## Centre name:
A designated centre for people with disabilities operated by The Irish Society for Autism

## Centre ID:
OSV-0003427

## Centre county:
Meath

## Type of centre:
Health Act 2004 Section 39 Assistance

## Registered provider:
The Irish Society for Autism

## Provider Nominee:
Tara Matthews

## Lead inspector:
Ciara McShane

## Support inspector(s):
None

## Type of inspection
Announced

## Number of residents on the date of inspection:
34

## Number of vacancies on the date of inspection:
0
About monitoring of compliance

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

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 October 2014 09:30</td>
<td>14 October 2014 17:30</td>
</tr>
<tr>
<td>15 October 2014 08:30</td>
<td>15 October 2014 16:00</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 02: Communication</td>
</tr>
<tr>
<td>Outcome 03: Family and personal relationships and links with the community</td>
</tr>
<tr>
<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
</tr>
<tr>
<td>Outcome 05: Social Care Needs</td>
</tr>
<tr>
<td>Outcome 06: Safe and suitable premises</td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 08: Safeguarding and Safety</td>
</tr>
<tr>
<td>Outcome 09: Notification of Incidents</td>
</tr>
<tr>
<td>Outcome 10: General Welfare and Development</td>
</tr>
<tr>
<td>Outcome 11: Healthcare Needs</td>
</tr>
<tr>
<td>Outcome 12: Medication Management</td>
</tr>
<tr>
<td>Outcome 13: Statement of Purpose</td>
</tr>
<tr>
<td>Outcome 14: Governance and Management</td>
</tr>
<tr>
<td>Outcome 15: Absence of the person in charge</td>
</tr>
<tr>
<td>Outcome 16: Use of Resources</td>
</tr>
<tr>
<td>Outcome 17: Workforce</td>
</tr>
<tr>
<td>Outcome 18: Records and documentation</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection

This was the centre’s second inspection completed by the Authority. The inspection took place resulting from an application submitted by the provider to register the centre. The inspector observed practices and reviewed documentation such as care plans, accident logs, policies and procedures and staff files. Following the inspection the inspector reviewed questionnaires completed by residents and family members which were complimentary of the service being provided.

Overall the inspector found that residents were well supported by staff at the centre and participated in the running of the house such as helping with meal times, light
household duties and laundry. Residents were supported to pursue activities they had an interest in with a number of residents being part of the walking club. The centre was homely and improvements had been made to the premises since the last inspection.

While evidence of good practice was found across all outcomes, areas of non-compliance with the Regulations were identified. These included, but were not limited to, the arrangements for developing and reviewing personal plans in particular relating to a comprehensive assessment of residents needs, governance arrangements for completing audits and ensuring services were reviewed, staff supervision, the statement of purpose, contracts of care and the premises. The non compliances are discussed in the body of the report and are included in the action plan at the end of this report.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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:
The inspector found that, for the most part, the rights, privacy and dignity of residents were promoted and residents' choice encouraged and respected, however improvements were required to ensure compliance with the Regulations.

The inspector observed numerous interactions between residents and staff that were respectful and caring, delivered in a manner that ensured the dignity and privacy of residents were maintained. Residents were afforded independence dependent on their needs. Residents, due to the layout of the premises, had large amount of land to enjoy and spend time by themselves should they wish. One resident attended the local gym by themselves twice a week which demonstrated to the inspector that independence, where appropriate, was promoted. The rights of residents were promoted and staff told the inspector they advocated on their behalf. Each resident had a key-worker to assist residents with any needs they may have had. The centre also had links with an external advocate but had not had to avail of this thus far.

A form of residents' meetings had commenced, however the layout, structure and content was not conducive to ensuring that all residents were involved nor did it ensure that the residents’ meeting was meaningful and relevant to residents. Residents’ health care needs, such as weight gain, were addressed at these meetings, as seen in the minutes. The inspector found this an inappropriate forum to discuss individual health care needs of residents that were sensitive and personal. The method in how residents were formally consulted with required a review.
The centre had a complaints policy which detailed the complaints officer. The inspector saw that the complaints policy summary leaflet and a picture of the complaints officer along with their contact details were displayed in the units. The complaints policy detailed an appeals process with the assistance of an internal person, where this was unsatisfactory an external person was available to carry out an appeal. A resident spoken with told the inspector they would go to the person in charge or a staff member on duty if they had a complaint. Staff members told the inspector if they received a complaint they would follow the procedure and report the complaint to the person in charge. The inspector reviewed the complaints log and saw that there were no complaints since the last inspection. The complaints policy required an improvement as it did not detail the need to feedback the outcome to the complainant or ascertain their satisfaction levels.

The inspector found that residents had choice. Staff told the inspector about choice residents had regarding meals, the inspector saw residents choosing their breakfast preference from multiple options and also saw staff ask residents what they preferred for their lunch. Residents had a choice whether to partake in activities, the inspector saw recorded in daily notes that residents had not wished to partake in an activity and had voluntarily left the session. Residents bedrooms were personalised, the inspector saw each bedroom was decorated differently to reflect the resident’s preferences. Photographs of family members and friends were seen in the bedrooms of some residents. Some residents choose to have a key for their bedroom and kept it locked.

