<table>
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<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Brothers of Charity Services Galway</th>
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<tr>
<td>Centre ID:</td>
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<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Provider Nominee:</td>
<td>Anne Geraghty</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Ann-Marie O'Neill</td>
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<td>Support inspector(s):</td>
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About monitoring of compliance

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor 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: 16 April 2015 11:00  To: 16 April 2015 21:00

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

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<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 11. Healthcare Needs</td>
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<td>Outcome 12. Medication Management</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 17: Workforce</td>
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Summary of findings from this inspection
This monitoring inspection was the first inspection of this designated centre. The centre is part of the Brothers of Charity Services; Galway. It was announced and carried out over one day.

The designated centre provided accommodation and support services for male and female adults with an intellectual disability. The inspector met with residents, staff members and members of the management team. The inspector observed practices and reviewed documentation such as personal plans, risk management documentation, medical records, policies and procedures.

The centre comprised of two residential units, one a single story bungalow style property where residents had lots of secure pleasant outdoor space and equally the interior provided them with a choice of living spaces. The other residential unit was a two story premises. It had originally been two attached 3 bedroom houses. The provider had made modifications which converted the two houses into one large residence. Residents living there also had access to a secure large garden space and had ample choice of living spaces within the premises.

Some residents living in the centre had previously lived in a congregated setting within the Brothers of Charity Galway service. Anecdotal evidence from staff
informed the inspector that the move to community inclusive living had reaped positive benefits for the residents. There had been a significant reduction in the severity and frequency of behaviour that challenge incidents. While there was encouraging anecdotal evidence that residents’ needs were better met in their current living arrangements, there was no documented evidence to substantiate this. This formed an action within this report.

All residents living in the centre had their own bedrooms which had been personalised to their individual tastes and to meet their specific needs. Some residents required restrictive practices in place in order to mitigate risk should free access be allowed to certain areas, for example, areas that stored chemicals used for cleaning. There was a restriction on access to water in one of the wash hand sinks in one residential unit. This was part of a behaviour management strategy for a resident in the centre, however, this impacted on hand washing facilities for both residents and staff working there and required review.

Residents’ health care was well supported and there was evidence of prompt referral to allied health professionals for review and intervention when a need or risk was identified. Falls risk assessments and interventions were comprehensive and detailed. However, nutritional risk was not adequately monitored and required review.

Residents’ personal plans were detailed in the most part. However, a behaviour support plan for a resident was not relevant to their current living circumstances and made reference to the previous designated centre they lived in. Social care activities for some residents required review as they were limited in scope and opportunity for community participation and inclusion.

Two allegations of abuse had been investigated and reviewed by the person in charge and management team for the centre. However, they had not been notified to the Chief Inspector as per the matters set out in the Care and Welfare 2013 regulations. This formed a non compliance for Outcome 9 in this report.

Overall the inspector was satisfied residents received a service which catered for their individual needs. There were non compliances found however, for example, Outcome 1 in relation to night time checks and residents privacy, Outcome 7 in relation to infection control and risk of scalds to residents due to lack of temperature regulation for hot water in some taps and Outcome 11 nutritional risk identification. These are outlined in the body of the report with associated actions at the end of the 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):
This was the centre's first inspection by the Authority.

Findings:
Privacy and dignity for residents was the only aspect reviewed in this outcome.

At the time of the inspection a procedure was in place for most residents to be checked half hourly during the night whilst they slept. Staff spoken with were not clear on the reason to support this procedure being implemented for otherwise healthy residents. They also told the inspector that some residents woke up when they were being checked upon reducing the quality of their sleep. The practice of half hourly checks impacted on residents' privacy and sleep and required review.

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:**
Each resident’s well-being and welfare were documented in their personalised folder which included information about their backgrounds and their personal goals for the current year. A personal outcomes assessment tool formulated the goals for residents based on their interests, abilities and identified needs.

From a sample of resident’s personal plans reviewed most were found to be individualised and person centred, for example; the resident’s needs, choices and aspirations were clearly identified. This was more evident in the personal plans reviewed in one residential unit. There was also evidence of a multi-disciplinary team input documented in the resident's files, such as occupational therapy, physiotherapy and speech and language therapy. (SALT) in all personal plans reviewed between both residential units of the designated centre.

In one residential unit of the designated centre, residents attended day activities in another part of the organisation Monday to Friday. Personal plans reviewed in that residential unit were person centred and detailed. The inspector found evidence to indicate personal plans were updated when residents' needs changed, for example, there were detailed plans of care for a resident recently diagnosed with dementia. Some residents in this residential unit showed the inspector their personal plans and nodded when the inspector asked them if they had enjoyed activities they had engaged in.

