## Health Information and Quality Authority

### 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 Health Service Executive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002573</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Meath</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Dermot Monaghan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Ciara McShane</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>3</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>4</td>
</tr>
</tbody>
</table>
About monitoring of compliance

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

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

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

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

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

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

**The inspection took place over the following dates and times**

From: 08 October 2014 09:00  
To: 08 October 2014 16:00

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
</tr>
<tr>
<td>Outcome 05: Social Care Needs</td>
</tr>
<tr>
<td>Outcome 06: Safe and suitable premises</td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 08: Safeguarding and Safety</td>
</tr>
<tr>
<td>Outcome 09: Notification of Incidents</td>
</tr>
<tr>
<td>Outcome 14: Governance and Management</td>
</tr>
<tr>
<td>Outcome 17: Workforce</td>
</tr>
</tbody>
</table>

**Summary of findings from this inspection**

This was the first inspection carried out by the Authority of the designated centre. The centre provides a respite service to male and female adults, between the ages of 18 and 65, who have an intellectual, physical or sensory disability. It is staffed by care assistants and nurses and the post of the person in charge is full time Monday to Friday.

Residents receive respite throughout the year, depending on their abilities their length of stay varies. Although the centre can provide a service for up to seven residents at one time the occupancy levels vary depending on the abilities of the client group and the staff available to provide care and support. On the day of this inspection three residents were availing of respite.

Nine outcomes were inspected against, six of these outcomes were found to be major non-compliant while the remaining three were moderate non-compliant. The inspection resulted in 29 breeches in the regulations.

Following a review of resident’s personal plans and speaking with staff the inspector found that staff knew the residents and were familiar with their needs. Prior to
availing of respite for the first time pre-admissions assessments were completed which the inspector saw documented in residents personal plans. The personal plans were found to be, for the most part, robust and captured pertinent details relevant to residents including but not limited to their health needs, their preferences and their nutritional needs.

During the inspection major non compliances were identified. The inspector found the premises not to be fit for purpose, accessibility was problematic in areas. For example the bathrooms, as further outlined in Outcome 6 and 7, were shared amongst two bedrooms with a heavy manual door leading from each bedroom. These doors were cumbersome and weighty, for residents who were in a wheelchair or had mobility issues, they would be problematic. The centre had limited space for residents to spend time outside of their bedrooms, there was one lounge room which had seating for up to eleven persons. The corridors were not equipped with handrails or markings for those that had mobility or sensory difficulties. Forty eight of the residents whom avail of respite have mobility difficulties, fifty percent of which have sensory difficulties.

The inspector also found the overall governance and management to be poor; areas of risk had been identified and raised to management but no solution was sought. The oncall out of hours system was not sufficiently robust, the service had not been reviewed and staff were not formally supervised or appraised. Staff training was also found to be out of date which was attributed to there being no formal system of capturing staff training needs.

These non compliances along with others are outlined in the body of the report and in the action plan at the end.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

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

Findings:
The centre had a complaints procedure which was placed at the entrance hall for residents to see. A suggestions and feedback box together, with slips for residents to complete, was also present. The complaints procedure was available in a condensed format to make it more accessible to residents, however it was not in a format accessible to all residents that the centre catered for and further development was required. The complaints officer's details and photograph were also not clearly identified in the centre. The inspector was unable to review the complaints log on the day of inspection as the staff could not locate it. Post inspection the inspector received excerpts of the complaints log.

Resident's dignity and privacy was found to be compromised at times. The main issues identified during the inspections were:

- A number of bedrooms operated a shared bathroom which had a door leading from two bedrooms who shared the bathroom. These doors were heavy and cumbersome, not all in full working order and also not easily accessible for those with mobility issues due to the opening mechanism together with the weight of the door. Although there were locks on these doors residents privacy was compromised due to the cumbersome nature of the doors.
- One shower was without a privacy curtain.
- Incontinence wear, in the bedroom of one resident, was left on the windowsill visible for other people to see.
- The language used in residents care plans was not always appropriate, incontinence wear was seen referred to as 'nappies'.
- The centre, at the time of inspection, did not have a policy on privacy and dignity. The
The person in charge stated it was a policy that was being developed.

Residents were consulted with while on their respite stay. The person in charge told the inspector that on arrival there was a meeting with the residents, although these were not formally documented. Residents were given the opportunity to complete a form on arrival to outline what they would like to do/achieve on respite. This was then evaluated at the end of their stay with a staff member and the outcomes documented. The inspector reviewed this information and found it to be a satisfactory way to collate resident’s aspirations while they were on respite.

The service did not have formal meetings with residents nor was a survey carried out to ascertain the overall experience for all residents. Due to the nature of respite service and the limited time residents spent at the centre the inspector found it necessary to elicit residents’ views, on the respite stay, in a robust manner.