The inspector reviewed residents’ finances and saw that residents had their own bank accounts or post office accounts. They were supported to manage these by staff, four members of the management team were signatories to assist residents withdraw and lodge money. Two signatures were required for this. The centre had a policy on managing residents’ monies and the inspector saw that the procedures were followed for example withdrawals were only signed by the signatories. The inspector checked the local accounts for two residents and saw that receipts were maintained for residents and that income and expenditure were recorded. Improvements were required, both balances checked did not reflect the balance in their cash sheets; there was surplus money. Also it was difficult to decipher what residents spent when there was a shared receipt, in addition to receipts being placed in one envelope for all residents within each unit. The provider told the inspector that each resident’s receipts went into separate envelopes prior to being sent to head office for auditing. However, having receipts in one envelope up to that point was found not to be a transparent or robust way of accounting residents expenditure. A sub-contracted accountant audited all residents accounts monthly; the inspector saw two of these reports and found this was an appropriate safeguard.

A personal possessions log was held centrally for residents. The inspector reviewed these logs and saw that they were not populated for all residents and they had not been updated since October 2013, residents had acquired new items since then.

**Judgment:**
Non Compliant - Minor
Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

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

Findings:
The inspector found that residents’ communication needs were supported as evidenced in personal plans reviewed and through witnessed interactions. In the personal plans reviewed by the inspector, residents’ communication needs were outlined in a communication plan. The communication plans detailed their preferred method and abilities of communication. Where applicable residents used picture aids to assist them with their communication. One resident had a computerised tablet, the provider told the inspector that they had been trialled with other residents however this was not evidenced in their communication plans; further outlined in Outcome 6.

Residents had access to radios and televisions, the inspectors saw these in their bedrooms. A small number of residents also had a computer.

Staff told the inspectors they knew residents well, this assisted them in understanding their needs for example through gestures. The inspector found this to be reflective of witnessed interactions with residents.

Judgment:
Compliant

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):
No actions were required from the previous inspection.

Findings:
Residents were supported to maintain relationships with family and friends. The centre had a visitor’s policy; there were no restrictions placed on visits unless it posed a risk to residents. The inspector saw in daily notes and in personal plans evidenced of relatives visiting but also residents going home to see family at weekends. Residents had
relationships for example with parents, sibling, aunts and uncles. These were found to be active relationships. Residents met their family members and friends outside of the centre in hotels, restaurants and cafes. The inspector also saw that family members were involved in residents’ annual reviews.

Residents were linked with their community. They attended local sporting events, mass, used the locals shops, restaurants and cafes. They knew their immediate neighbours and they in turn knew the residents.

The inspector saw that each unit had sufficient space for residents to meet their visitors in private if they wished.

**Judgment:**
Compliant

---

**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 organisation had a policy on admissions, discharge and transfer dated August 2013. Admissions were overseen by an admissions, discharge and transfer team. The admissions policy outlined specific admissions criteria and the need for a comprehensive assessment of needs which was then evaluated. The centre also had a policy regarding the temporary absence of residents which stipulated that while a resident was temporarily absent from the centre their room could not be availed of by another resident or interim admission.

The inspector saw a newly developed contract of care. These, at the time of inspection, had not been circulated to residents or their representatives and were therefore not populated and signed. The contract of care was not transparent regarding the fees charged dependent on the type of accommodation the resident lived in. The Provider stated they would review this.

**Judgment:**
Non Compliant - Minor
**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):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Each resident had a personal plan; the inspector reviewed a sample of these plans. The personal plans, as with the last inspection, were being redeveloped, the inspector found that from the sample of personal plans reviewed they had not been completed or fully populated.

The personal plans, although improvements had occurred, still required significant development. Personal plans were inconsistent, unclear in parts and disjointed. For example, where a need had been identified, a care plan along with actions was not developed. This was also true for risks; a number of residents had been identified as being at risk of eloping, however there was not always a risk assessment in place to guide staff in addition to there being no missing person's profile. Personal plans contained a significant amount of handwritten information that was in some instances unclear and posed as a risk if incorrectly interpreted by the reader.

The format for assessing resident's needs was inconsistent as the tool used to assess residents' needs and the level of information assessed varied across the personal plans reviewed. A system to comprehensively assess residents' needs was required to ensure consistency for all residents. All needs for all residents were also not comprehensively assessed.

The inspector saw annual reviews that were completed for residents which involved the person in charge, key staff members, family members and on occasion an external representative. These reviews looked at resident's health, included input from their family and the unit staff, following which actions were then developed. Although having a review with input from external agencies, family members and staff was beneficial it was unclear how the reviews were linked to the residents' personal plans.

Improvements had been made regarding evidence and documentation of how residents' social care needs were met. The inspector saw that residents were involved in walking clubs, attended swimming, and attended local sporting events in addition to enjoying
meals and beverages out in restaurants and hotels. Residents also went on holidays once a year while a number of the residents went home to their families for the weekend where this was possible.