Another personal plan reviewed by an inspector incorporated many photographs of a resident engaging in numerous activities, social events and engagement with the community. The resident was unable to verbally communicate to the inspector how involved they were in developing their personal plan, but the personal plan allowed the inspector to see evidence that the resident experienced a fulfilled social care experience.

In the other residential unit, residents were supported to engage in social care activities from their home. However, improvements were required in relation to this. An assessment for a resident's leisure activities was not adequate. Leisure activities identified for the resident were household chores, for example, learning to dress their bed and bringing their laundry to the washing machine. This required review. Furthermore, the documented activities experienced by the resident each month were limited in scope and opportunity for community inclusion. For example, some activities identified as having occurred in January 2015 included, bringing out the laundry and attending an appointment. This required review also.

**Judgment:**
Non Compliant - Moderate
Outcome 07: Health and Safety and Risk Management

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

Theme:
Effective Services

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

Findings:
The health and safety of services users and staff was provided for in the centre. However, there were some areas that required review in relation to infection control and risk of scalding from very hot water in some sinks in one residential unit.

The health and safety statement for the centre was up to date.

There are policies and procedures in place for risk management, health and safety and relating to incidents where a resident goes missing. Individual risk assessments were in place for residents and maintained in their personal plans. Some of the risks identified for residents related to behaviours that challenge and falls risks. Control measures in place were comprehensive from the sample reviewed.

The risk management policy is implemented throughout the centre and covers the matters set out in Regulation 26 including identification and management of risks, the measures in place to control identified risks and arrangements for identification, recording, investigation and learning from serious incidents.

An electronic system was in place for the documentation of incidents and accidents in the centre. There are also arrangements in place for responding to emergencies set out in the risk management policy for the centre. Reasonable measures are in place to prevent accidents. There was a risk register for both residential units with specific hazards identified, risk rated and appropriate control measure in place to mitigate risk. Vehicles used to transport residents were road worthy and insured.

Fire extinguishers were serviced in April 2015. The fire alarm panel had been serviced in both residential units and was up to date. Each resident had an individualised personal evacuation plan that documented the type of assistance they would need during an evacuation of the centre. These were located discreetly in their bedrooms at the side of their bed in most instances. A fire evacuation procedure was located in a prominent position in both residential units with pictorial explanation of the procedure and location of exits. Emergency lights were over exit doors. Staff spoken with demonstrated good knowledge of fire safety procedures, they outlined what they would do in the event of a fire and evacuation procedures.

Fire compliant units, to hold an emergency key for exit doors, were fitted at each exit point throughout both residential units. This enhanced evacuation procedures within the centre. A clearly marked assembly point was located in the grounds of one of the residential units. For the other residential unit, the small green across from the house...
was designated as the assembly point in the event of an emergency evacuation.

A visitors’ sign in book was maintained in both residential units.

Infection control measures were not entirely adequate in either of the residential units of the centre. A household staff member engaged in cleaning of each residential unit. Overall there was a good standard of cleanliness observed in both residential units of the centre. However, the cleanliness of one resident’s ensuite toilet/shower room was poor and required attention.

There was inadequate hand washing facilities for residents and staff in the other residential unit. The water to the hand washing sink in a bathroom was restricted as part of behaviour management strategy for a resident. However, this resulted in residents being unable to wash their hands after using the facilities in the bathroom. Equally, there was limited hand washing facilities or arrangements for staff that assisted residents in personal hygiene in this bathroom. The nearest hand washing facility was down the hall and into another room. This posed a risk of spreading infection and required review.

The inspector carried out a random check of hot water in the sinks of one residential unit. Water in two of the sinks were found to be extremely hot and posed a risk of scalding to residents. This was brought to the attention of the person in charge by the inspector who asked the issue be addressed urgently.

**Judgment:**
Non Compliant - Moderate

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**Outcome 08: Safeguarding and Safety**

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

**Theme:**
Safe Services

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

**Findings:**
Policies and procedures for the prevention, detection and response to allegations of abuse were in place.

Staff working in the centre had received training in the protection of vulnerable adults.
Newly appointed staff had received training in this area also. However, most staff had received training in 'client protection' as once off training without refresher training to ensure skills were adequately maintained in this area.

Residents had intimate personal care plans. From the sample reviewed they were found to be comprehensive and detailed. They outlined in detail each personal care activity and the level of assistance the resident would require, for example, shaving or tooth brushing.

Some residents living in the centre had the potential to display behaviours that challenge. During the course of the inspection, the inspector did not observe any significant behaviours that challenge incidents. Staff working in the centre had received training in a 'low arousal' behaviour management model and demonstrated skills in the implementation of this during the course of inspection.

