<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-0002565</td>
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<tr>
<td>Centre county:</td>
<td>Louth</td>
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<td>Type of centre:</td>
<td>The Health Service Executive</td>
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<td>Registered provider:</td>
<td>Health Service Executive</td>
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<tr>
<td>Provider Nominee:</td>
<td>Dermot Monaghan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Siobhan Kennedy</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
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<tr>
<td>Number of residents on the date of inspection:</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
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</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: 22 October 2014 10:00  To: 22 October 2014 18:00

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>
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<tbody>
<tr>
<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 12. Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 17: Workforce</td>
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<tr>
<td>Outcome 18: Records and documentation</td>
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</tbody>
</table>

Summary of findings from this inspection

The inspector obtained the views of residents and staff members, observed practices, assessed the premises and reviewed records relating to the provision of care and services.

The designated centre consists of a residency situated in a community setting. It is a centre providing a respite service for adults with a physical and or sensory disability and can accommodate 4 residents.

The inspector met with the person in charge to outline the inspection process and methodology and provided feedback at the end of the inspection. The person in charge demonstrated her knowledge of the legislation and standards throughout the inspection.

The inspector met all of the residents currently being accommodated. They were aware of the inspection process and willingly shared their views of their experiences of respite care. These were positive in all respects and complimentary of management and the staff team.
The procedures and policies in respect of medication management had been reviewed in order to introduce a new system of medication management which was tailored to meet the individual needs of residents.

Staff informed the inspector of the measures that were in place to protect residents from being harmed or suffering abuse, confirmed their participation in training opportunities and were able to describe their duty and responsibility in this regard.

There was a variety of opportunities for residents to participate in meaningful activities, appropriate to their interests and capacities. On the afternoon of the inspection residents left the centre to go shopping, visit a tourist attraction and have a meal out before returning to the centre.

The location, design and layout of the designated centre met the needs of residents with the exception of insufficient storage space.

The health and safety of residents, visitors and staff was promoted and protected as staff were in the main, observant in identifying, analysing and controlling risks.

From an examination of the day time staff duty rota, communication with staff and observation of practices, the inspector found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents. They had access to education and training and demonstrated that they had good knowledge of the residents and their needs. They emphasised the importance of promoting a holistic social care model which embraced the concept of each resident being enabled to exercise choice and control over their lives in accordance with their preferences while maximising their independence.

Areas requiring improvement include record-keeping/documentation in respect of social care planning, resolving a resident’s complaint and providing appropriate storage are identified in the action plan at the end of the report to be addressed by the provider and person in charge in order to ensure compliance with Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Quality Standards for Residential Services for Children and Adults with Disabilities.
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):
No actions were required from the previous inspection.

Findings:
There was evidence that residents are consulted with and participate in decisions about their care and about the organisation of the designated centre. For example, meetings took place in order to work out shopping lists and social programmes.

The inspector observed staff engaging with residents in a manner that was respectful. Staff who communicated with the inspector confirmed that they had worked with in the service for many years and the inspector found that they were familiar with the residents’ needs, capabilities, their life histories and family support circles.

The residents welcomed the inspector and staff had obtained the residents’ permission for the inspector to view their private bedroom space and review their care planning records/documentation in their absence due to a social outing.

Residents had individual bedrooms which were spacious and had storage space for personal possessions which they brought with them for their stay. The communal accommodation was well maintained.

There was a complaints policy and procedure and management had brought it to the attention of residents and relatives. However it had not been translated into an understandable format for all residents using the service for example a resident with partial sight. A record of complaints was being maintained. The most recent complaint by a resident was in relation to the insufficiency of broadband which has prevented the resident from maintaining community links, while receiving respite care. The person in charge is pursuing this matter in order to bring about a satisfactory resolution on behalf
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):
No actions were required from the previous inspection.

Findings:
The service is provided in conjunction with a voluntary agency to provide flexible respite breaks for residents and their family members.

Referrals are primarily from the local area and bordering counties. An application form, medical report and assessment meeting are aspects of the formal referral process. Residents are offered a maximum of 10 nights with the first night on a trial basis. The criteria for admission is clearly explained in the statement of purpose.

Admissions and discharges to the centre are a major component of the service delivery and includes a review of residents’ medication/prescription sheet, personal plan for the respite break and on discharge an evaluation of the visit/service.

It was noted that while there was a policy and procedure in relation to admissions and discharges it was not up-to-date. The inspector was informed that a review of the policies and procedures applicable to the service was currently being undertaken. See outcome 18 for action plan.

Each resident did not have a written contract agreed which sets out the services to be provided and the fees (including all additional charges) charged.

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):
No actions were required from the previous inspection.