Additional areas for improvement included:

- The inspector was told that residents had trialled computerised tablets but for most it was not beneficial, however one resident was using an computerised tablet; this information was not outlined in their personal plans.
- Residents’ education, lifelong learning and employment support services were not outlined.
- Personal plans were not in a format accessible to residents.
- All elements of resident’s personal plans were not reviewed at a minimum annually.

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):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Some actions from the previous inspection had been addressed. Painting and flooring was addressed in some areas, items of furnishes that were damaged and worn had been replaced with new furniture, areas in need of decor had been upgraded. The external premises had been improved, at the time of inspection it was well maintained and clutter had been removed. The inspector saw improvements, however works were still required in some areas such as flooring and painting.

The inspector found that the centre was accessible, safe and suitable, for the most part for residents living there. The centre was homely and well maintained. The inspector saw a cleaning schedule which staff completed daily and found that this attributed to the centre being well maintained. The bathrooms were for the most part well maintained; some of the bathrooms still required the flooring to be addressed as it was badly stained in a small number of bathrooms. One bathroom in particular required an upgrade, the person in charge stated this was on a schedule of works to be completed. Two bathrooms had a strong odour, the inspector found this to be attributed to the old flooring that required replacing or deep cleaning. A number of the radiators in
bathrooms were rusting which required attention. A number of units still required painting.

Kitchens were found to be clean and well maintained. There was sufficient room in the kitchens for residents to assist with meals and prepare their own meals such as breakfast. The laundry areas within the centre were also accessible and some residents laundered their own clothes. The inspector saw all the bedrooms, and for the most part found them to be well maintained and personalised to reflect the resident. There was sufficient storage for residents to place their belongings. The inspector saw since the last inspection one resident now had a newly fitted built in wardrobe that was modern and spacious. Windows in some of the units were poorly maintained and required maintenance and cleaning.

Significant improvements were required in the living area for one resident. The inspector was shown, on this inspection, an annex where one resident resided. The wooden structure was built fifteen years ago and had not been redeveloped since. The structure consisted of a bedroom, equipped with a bed, a chest of drawers and a radiator, in addition to a small bathroom that had a wash hand basin and a toilet. The inspector found the structure of the bathroom floor was unstable and in poor repair. The inspector also found the windows were not sealed in totality. The living area for this resident required a complete review; appropriate accommodation of sound structure was required. The provider nominee, at the time of inspection, had commenced communication with a company to source a new building.

**Judgment:**
Non Compliant - Major

---

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The inspector found that most of the actions from the previous inspection were addressed. The centre had developed a risk management policy, a risk register was developed, a number of staff received training in risk management and improvements were observed in infection control. Improvements were also observed in fire safety and evacuation.

The centre had a newly developed risk management and assessment policy, dated August 2014. The inspector found it was clear and offered guidance to staff. It outlined the need to gain learning from accidents and incidents through quarterly anyalsis.
however there was no evidence of this available on the day of inspection. The inspector saw evidence in staff files that a selection of staff had received training in risk management. The inspector found the risk register identified environmental and non-environmental risk. Further development was required to ensure that all environmental risks were assessed such as slips, trips and falls and people handling. Although the inspector saw an improvement in the risk assessments for residents, not all risks that had been identified had a completed risk assessment. For example a risk assessment had not been completed for a resident that had poor vision and difficulties in particular when it was dark or lighting was poor. In addition a large number of residents had been identified as being at risk of eloping however there were no missing persons profiles in place.

The inspector reviewed records and actions regarding fire safety and found that:

- Staff had up-to-date training in fire safety, first aid and people handling.
- Regular fire drills occurred; the most recent was October 2014.
- Curtains were made of fire resistant material.
- The fire evacuation plan was displayed throughout the centre.
- Staff were familiar with the fire evacuation plan.
- Each resident had a personal evacuation emergency plan.
- Fire equipment was maintained including the fire alarm system, fire extinguishers and emergency lighting.
- Emergency exits were found to be clear at the time of the inspection.

The centre had a health and safety committee that met quarterly. The inspector reviewed the minutes of these meetings and saw that in-completed actions had been carried forward. Improvements had been made to the maintenance requisitions to ensure that all maintenance issues were all logged, prioritised and actioned on. There were two full time maintenance people at the time of inspection. There was an up to date health and safety statement that included the actions staff should take in an emergency such as flooding. Should the need arise to completely evacuate the centre arrangements had been made with a hotel.

The inspector reviewed the incident and accident log sheets in addition to a quantitative analysis of incidents and accidents. This analysis did not detail the type of incident or trends in incidents; it was also not evident that an analysis of the incidents and accidents informed learning. This was also true for medication errors, although the number of errors were detailed in the report it was unclear what type of medication error occurred or how it informed learning so that the errors were not repeated. The inspector saw that there were trends in the errors demonstrating that learning had not been gained. The risk management policy stated that a quarterly analysis of incident and accidents would be completed to inform learning. This is further outlined in Outcome 14 Governance and Management.