Residents that displayed behaviours that challenge had multi-element model behaviour assessments and plans in place. These were detailed and outlined the procedures staff should take to prevent or respond to behaviour that is challenging. However, one such plan reviewed by the inspector was not up to date. The assessment piece pertained to when the resident lived in another designated centre. It required review.

There was evidence of restrictive practices in use within the centre, more so in one residential unit. Most restrictions in place were to limit residents’ access to certain areas that could pose a danger to them, for example, areas that stored chemicals for cleaning purposes. There was also a water restriction in a shared bathroom sink in one residential unit. This was in response to a specific identified risk to a resident living in there. However, the restriction posed an infection control risk and is further outlined in Outcome 7.

Each restrictive practice measure had an associated risk assessment. However, not all restrictive interventions had been referred to and reviewed by a Human Rights Committee to ensure the restrictions were justified and in the best interest for the resident.

Anecdotal evidence from staff spoken with suggested there had been a significant decrease in the level of challenging behaviour exhibited by residents since they had moved to the residential units they lived in today. Previously those residents had lived in a congregated setting within the organisation. While this was certainly encouraging there was no other evidence to substantiate this. Periodic service reviews or audits as to the effectiveness of behaviour support interventions or restrictive practices in place were not documented or available for review at the time of inspection.

On review of practices and documentation the inspector noted that there had been two instances where staff had brought concerns/allegations of abuse to the attention of the person in charge. While both instances had been reviewed and referred to the designated person where appropriate there had been no notification of either of these incidents to the Chief Inspector.

The provider and person in charge were required to ensure all allegations, whether vexatious, false or actual were notified to the Chief Inspector within the specified time
frame with follow up notification as to the outcome of their investigation process. This was to assure the Chief Inspector that safe guarding and safety procedures, within the organisation, were robust. A further non compliance is given in relation to this in Outcome 9.

**Judgment:**
Non Compliant - Moderate

### Outcome 09: Notification of Incidents

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

**Theme:**
Safe Services

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

**Findings:**
A record of incidents was maintained on a computerised system which could be accessed within both residential units.

However, two allegations of abuse were not notified to the Chief Inspector as per the matters set out in the care and welfare regulations. This is further outlined in Outcome 8.

**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector reviewed a sample of health care plans for residents in both residential units of the centre and found residents were supported to have their health needs met in the most part.
Residents were supported to access health care services relevant to their needs. The inspector found that they had access to a general practitioner (GP). There was evidence that residents had access to allied health professionals such as dietician, speech and language therapists (SALT), physiotherapy, psychiatry services and occupational therapy. They were supported by staff and/or family members to attend appointments and undergo necessary interventions, for example, blood tests relating to epilepsy management.

There was evidence to show residents experiencing cognitive decline such as dementia were reviewed by relevant health professionals and received appropriate supports which improved their symptoms and improved their quality of life. A multi disciplinary approach to resident’s health care was promoted and evidenced in their personal health care plans.

Residents at risk of falling had received assessments. The inspector reviewed a falls risk assessment and found it to be comprehensive and detailed taking into account all environments the resident accessed including their day activity placement. This was evidence of comprehensive assessment and care planning in relation to falls prevention and management.

Both residential units had adequate space for storage of food. Residents had the choice to eat out, order in takeaway or prepare meals in the centre as they wished. Fresh and frozen foods were in good supply in the centre. There was a good selection of condiments, oils, spices and herbs which were used in the preparation of nutritious meals for residents. There was evidence to show some staff working in the centre had received training in food hygiene and colour coded chopping boards were used in the centre to promote food hygiene procedures.

Residents’ weights were monitored regularly, however, a body mass index was not calculated to identify if the weight measured was one that indicated nutritional risk for the resident, for example, was the resident’s weight correct for their height. Associated nutritional risk assessment tools were not used to assess if residents required referral to dietetic services based on any nutritional risk identified. Monitoring of nutritional risk was not robust enough and required review.

**Judgment:**
Substantially Compliant
### Outcome 12. Medication Management

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

**Theme:**

Health and Development

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

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

**Findings:**

Overall the inspector found medication management met with good compliance. Written operational policies and procedures were in place for the safe storage, administration and recording. The policy however, required some improvement to include guidance for staff in relation to safe disposal of medication procedures specifically to soiled or rejected medications.

Medications were securely stored in a locked cabinet in the staff office of both residential units. No resident required refrigerated or controlled medications at the time of inspection. Staff spoken with in relation to medication management practices outlined the arrangements in their residential unit should a resident's medication require refrigeration. Medication prescriptions were written into administration charts by the resident’s medical practitioner as per the organisation’s policy.

