# Health Information and Quality Authority

## Regulation Directorate

### 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 The Anne Sullivan Centre Limited</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001388</td>
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<tr>
<td>Centre county:</td>
<td>Co. Dublin</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>The Anne Sullivan Centre Limited</td>
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<tr>
<td>Provider Nominee:</td>
<td>Liam O'Halloran</td>
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<tr>
<td>Lead inspector:</td>
<td>Helen Lindsey</td>
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<tr>
<td>Support inspector(s):</td>
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<td>Type of inspection</td>
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<tr>
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<td>Number of vacancies on the date of inspection:</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, 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 compliance with National Standards. This monitoring inspection was un-announced and took place over 2 day(s).

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

<table>
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<tr>
<td>16 October 2014 10:30</td>
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The table below sets out the outcomes that were inspected against on this inspection.

| Outcome 03: Family and personal relationships and links with the community |
| Outcome 05: Social Care Needs                                              |
| Outcome 06: Safe and suitable premises                                    |
| Outcome 07: Health and Safety and Risk Management                         |
| Outcome 08: Safeguarding and Safety                                       |
| Outcome 11. Healthcare Needs                                              |
| Outcome 12. Medication Management                                         |
| Outcome 14: Governance and Management                                     |
| Outcome 17: Workforce                                                    |

**Summary of findings from this inspection**

This was the first inspection of this centre by the Health Information and Quality Authority (HIQA). As part of the inspection, the inspector visited the houses that made up the designated centre and met the residents and staff members. The inspector observed practice and reviewed documentation such as personal plans, medical records, policies and procedures, and staff files.

The centre is run specifically to meet the needs of people who are deafblind. The aim of the provider is to facilitate deafblind people to pursue meaningful, active and fruitful lives.

The inspector was limited in her ability to communicate with the residents, and so relied on the staff to share their views of the resident experiences. Records of other professional’s assessments and judgements were also used to give a view on the experience of the residents.

During the inspection the inspector met the person in charge, who works in the centre three or four days a week. They are supported in this role by the residential services manager and the deafblind service manager, who alternate each month to
cover when the person in charge is not in the centre.

The centre is made up of four houses and the main building, all within a cul-de-sac in a residential area. It is close to amenities such as shops, restaurants, banks and bus stops. They can support 11 residents on a full time or respite basis.

The main building had a flat for one resident, a main kitchen, a kitchen for residents, and a range of offices and recreation rooms. There was a garden, and a guided walkway around the building.

One house had a bedroom with en-suite, two living rooms and a kitchen diner on the ground floor. There were four bedrooms upstairs, one en-suite. One bedroom was used as the office, two for residents and one spare room that could be used for staff if needed. There was a garden to the back of the house. Three residents lived in this house.

Three of the houses had been knocked through, so there was access between them. In the whole building there was two kitchen diners, two lounge areas, a separate flat for one resident, and six bedrooms. One of the bedrooms was en-suite. There was a garden area at the back of each house. There were also two bathrooms, and a downstairs toilet. Six residents lived in these houses.

Residents were seen to be engaging positively with staff who knew their communication style well. On the day of the inspection they were engaged in a range of activities to suit their individual interests.

Overall the inspector found that there had been a lot of change in the organisation, with a new management structure recently put in place to support the service to develop in areas where improvements were needed. New systems and structures were being introduced to ensure the service was meeting the regulations. Residents' needs were being reviewed to make sure they were being met, and communication training was supporting staff to communicate effectively with them.

Areas of non compliance related to mandatory training, accessibility and reviews of personal plans, policies for risk and emergencies, and the procedures around using restrictive practice. There were also a number of issues with the maintenance and presentation of the premises.

These issues are discussed further in the report and included in the action plan at the end of this report.
**Outcome 03: Family and personal relationships and links with the community**

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

**Theme:**
Individualised Supports and Care

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

**Findings:**
Residents were supported to maintain relationships and links with the wider community.

Records showed that residents had regular contact with family members. Many went home for visits and to stay on a regular basis. There were personal histories detailing resident’s families, and the type of contact they had with them.

Each resident had their own room, and there was adequate space for residents to meet family and friends in private if they wanted. There were also rooms in the main centre that could be used if more space was needed.