**Judgment:**
Non Compliant - Major

---

**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:**
From the sample files reviewed the inspector saw that residents had a contract for the provision of services while receiving respite at the centre. The contracts were signed by the resident and where this was not possible, it was signed by their representative. The contracts required further information to ensure compliance with the Regulations ensuring that residents were fully aware of the services that were provided during their stay and the costs they may occur in addition to outlining information specific to the nature of the centre. The person in charge told the inspector residents may incur costs to cover staff in certain instances such as activities that cost more that the service is funded for the resident. For example staff were funded for a cup of coffee or tea while out with a resident however if a resident wanted to attend the cinema and required staffs assistance the expectation was the resident paid for the staff. This was not clear or outlined in their contract. It was also unclear that their respite stay may be terminated if an emergency bed was required at short notice. The contract also failed to outline the arrangements to review, update and maintain the residents care plan. Improvements were required regarding contracts to ensure compliance with the Regulations.

**Judgment:**
Non Compliant - Moderate
**Outcome 05: Social Care Needs**  
*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his/her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**  
Effective Services

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

**Findings:**  
The inspector reviewed a sample of resident's personal plans. The inspector found that residents had an assessment of needs completed, areas such as emotional well being, physical health and food and nutrition were assessed. Residents who were identified as being of risk in certain areas such as poor mobility had associated risk assessments and care plans subsequently were developed for example a manual handling plan. For the most part where residents needs changed care plans were updated. The inspector found that one resident had recent changes in their diet due to intolerances which was updated in their care plan.

Personal plans were detailed and referrals made to allied health professionals were documented. The inspector saw referrals to occupational therapy and speech and language therapy. Details of case conferences were also found in residents personal plans.

Improvements were required regarding resident's personal plans:

- All elements of the personal plans were not reviewed at a minimum annually.
- Personal plans were not in a format accessible to all residents.
- Participation of residents, or where appropriate their representatives, in the review of personal plans was not evident in all samples of the personal plans reviewed.

**Judgment:**  
Non Compliant - Moderate
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 centre caters for residents who require respite as a result of a physical, intellectual and/or a sensory disability.

The inspector found the premises was not fit for purpose and did not fully meet all the needs of all residents who accessed the respite as outlined in the centre's statement of purpose. Access was an issue throughout the premises:

- Entry or exit points in the house were not equipped with assistive technology aids to assist residents with mobility or sensory difficulties gain ease of access or egress.
- There were no assistive rails or assistive markings/cues in the hallway or throughout the house to assist residents with mobility or sensory issues.
- Small ramps were placed at both entry points to the shared bathrooms. There were no grab rails to assist those in wheelchairs to overcome these ramps.
- The doors leading into the bathrooms were cumbersome and heavy. They were not easily accessible to people with sensory or physical disabilities.
- Residents with sensory or mobility issues did not have ease of access to open windows
- The televisions in all bedrooms were at an awkward height on the wall making viewing difficult.

The premises had one large homely living room with seating for eleven people and a homely kitchen. However, the seven bedrooms were sparsely decorated. There was a well maintained external area but could only be utilised in fine weather as it was not enclosed. The inspector found that residents did not have sufficient space to spend time by themselves, other than their bedroom, should they wish to do so. The centre had a visitor’s room but this resembled more of an office and was used for this purpose by staff at times.

A number of areas throughout the premises required works:

- The paintwork on walls required attention as too the architrave which was badly damaged in places.
- The bathrooms required attention, a number of tiles were cracked and others were broken. The person in charge was aware of this and had reported it to management. This will be further outlined in Outcome 7 and 14.
- The shower mechanism in one of the bathrooms was functioning poorly and required replacement.
- Flooring in the bathrooms and bedrooms had been previously repaired and patched up, this required attention.
- The flooring throughout the house was heavily stained and required a deep clean.
- Furnishings and curtains in areas were outdated.
- The windows were unclean.
- All doors leading into the bathroom were not in working order.
- Storage was seen to be a problem as a number of bathrooms had both shower chairs and commodes stored in them.

There was a functioning call bell system and height adjustable beds in use in the designated centre. Pressure relieving mattresses were available if a resident required them. There were hoists available in the centre which appeared to be in working order however the servicing was out of date and was last serviced in 2012. The person in charge was aware of this; the inspector saw documentation where this had be escalated to management, this is discussed further in Outcome 14.

**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:**
The inspector found policies and procedures were in place for the management of fire and safe evacuation. The evacuation plan for the centre was clearly displayed throughout and staff were knowledgeable of same. From the sample personal plans reviewed the inspector saw that residents had up-to-date personal evacuation plans. The fire extinguishers, emergency lighting and fire panel had all been serviced recently and fire exits were clear and unobstructed. Staff had received recent training on evacuating a bus should a fire break out. This was conducted by an external company on 6 October 2014 and attended by thirteen staff members. Improvements were identified to ensure all residents availing of the respite service were alerted to a fire. Residents that had sensory impairments, such as a hearing impairment, were reliant on staff alerting them to the fire. The centre was not equipped with devices such as vibrating alarms or flashing lights. This required review.

