

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0003370
Centre county:	Meath
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Dermot Monaghan
Lead inspector:	Catherine Rose Connolly Gargan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	7
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.

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: 19 August 2014 14:00 To: 19 August 2014 18:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 17: Workforce

Summary of findings from this inspection

The designated centre consists of two houses in two separate locations. The house referenced by this report is located in a rural setting. This house as part of a designated centre provides services for individuals with an intellectual disability. On the day of inspection, residents of male and female gender and over 18 years of age were living in the centre and reflected the stated purpose in terms of admission criteria. The accommodation was fully occupied with seven residents.

The inspection was facilitated by the person in charge, Karen Bergin. She demonstrated a comprehensive knowledge of the residents. The provider was not present at the feedback meeting but nominated the general manager for the region, to attend the feedback meeting on his behalf.

Residents engaged in the inspection giving the inspector opportunity to talk with them about their lives in the centre. The inspector also spoke with staff, viewed documentation and observed practice. Staff were observed engaging with residents in dignified, respectful and empowering ways.

Eight of the eighteen outcomes were inspected on this inspection. Findings in two outcomes constituted major non-compliance with the legislation and placed the health and safety of residents at risk. These findings were discussed with the general

manager, operations coordinator and person in charge at the end of inspection meeting. The inspector found that residents' personal plans did not positively impact on all aspects of some residents' quality of life. Some residents' healthcare needs required review to ensure their needs were met. Appropriate expert input to advise on on-going management of a chronic orthopaedic condition for one resident required review. In addition aspects of seizure management for residents with a diagnosis of epilepsy required review.

The centre premises in respect of the house referenced in this report was refurbished and extended in 2013 and was found to substantially meet the current residents' needs and its stated purpose in terms of layout and design. While, fire prevention precautions were in place and residents had documented personal plans stating their evacuation needs, fire safety arrangements were not adequate and posed a major risk to residents in the event of a fire. Fire safety training was not completed by any member of staff and staff and residents had not participated in a fire drill to ensure staffing levels were adequate and residents were aware of the procedures to follow to evacuate the building if necessary.

Findings in relation to staffing constituted major non compliance with the legislation. While staff had completed some development training in line with their professional development requirements, there was evidence that mandatory training including protection of vulnerable adults, fire training, moving and handling training and basic food hygiene was not completed. Staffing levels required review to ensure all residents' needs were met.

Practices that posed limitations on residents required review to ensure that measures to mitigate risk to residents did not negatively impact on their or the quality of life of others living in the centre. Risk management procedures to identify all risks with comprehensive concomitant controls required improvement.

The action plan at the end of this report contains the breaches in the legislation identified and the actions which the provider and person in charge are required to take to be in 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):

This was the centre's first inspection by the Authority.

Findings:

Residents spoken with told inspectors they were happy with their accommodation and were involved in planning the day to day activity of the house. There was evidence that empowering residents to make decisions about how they lived and spent their time in the centre was important to staff. There were many examples where actions taken to make the centre homely were initiated by residents and supported by staff. Staff were observed to be respectful and patient when interacting with the residents. Residents' privacy was respected at all times throughout the day of inspection. Doors were closed while staff assisted some residents with their personal hygiene needs. One resident told inspectors about her clothes shopping trips and had favourite clothing shops where she bought her clothes. Some residents furnished their own bedroom including providing their own bed. However, there was no documentation available that evidenced assessment of each resident's own bed or furniture used to ensure they met individual assessed needs or that use of same was the resident's personal choice. One resident's own bed observed by an inspector, may not meet their needs given the extent of their disability.

The inspectors were told by staff that some residents were assessed as being at risk of leaving the centre unaccompanied. A protective aide was worn by one resident to mitigate risk of injury. However, evidence of consideration or assessment of impact on the quality of life of residents in respect of these findings was not available. This finding is discussed in Outcome 7 of this report.

A complaints procedure was displayed and was in accessible format. There were no complaints logged. Residents told inspectors that they would tell staff if they were

unhappy about any aspect of the service.