Communication records showed that family members had been kept informed of the resident’s well being, and were invited to attend annual reviews, and other meeting to discuss health care needs as required.

The inspector observed that residents were involved in activities in the community. When the inspector arrived at the centre, some residents were out swimming, and others were out for a walk in the local community. Records showed that residents had different activities identified in their weekly calendars, and although some of the activities were daily living tasks, there were different activities identified. For example visiting local restaurants, shopping, bowling, and drives out in the bus to local parks.

**Judgment:**
Compliant

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**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 arrangements to meet each resident’s assessed needs were set out in a personal plan that reflected their needs and interests. However the system to review the plans and confirm they were meeting the residents needs to be improved, and complete plans needed to be available in an accessible format.

Each resident had a personal support plan. The inspector reviewed a sample of them and found they included information on communication skills and needs, daily activity plans, likes and dislikes, eating, contact with medical professionals and family contact.

The organisation was moving to an on-line system, and much of the information was not yet on that system, so staff showed the inspector other documents, such as personal files in the houses, and some information held on the email system. The information that is required for residents was mostly in place, but access to it depended on people knowing where certain information was. Improvement was needed to ensure the plans were in an accessible format. The service manager confirmed work was ongoing to get a comprehensive plan in place on the on-line system in the near future.

Although there was some evidence of reviews, for example an annual meeting to review progress, improvement was needed in this area as much of the information being used to guide staff was over two years old, more in some cases.

The inspector saw some evidence of identifying future aims with residents. The identified goal was recorded and a person was identified to take it forward. It was noted there was a focus on daily living skills in this process. The inspector discussed this with the service manager and he reported that people were going away for holidays and attending spa days, but it had not been recorded in this system and that it will be extended to include more on social and leisure interests.

Evidence was seen of the range of activities residents were involved in the centre including art sessions, music therapy, massage, using the gym equipment and using the multisensory room. Work was also starting on running accredited education programmes.

Residents also accessed the community, with some involved in work opportunities.
Residents were reported to enjoy trips out on the bus, walks in the local area, visiting local pubs and restaurants, using public transport and visiting local shopping centres. Some residents had a more limited range of activity, however work had commenced with the psychologist to encourage the development of skills which would increase access to the community.

The inspector was shown the new documentation to support the annual review, and it was seen to cover a wide range of areas including health, social engagement, daily living skills and areas where support was to be provided. Records showed family were involved in review meetings.

A range of health professionals were also seen to be involved in meeting residents' needs. Assessments were seen from speech and language therapy, physiotherapy and clinical psychology. Other professionals were involved with the centre as needed, for example psychiatry.

A resident had recently moved in to the service, and staff were able to describe the transition plan very clearly. They described arrangements that focused on the resident getting to know new staff through a number of visits to their previous placement, and staff learning how to communicate effectively with them. The records available on the day of the inspection did not show evidence of how this had been completed, but staff reported that it had been successful, and the resident was getting used to their new home.

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 location, design and layout of the premises were suitable for their stated purpose and the needs of the residents. However, work was needed to ensure the accommodation was well maintained, suitably decorated and provided sufficient storage to meet the needs of the residents.
During a tour of the premises it was noted that there was a lot of items stored in the communal areas. For example, in the room used for the gym machines there were tables and chairs stored. In the lounges of some of the houses there were filing cabinets, bookshelves of files, and guidance stuck on the walls. In the outside areas lots of objects were stored around the path areas, such as unused boxes. The amount of items in all of the different areas could be trip hazard to the residents and other people and needs improving.

Staff were able to report some maintenance being carried out, but other items that needed attention had not been addressed. For example in one kitchen some of the doors were missing off the cabinets, in one room a wall lamp had no cover.

The inspector observed that in many areas, such as bedrooms and lounge areas, the decor was not of a good standard. Walls were marked and had paint missing. There was no evidence that residents had been involved in making choices about how their accommodation was presented as all rooms were decorated the same.

The storage and decor issues raised above resulted in some areas of the accommodation not being homely in that they were being used for a range of purposes.

There were adequate numbers of toilets and bathrooms to meet resident’s needs, and the inspector observed that a number of residents had their own en-suite, which supported them to be familiar with the space and placement of items, and so more independent.