The centre had a safety statement that guided staff in their work practices. The risk register formed part of the safety statement, the inspector found it to be up-to-date and it correlated with risks the inspector identified on the day of inspection for example the slip hazard associated with the water pooling in the bathrooms. The inspector found that
this risk along with their risks such as the difficulty of accessing bathrooms due to the cumbersome doors had been highlighted in June 2013 however the risk had not been mitigated. This required a review and a system in place to ensure that high risk items that were raised with senior management were addressed sufficiently.

The inspector deciphered from a reviewing of training records that staffs mandatory training was out of date, this included annual fire safety and two yearly moving and handling training. The person in charge confirmed this. Other training such as Professional Management of Aggression and Violence was also out of date for staff members. This posed as a risk to staff and to the residents. The centre provided a service to residents with mobility difficulties and behaviour that challenged.

Maintenance issues were logged however it was unclear as to the status of the maintenance and if they were completed. This posed as a risk as the assumption could be made that all maintenance jobs once reported were completed. The inspector saw, on review of the service log, that the servicing of hoists was significantly out of date, 2012. This posed a significant risk to the residents and the staff and required an urgent review. The person in charge stated that she was aware of this and showed the inspector documentation were it had been escalate to senior management, further outlined in Outcome 6.

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:
The centre had an adult safeguarding policy, developed August 2014, the inspector found the policy was sufficiently detailed to guide staff. Staff had not received training on safeguarding vulnerable adults. The inspector spoke to a staff member and found that they were familiar with recognising signs of abuse and were aware of the steps to take should he/she receive a report of alleged abuse. The staff member was unfamiliar who the designated officer was and stated they would report any concerns to their line manager.

The centre had a policy on managing behaviour that challenged in addition to a policy
regarding the use of restrictive practices. The inspector saw a restraint register was in place which was up-to-date. At the time of inspection a lap belt was being used for one resident. The inspector saw that the use was minimal and the guidelines for its use were clearly outlined in the resident’s care plan.

**Judgment:**
Non Compliant - Moderate

**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:**
The person in charge, who has just returned from a period of leave, had some knowledge on her responsibility to submit notifications to the Authority. The Authority, at the time of inspection, had not received quarterly notifications for the centre and the inspector found that not all accidents and incidents were reported in accordance with legislation.

**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:**
The centre had a defined reporting structure and staff were aware of the reporting lines. However the inspector found that the management structure was not good. The inspector saw throughout the day incidents where areas of risk, outlined in Outcome 6
and 7, had been identified and raised with the management team, by the person in charge, however action had not be taken. It was unclear as to why the areas of risk had not been rectified when management had been communicated with. The inspector found these actions did not provide effective safe services that met the assessed needs of the residents who availed of the service.

The oncall service was made up of two coordinators who had oversight for a number of areas. There was no formal roster in place and staff were unsure of who was oncall until they rang both numbers for the co-coordinators. There was also no dedicated oncall telephone number.

Systems to oversee and manage training needs were also not in place. The inspector found it difficult to decipher which staff had received training and in what areas. It was also not explicitly clear when training had last occurred and when refresher training was due for example the mandatory training required by the regulations was due.

Although some audits were being completed by the person in charge, and additional audits had been planned, it was unclear how they were anyalsed or used to identify quality indicators and make improvements to the quality and safety of the service provided. Furthermore an annual review of the quality and safety of care and support in the centre was not evident. A review was required with input and consultation from residents and their representatives and the final report made available for anyone who requested it. It was also not evident that the provider nominee had carried out unannounced visits to the designated centre.

There were no formal arrangements in place to ensure that staff were effectively supervised, appraised or performance managed. Staff meetings did occur however they were not frequent.

Overall the inspector found that there were not clear lines of accountability and decision making in the centre to ensure the effective and safe deliver of service to meet the assessed needs of the resident group as outlined in the centre's statement of purpose.

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:**
The inspector found on the day of inspection that there was appropriate numbers of staff to meet the assessed needs of the residents. The inspector found that residents received continuity of care as staff turnover was low and there was minimal use of agency staff.

The inspector found that staff did not have up-to-date training in multiple areas including but not limited to moving and handling, fire safety, food hygiene and PMAV. Staff, who assisted residents with hearing impairments and communication difficulties, had also not received training in Lámh or sign language.

On review of the staff files the inspector found that references, Gardá vetting and the staffs duties and responsibilities, as outlined in Schedule 2 of the Regulations, was not available in all staff files. The professional registration details for staff nurses was also not available in the centre. However, these were made available to the inspector at the end of inspection.