An on call system was in place to support staff after hours. The on call system was rotated amongst the person in charge and the team leaders. The inspector saw the rota for this and staff were aware of the on call service. There was also an additional layer of on call management support to ensure the team leaders and person in charge had support should they require it.
A small number of areas, regarding infection control, required addressing:

- A small number of radiators were rusty.
- There was a strong odour in two bathrooms.
- A small number of toilet seats and covers were stained.

Judgment:
Non Compliant - Moderate

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The inspector found that some of the actions from the previous inspection had been addressed, staff spoken with by the inspector were familiar with the designated officer for the protection of vulnerable adults and improvements had been made regarding the restraint register.

The centre had a policy on the protection of vulnerable adults which was recently reviewed April 2014. The inspector found that the policy accurately described the types of abuse and how staff should respond should they witness abuse or receive an allocation. However the policy required further development to ensure it sufficiently guided staff and outline the indicators of abuse. All staff had up-to-date training in the protection of vulnerable adults, staff spoken with stated they would speak with their line manager if they witnessed or received an allegation of abuse.

On review of personal plans the inspector saw that residents had behaviours that challenge, a sample of the personal plans reviewed had a formal behaviour support plan while others had hand written guidelines developed by staff. Improvements were required to ensure that residents who had behaviours that challenge were consistently supported by staff and that the staff supporting them were guided by a formal behaviour support plan that was concise, clear and frequently reviewed. It was unclear if behaviours support plans were developed by a multi team approach. The plans that were in place required review.
The centre had a policy on the use of restrictive practices and restraint which was developed August 2014. The centre had a risk register however it was not used in line with the centres policy which stated that where a restriction was used the type of restraint, the duration of its use, the impact of its use, who was involved, the reason for its use and review of same was not adhered to. The risk register that was in a centre was not a live document and all restraints being used were not recorded or regarded as being restrictive such as locking of kitchen doors and the use of a helmet. The inspector did see that a recent review of locked doors was undertaken and as a result thirteen doors had been unlocked and remained unlocked as at the time of inspection.

**Judgment:**
Non Compliant - Moderate

### Outcome 09: Notification of Incidents

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

**Theme:**
Safe Services

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

**Findings:**
The centre had a log of incidents and accidents which the inspector reviewed. The Authority had received notifications from the centre. However the authority did not receive all necessary notifications including but not limited to an injury or a record of restraints used.

**Judgment:**
Non Compliant - Moderate

### Outcome 10. General Welfare and Development

*Resident’s opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**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 residents participated in social activities. A number of residents partook in activities at the training centre which included woodwork and pottery; there were also polytunnels which residents enjoyed.

It was unclear from reviewing resident’s personal plans if their wishes and aspirations regarding training, education and employment were known or that this was assessed or explored on behalf of the residents. The person in charge confirmed that this was an area that they would commence developing.

Judgment:
Non Compliant - Major

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The inspector saw some improvements since the most recent inspection; personal plans contained a log of appointments for example where residents attended the general practitioner or the hospital a log of this had been created. However the inspector found that it remained unclear if all aspects of residents’ health care needs were addressed. Although it was evident that residents had timely access to general practitioners the inspector did not find substantial evidence to demonstrate, from the sample of care plans reviewed, that residents’ healthcare needs were met. As with the findings from the most recent inspection all residents did not have a comprehensive assessment of their health care needs. Improvements were required to ensure that all identified needs were referred to the appropriate allied health professional and that where appointments or procedures had taken place follow ups occurred and clear guidance for staff was put in place. The inspector saw in a number of care plans identified problems and areas of concern such as weight gain however there had been no referral to a dietician and a food plan or guidance for staff, supporting the resident, had not been developed. The inspector also saw a resident who had a procedure in hospital, as noted in their appointment log, however it was unclear what the follow up was and no care plan was developed post procedure to guide staff on the care required.

In another instance the inspector saw a substantial occupational therapy report which was compiled, September 2012, by an occupational therapist post assessment. Recommendations had been made however it was unclear if these had been followed up on, subsequently a review had not occurred. The recommendations were aimed at supporting the resident to maximise their motor skills and abilities in their home. The
The inspector also saw a care plan that had been developed in 2012 for a specific need for a resident but had not been reviewed since.

The inspector saw throughout the designated centre a fresh supply of fruit and vegetables and saw that presses and fridges were well stocked. Residents had choice at mealtimes and were offered snacks and had access to same during the day. Residents had access to fresh drinking water and beverages should they wish.

Although no residents were receiving palliative care no end of life care plans had been commenced or developed ascertaining residents’ physical, emotional, social and spiritual needs.

Overall the inspector found the systems in which healthcare needs were assessed, reviewed, recorded and followed up on were not robust and required significant improvements to ensure compliance with the Regulations and also to ensure residents’ needs were consistently assessed and met.

