/5/2014 all staff of The centre received training in fire safety and evacuation froma fire professional.
Staff were trained in the safe evacuation of residents and the use of fire equipment. Staff received training certificates on 19/5/14. An order has been made through a fire professional on necessary fire safety evacuation equipment required for this centre on 21/5/14.

Ski sheets provided on 05/06/2014

The PIC will ensure that all precautions pertaining to Fire Safety are adhered to and recorded accordingly. This will be monitored weekly by the PIC.

**Proposed Timescale:** 14/05/2014

### Outcome 08: Safeguarding and Safety

**Theme:** Safe Services

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

The use of physical restraints such as bed rails, was not based on an assessment of risk or applied in accordance with national best practice.

**Action Required:**

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

- Consent/request use of bed rail form in use, new policy has been drafted on restrictive practices.
- An assessment of risk is now completed prior to the use of bed rails.

**Proposed Timescale:** 01/09/2014

**Theme:** Safe Services

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

There were no personal plans in place with regards to the provision of personal / intimate care for residents. No guidance for staff on the delivery of personal care to residents.

**Action Required:**

Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident’s personal plan and in a manner that respects the resident's dignity and bodily integrity.
Please state the actions you have taken or are planning to take:
- 19/05/14 Training took place on the provision of safe care for vulnerable adults
- Empowerment Plans includes the personal choice of the resident regarding their support needs
- All PAs are qualified to the FETAC L5 standard of Care Skills and Care support in the delivery of personal care which includes subjects of maintaining dignity, respect and integrity of the service users
- Policy to govern the above has been drafted.

**Proposed Timescale:** 01/08/2014  
**Theme:** Safe Services  

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
Immediate Action: Staff had not received any training in relation to safeguarding residents and the prevention, detection and response to abuse. The person in charge must make a commitment to deliver this training to all staff within 7 days.

**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:**
- A policy on the prevention, detection and response to abuse within the centre has been drawn up & a declaration of understanding & compliance was signed by each member of staff on the 19/5/2014.

Staff in The centre received training in relation to the safeguarding of residents and the prevention, detection and response to abuse on the 19/5/2014 delivered by Training Programme Co-Ordinator (OCIL ltd).

Training Programme Co-Ordinator (OCIL ltd) to attend Training on Children First and Welfare Training on 17/06/2014 on behalf of the centre

**Proposed Timescale:** 21/05/2014

**Outcome 09: Notification of Incidents**  
**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 not submitted a quarterly notification to the Chief Inspector in relation to the use of restraints in the designated centre.
**Action Required:**
Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

**Please state the actions you have taken or are planning to take:**
Leader notes were reviewed and no use of restraint was identified. In the future if any actions are viewed as a restraint a written report will be send to the chief inspector/ nil 6 monthly notifications.

**Proposed Timescale:** 01/09/2014

**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 not submitted a quarterly notification in relation to the unplanned sounding of the fire alarm system other than for the purpose of drill or testing of alarm.

**Action Required:**
Under Regulation 31 (3) (b) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which the fire alarm equipment was operated other than for the purpose of fire practice, drill or test of equipment.

**Please state the actions you have taken or are planning to take:**
A written report will be provided to the Chief Inspector at the end of each quarter of any occasion on which the fire alarm equipment was operated other than for the purpose of fire practice, drill or test of equipment(Attained from adjoining hospital).

**Proposed Timescale:** 01/09/2014

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A failure to provide continuity of health care for residents due to gaps in documentation.

**Action Required:**
Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

**Please state the actions you have taken or are planning to take:**
• All PCP’s are now being reviewed prior to admission, on admission and during the
leaders in the centre
• New documentation folders are now in place in the centre which clearly identify all
health care needs for leaders having regard to their personal plan.

Proposed Timescale: 01/09/2014
Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Facilities were not available for residents should they wish to prepare their own meals.

Action Required:
Under Regulation 18 (1) (a) you are required to: Support residents, so far as reasonable
and practicable, to buy, prepare and cook their own meals if they so wish.

Please state the actions you have taken or are planning to take:
Consultation to take place with residents regarding meals. Prior to admission leaders
are asked if they would like to avail of using the kitchen to prepare their meals & the
necessary supports will be put in place prior to admission.