The inspector spoke with a staff member who was not informed of the Act and the regulations and standards made under it, this was highlighted as an area for development. The inspector saw a folder the person in charge had maintained to include some of the guidance that the Authority had recently issued.

**Judgment:**
Non Compliant - Major

---

**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:**

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

<table>
<thead>
<tr>
<th align="left">Centre name:</th>
<th>A designated centre for people with disabilities operated by Health Service Executive</th>
</tr>
</thead>
<tbody>
<tr>
<td align="left">Centre ID:</td>
<td>OSV-0002573</td>
</tr>
<tr>
<td align="left">Date of Inspection:</td>
<td>08 October 2014</td>
</tr>
<tr>
<td align="left">Date of response:</td>
<td>07 November 2014</td>
</tr>
</tbody>
</table>

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of 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:
Each resident’s privacy and dignity was found to not always be respected:

- A number of bedrooms operated a shared bathroom which had a door leading from two bedrooms who shared the bathroom. These doors were heavy and cumbersome, not all in full working order and also not easily accessible for those with mobility issues.

---

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
due to the opening mechanism together with the weight of the door. Although there were locks on these doors residents privacy was compromised due to the cumbersome nature of the doors.
- One shower was without a privacy curtain.
- Incontinence wear, in the bedroom of one resident, was left on the windowsill visible for other people to see.
- The language used in residents care plans was not always appropriate, incontinence wear was seen in a number of locations referred to as 'nappies'.

**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 Registered Provider accepts the findings of the Inspector and is committed to meeting the requirements for privacy and dignity under Regulation 09 (3).

1. The door referred to will be replaced with a suitably accessible design, in consultation with an architect.
2. The remaining shared bathroom doors will be assessed and a remedial plan agreed with the Architect.
3. Redevelopment plans have been sourced for structural alteration to the building in order to comply with Regulation 17, and to meet some of the requirements of Regulation 26. A copy of these plans will be forwarded to the Authority. The Provider is awaiting announcement regarding capital funding for 2015. Once this has been announced it will be possible to propose a realistic time frame for these major works to be completed.
4. An order has been placed for the provision of a new shower half door.
5. The Person in Charge has instructed the staff regarding the proper management and storage of continence products.
6. The Person in Charge has amended the form where the term ‘nappy’ was inappropriately used.

**Proposed Timescale:**
1. 1st of December 2014
2. 30th of June 2015
3. Plans to be submitted to the Authority by the end of November 2014 and indicative commencement date will be dependent on the announcement of minor capital allocations for 2015.
4. 1st of December 2014
5. Complete
6. Immediate and amended forms will be completed by November 28th 2014

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in**
the following respect:
Although residents were given the opportunity to complete a form outlining their wishes for their respite stay, the service did not have formal meetings with residents nor was a survey carried out to ascertain the overall experience for all residents.

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:
The Registered Provider acknowledges the findings of the Inspector and remains committed to meeting Regulation 09 (2) (e)
The Registered Provider has instructed the Person in Charge to

(1) Adapt the current individual evaluation system so that the information will be captured and acted upon across the respite service as a whole. This system has also been adapted to formally record the service users’ involvement.

(2) Devise an annual service user feedback survey in an accessible format and circulated to all service users, with the results formally collated, reviewed and circulated.

Proposed Timescale:
1. Immediately as service users attend.
2. The survey will be devised by 31st December 2014, and first resulting report expected on 31st March 2014.

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all elements of the complaints procedure were satisfactorily displayed in the centre; the contact details along with the photograph of the complaints officer were not displayed.

Action Required:
Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

Please state the actions you have taken or are planning to take:
The Registered Provider accepts the findings of the Inspector and acknowledges the importance of an accessible complaints procedure.
The Registered Provider has arranged for the Person in Charge to display prominently details of the local complaints officer which includes a photograph.
The Person in Charge is also now providing pictorial complaints slips to complement the already available written ones.
### Proposed Timescale: Immediate

#### Theme: Individualised Supports and Care

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

On review of the excerpts of the complaints log, received by the inspector post inspection, the inspector found that complaints were not sufficiently investigated, documented or recorded.

**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:**
The Registered Provider accepts the findings of the Inspector and has instructed the Person in Charge immediately use the template indexed in the Complaints Policy.

---

### Proposed Timescale: Immediate

<table>
<thead>
<tr>
<th>Outcome 04: Admissions and Contract for the Provision of Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
</tbody>
</table>

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

The contract required further detail to reflect the actual services provided to residents and the costs they may occur as a result of activities and services such as incurring cost for staff if assisted to the cinema.