Judgment:

Non Compliant - Moderate

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

While the inspector was informed by members of the management team that the Executive were currently drafting a contract of service for each resident, the timescale was not known for implementation. The designated centre did not have a contract of care agreed by each resident or their representative that described the services residents would receive for a stated fee. One resident told an inspector they thought they were assigned a long-term placement but were not sure.

Inspectors informed the management team during the feedback meeting that a contract of service was required detailing the terms and conditions of residency and services to be provided, inclusive of details of additional charges that the resident may be charged and arrangements for use and maintenance of personal furniture should also be included in the contract of care for residents.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

All residents referenced in the sample of care plans reviewed had a personal plan completed. While, there was evidence supporting resident involvement in review of their personal support plans, multidisciplinary involvement in the review process was not comprehensive in that the meeting did not include representation from allied health professionals involved in the care of the resident and medical input. In addition, consultation by allied health professional did not consistently result in concomitant personal plan review in all cases. This finding did not assure a comprehensive review from a holistic perspective took place in each resident's case. The inspector observed that risk assessments of residents' needs were identified as part of the personal planning process. However, care plans developed as an outcome of risk assessment of needs did not adequately met the needs of some residents. This finding is discussed further in outcome 11 of this report. There was evidence that referrals made were responded to by consultations by allied health professionals as appropriate. The inspector observed where residents were supported with their transition into their new residence. Residents were involved in personalising and making the accommodation their home. There was evidence that their views were important and impacted on decisions taken about arrangements in the house. The quality of residents' interpersonal relationships with each other as a group residing together was given precedence by staff and there was evidence to support that this was closely monitored and reviewed. There was also evidence of resident empowerment by staff for example; one resident was supported by staff to appeal the weekly fee paid for their accommodation on this resident accentuating same with a positive outcome which resulted in a reduction of approximately 40%.

Residents' goals were identified and while some goals were referenced as individual resident's medium and long-term aspirations and wishes, some activities of living identified as goals were already achieved and were part of the resident's current activities of living. For example, to maintain family contact. Five of the seven residents had access to a formal day programme and one of the remaining two residents was on a trialling phase for permanent placement.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

The designated centre was fully occupied on the day of inspection. It has accommodation for seven residents and is located in a rural area. Each resident has a single bedroom with en suite shower, toilet and wash basin. Residents moved to the house in December 2013 following extensive refurbishment and extension of the original building by the Health Service Executive. The centre meets its stated purpose in terms of resident accommodation. Residents' bedrooms were personalised and some residents were using their own furniture. However, one resident's bed which belonged to the resident was not assessed to ensure it is adequate and is the informed choice of the resident concerned. This finding was raised by the inspector at inspection feedback. Residents had access to adequate communal space that was bright and well ventilated. There was space for residents to meet their visitors in private outside their bedroom if they wished. Installation of the centre's furniture and fixtures were not complete, for example; curtains were not fitted on the windows in the sitting room which could impact on residents' privacy and fixture of some picture frames was awaiting completion by maintenance personnel. The exterior of the building provided an attractive spacious space for residents. All residents had access to assistive equipment as needed.

Judgment:

Non Compliant - Minor

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

An organisational safety statement was available in the designated centre in addition to a centre specific safety statement dated 01 April 2014. The local document outlined staff responsibilities, risk management process and including process of identifying and assessing risk and the arrangements in place for the investigation and reporting of incidents and accidents. A risk register dated 01 April 2014 was partially completed. While risks were identified in the register, all risks in the centre were not referenced in this log. There were no controls stated to mitigate the potential for occurrence or severity of risks identified. Unidentified risks found on inspection included, measures to control access to the staff office were unpredictable and were not adequately installed to ensure unobstructed access for staff was assured. The risk of staff cooking food in the centre without basic food hygiene training was not recognised as an infection risk in

the risk register. Whilst they had been identified, the response from management was not satisfactory. In addition an assessment to ensure the centre's transport vehicle met the needs of each resident was not adequately completed. An Occupational therapy assessment of one resident's transport needs found that the current vehicle did not meet their mobility needs and a referral was initiated to an external mobility advisor for advice. However, no concomitant controls were documented to mitigate risk of injury to this resident or to those providing assistance.