Proposed Timescale: 01/09/2014

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:
Medication kept by residents was no stored securely. There was no system in place to
check that medication was stored safely.

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 ‘Medication Management’ Policy specifically for the use of the centre’s service
users is currently being reviewed.
• Training took place on this policy and unfortunately the hard copy was not available
for inspectors on the day of their visit.
• Daily checks (morning & night) are completed by staff to ensure meds are stored
security. (Checklist now signed by staff members).
• Many policies that govern the centre are located in the OCIL office and copies will be
<table>
<thead>
<tr>
<th>Proposed Timescale: 31/10/2014</th>
<th>Theme: Health and Development</th>
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<tbody>
<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong></td>
<td>Current assessments were not sufficiently comprehensive.</td>
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<tr>
<td><strong>Action Required:</strong></td>
<td>Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.</td>
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<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
<td>- As The centre aims to provide home away from home, residents will be encouraged to manage their medication as they would usually do. If a risk is highlighted from their GP letter/by a member of staff a risk management plan will be put in place.</td>
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<td></td>
<td>- This now being implementation in practice</td>
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| Proposed Timescale: 01/09/2014 |

**Outcome 13: Statement of Purpose**

<table>
<thead>
<tr>
<th>Theme: Leadership, Governance and Management</th>
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<tbody>
<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><strong>Action Required:</strong></td>
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<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
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| Proposed Timescale: 01/09/2014 |

**Outcome 14: Governance and Management**

<table>
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<tr>
<th>Theme: Leadership, Governance and Management</th>
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The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The person in charge did not have the required qualifications. The post was not full time due to the person in charge having multiple responsibilities within the organisation.

Action Required:
Under Regulation 14 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge has the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.

Please state the actions you have taken or are planning to take:
An Occupational Therapist was appointed as Person in Charge (PIC) on 17/05/2014

Proposed Timescale: 17/05/2014
Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Information in relation to Schedule 2 of the Regulations was not in place for the person in charge.

Action Required:
Under Regulation 14 (5) you are required to: Obtain the information and documents specified in Schedule 2 in respect of the person in charge.

Please state the actions you have taken or are planning to take:
All documents in relation to PIC to be placed on personnel file

Proposed Timescale: 01/07/2014
Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were no supervision or performance management arrangements in place for staff.

Action Required:
Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.
Please state the actions you have taken or are planning to take:
• PIC to commence a system of appraisal for all staff
• A Supervisor based in the OCIL office receives the staff weekly time sheet which determines risk assessments of that week from staff, organises training of staff and offers support should any concerns or issues arise

Proposed Timescale: 31/10/2014
Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was a lack of definition in relation to lines of accountability and specific roles and responsibilities with the designated centre.

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

Please state the actions you have taken or are planning to take:
• Line management includes the board of directors PIC/ Manager, supervisor and personal assistants
• Company Organisational Chart and reporting structure to be further clarified with all staff

Proposed Timescale: 01/09/2014
Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were no management systems in place to ensure the service is being effectively monitored.

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

Please state the actions you have taken or are planning to take:
Sub Committee of Board of Directors to bi-annually review service The newly appointed person in charge will oversight the day to day running of the centre. All policies will be reviewed accordingly and new policies drafted in order to meet the needs of the leaders.
The person in charge to complete a daily informal supervision with both staff as a group
and individually. Staff are now engaging in 1:1 supervision with the PIC. If staff wish to organise an unplanned meeting with the person in charge this or organised and documented accordingly.
The board of directors also organises a monthly staff meeting to discuss the running of The centre and staff appraisal.

Proposed Timescale: 01/09/2014

Outcome 15: Absence of the person in charge
Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The Provider nominee had undertaken the role of person in charge following staff changes over the past number of months. This had not been notified to the Chief inspector.

Action Required:
Under Regulation 33 (2) (b) you are required to: Give notice in writing to the Chief Inspector of the arrangements that have been, or are proposed to be, made for appointing another person in charge to manage the designated centre during that absence, including the proposed date by which the appointment is to be made.

Please state the actions you have taken or are planning to take:
In the case of absence of PIC, the Provider nominee will act as PIC and will inform the Chief Inspector

Proposed Timescale: 01/09/2014

Outcome 16: Use of Resources
Theme: Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Delivery of care and support was resource led and not person centred. Not resourced based on residents needs.