**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:**
The Registered Provider accepts the findings of the Inspector. The Person in Charge will adapt the residential contract to meets the needs of the respite service and which will also clearly detail the actual services provided to residents and transparency regarding any additional costs that the resident will incur as a result of accessing activities which require the assistance of staff.

**Proposed Timescale:** Contract will be formulated by January 31st 2015. Implementation will commence for all service users in February 2015 with note that it must be completed by next admission.
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:**
From the selection of care plans reviewed the inspector found that not all were reviewed at a minimum annually.

**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 Person in Charge acknowledges the findings of the Inspector. Whilst the care plans are now updated as each service user avails of the service it is acknowledged that a review by appropriate health care professionals should also be undertaken at least annually. The Person in Charge, in consultation with the Community Adult Disability Team, plans to trial the use of the HSE Common Summary Assessment Report, as a means of carrying out these reviews. A quantum of monthly reviews will be progressed with the Adult Disability services MDT.

**Proposed Timescale:** 02/01/2015

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The centre was not suitable to meet the assessed needs of all residents in particular those who used a wheelchair and had mobility difficulties.

**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:**
The Person in Charge accepts the findings of the Inspector and is committed to ensuring that the designated centre is suitable to meet the assessed needs of all service users. The Person in Charge will:
1. Request the Occupational Therapy Department to assist with identifying necessary adaptations and then submit requisitions for their purchase.
2. Deficits identified will be recorded in the risk register.
3. The doors referred to will be addressed as described in Outcome 1 above.
4. Handrails and other mobility aids will be secured without delay.
**Proposed Timescale:**
1. OT assessment complete and requisitions being submitted with target date for completion of the end of February 2015.
2. Immediate
3. 1st of December and 30th of June 2015

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The personal plans were not in an accessible format appropriate to the resident.

**Action Required:**
Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

**Please state the actions you have taken or are planning to take:**
The Person in Charge accepts the findings of the Inspector and is committed to developing personal plans in an accessible format.

A number of service users are fully literate and so their existing care plans will be shared and discussed with them.

Meath Disability Services currently operates a ‘Passport’ approach making plans accessible to people with moderate/severe/profound intellectual disability, and the Person in Charge will extend these to the respite service.

The Person in Charge will seek expert advice for people with visual impairment.

The process will run in tandem with the annual reviews and therefore will take a year to complete.

**Proposed Timescale:** Immediate

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
It was not evident that personal plans were completed with maximum participation of residents or where this was not possible their representatives.

**Action Required:**
Under Regulation 5 (4) (c) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which is developed through a person centred approach with the maximum participation of each resident, in accordance with the resident’s wishes, age and the nature of his or her disability.

**Please state the actions you have taken or are planning to take:**
The Person in Charge accepts the findings of the Inspector. As part of the personal plan developments previously stated, the service user and/or their representatives will
continue to be given full opportunity to participate in personal plan development, which will be evidenced by the records and their/representative’s signature.

**Proposed Timescale:** Immediate

**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 centre was found not to be designed and laid out to meet the needs of the residents. There was minimal use of assistive technology to support residents use the centre effectively, access was also poor throughout the centre:

- Entry or exit points in the house were not equipped with assistive technology aids to assist residents with mobility or sensory difficulties gain ease of access or egress
- There were no assistive rails or assistive markings/cues in the hallway or throughout the house to assist residents with mobility or sensory issues
- Small ramps were placed at both entry points to the shared bathrooms. There were no grab rails to assist those in wheelchairs to overcome these ramps.
- The doors leading into the bathrooms were cumbersome and heavy. They were not easily accessible to people with sensory or physical disabilities.
- Residents with sensory or mobility issues did not have ease of access to open windows
- The televisions in all bedrooms were at an awkward height on the wall making viewing difficult

**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:**
The Registered Provider accepts the findings of the Inspector and is committed to ensuring that the designated centre is suitable to meet the assessed needs of all service users. The Person in Charge will

1. Request the Occupational Therapy Department to assist with identifying necessary adaptations, and then submit requisitions for their purchase.
2. Deficits identified will be recorded in the risk register.
3. Handrails and other mobility aids will be secured without delay
4. The doors, flooring, entry/exit points and windows referred to will be replaced with a suitably accessible design, in consultation with an architect. This will be achieved in 2 phases, a) scoping out with architect and getting costings and b) securing capital to proceed with alterations
5. Development plans have been sourced for structural alteration to the building in order to comply with Regulation 17, and to meet some of the requirements of Regulation 26. The Provider is awaiting announcement regarding capital funding for 2015. Once this has been announced it will be possible to propose a realistic time frame
Proposed Timescale:
1. OT assessment complete.
2. Immediate
3. 1st of February 2015
4. June 2015
5. Plans to be submitted to the Authority by the end of November 2014 and indicative commencement date will be dependent on the announcement of minor capital allocations for 2015.