Findings:
The designated centre can accommodate 4 residents.

Each resident had an individual social care plan. At the outset of reviewing the care planning documentation the person in charge informed the inspector that she was in the process of embarking upon a review of the process and records.

The inspector found that the care planning documentation included risk assessments, for example moving and handling risk so that appropriate interventions/equipment, could be put in place and reviewed.

The inspector saw in the documentation residents’ wishes and choices in respect of their plans/goals for the period of respite care which primarily concentrated on participation in social and recreational activities. The personal care plans did not outline the supports that are required to maximise the residents personal development in accordance with his or her wishes.

The social care plan and daily recordings did not highlight residents’ personal care needs for example emotional and psychological needs.

There was no evidence that each of the residents’ personal care plans had been made available in an accessible format for the resident.

Residents and their family members are made aware of the necessity to ensure that residents seeking respite need to be in good health prior to admission. A public health nurse provides specific nursing care tasks for example catheter care and dressings and a general practitioner’s practice provides assistance in an emergency situation.

There was much evidence that residents were empowered and supported in achieving their social care aspirations during their period of respite care. The inspector met with all of the residents during the inspection and they described their participation in social and
recreational activities. A minibus is available and all of the residents in the afternoon went on a shopping expedition to purchase presents for their family members as this was the end of their stay and to watch the seals, a local tourist attraction.

Residents listed a variety of indoor and outdoor activities which they had participated in, for example, going to the cinema, playing bowls, musical events and having aromatherapy sessions.

While there was a form giving residents and relatives an opportunity to be consulted with regard to a review of the service it was not easy to determine the level of consultation/involvement with the resident or next of kin/families in the review process. There was no or limited evidence, assessing the effectiveness of the care plan nor noting if any recommendations or otherwise had been identified arising out of the review.

Staff in their communications with the inspector demonstrated that they were knowledgeable of residents' needs and their preferences for the delivery of care. However, the daily recordings by staff did not reflect the interventions by staff to provide good outcomes for residents and meet individual resident’s needs/fulfilment/achievements.

**Judgment:**
Non Compliant - Major

**Outcome 06: Safe and suitable premises**
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The location, design and layout of the designated centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way.

The designated centre consists of a residency in the community. There are single bedrooms with remote-control high low beds and overhead hoisting tracks. Communal facilities include, sitting room, dining kitchen, accessible to an enclosed paved courtyard and garden, bath/shower room and staff sleepover room/office.

The inspector noted that storage facilities were poor as cleaning equipment and hoists were stored in residents’ private bedroom space and staff lockers were kept in the
residents’ communal sitting room.

The premises have been well maintained with the exception of a kitchen cupboard. The furnishings and fixtures are modern and bright.

There was a variety of appropriate equipment for use by residents and staff which was maintained in good working order.

Externally, the grounds to the front of the premises were well maintained and there was adequate car parking.

**Judgment:**
Non Compliant - Moderate

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### 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):**
No actions were required from the previous inspection.

**Findings:**
In the main, the inspector found that the health and safety of residents, visitors and staff was promoted and protected as there was a policy and procedure in respect of managing risk which included documentation in relation to recording and analysing risks.

The policy/procedure had been fully implemented throughout the designated centre as no risks were identified.

Fire equipment was easily accessible, prominently placed throughout the designated centre and servicing was up to date. A fire panel, smoke detectors and fire extinguishers were in place. The inspector observed that fire exit doors had not been obstructed during the inspection. Each resident has an evacuation plan and staff and residents are involved in fire safety and evacuation procedures. Two staff were able to inform the inspector of the procedure in the event of the fire alarm sounding or an emergency occurring.

Infection-control measures were in place for example, there were facilities available for hand hygiene, closed bins for disposal of hand towels, sufficient toilet rolls and holders in place and appropriate storage of toiletries and dental hygiene equipment.

**Judgment:**
Compliant
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):
No actions were required from the previous inspection.

Findings:
The inspector saw that there were measures in place to protect residents from being harmed or suffering abuse. There was a policy and procedure in place relating to the prevention, detection and response to an allegation or suspicion of abuse.

The inspector communicated with staff, who confirmed that they had participated in relevant training and were knowledgeable with regard to what constitutes abuse and their duty to report any allegation, suspicion of abuse, and were aware that this should be fully investigated and protective procedures put in place for residents.

The inspector noted that a restraint free environment is promoted with the use of bedrails at a minimum and by the request of residents. However, the policy did not include an overall auditing of the restraint/restrictive procedures in place. See outcome 18 for action plan.

Judgment:
Non Compliant - Minor

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):
No actions were required from the previous inspection.