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

Please state the actions you have taken or are planning to take:
Training on Person Centred Planning and Philosophy of Independent Living to be revisited with residents and employees. We have organised surplus transport midweek
for the residents if they wish. An extra person has been put on duty if necessary so that care and support is client led.

**Proposed Timescale:** 01/09/2014

### Outcome 17: Workforce

#### Theme: Responsive Workforce

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

Immediate action. The inspectors were not satisfied that there were sufficient numbers of staff on duty at night time to meet the needs of residents, and to ensure safe evacuation in the event of a fire. The provider is required to provide a second staff member to on work night shift from 13.05.2014.

**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:

- A second staff member commenced working night duties on the 13/5/2014 as to meet the needs of residents, and to ensure safe evacuation in the event of a fire.

**Proposed Timescale:** 13/05/2014

#### Theme: Responsive Workforce

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

There was no evidence that staff had appropriate and up to date training to meet the needs of residents.

**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 review of continuous professional development of staff to be undertaken
- A person has been nominated to complete a review of staff training and determine and prioritise the training needs of staff. A schedule for the year of training will then be drafted.
- Training records are held in the head office by either the Training Programme Co-Ordinator OCIL Ltd. or by the relevant PA’s supervisor.
- 2 members of the centre staff have been trained in Suicide Awareness in 2013 – will
be offered to all staff over time
• Education of staff will continue to be a priority to OCIL in the future.
• Training completed since inspection: Epilepsy training, people and manual handling, fire training, infection control, vulnerable adults

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<th>Proposed Timescale: 31/10/2014</th>
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<td>Theme: Responsive Workforce</td>
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The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The there were no supervision systems in place.

**Action Required:**
Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

**Please state the actions you have taken or are planning to take:**
An Occupational Therapist was appointed as Person in Charge (PIC) on 17/05/2014

Supervision systems now in place

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<th>Proposed Timescale: 17/05/2014</th>
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<td>Theme: Responsive Workforce</td>
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The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff were not knowledgeable on the Regulations and Standards.

**Action Required:**
Under Regulation 16 (1) (c) you are required to: Ensure staff are informed of the Act and any regulations and standards made under it.

**Please state the actions you have taken or are planning to take:**
Copies of the Act are ordered and Training on the Act to be provided to all staff. A copy of the regulations and standards is now available in the centre and staff have been requested to study these, bring any queries to the person in charge and implement its recommendations.

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<tr>
<td>Theme: Responsive Workforce</td>
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The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were no copies of the Health Act 2007 and the Regulations available to staff.

**Action Required:**
Under Regulation 16 (2) (a) you are required to: Make available to staff copies of the Act and any regulations made under it.

**Please state the actions you have taken or are planning to take:**
Copies to be made available to staff immediately

**Proposed Timescale:** 01/09/2014

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### Outcome 18: Records and documentation

**Theme:** Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The there were no written operational policies in the designated centre to guide staff practice.

**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:**
Copies of all relevant operational policies to be transferred from OCIL to the centre. These policies will be reviewed and adapted to specifically meet the needs of the centre.

**Proposed Timescale:** 01/09/2014

**Theme:** Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Information in relation to staff employed in the designated centre was not complete and in line with the Regulations. Not all information was available to inspectors.

**Action Required:**
Under Regulation 21 (1) (a) you are required to: Maintain, and make available for inspection by the chief inspector, records of the information and documents in relation to staff specified in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.
<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take:</th>
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<tbody>
<tr>
<td>Copies of all staff files to be transferred from OCIL to the centre (completed) and staff contracts are being updated.</td>
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<th>Proposed Timescale: 31/10/2014</th>
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<tr>
<td>Theme: Use of Information</td>
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<tr>
<th>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</th>
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<tbody>
<tr>
<td>Records in relation to the designated centre were not maintained or available for the inspector.</td>
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<th>Action Required:</th>
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<tr>
<td>Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.</td>
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<tr>
<th>Please state the actions you have taken or are planning to take:</th>
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<tbody>
<tr>
<td>All records in relation to the centre are maintained in the centre.</td>
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| Proposed Timescale: 01/09/2014 |