The inspector observed that there was equipment available as needed by the residents, for example standing poles and wheelchairs.

The service manager had recently completed health and safety training, and was in the process of auditing the premises to ensure all issues were identified. He reported they would then be assessed and an action plan developed on how to address them. This followed the process set out in the risk management policy.

**Judgment:**
Non Compliant - Moderate

### 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:**
Some systems were in place to promote the health and safety of residents, visitors, and staff, however improvements were needed. An emergency plan needed to be developed, the risk management policy needed further development, the infection control policies and procedures needed to be approved, and a system to ensure fire escapes were not blocked needed to be introduced. All staff needed to receive fire safety training.

The inspector saw a copy of the health and safety statement. It was being reviewed to ensure it was up to date.

Staff reported that a lot of work was being done on developing policies and procedures to cover all areas of health and safety, for example a new risk management policy, infection control and emergency plan. However at the time of the inspection there was no emergency plan in place, the infection control policy was in draft, and the risk management policy did not include the elements required by the regulations.

The inspector reviewed the risk register that had been recently started for the organisation. It covered areas such as funding, loss of staff, and medication. This document was reviewed by the management team who were working to identify how risks were to be identified and reduced or eliminated.

The risk management policy sets out that they will be completing risk assessments for the houses and for the residents. The service manager reported that he had recently met with an advisor to choose the right format for the organisation.

For infection control practice, the inspector saw that personal protective clothing was available for staff, for example aprons and gloves. However, some practice needed to be improved, for example storing mops and buckets outside exposing them to contamination.

Staff spoke with were aware of the procedure for reporting accidents and incidents. The service manager and residential services manager explained how they reviewed all reports and identified if further action was needed. An example of this was seen in relation to an incident that involved the physical restraint of a resident.

Staff training records showed about half of the staff were trained in manual handling. The action for this is made under outcome 17. Staff were seen to support residents with moving and mobility. They encouraged independence as much as possible.

The management team met monthly to go through all of the above issues and identify any patterns or themes related to health and safety. An example of medication errors was given as an area where an issue had been identified, and action taken to correct it. A pharmacy was now providing medication, offering support, and carrying out audits. All of this had reduced the number of medication errors that were occurring.

By touring the premises the inspector observed that fire equipment was provided, and that mostly fire exits were unobstructed, however one example of a wheelchair blocking the exit was seen. The fire officer had recommended daily checks of fire exits to ensure they were not obstructed, and the service manager said this would be implemented.
There was a fire evacuation procedure in each part of the designated centre. Records of fire drills at least six monthly were seen, and each resident had a personal evacuation plan. Staff reported that all residents knew if a member of staff signed a cross on them that they needed to leave the premises. This was clearly recorded in the evacuation plans.

About half of the staff had fire safety training, and more training sessions were booked.

Records were seen that showed the fire alarm was serviced quarterly, and the fire safety equipment, and emergency lighting, on an annual basis.

**Judgment:**
Non Compliant - Moderate

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**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

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

**Findings:**
The provider had put arrangements in place to safeguard and protect residents. However the policy needed to include further information, and staff needed to receive training in the protection from abuse policies and procedures. The system around imposing restrictions on residents needed to be set out with clear view arrangements.

The inspector observed that there was a policy and procedure on the prevention, detection and response to abuse. It was recommended to the person in charge that this was expanded to cover the actions to be taken if it was not a member of staff that an allegation had been made about.

The inspector observed that staff interacted with residents in a calm and respectful way and the residents appeared to have a good relationship with staff on duty.

The inspector asked staff what signs they would look for as residents may not be able to communicate if something had happened to them that they were unhappy about. They described they would look for physical signs and also changes in mood and behaviours.
In discussing the training records with a staff member, it was reported that there was a large number of staff who had not completed training in protection from abuse. Those staff spoken with were clear on what constitutes abuse and what action to take if they suspected or witnessed abuse taking place.

The person in charge and the two people who covered in his absence understood the role they would need to take in the investigation of any allegations of actual or suspected abuse.

At the time of the inspection no incidents, allegations or suspicions of abuse had been recorded.