**Judgment:**
Non Compliant - Moderate

### 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):
The action(s) required from the previous inspection were satisfactorily implemented.

#### Findings:
The centre had a recently reviewed policy on medication management. As stated in the policy care staff dispensed medication once they had received training in the Safe Administration of Medication. The inspector saw that staff who administered medication had up-to-date training. Residents also had their capacity and capability assessed, regarding their ability to self medicated, by an independent person as seen in their care plans, therefore the action from the previous inspection was completed.

The inspector observed a care staff member administer the morning medication for the residents in one of the units. The centre received their medications in a blister pack format from a local pharmacy. Medication including that which was not blistered pack, was seen to be locked in a press. The staff member, observed by the inspector, administering medication was courteous and respectful to residents and was seen knocking on their bedroom door prior to entering with their medication. However, improvements were required. The staff member read the medication for residents from the blister packs and did not, each time, refer to the prescription sheet. The staff member signed the administration record, on multiple occasions, prior to administering...
the medication. These practices increased the risk of medication errors and required action to ensure that all staff members were familiar with medication management.

**Judgment:**
Non Compliant - Moderate

---

**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:**
The centre had a statement of purpose. Further development was required to ensure that the statement of purpose complied with the Regulations:

- Further information regarding the services which the centre provided or facilitate to meet the care and support needs.
- The staffing numbers for team leaders were incorrect.
- All employees on a Scheme were not included under staffing.
- The statement of purpose stated that one to one activities were available to residents however this was dependent on staffing levels and needed further clarification.
- The arrangements made for residents to attend religious services were unclear.
- The arrangements made for contact between residents and their local community was unclear.
- The separate facilities for day care were unclear.

The statement of purpose, in parts was also unreflective of the service provided in particular relating to resident's access to education, training and development.

**Judgment:**
Non Compliant - Moderate
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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The person in charge commenced her role in May 2014 having worked at the centre as a team leader for seven years. Her post is full time and she is a registered nurse. The person in charge was available throughout the day of inspection, was informed of the centre and spoke knowledgeably about the residents. The person in charge had responsibility for two designated centres. She was supported by two team leaders who also worked in the two designated centres.

There were clear reporting structures in place, staff at all levels, told the inspector they felt well supported.

The person in charge and team leaders attended weekly management meetings, there was a set agenda in place for this. The inspector reviewed the minutes of the most recent management meeting, improvements were required. The inspector saw that items such as reviewing the quality indicators were on the agenda but not discussed or minuted. It was also unclear how the service was evaluated at these meetings to inform learning or make improvements.

An annual report on the quality of care was not available in the centre on the day of inspection; however the inspector saw that unannounced visits occurred at the centre. The inspector reviewed the minutes from an unannounced visit carried out in August 2014 by two Board members. Specific quality indicators such as the incidents/accidents, documentation relating to residents such as care plans and the frequency of fire drills were reviewed as part of the unannounced visit. Although these unannounced visits were detailed and the findings were relevant it was unclear how these were linked to or informed the agenda and actions at management level. A review of this process was necessary to ensure that the findings were not lost and that learning was gained and evident.

There was no audit schedule in place and therefore all relevant quality indicators, such as weight gain, use of restraint, behaviours that challenge and epilepsy seizures were not being evaluated. Weekly audits on medication errors, were completed, however
medication errors were not picked up as evidenced in the audit reports which the inspector reviewed and as told by the person in charge. The inspector saw a report, developed by the provider nominee, on the number of incidents and accidents that occurred at the centre. The information required further development to inform learning ensuring that trends could be analysed.

As with the previous inspection there was no formal supervision or performance management in place, the provider told the inspector this was being worked on and as per previous action plan a system would be in place by 30th November 2014.

**Judgment:**
Non Compliant - Moderate

---

**Outcome 15: Absence of the person in charge**

_The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence._

**Theme:**
Leadership, Governance and Management

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

**Findings:**
There were systems in place should the person in charge be absent for more than 28 days and the Provider was aware of their requirement to notify the Authority.

**Judgment:**
Compliant

---

**Outcome 16: Use of Resources**

_The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose._

**Theme:**
Use of Resources

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

**Findings:**
The inspector found that sufficient resources were provided to meet the needs of residents. There was evidence that maintenance requests were dealt with promptly. There were six buses available to the residents.
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):
No actions were required from the previous inspection.

Findings:
Recruitment processes were in place to ensure that staff were employed in line with the centre's policy on recruitment. Recruitment was facilitated by the human resource department based in the service’s head office. The inspector reviewed a sample of staff files and noted that they contained all required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Person (Children and Adults) with Disabilities) Regulations 2013.

Training records were held centrally however in preparation for the registration inspection the provider had made a summary of these available. The inspector saw that the detail in the training records corresponded with the training certificates in the staff files reviewed. All staff had up-to-date mandatory training and the inspector saw a training plan for the remainder of 2014 and for early 2015.

The person in charge told the inspector she met collectively with the team leaders, the inspector saw minutes of these and regular staff meetings, at unit level, occurred. There was no formal staff supervision in place, the provider was aware of this and stated the centre was working on this; this is detailed in Outcome 14.