Findings:
The inspector saw that a record of incidents occurring in the designated centre is maintained, however, quarterly reports in relation to incidents in the designated centre
had not been forwarded to the Authority.

**Judgment:**
Non Compliant - Major

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

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The procedures and policies in respect of medication management had been reviewed in order to introduce a new system of medication management which was tailored to meet the individual needs of residents.

There was a written operational policy/procedure informing ordering, prescribing, storing and administration of medicines to residents and staff had received training.

The person in charge explained to the inspector the procedures and documents in use to administer prescribed medicines to residents.

The inspector saw that medicines, including controlled drugs were secured safely and staff were knowledgeable of residents’ prescribed medicines.

**Judgment:**
Compliant

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

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
While there was a statement of purpose available which described the services, facilities and care provided to meet the diverse needs of residents and which contained, most of the information required as set out in schedule 1 of the legislation the following matters
The arrangements made for dealing with reviews and development of a resident’s personal plan.
The arrangements for residents to access education, training and employment.
The arrangements made for consultation with, and participation of, residents in the operation of the designated centre.
The arrangements made for residents to attend religious services of their choice.
The arrangements made for contact between residents and their relatives, friends, representatives and the local community.

**Judgment:**
Non Compliant - Moderate

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### 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):
No actions were required from the previous inspection.

#### Findings:
The inspector saw that there were adequate staff on the day of the inspection to meet residents’ needs. However, the person in charge highlighted that at times due to providing direct care to residents it is not possible to fulfil the managerial role within the contracted hours.

Arrangements were in place to manage planned and unplanned staff leave.

There was no formal line management supervision system for the person in charge.

As part of the supervisory process in place staff meetings between unit and service managers were found to be sporadic.

The inspector found staff had a comprehensive knowledge of the residents’ likes, dislikes and life histories. Staff throughout the inspection were helpful and familiar with the legislation and standards governing residential care.

Documentation in relation to training showed that there was a planned schedule identifying dates and times of various different training modules. There was evidence of scheduled training that staff had participated in relevant to their role and responsibility for example all of the staff working in the designated centre had participated in training in safeguarding. Other training related to information sessions in respect of the
Judgment:
Non Compliant - Moderate

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The designated centre has procedures/guidelines on matters identified in schedule 5 of the Health Act 2007, however, some of the policies could not be adopted and implemented, as they did not reflect the philosophy and systems and practices in the respite service.

Judgment:
Non Compliant - Minor

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

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

Report Compiled by:
Siobhan Kennedy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<tr>
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<td>OSV-0002565</td>
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<tr>
<td>Date of Inspection:</td>
<td>22 October 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>24 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 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:
The complaints procedure was not in an accessible and age appropriate format for all of the residents who avail of the respite service.

Action Required:
Under Regulation 34 (1) you are required to: Provide an effective complaints procedure

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

**Please state the actions you have taken or are planning to take:**
We plan to make the complaints procedure documentation more accessible in different formats according to users needs. This shall be done though user participation and in line with the departments complaints procedures and guidelines. Louth disability services to review policies relating to complaints procedures.

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<tr>
<th><strong>Proposed Timescale:</strong> 30/01/2014</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Individualised Supports and Care</td>
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</tbody>
</table>

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Measures required for improvement in response to a resident's complaint, that is the installation of broadband has not yet been put in place.

**Action Required:**
Under Regulation 34 (2) (e) you are required to: Put in place any measures required for improvement in response to a complaint.

**Please state the actions you have taken or are planning to take:**
Broadband to be installed for residents

<table>
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<tr>
<th><strong>Proposed Timescale:</strong> 31/01/2015</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
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**Outcome 04: Admissions and Contract for the Provision of Services**

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no written agreement regarding the terms in which residents are in the designated centre which includes the support, care and welfare of the resident, details of the services to be provided for that resident and, where applicable the fees to be charged.

**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:**
Arrangements are being made to develop a contract of care between the designated centre and residents. Louth disability services to approve contract of care.

| **Proposed Timescale:** 30/01/2015 |
### 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:**

The personal care plans did not outline the supports required to maximise the residents' personal development in accordance with their wishes.

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

**Please state the actions you have taken or are planning to take:**
We plan to develop a personal care plan tool which will identify through the assessment process the residents needs, supports and how these will be planned, monitored and reviewed. This tool will be devised through the formation of a steering group and will include consultation with residents, staff and community health care professionals. We plan for steering group to meet February 2015 and bimonthly thereafter. A working group will be formed to guide and plan the process and will include the PIC, representative from adult and physical team, staff member, nurse management, Irish wheelchair association and service user. The process will be piloted initially with two residents, reviewed and changed according to outcomes. Staff will have appropriate training following analysis of training needs.