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Areas of repair were observed during the inspection;

- There were cracked and broken tiles in the bathrooms.
- A number of the bathroom doors required repair.
- The shower mechanism in one of the bathrooms was functioning poorly and required replacement.

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:
The Registered Provider accepts the findings of the Inspector. The Person in Charge will:
1. re-submit the requisitions immediately so that repairs may take place.
2. The doors referred to will be replaced as per Outcome 1 above
3. Plans have been sourced for structural alteration to the building in order to comply with Regulation 17, and to meet some of the requirements of Regulation 26. The Provider is awaiting announcement regarding capital funding for 2015. Once this has been announced it will be possible to propose a realistic time frame for these major works to be completed.

Proposed Timescale:
1. December 31st 2014
2. 1st of February 2015 and June 2015
3. Plans to be submitted to the Authority by the end of November 2014 and indicative commencement date will be dependent on the announcement of minor capital allocations for 2015.

Theme: Effective Services

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

Improvements were required to ensure the house was clean and suitably decorated:

- The paintwork on walls required attention as too the architrave which was badly damaged in places.
- Flooring in the bathrooms and bedrooms had been previously repaired and patched up, this required attention.
- The flooring throughout the house was heavily stained.
- Furnishings and curtains were outdated.
- The windows were unclean and in need of repair.

**Action Required:**
Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

**Please state the actions you have taken or are planning to take:**
The Registered Provider accepts the findings of the Inspector. The Person in Charge will:
1. submit requisitions for all issues identified so that repair and /or replacement can commence immediately.
2. Plans have been sourced for structural alteration to the building in order to comply with Regulation 17, and to meet some of the requirements of Regulation 26. The Provider is awaiting announcement regarding capital funding for 2015. Once this has been announced it will be possible to propose a realistic time frame for these major works to be completed.

**Proposed Timescale:**
1. 28th February 2014
2. Plans to be submitted to the Authority by the end of November 2014 and indicative commencement date will be dependent on the announcement of minor capital allocations for 2015.

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The inspector observed from service records that the hoists were overdue a service. They had not been serviced since 2012.

**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:**
The Registered Provider accepts the findings of the Inspector, and has now arranged
for the Person in Charge to progress the servicing of the hoists.

**Proposed Timescale:** 30/11/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The centre was not sufficiently equipped with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents. For example for those that were in wheelchairs or had mobility difficulties doors were not equipped with opening devices. In particular the two bathrooms doors, that a resident had to open and close when they wished to use the facilities, were heavy and cumbersome.

**Action Required:**
Under Regulation 17 (5) you are required to: Equip the premises, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.

**Please state the actions you have taken or are planning to take:**
The Registered Provider accepts the findings of the Inspector and is committed to ensuring that the designated centre is suitable to meet the assessed needs of all service users. The Person in Charge will:

1) Ask the Occupational Therapy Department to assist with identifying necessary adaptations and assistive technology required, and will then submit requisitions for their purchase.

2) Request funding and purchase assistive technology, aids and appliances.

3) Deficits identified will be recorded in the risk register.

4) The doors referred to will be replaced as per Outcome 1 above.

**Proposed Timescale:**
1. Complete.
2. 31st March 2015,
3. Immediate
4. 1st of February 2015 and June 2015

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
As per Schedule 6 of the regulations improvements were required:
- Space for residents to socialise or spend time by themselves was limited to their bedroom or a lounge room.
- Storage was observed as problematic as commodes and shower chairs were stored in bathrooms.

Action Required:
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

Please state the actions you have taken or are planning to take:
The Registered Provider accepts the findings of the Inspector.
1) Plans have been sourced for structural alteration to the building in order to comply with Regulation 17, and to meet the requirements of schedule 6. The Provider is awaiting announcement regarding capital funding for 2015. Once this has been announced it will be possible to propose a realistic time frame for these major works to be completed.

2) In the interim, the Person in Charge is adapting the current nurses’ station/visitors’ room to promote its use as an appropriate environment for a visitors’ room/lone space and lessen the appearance of an office.

Proposed Timescale:
1. Plans to be submitted to the Authority by the end of November 2014 and indicative commencement date will be dependent on the announcement of minor capital allocations for 2015.
2. 31st December 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:
1) Although there was a risk register and risk assessments in place controls and actions had not been established and completed to reduce all known risks. For example the layout of the bathrooms had previously been raised to senior management, June 2013, as a risk but the risk had not been reduced at the time of inspection.

2) Staff and residents were at risk due to out of date training:
   - PMAV
   - Moving and Handling
   - Food safety

3) The maintenance system was not transparent; it was unclear at a local level if maintenance jobs that had been submitted were completed or had been sanctioned to be completed.
**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:**
The Registered Provider accepts the findings of the Inspector.