Review of the maintenance of fire equipment occurred and confirmed that the fire panel/alarm, fire extinguishers and emergency lighting had been serviced within appropriate time frames. A weekly check-list was found to be completed but dates and reference signatures were missing. A fire plan was not displayed to advise in the event of a fire. However each resident had a personal evacuation plan that detailed specialised equipment and staffing needs for evacuation in the event of a fire. There was no evidence that staff had received training in the prevention and management of fire in the designated centre. There was no record of fire drills occurring or staff participation in same. These findings were also confirmed by speaking with staff and reviewing training records. Training records reviewed for two staff referenced last attendance at fire training as 2006 and 2008 respectively. One resident living in the centre since the beginning of 2014 spoken with told inspector confirmed that they had not participated in a fire drill. However, while aware of the nearest fire exit to their bedroom, they were not sure where the fire assembly area was located.

There were adequate personal protective equipment and hand hygiene facilities which staff were observed to use. The centre was visibly clean throughout. However, there was no evidence staff had attended hand hygiene or training on cleaning procedures training. Staff engaging in cooking residents' meals had not attended basic food hygiene or preparation of food to meet the nutritional needs of adults. This finding is discussed in Outcome 17 of this report.

The inspector was told by staff that some residents were assessed as being at risk of leaving the centre unaccompanied. Exit from the centre was controlled by use of electronic key-code locks. The inspectors saw that while this control was effective for assuring the safety of residents at risk of exiting the centre, it placed restrictions on the freedom of others. There was no evidence that this practice had been assessed to ensure this limitation on freedom did not negatively impact on the independence and quality of life of those not at risk. In addition, a resident who wore a protective aide did not have adequate assessment of need to justify the absence of a removal schedule. While this protective aide mitigated risk of injury, it also had potential to negatively impact on the quality of life of this resident. This finding is discussed in Outcome 7 of this report.

Judgment:
Non Compliant - Major

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

This was the centre's first inspection by the Authority.

Findings:

There was a policy in place informing safeguarding adults with a disability, which had been updated four days previous to the inspection, While some staff had signed that they had read and were familiar with this policy, it was not clear whether revisions were made to the previous policy and which version staff had familiarised themselves with. There was also a policy advising on intimate care procedures for staff to assist residents dated 24 October 2014. Eight staff confirmed that they had read this policy. There was no evidence that staff had received mandatory training in the protection of vulnerable adults. Staff reported that they would reference an algorithm as displayed on a wall. Staff spoken with were aware of risks and demonstrated a proactive approach to how they would manage suspicions or/and allegations of resident abuse. No such incidents had been reported to the Authority and a review of the accident/incident log confirmed no incidents were recorded.

Access to the centre was controlled by a key-code security system. A visitors' log was maintained and completed as required. One resident told inspectors that 'one of the best things' about the centre was 'the security'.

The inspectors were told that none of the residents experienced behaviour that challenged and therefore were not assessed as requiring a positive behaviour support plan. There were restrictive practices in place due to use of a protective aide to mitigate risk of injury for one resident. There was no procedure in place to advise staff or the resident on frequency with which the aide should be worn and a removal schedule was also absent.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

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

This was the centre's first inspection by the Authority.

Findings:

Residents healthcare needs were assessed through a risk assessment model. While the inspectors found that residents' healthcare needs were identified, concomitant care plans/interventions were not comprehensive and did not adequately inform all aspects of contemporary evidenced based care practices and procedures. For example, a resident using a protective aide to mitigate risk of injury did not have a documented schedule in place to ensure there were periods of time when this aide was removed. The rationale for use was not clear and the aide in use was observed to be restrictive, evidence of an adequate assessment with a concomitant supportive individualised programme was not available to ensure the dignity and quality of life of this resident were not compromised.