The inspector spoke to a number of staff during the two day inspection and found they were unfamiliar with the Regulations and the Standards.

Rosters required further development to ensure that the hours worked by the team leaders in another designated centre were clearly marked. As there was no key on the roster the shifts were difficult to decipher.

It was unclear if there was sufficient staff on at night-time to cover the needs of residents, in particular if there were multiples demands. One care staff member worked a waking night shift and had direct responsibility and accountability for three houses and six apartments. The residents in the apartments received half hour checks however in
the interim they should require staff assistance, this could only be achieved if the resident opened the front door which then triggered an alert to the live night staff. This practice had not been reviewed by the provider; the provider stated at feedback they would review the staffing levels at night-time. At the time of the inspection the centre had no volunteers.

**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):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Some actions had been addressed from the previous inspection; the medication policy now outlined the transcribing practice. Improvements had also been made regarding the Schedule 5 policies and procedures for the most part they were in place.

The inspector saw a copy of the residents' guide and statement of purpose. Improvements were required for the statement of purpose as outlined in Outcome 13. The residents' guide for the most part sufficiently described the service. Further detail was required regarding the services and facilities provided as it was unclear what facilities those in the six apartments had access to for example not all of the apartments had facilities to cook meals or make tea and coffee as this was availed of in the unit they were linked to.

The inspector reviewed the operating policies and procedures as outlined in Schedule 5. The inspector found those reviewed were up-to-date.

The centre had an actual and planned roster. The roster included all staff working at the centre. Areas of improvement were identified as it was unclear what the shifts were; a key was required so that the type of shifts being worked were clear. The team leaders also worked a small amount of hours each day in another designated centre. The roster
did not accurately reflect the actual hours they worked at that designated centre. There was also a live night that had responsibility for a number of units this was unclear on the roster.

The centre had a record of fire drills and a record of maintenance for fire equipment. There was also a record of attendance at staff training as seen and reviewed by the inspector. The centre had a directory of residents, improvements were required as the following information was not detailed, as required, in the directory:

- If the resident was discharged from the designated centre, the date on which he or she was discharged.
- If the resident was transferred to another designated centre or to a hospital, the name of the designated centre or hospital and the date on which the resident was transferred.
- Any dates during which the resident was not residing at the centre, excluding regular overnight visits or arrangements relating to part-time arrangements.

The inspector spoke to staff members in the units regarding meals that residents received however there was no record of the food in any of the units; this was identified as an area for improvement.

The inspector saw that the provider had appropriate insurance in place.

**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:**

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by The Irish Society for Autism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003427</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>14 October 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>25 November 2014</td>
</tr>
</tbody>
</table>

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The privacy and dignity of residents were not always maintained as seen in the minutes of the residents' meetings where individual health care issues, that were sensitive, were discussed at this forum. The agenda required review to ensure this was not repeated.

Action Required:

---

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 09 (3) you are required to: Ensure that each resident’s privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:
The agenda has been amended to ensure that sensitive issues are not discussed at residents meetings. A specific accessible form has been developed and will be utilised at all resident meetings going forward.

**Proposed Timescale:** 29/10/2014  
**Theme:** Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
The format and the agenda used to consult with residents about the organisation of the designated centre required a review. It was not reflective of the resident’s abilities.

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

Please state the actions you have taken or are planning to take:  
The format and agenda used to consult with residents about the organisation has been revised and amended accordingly.

**Proposed Timescale:** 29/10/2014  
**Theme:** Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
The policy did not outline the requirement to feedback the outcome of the complaint prior to availing of the appeals process. This step is required in the complaints policy.

**Action Required:**  
Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed promptly of the outcome of their complaints and details of the appeals process.

Please state the actions you have taken or are planning to take:  
The complaints policy has been further amended to include extra detail regarding feedback.

**Proposed Timescale:** 31/10/2014
### Outcome 04: Admissions and Contract for the Provision of Services

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Further detail was required regarding the fees to be charged depending on the type of accommodation provided.

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

**Please state the actions you have taken or are planning to take:**
The organisation has reviewed the contract of care, detail has been set out in the contract of care regarding the fee depending on the type of accommodation.

**Proposed Timescale:** 20/11/2014

### Outcome 05: Social Care Needs

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
From a review of the sample personal plans it was evident that full comprehensive assessments of residents needs had not occurred.

**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:**
We will ensure that any new admission to our service will have a comprehensive assessment undertaken by an appropriate health care professional prior to admission.

**Proposed Timescale:** 29/10/2014

---

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
A number of residents assessed needs had not been reviewed at a minimum annually.

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

**Please state the actions you have taken or are planning to take:**
We shall ensure that all plans are subject to annual review, which will assess the health, personal and social care needs of each resident. It will also take into account changes in circumstances and new developments.

**Proposed Timescale:** 31/01/2015  
**Theme:** Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:  
It was unclear that resident's personal plans outlined their required supports to ensure resident’s personal development was maximised.