1) The Person in Charge will resubmit all outstanding requests for maintenance to ensure that all non-structural works may be completed without further delay. Plans have been sourced for structural alteration to the building in order to comply with Regulation 17, and to meet some of the requirements of Regulation 26. The Provider is awaiting announcement regarding capital funding for 2015. Once this has been announced it will be possible to propose a realistic time frame for these major works to be completed.

2) Manual handling training will be secured in house for all staff members who require this updated training. External PMAV training has been sourced and will commence in December 2014. The Person in Charge will review the training records of all care staff employed in the house and ensure that those with Fetac level 5 training inclusive of food preparation and hygiene will review and maintain the processes in the kitchen to the correct standard. All new staff employed will be offered training in food preparation and hygiene. Key staff will be identified and provided with certified food safety training. The PIC will investigate availability within the HSE to source training an information sessions to upskill existing staff.

3) A SOP for the Meath maintenance service has been developed and mandated by the General Manager. A specific maintenance log will be created for the centre which will have shared access with management to track requests, approvals, time-frames and allocated maintenance provider name.

**Proposed Timescale:**
1. Plans to be submitted to the Authority by the end of November 2014 and indicative commencement date will be dependent on the announcement of minor capital allocations for 2015.
2. 30th March 2015.
3. 30th November 2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Staff did not have up-to-date fire safety training.

**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:**
The Registered Provider acknowledges the finding of the Inspector. In house training took place on 17th June 2014 but it is acknowledged that not all staff were able to attend. The Person in Charge has secured an additional training date on 24th November 2014.

**Proposed Timescale:** 24/11/2014

---

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Although staff spoken with were familiar with what to do in the event of an allegation/suspicion of abuse, at the time of inspection no staff member had received formal training on the protection of vulnerable adults.

Staff were unfamiliar with the role of the designated officer and who this was.

**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:**
The Person in Charge accepts the finding of the Inspector. All staff have been booked in for accredited training on the Protection of Vulnerable Adults with particular reference to the policy in Meath Disability Services, including the role of designated officers and who they are. The training dates are during the period of October and November 2014. The Person in Charge notes that there is a notification on the notice board in the centre which states the names of the Designated Officers.

**Proposed Timescale:** 30/11/2014

---

**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:**
No quarterly reports of accidents and incidents notification were sent in by the person in charge or received by the Authority for the centre.
**Action Required:**
Under Regulation 31 (3) (d) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any injury to a resident not required to be notified under regulation 31 (1)(d).

**Please state the actions you have taken or are planning to take:**
The Person in Charge acknowledges the comments of the Inspector, and has now submitted all quarterly returns and notifiable events.

**Proposed Timescale:** Immediate

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
No six monthly reports were sent in by the person in charge or received by the Authority for the centre.

**Action Required:**
Under Regulation 31 (4) you are required to: Where no incidents which require to be notified have taken place, notify the chief inspector of this fact on a six-monthly basis.

**Please state the actions you have taken or are planning to take:**
The Registered Provider accepts the findings of the Inspector and has noted that no six monthly reports were sent into the Authority. The Registered Provider has requested to view these reports and once satisfied with their content will immediately co-sign and forward them to the Authority.

**Proposed Timescale:** 30/11/2014

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The inspector found that systems were not in place to ensure the service was safe and effective. Numerous areas of risks and deficits that impacted negatively on residents had been raised with senior management however they had not been addressed.

The oncall system was weak and required a review.

**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:
The Registered Provider accepts the findings of the Inspector and realises the importance of leadership, governance and management.

1. a) A SOP for the Meath maintenance service has been developed and mandated by the General Manager. A specific maintenance log will be created for the centre which will have shared access with management to track requests, approvals, time-frames and allocated maintenance provider name.

2. Plans have been sourced for structural alteration to the building in order to comply with Regulation 17, and to meet some of the requirements of Regulation 26. The Provider is awaiting announcement regarding capital funding for 2015. Once this has been announced it will be possible to propose a realistic time frame for these major works to be completed.

3. The Registered Provider has developed plans for a new ‘on call’ system pending necessary funding being approved at a National level. This will strengthen the arrangements already in place. It will provide 24 hour on call off site managed by the PIC’s on a rotation basis. In turn they will have access to 24 hour on call off site Managers, also on rotation. A Director of Nursing and an Assistant Director of Nursing have been appointed with a start date of the 1st December 2015. Once in post the Director of Nursing will provide 24 hour on call to the units at a management level.

Proposed Timescale:

1. Immediate
2. Plans to be submitted to the Authority by the end of November 2014 and indicative commencement date will be dependent on the announcement of minor capital allocations for 2015.
3. PIC on call funding commencement date is pending approval of funding. DON and ADON in post from 1st December 2014

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
An annual review of the quality and safety of care and support was not evident.