There were clear behaviour plans in place for residents where it was identified as a need, and they were developed with a multidisciplinary team. Access to the plans was being reviewed. As with some other parts of residents' personal plans, some had been written a long time ago. The plans included what may trigger the resident to become upset, signs of them escalating and techniques to use for de-escalation.

There was a clear behaviour policy that set out roles and responsibilities, and the procedures to follow. The document also covered the use of restraint in the centre, and highlighted any restraint used must be the least restrictive for the shortest period of time.

The staff spoken with were knowledgeable about the plans, and gave examples of when they had been put into practice. Incident reports showed clear detail of incidents in relation to behaviour, and would support analysis of what lead to the incident. A psychologist was also working closely with some residents to assess behaviour, and support the development of appropriate plans.

The service manager was the trainer for the protocol for using physical restraint in the service. Where it was identified that residents may require some form of physical intervention to support their safety, the approved methods were recorded clearly. He reported that staff were trained specifically for how to work with each resident.

The service manager and residential service manager spoke to the inspector about the procedure for identifying where a restriction on a resident was needed as a matter of health or safety. The records were not available to give the history behind some of the decisions that had been made, and the arrangements were not being formally reviewed at agreed times. Due to the lack of documentation it was not possible to determine the level of involvement of other professionals in these decisions for all of the residents. Improvement was needed to ensure there was a transparent process in place for placing restrictions on the residents, and a process to review decisions, to ensure the least restrictive measures were used for the shortest possible time.

Judgment:
Non Compliant - Moderate
### Outcome 11. Healthcare Needs
*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**
Health and Development

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

**Findings:**
The inspector found that there were arrangements in place to provide healthcare for each resident, and they had access to medical and allied healthcare professionals as needed.

Records showed contact with the general practitioner (GP), who visited regularly, or as needed. Residents also had an annual health check. There was evidence that residents accessed other health professionals such as occupational therapy, speech and language therapy, and specialists for specific medical conditions such as epilepsy. Letters, assessments and medical reports were available as part of the residents’ records.

Records also showed that residents had regular dental checkups, sight tests, and tests in relation to national screening programmes.

The inspector spoke to staff who were aware of a healthy diet, and the importance of exercise. They reported that some residents liked to assist in the cooking of meals. One resident was seen getting their breakfast, and others were seen in the training kitchen working on developing their preparation and cooking skills.

Meals were sent over from the main kitchen, and staff reported that residents had a good appetite and seemed to enjoy the meals served. At the weekends the staff cook with support from residents.

For those with specialist and modified diets, detail was available in the service to ensure those needs were met. Snacks and drinks were available to the residents at all times.

**Judgment:**
Compliant

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

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

Findings:
The inspector found there were policies and procedures around the safe administration of medication.

There was a policy in place for the administration of medication which covered key areas such as safe administration, storage, audit and disposal of medication. The processes in place for the handling of medication were well known by staff, who were able to describe the process competently including administration and disposal. Staff had completed medication training, which was provided by the pharmacist who provided the medication administration system.

The inspector reviewed the prescription record and medication administration records for residents and found that the documentation was generally complete.

The inspector observed that the medication storage was in the office in each house. It was a medication trolley that locked securely, and a staff member kept the keys at all times.

Where residents had medical conditions there were guidelines about how these were to be managed, and emergency medications administered. All staff spoken with were very clear of what action they would need to take, and who was responsible.
Some residents go home on a regular basis, and there were arrangements in place for sending the correct medication with the resident.

Staff reported that the pharmacist was available to provide support if they needed it. They also undertook a review of the practice of the staff and regular audits of the system.

The management team reviewed the audits, and also undertook an audit of the use of any of the as required medication (PRN) to ensure use was in line with good practice.

Judgment:
Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.
**Theme:**
Leadership, Governance and Management

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

**Findings:**
There was a clearly defined management structure that identified the lines of authority and accountability. These systems supported and promoted the delivery of safe care services.

During the inspection the inspector met the person in charge, who works in the centre three or four days a week. They are supported in this role by the residential services manager and the Deafblind service manager, who alternate each month to cover.

The inspector observed that the main person in charge was involved in the governance, operational management and administration of the centre and had appropriate experience for covering the role. His background was in business management, and he was bringing those skills in relation to the operation of the centre, and ensuring there were effective and efficient systems in place. The two supporting managers both had worked at the centre for a long time. They knew the residents well and both had qualifications relevant to the care and support being provided by the centre.