**Action Required:**  
Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident’s personal development in accordance with his or her wishes.

**Please state the actions you have taken or are planning to take:**  
A new template for personal plans is being developed by senior management, the person in charge and team leaders which will incorporate areas detailed in the action plan.

**Proposed Timescale:** 31/01/2015  
**Theme:** Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:  
Although some attempts had been made to make elements of personal plans accessible such as visiting the doctor to take bloods, this was not true for all personal plans or for all elements of the personal plans.

**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:**  
A new template for personal plans is being developed by senior management, the person in charge and team leaders which will incorporate areas detailed in the action plan.
**Proposed Timescale:** 31/01/2015

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The inspector saw annual reviews for each resident residing at the centre however it did not assess the effectiveness of the plan. The review process required a review to ensure the format was structured and looked at all parts of each resident's personal plan.

A number of residents trialled the use of computerised tablets and one resident was successful and availed of it, these details and developments were not outlined in their personal plans.

**Action Required:**
Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan 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:**
We shall review the personal plan process to include the review process and we will ensure that this complies with Regulation 05 (6) (c) and (d) by 31.01.15. Future reviews of the personal plan process will assess the effectiveness of each plan and take into account changes in circumstances and new developments - 31.01.15 and ongoing.

**Proposed Timescale:** 31.01.15 and ongoing.

---

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The provider was required to review the accommodation for one resident who lived in a wooden annex that was found to be unstable and in poor state of repair.

A small number of bathrooms required an upgrade.

A small number of windows required 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:**
Repairs have taken place on the wooden annex by an external company which was
completed on 20.11.14. Quotes from an external company have been received for upgrading the bathrooms will commence by February 2015. The windows which required repaired have been repaired and were completed by 10.11.14.

**Proposed Timescale:** 06/02/2015  
**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
Areas within the designated centre required repainting.

Flooring was stained and required a deep clean.

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

Please state the actions you have taken or are planning to take:  
The areas to be painted have been identified and work will commence in December 2014. The flooring identified received a deep clean which was completed by 24.10.14.

**Proposed Timescale:** 31/01/2015

**Outcome 07: Health and Safety and Risk Management**  
**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
The risk register was not complete and all risks in the centre had not been identified and assessed.

**Action Required:**  
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:  
The risk register will be reviewed on a monthly basis by the management team to include previously unidentified risks and amended in accordance with policy.

**Proposed Timescale:** 31/01/2015

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
The inspector found areas of risk in relation to infection control:
- A small number of radiators were rusty.
- There was a strong odour in two bathrooms.
- A small number of toilet seats and covers were stained.

**Action Required:**
Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

**Please state the actions you have taken or are planning to take:**
The radiators that were rusty were addressed by internal maintenance by 10.11.14. The odour has been eliminated by internal maintenance by 10.11.14. The toilets seats that were stained were replaced by internal maintenance and completed by 10.11.14

**Proposed Timescale:** 10/11/2014

---

**Outcome 08: Safeguarding and Safety**
**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The behaviour support plans reviewed by the inspector were not sufficiently detailed to guide staff in supporting residents with behaviours that challenge.

Behaviour support plans were not evidenced to be completed by a team of staff that were skilled to develop support plans.

**Action Required:**
Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

**Please state the actions you have taken or are planning to take:**
A new template for behaviour support plans is being developed by senior management, the person in charge, team leader and in house behaviour support specialists. Training will be delivered on behaviour support by end of February 2015. The person in charge and the in house behaviour support specialists will commence support on the ground with immediate effect.

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

---

**Outcome 10. General Welfare and Development**
**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement**
in the following respect:
Resident's aspirations, wishes or capabilities regarding training, education or employment have not been assessed or explored.

Action Required:
Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

Please state the actions you have taken or are planning to take:
A new template for personal plans is being developed by senior management, the person in charge and team leaders which will incorporate residents wishes and capabilities regarding education, training and employment. We will commence exploration with some residents in the interim.

Proposed Timescale: 31/01/2015

Outcome 11. Healthcare Needs
Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Referrals had not been made to all necessary allied health professionals where required such as a dietician. Follow ups and reviews did not occur in a number of instances such as an occupational therapy report.

Action Required:
Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

Please state the actions you have taken or are planning to take:
A new template for personal plans is being developed by senior management, the person in charge and team leaders which will incorporate a section on insuring allied health professionals are utilised where required and that follow-ups occur. Referrals will be made to the necessary dietician and occupational therapist where there is an urgent need by the person in charge by 15.12.14.

Proposed Timescale: 28/02/2015
Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Resident's preferences regarding their end of life care were unknown.

Action Required:
Under Regulation 06 (3) you are required to: Support residents at times of illness and at the end of their lives in a manner which meets their physical, emotional, social and
A new template for personal plans is being developed by senior management, the person in charge and team leaders which will incorporate a section on end of life care.

**Proposed Timescale:** 31/01/2015

**Theme:** Health and Development

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

Residents were not at all times provided with healthcare that was relevant or prevalent to their care for example residents who had identified nutritional requirements were without food plans.