**Proposed Timescale:** 15/05/2015

**Theme:** Effective Services

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

The social care plan and daily recordings did not highlight residents’ personal care needs for example emotional and psychological needs.

**Action Required:**
Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

**Please state the actions you have taken or are planning to take:**
The daily recordings have been amended to highlight residents personal care needs for example emotional and psychological. To monitor and review.( immediate) Staff training as part of personal care planning process.( 15/11/2015)

**Proposed Timescale:** 17/11/2014

**Theme:** Effective Services
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no evidence that each of the residents’ personal care plans had been made available in an accessible format for 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:
As part of the overall review of residents personal care plans to ensure the plans are in accessible format for residents.

Proposed Timescale: 15/05/2014
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
While there was a form giving residents and relatives an opportunity to be consulted with regard to a review of the service it was not easy to determine the level of consultation/involvement with the resident or next of kin/families in this process. The effectiveness of the care plan was not assessed nor any recommendations or otherwise noted arising out of the review.

Action Required:
Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

Please state the actions you have taken or are planning to take:
As part of the overview review of personal care plans process continue involvement of residents, their families and/or next of kin. See plan as outlined above.

Proposed Timescale: 15/05/2015
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The daily recordings by staff did not reflect the interventions by staff to provide good outcomes for residents and meet individual resident’s needs/fulfilment/achievements.

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

**Please state the actions you have taken or are planning to take:**
Immediate changes in daily recording to reflect the interventions of staff to provide good outcomes for residents. Review and monitor.

**Proposed Timescale:** 17/05/2015

<table>
<thead>
<tr>
<th><strong>Outcome 06: Safe and suitable premises</strong></th>
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<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>Storage facilities were poor as cleaning equipment and hoists were stored in residents’ private bedroom space and staff lockers were kept in the residents’ communal sitting room.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>Cleaning equipment has been moved. Explore other options regarding storage with HSE estate department. The possibility of changing a bedroom into storage space and office space may need to be perused. Resources to be put in place following consultation.</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 15/05/2015</td>
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</tbody>
</table>

| **The Registered Provider is failing to comply with a regulatory requirement in the following respect:** |
| A kitchen cupboard was not 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:** |
| Requisitions will be submitted for repair of kitchen cupboard and work will be completed. |
| **Proposed Timescale:** 30/01/2015 |
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:
Quarterly reports in relation to incidents in the designated centre had not been forwarded to the Authority.

Action Required:
Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

Please state the actions you have taken or are planning to take:
PIC will submit retrospective quarterly reports in relation to incidents in the designated centre to the Authority and continue submissions as outlined by regulations.

Proposed Timescale: 30/11/2014

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose omitted the following matters:
The arrangements made for dealing with reviews and development of a resident’s personal plan.
The arrangements for residents to access education, training and employment.
The arrangements made for consultation with, and participation of, residents in the operation of the designated centre.
The arrangements made for residents to attend religious services of their choice.
The arrangements made for contact between residents and their relatives, friends, representatives and the local community.

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

Please state the actions you have taken or are planning to take:
Review statement of purpose and make amendments as outlined in Schedule 1. When process is put in place about personal care plans and social plans this will be adjusted in statement of purpose.

Proposed Timescale: 30/01/2015
### Outcome 17: Workforce

**Theme:** Responsive Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The person in charge due to providing direct care to residents does not always have the time to fulfil the managerial role within the contracted hours.

**Action Required:**
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
Formal supervision system with line manager put into place in December 2015. In addition to support from assistant director of nursing for clinical guidance.

**Proposed Timescale:** 31/12/2014

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**Theme:** Responsive Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no formal line management supervision system for the person in charge.

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

**Please state the actions you have taken or are planning to take:**
Formal supervision system with line manager put into place in December 2015. In addition to support from assistant director of nursing for clinical guidance.

**Proposed Timescale:** 31/12/2014

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**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Staff meetings between unit and service managers were found to be sporadic.

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

**Please state the actions you have taken or are planning to take:**
The meetings between unit managers and service managers in disability services have not been consistent. However, in future meetings will be planned and scheduled to take
place on a monthly basis in 2015.

**Proposed Timescale:** 30/01/2015

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### Outcome 18: Records and documentation

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some of the policies/procedures identified in schedule 5 of the Health Act 2007 could not be adopted and implemented, as they did not reflect the philosophy, systems and practices in the respite service, including the admissions policy and protection of residents from abuse (auditing of restraint practices).

**Action Required:**
Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
Draft of admission policy and implementation of same and review. Louth disability services review and approve policy.
Draft of restraint policy and implementation of same and review. Louth disability services to review and approve policy.

**Proposed Timescale:** 15/05/2015