All three were seen to have a good knowledge of the legislation they need to operate in, and were doing their own review to identify areas where they needed to improve in order to meet the requirement of the regulations.

As part of the organisational structure there was also human resources and administration management.

In the houses there was a supervisor, and then the staff team. Staff spoken with were very clear about their roles and responsibilities, and where decisions needed to be made by other people.

Reporting systems were seen to be in place for any incidents, for example medication errors, to be reviewed for themes and trends, and to identify any learning for the organisation. Some audits were being carried out, for example medication, and others were about to start.

The inspector saw records of staff meetings that covered key areas for the running of the centre, such as rota's and training needs.

**Judgment:**
Compliant
**Outcome 17: Workforce**

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

**Theme:**
Responsive Workforce

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

**Findings:**

The inspector observed that there was sufficient staff with the skills and experience to meet the assessed needs of the residents at the time of the inspection. However staff had not received all the mandatory training.

Residents were seen to receive any support they needed in a respectful, timely and safe manner. Staff knew their preferred communication style, and how they used communication aids such as raised stickers, reference objects and symbols. Residents were seen to be responding to staff in a positive way.

Some staff were new, and support systems were in place to develop their communication skills with the residents. The inspector reviewed the induction programme and noted it covered information on deafblindness, copies of key polices, taught sessions including the use of video of staff communicating with residents.

The organisation had made the decision not to use agency staff, and so covered any gaps in the rota with their own staff, although residential manager reported that sometimes staffing levels may drop for the duration of a shift if cover could not be found. This decision had been made to ensure residents were supported by staff who knew them.

Staff informed the inspector, and records confirmed that not all staff had up to date mandatory training (manual handling, fire safety and prevention of abuse). The training plan for the centre had a strong focus on communication. All staff had been trained in Irish Sign Language grade 1, and some were progressing further. Other training included an introduction to congenital deafblindness, communication skills- use of symbols, gestures and signs, and mobility awareness training.

Staff files reviewed contained all the required documents as outlined in Schedule 2, which was evidence of a robust recruitment process.

The staff were supervised by a member of the management team on monthly basis. This focused on working directly with the residents and reflective practice. This was a recent change, and was being rolled out to cover all staff.
There were also annual appraisals that focused on performance and terms and conditions.

**Judgment:**
Non Compliant - Moderate

**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:**

Helen Lindsey
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**

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<tr>
<td>Date of response:</td>
<td>20 November 2014</td>
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**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 05: Social Care Needs**

**Theme:** Effective Services

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

Reviews to ensure the effectiveness of the personal support plan, and updates following a change in need were not happening consistently.

**Action Required:**

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

Please state the actions you have taken or are planning to take:
The Residential Service Manager has drawn up an action plan for personal support plans. This includes:
• An assessment of needs will be completed by 16th February, incorporating clinical input and staff input, particularly key-workers.
• A review of all personal support plans in the first quarter of 2015, establishing that all goals are specific, measurable, attainable, realistic and time-bound.
• Two multi-disciplinary meetings for each resident per year will be arranged and an annual family meeting will be held.
• Each staff team will review the personal support plan quarterly to take into account changes in circumstances and new developments.

The policy on personal support plans will be reviewed to ensure all points above are specifically included. This will be done by end of December 2014.

Proposed Timescale: 31/03/2015
Theme: Effective Services

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

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 Training and Innovation Co-ordinator will ensure that the staff teams have a hard copy of each complete personal plan available in the residential homes.

Proposed Timescale: 08/12/2014

Outcome 06: Safe and suitable premises
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all areas of the centre were in a good state of repair.

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 centre have commissioned a building survey to identify all areas requiring attention. This will be completed by 15th December.
- The centre will issue tenders for the work to be carried out and this work will be completed in the first quarter of 2015.

**Proposed Timescale:** 31/03/2015  
**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
The centre was not suitable decorated in a number of areas including communal areas and bedrooms.

**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:**
- Each key-worker will write a plan for improving the decoration of the bedrooms, with each resident.
- The team leaders will write a plan for improving the decoration of the communal areas, in each house.
- The plans and costs will be approved by management for the start of next year and three bedrooms per month will be re-decorated.