Greater than 50% of residents in the designated centre had a diagnosis of epilepsy. While, seizure management plans were in place in each case, they did not adequately inform all aspects of management of same. Residents had regular access to a GP of their choice and Allied Health Professionals. However, ongoing care of a resident with a chronic orthopaedic condition did not ensure access to and advice from a specialist in orthopaedic care as part of their care plan to effectively manage their chronic health care need.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

This was the centre's first inspection by the Authority.

Findings:

The inspector found that staffing levels and skill mix, while adequate on the day of inspection did not consistently meet the needs of residents in respect of transport needs. Inspectors confirmed that vehicle drivers were not always available and were told that a staff member could 'spend the day doing messages'. Inspector also found from a review of the centre's recorded accidents and incidents that one staff member sustained a work related injury in June 2014. While, documented that two staff were required for caring for the resident concerned, an updated risk assessment using an accredited tool did not advise this outcome. There was also an absence of use of a tool to determine resident dependency levels and concomitant staff requirements. Agency staff were contracted to support staffing levels in the event of unplanned leave and unavailability of regular staff. However the person in charge told the inspector that the same agency staff are allocated to work in the centre to promote continuity for residents.

An arrangement was in place where the person in charge had responsibility for the region consisting of seven houses (four designated centres) one weekend each month. While an informal on-call arrangement was in place where the coordinator of services provided on-call cover, this arrangement did not ensure that the designated centre had a full-time person in charge/deputising arrangements in place for two days on one week every four weeks.

While staff has access to some education and training in line with their professional development requirements, there was evidence that training on protection of vulnerable adults, fire safety, safe moving and handling and basic food hygiene was not completed. The inspector did not observe any episodes of moving and handling taking place. All staff in the sample of training records reviewed had completed 'crisis management intervention training'. Training of staff on meeting healthcare such as epilepsy must be conducted to meet the assessed needs of current residents profile.

Judgment:

Non Compliant - Major

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Catherine Rose Connolly Gargan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0003370
Date of Inspection:	19 August 2014
Date of response:	17 October 2014

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:

Evidence of assessment was not available that referenced that each resident's own bed or furniture used in the centre met their individual assessed needs.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Action Required:

Under Regulation 09 (1) you are required to: Ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.

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

The Provider accepts the findings of the Inspector and understands that each resident should have all items of furniture assessed for suitability to individuals. A nursing assessment has been carried out and documented on all residents.

Each resident will have an inventory of items used by them, with input from other disciplines where applicable. This inventory will be kept updated by key staff involved.

Proposed Timescale: 30/11/2014

Theme: Individualised Supports and Care

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

Security placed on exit doors placed restrictions on the freedom of some residents' independence and freedom. There was no evidence that this practice had been assessed to ensure this limitation on freedom did not negatively impact on the independence of those not at risk.

A resident who wore a protective aide did not have adequate assessment of need to justify the absence of a removal schedule. This protective aide also had potential to negatively impact on the dignity and freedom of this resident.

Action Required:

Under Regulation 13 (1) you are required to: Provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.

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

The Provider accepts the findings of the Inspector. All residents will have risks clearly identified in their Personal Plan. The Person in Charge will ensure that each resident has an up to date capacity assessment to support those who can manage a key themselves now and provide on-going review and plans for those who wish to do so in the future. All residents' Personal Plans will include the resident's ability to manage a key themselves and their wish to do so.

The Provider accepts the findings in relation to resident's use of a protective aide. A comprehensive review will be carried out by the multidisciplinary team and a removal schedule will immediately commence if it is clinically appropriate to do so.

Proposed Timescale: 30/11/2014

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:

Each resident did not have an agreed contract of care stating the terms and conditions of their residency in the centre.

Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

The Provider accepts the findings of the Inspector in relation to a contract of care being supplied to all residents. The draft contracts will be finalised by October 31st, ensuring that they meet Regulation 24 (3 and 4). They will be implemented with the residents and/or their representatives by December 31st 2014

Proposed Timescale: 31/12/2014

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:

Multidisciplinary involvement in the personal planning review process was not comprehensive in that the meeting did not consistently include representation from all allied health professionals involved in the care of the resident and medical input.

Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

The Person in Charge accepts the findings of the inspector and understands the value of maintaining personal plans that are multi-disciplinary.

The Person in charge acknowledges that interface with allied health professionals has been mainly reactive to date.

The Person in Charge is liaising with Heads of Discipline to ensure that personal plans are both developed and reviewed with the multi-disciplinary team. Referrals have been submitted. Medical input will be requested as appropriate for those residents with specific medical requirements.

Proposed Timescale: 31/12/2014

Theme: Effective Services

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

Input by allied health professionals did not consistently result in concomitant personal plan review in all cases.

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:

The Person in Charge accepts the findings of the Inspector and understands the value of maintaining personal plans that are multi-disciplinary.

The Person in Charge acknowledges that interface with allied health professionals has been mainly reactive to date.

The Person in Charge is liaising with Heads of Discipline to ensure that personal plans are both developed and reviewed with the multi-disciplinary team utilizing goal setting methodology that includes short/long term goals that are time-lined and outcome focused (e.g SMART). Referrals have been submitted.

Proposed Timescale: 31/12/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Installation of the centre's furniture and fixtures were not complete.

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 Provider accepts the findings of the Inspector and understands the value to residents of living in premises that are suitably decorated.

The Person in Charge will ensure that all internal decoration and furnishing is completed.

Proposed Timescale: 30/11/2014

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

All risks in the centre were not identified.

Action Required:

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

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

The Provider accepts the findings of the Inspector. The Person in Charge has updated the local safety statement to include up to date risk assessments. The Provider will ensure that any works and control measures related to risks identified will be carried out promptly.

Proposed Timescale: 30/11/2014

Theme: Effective Services

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

Adequate controls were not stated to mitigate the potential for occurrence or severity of risks identified.

Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

The Provider accepts the findings of the Inspector. Risks and actions identified to put controls in place will be addressed immediately. The Person in Charge will maintain an up to date risk register and keep safety statement.

Proposed Timescale: 17/10/2014

Theme: Effective Services

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

The risk management policy did not include arrangements to ensure that risk control measures are proportional to the risk identified in relation to restrictions on exit from the centre and use of a protective aide for one resident's safety or that any adverse impact such measures might have on residents' quality of life were considered.

Action Required:

Under Regulation 26 (1) (e) you are required to: Ensure that the risk management policy includes arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

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

The Provider accepts the findings of the Inspector. An updated risk assessment has been completed to include the risks identified in relation to exit doors for all residents. An identified control measure for a keypad to be installed in the office area has been requested and approved to ensure easier access for staff and residents where applicable. Interim control measures include the maintenance of a spare fob key in office at all times and access to a cordless telephone outside of the office.

Proposed Timescale: 31/12/2014**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Staff engaging in cooking residents' meals had not attended basic food hygiene training.

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 Provider accepts the findings of the Inspector. The Person in Charge will review the training records of all care staff employed in the house and ensure that those with FETAC Level 5 training inclusive of food preparation and hygiene will review and maintain the processes in the kitchen to the correct standard. All new staff employed will be offered training in food preparation and hygiene.

Proposed Timescale: 17/10/2014**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There was no evidence that staff had received training in the prevention and management of fire in the designated centre.

Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

The Provider accepts the findings of the Inspector. All staff will receive mandatory fire safety training and will ensure that there are at least 2 fire drills per year on site. There will be confirmation of a date for training in the prevention and management of fire within the next 2/4 weeks. All residents will be included if appropriate in this training and have an individual fire evacuation plan. The fire safety register is maintained weekly and kept on the premises by the Person in Charge. Fire systems will be serviced and checked regularly by contractor.

Proposed Timescale: 30/11/2014**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There was no record of fire drills occurring or staff participation in same.

Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

The Provider accepts the findings of the Inspector in relation to Fire Regulations. The fire safety register is being maintained by staff on a weekly basis and monitored by the Person in Charge. All staff will have fire training completed once notification of a date of training is received (2/4 weeks). Fire drills are completed every 4-6 months and a register will be maintained by the Person in Charge.

Proposed Timescale: 31/10/2014**Theme:** Effective Services**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

A fire plan was not displayed to advise in the event of a fire.

Action Required:

Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the designated centre.

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

The Person in Charge accepts the findings of the Inspector. A fire evacuation plan has been requested from Fire Officer. The fire plan will then immediately be displayed for Residents/staff/visitors to see clearly.

Proposed Timescale: 31/10/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

There was no procedure in place to advise staff or the resident on frequency with which a protective aide which restricted aspects of the resident's freedom should be worn and a removal schedule was also absent.

Action Required:

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

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

The Provider accepts the findings of the Inspector in relation to resident's use of a protective aide. A comprehensive review will be carried out by the multidisciplinary team and a removal schedule will immediately commence if it is clinically appropriate to do so.

Proposed Timescale: 31/10/2014

Theme: Safe Services

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

There was no evidence that staff had received mandatory training in the protection of vulnerable adults.

Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

The Person in Charge accepts the findings of the Inspector and understands the importance of safeguarding our residents.

The Provider has scheduled accredited training in relation to safeguarding residents and the prevention, detection and response to abuse. This training is planned for October 10th, 24th, 30th and November 7th 2014 and is compulsory for all staff.

Proposed Timescale: 07/11/2014

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:

Residents were not facilitated to access adequate orthopaedic specialist advice and care of acute episodes of a chronic condition.

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:

The Person in Charge accepts the findings of the Inspector in relation to healthcare needs of residents who require specialist medical advice and care of acute episodes of a chronic condition. All residents have comprehensive care plans and in the case of those with chronic medical conditions they include comprehensive specialist advice and care. Management plans also include a plan for the management of acute episodes if required.

Proposed Timescale: 17/10/2014

Theme: Health and Development

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

A resident using a protective aide did not have a documented schedule in place to ensure there were periods of time when this aide was removed. The rationale for use was not clear and the aide in use was observed to be restrictive. Evidence of an adequate assessment with a concomitant supportive individualised programme was not available to ensure the dignity and self-esteem needs of this resident were not compromised.

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 Provider accepts the findings of the Inspector and understands the necessity of ensuring that the dignity and self-esteem needs of residents are not compromised. A comprehensive review will be carried out by the multidisciplinary team and a removal schedule for the protective aide will immediately commence if it is clinically appropriate to do so.

Proposed Timescale: 31/10/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staffing levels and skill mix, while adequate on the day of inspection did not consistently meet the needs of residents in respect of transport needs.

An out of hours service arrangement did not ensure that the designated centre had a full-time person in charge/deputising arrangements in place for two days on one week every four weeks.

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 Provider accepts the findings of the inspector in relation to this requirement. The Provider is awaiting announcement regarding capital funding for 2015. Once this has been announced it will be possible to propose a realistic timeframe for the purchasing of a new vehicle. In the interim alternative suitable transport arrangements have been put in place.

The Person in Charge will review all rosters and ensure these reflect the needs of residents at all times. Any gaps identified will be addressed by this roster review and by submitting a plan to management which identifies the needs and the appropriate staffing levels.

A temporary Director of Nursing post and Assistant Director of Nursing post has been advertised and will be filled in the coming months.

Proposed Timescale: 30/11/2014

Theme: Responsive Workforce

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

Mandatory and developmental staff training was not of an adequate standard to ensure that staff had the skills and contemporary knowledge to meet the needs of residents in all aspects of care and safety procedures.

Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

The Person in Charge accepts the findings of the Inspector. The Person in Charge understands the importance of continuous professional development for all staff. The Person in Charge will maintain a staff training needs analysis and records of training on staff files at a local level.

Proposed Timescale: 31/12/2014