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

**Please state the actions you have taken or are planning to take:**
The person in charge will review the resident’s needs with the key workers. Where needs are identified interim plans will be put in place pending the development of the new personal plan template.

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

Outcome 12. Medication Management

**Theme:** Health and Development

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

The manner in which the medication dispensed was not in line with professional guidelines:

- Medications were not read from the prescription sheet.
- Medication was signed prior to administration.

**Action Required:**
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

**Please state the actions you have taken or are planning to take:**
Staff will be met by the person in charge, the policy will be re-affirmed with them by 21.12.15. An audit will take placed in one month to verify compliance with this breach. A spot check will take place on a regular basis to ensure compliance with the policy.
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 does not accurately describe the services provided in the centre

Further detail, to comply with Schedule 1 is required.

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:
The Statement of Purpose has been amended to reflect the breach identified in the report.

Proposed Timescale: 10/11/2014

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
An annual review of the quality and safety of care and support in the designated centre had not been developed.

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

Please state the actions you have taken or are planning to take:
An annual review of the quality and safety of care and support of the designated centre will be carried out in compliance with 23 (1) (d).

Proposed Timescale: 31/12/2014

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in
the following respect:
The annual review of the quality and safety of care and support in the designated
centre shall provide for consultation with residents or where this is not appropriate their
representatives.

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

Please state the actions you have taken or are planning to take:
The annual review of the quality and safety of care and support of the designated
centre will involve consultation with the residents and the residents representatives to
comply with regulation 23 (1) (e).

Proposed Timescale: 31/12/2014
Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A copy of the annual review of the quality and safety of care and support in the
designated centre should be made available to residents and their representatives.

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

Please state the actions you have taken or are planning to take:
A copy of the annual review of the quality and safety of care and support in the
designated centre will be made available to residents and the chief inspector in line with
regulation 23(1) (f) once this is completed.

Proposed Timescale: 31/12/2014
Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staff did not receive formal supervisions or appraisals as employees of the centre.

Action Required:
Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to
support, develop and performance manage all members of the workforce to exercise
their personal and professional responsibility for the quality and safety of the services
that they are delivering.

Please state the actions you have taken or are planning to take:
A new staff review form has been developed. We will commence rolling out to all staff by 01.02.15 to be completed by 01.06.15.

| **Proposed Timescale:** 01.02.15 / 01.06.15 |
| **Theme:** Leadership, Governance and Management |

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The management systems in place, to ensure that the service was appropriate to residents needs, consistent and effectively monitored were not robust. For example there was no detailed audit schedule that reviewed all quality indicators such as resident care plans to ensure their assessed needs were being met.

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

**Please state the actions you have taken or are planning to take:**
The management system will be reviewed to include a detailed audit schedule which will ensure that relevant quality indicators are being effectively monitored.

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

---

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
staffing levels at night are not appropriate to the number and assessed needs of the residents.

**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:**
The organisation will assess overall the number, quality and skill mix of staff based on the number of residents, the statement of purpose and the size and layout of the designated centre. This will commence in February 2015. The organisation will conduct a specific risk assessment with regard to the staff and residents at night time in one location by the senior management team. This will be completed within 3 weeks.

| **Proposed Timescale:** 15/12/2014 |
| **Theme:** Responsive Workforce |
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Further development of the rota is required to ensure that it is clear and reflective of the actual hours rostered.

Action Required:
Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

Please state the actions you have taken or are planning to take:
The roster had been amended to ensure it is clear and complies with the breach identified in this report.

Proposed Timescale: 14/11/2014

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centre had a directory of residents, improvements were required as the following information was not detailed, as outlined in Schedule 3, in the directory:

- If the resident was discharged from the designated centre, the date on which he or she was discharged.
- If the resident was transferred to another designated centre or to a hospital, the name of the designated centre or hospital and the date on which the resident was transferred.
- Any dates during which the resident was not residing at the centre, excluding regular overnight visits or arrangements relating to part-time arrangements.

Action Required:
Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 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:
The resident’s directory includes the headings as outlined in the regulations. There are currently no relevant details to be included under these headings.

Proposed Timescale: Completed

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Further detail was required regarding the services and facilities provided as it was unclear what facilities were provided for those who resided in the six apartments.

**Action Required:**
Under Regulation 20 (2) (a) you are required to: Ensure that the guide prepared in respect of the designated centre includes a summary of the services and facilities provided.

**Please state the actions you have taken or are planning to take:**
The residents guide has been reviewed and amended to clarify the services provided as required under Regulation 20 (2) (a).

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

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was a roster in place as required in Schedule 4 (11) however it was not detailed to reflect whether the roster was actually worked.

The centre did not maintain a record of the food provided for residents as required in Schedule 4 (5).

**Action Required:**
Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
Rotas are in place as required by Schedule 4(11) and timesheets are retained to reflect whether the rota was actually worked. A record of food provided for residents as required in Schedule 4 (5) will be maintained going forward.

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