**Proposed Timescale:** 31/03/2015  
**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
There was insufficient storage to meet the needs of the residents.

**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 Anne Sullivan Centre Health & Safety Officer will carry out a review of the storage space available and ensure arrangements are made to meet the needs of the residents.
<table>
<thead>
<tr>
<th><strong>Proposed Timescale:</strong> 22/12/2015</th>
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<tbody>
<tr>
<td><strong>Outcome 07: Health and Safety and Risk Management</strong></td>
</tr>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>There was no system in place for responding to emergencies.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>• An Emergency Plan will be developed and approved by management, which will detail the systems and measures to be taken when responding to emergencies.</td>
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<tr>
<th><strong>Proposed Timescale:</strong> 08/12/2014</th>
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</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>The risk management policy did not cover all of the areas set out in the regulation.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>• A risk review has been undertaken and a risk register will be developed by December 15th</td>
</tr>
<tr>
<td>• The risk management policy will be reviewed and improved to cover all areas set out in the regulation.</td>
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<tr>
<th><strong>Proposed Timescale:</strong> 22/12/2014</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>Cleaning equipment was not maintained in a way that protected against contamination.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 27 you are required to: Ensure that residents who may be at risk of a</td>
</tr>
</tbody>
</table>
healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

Please state the actions you have taken or are planning to take:
• The storage of mops and buckets will be improved for all areas.
• An infection control team has been established with the goal of improving all aspects of infection control in the centre.

<table>
<thead>
<tr>
<th>Proposed Timescale: 22/12/2014</th>
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<tbody>
<tr>
<td>Theme: Effective Services</td>
</tr>
</tbody>
</table>

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Adequate precautions were not in place to ensure fire exits were not blocked.

Action Required:
Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

Please state the actions you have taken or are planning to take:
• Daily inspection of fire-exits will be added to the handover checklist for staff.
• The storage of a wheelchair at the front door of No.21 will be addressed.

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

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all staff had received suitable training in fire safety.

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:
• Fire-safety training has been scheduled for all remaining staff on 5th December 2014.
• Fire-safety training will be included in the 2015 Mandatory Staff Training Plan.

<p>| Proposed Timescale: 05/12/2014 |</p>
<table>
<thead>
<tr>
<th>Theme: Safe Services</th>
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</thead>
<tbody>
<tr>
<td><strong>Outcome 08: Safeguarding and Safety</strong></td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>The process around using restrictive procedures was not in line with evidence based practice.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>• A restrictions register has been developed and includes details of all restrictions identified to date.</td>
</tr>
<tr>
<td>• The staff teams will review each restriction and ensure they are in line with evidence based practice.</td>
</tr>
<tr>
<td>• A system of auditing and reviewing the restrictions register will be introduced.</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 22/12/2014</td>
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<tr>
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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>
</tr>
<tr>
<td>The policy did not set out how an investigation would be carried out if the alleged perpetrator was not a member of staff.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>• The policy has been revised and has been approved by management.</td>
</tr>
<tr>
<td>• The policy will be added to be policy database and also circulated to staff and throughout the centre via a brochure in December 2014.</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 22/12/2014</td>
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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>
</tr>
<tr>
<td>Not all staff had received appropriate training in relation to safeguarding residents.</td>
</tr>
</tbody>
</table>
**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:**
- 10 staff training sessions have been held and 30 staff have completed Protection of Vulnerable Adults training since the inspection.
- All staff will have completed this training by end of December 2014.
- Protection of Vulnerable Adults Training will be included in the Induction Plan for all new staff.
- This training will be included in the 2015 Mandatory Staff Training Plan.

**Proposed Timescale:** 22/12/2014

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**Outcome 17: Workforce**

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Not all staff had received manual handling training.

**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:**
- 19 staff completed manual handling training on 11/11/14.
- A member of staff is attending a course to become a manual handling instructor and will carry out the staff training for this area once the course is completed on 5th December 2014.
- Further manual handling training sessions are scheduled for 17th and 18th December 2014.
- Manual handling will be included in the 2015 Mandatory Staff Training Plan.

**Proposed Timescale:** 18/12/2014