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

Please state the actions you have taken or are planning to take:
The Registered Provider accepts the findings of the Inspector and has requested the Director of Nursing and the Quality and Risk Advisor, in conjunction with the Disability Manager assist him in completing an annual review of the quality and safety of care and
support in the centre. The Registered Provider will ensure that input and consultation with residents and their representatives is core to this review.

**Proposed Timescale:** 28/02/2015

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Residents or their representatives were not consulted with in an annual review of the quality and safety of care and support in the designated centre.

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

**Please state the actions you have taken or are planning to take:**
The Registered Provider accepts the findings of the Inspector and has requested the Director of Nursing and the Quality and Risk Advisor, in conjunction with the Disability Manager assist him in completing an annual review of the quality and safety of care and support in the centre. The Registered Provider will ensure that input and consultation with residents and their representatives is core to this review. Once complete a copy will be issued to the Chief Inspector and made available to the residents.

**Proposed Timescale:** 28/02/2015

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A copy of an annual review of the quality and safety of care and support in the designated centre was not available to residents or to the Chief Inspector.

**Action Required:**
Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

**Please state the actions you have taken or are planning to take:**
The Registered Provider accepts the findings of the Inspector and has requested the Director of Nursing and the Quality and Risk Advisor, in conjunction with the Disability Manager assist him in completing an annual review of the quality and safety of care and support in the centre. The Registered Provider will ensure that input and consultation with residents and their representatives is core to this review. Once complete a copy will be issued to the Chief Inspector and made available to the residents.
Proposed Timescale: 28/02/2015

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider nominee had not carried out an unannounced inspection to the centre in the previous six months nor was a report available to reflect such visits.

Action Required:
Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

Please state the actions you have taken or are planning to take:
The Registered Provider accepts the findings of the Inspector and acknowledges the required responsibility of carrying out unannounced visits to the designated centres. The Provider role is currently being held on a temporary basis by the ISA Manager pending the appointment of the person who will hold the role on the 1st December 2014. Upon appointment the new Registered Provider will ensure that the centre is provided with an unannounced visit within 3 months of their commencement and a written report will be completed on the safety and quality of care and support provided in the centre. A plan will be put in place to address any concerns regarding the standard of care and support if required.

Proposed Timescale: 28/02/2015

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Systems were not in place to ensure that staff underwent formal supervision, appraisals or performance management.

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:
The Registered Provider accepts the findings of the Inspector. The Supervision Policy for Meath Disability Services will be reviewed and updated on November 11th 2014, and discussed in each location at team meetings by December 31st 2015. Any feedback will be commenced by the beginning of January 2015. The policy will then be implemented, commencing with the Person in Charge meeting with each staff nurse.
The Assistant Director of Nursing will provide oversight of the policy and implement supervision with the PIC.

**Proposed Timescale:** Commencing January 1st 2015

### Outcome 17: Workforce

**Theme:** Responsive Workforce

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

Some of the information, as detailed in Schedule 2, was not available in staff files:

- Two references for each employee.
- Contract of their roles and responsibilities.
- Professional registration details.
- Gardá Vetting.

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

**Please state the actions you have taken or are planning to take:**
The Person in Charge acknowledges the findings of the Inspector & is completing the staff files so that the criteria under Regulation 15 (5) & specified in Schedule 2 is met.

**Proposed Timescale:** 28/11/2014

**Theme:** Responsive Workforce

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

1) Multiple areas of staff training was out of date including but not limited to:

- Moving and handling.
- Fire Safety.
- Food Hygiene.
- PMAV.

2) Staff did not have training in all appropriate areas to meet the assessed needs of residents for example Lámh and sign language.

**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:
The Person in charge accepts the findings of the Inspector. The Person in Charge will review the training records of all care staff employed in the house and ensure that:

1) Those with Fetac level 5 training inclusive of food preparation and hygiene will review and maintain the processes in the kitchen to the correct standard. All new staff employed will be offered training in food preparation and hygiene. Key staff will be identified and provided with certified food safety training.

2) Manual handling training will be secured in house for all staff members who require this updated training.

3) In house fire training took place on 17th June 2014 but it is acknowledged that not all staff were able to attend. The Person in Charge has secured an additional training date on 24th November 2014.

4) External PMAV training has been sourced and will commence in December 2014.

5) The Person in Charge will consult with local SLT Dept and implement a plan for centre specific Lamh training for staff.

Proposed Timescale: 30/03/2015

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff spoken with were unfamiliar with the Act, Regulations and the 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:
The Person in Charge acknowledges that the staff member approached on the day of inspection appeared unfamiliar with the Act, Regulations and the Standards. All staff have been informed of the Act, regulations and standards. The Person in Charge has now accessed a user friendly guide from HIQA to further aid the staff in their understanding. The topic will now be on the agenda for each staff meeting to ensure familiarity going forward.

Proposed Timescale: Immediate and ongoing