The person in charge was a safe administration of medication trainer and had oversight to ensure staff carried out safe medication practices. There was evidence to indicate staff carried out medication management audits on a monthly basis. Although this was good practice, copies of the original prescriptions were not maintained in residents’ files and therefore were not used as part of the medication audit of administration charts. The robustness of medication auditing required review in light of this.

Residents’ medications were stored in individually and segregated in the storage presses within each residential unit. A log was maintained when medications were received from the pharmacy and a balance record maintained.

The organisation had a comprehensive medication management policy which gave robust, best practice procedures in relation to most aspects of medication management. However, there was no policy or associated procedures relating to the safe disposal of soiled or rejected medications.

**Judgment:**

Substantially Compliant
Outcome 14: Governance and Management

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

Theme:
Leadership, Governance and Management

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

Findings:
The centre was managed by a suitably qualified person in charge with knowledge and experience commensurate to his role. He had multiple nursing qualifications in intellectual disability, sick children’s, respiratory care and a Masters in healthcare management which he completed in 2010. He had experience of working in behaviours that challenge also and had been in management positions within the organisation for a number of years.

The person in charge outlined to the inspector that improvements were due to take place in relation to this. Persons participating in management, (team leaders and service coordinators) were undertaking an 18 month performance management course.

There was documented evidence to show that the centre had been included as part of a quality audit carried out by the provider and nominated persons participating in management in the previous six months. While the 6 monthly unannounced audits were useful to direct quality improvements they were limited in what aspects of service provision were included (three outcomes were examined) and required review to ensure they were more comprehensive.

The person in charge of the centre worked in a full time capacity of 39 hours per week. He reported to the area manager (PPIM) who in turn reported to the adult west sector manager and the director of services. The person in charge was allocated responsibility for a number of designated centres. To ensure adequate governance arrangements in those centres, team leaders were allocated to each residential unit to ensure supervision and oversight of the day to day. However, they had not been notified to the Chief Inspector as persons participating in management despite engaging in managerial responsibilities. This required review.

Judgment:
Substantially 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):
This was the centre’s first inspection by the Authority.

### Findings:
There was a planned and actual staff rota in all of the houses. The Statement of Purpose identified the allocated staffing hours for each unit in the centre.

Staff files were reviewed during the course of inspection. They were found to contain the matters as set out in Schedule 2.

Staff had appropriate training to meet the needs of residents living in the centre in the most part. Some mandatory training, for example, client protection had not been kept up to date. This is further outlined in Outcome 8.

Volunteers that worked in the centre were appropriately vetted. A volunteer coordinator was responsible for the supervision and allocation of volunteers to meet the needs of residents.

The person in charge engaged in supervision of staff working in the centres he managed. Staff spoken with confirmed he was approachable and available to speak with and run issues by as the need arose. He visited the designated centre at least once a week and sometimes more often should it be necessary. Though the person in charge was present and involved in the running of the centre, and staff confirmed they were appropriately supported, there was no formalised system for supervision within the centre.

### 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:

Ann-Marie O'Neill
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
**Action Plan**

**Provider’s response to inspection report\(^1\)**

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<td>16 April 2015</td>
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**Requirements**

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

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

**Outcome 01: Residents Rights, Dignity and Consultation**

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Half hourly night checks of healthy residents not identified at risk was evidence of a practice that was an invasion of those residents privacy and required review.

**Action Required:**
Under Regulation 09 (3) you are required to: Ensure that each resident’s privacy and dignity is respected in relation to, but not limited to, his or her personal and living

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\(^1\) The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
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:**
- We have reviewed the requirement for the ½ hourly checks at night as recommended, and have reduced these for all individuals involved who reside in the Designated Centre unless there is a clear medical or behavioural need.

**Proposed Timescale:** 18/04/2015

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**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:_

An assessment for a resident's leisure activities was not adequate. Leisure activities identified for the resident were household chores, for example, learning to dress their bed and bringing their laundry to the washing machine. This required review.

**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:**
- We have reviewed the identified individual’s daily programme on 21st May 2015, and have developed a programme and recorded goals in the Resident’s Personal Profile outlining Independent Living Skills which are important to this Resident and aim to enhance his independent living skills. We have also identified leisure activity goals and included them in his personal plan. Leisure goals include swimming, walking, cooking, community participation including shopping going out for social drinks, Arts and Crafts,

**Proposed Timescale:** 21/05/2015

**Theme:** Effective Services

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

The documented activities experienced by a resident each month were limited in scope and opportunity for community inclusion. For example, some activities identified as having occurred in January 2015 included, bringing out the laundry and attending an appointment. This required review.

**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:**
- We have reviewed the identified individual’s daily programme, including how we record activities, as a full picture was not presented through the format being used at the time. There is now a more complete documentation of activities undertaken by the resident.

**Proposed Timescale:** 21/05/2015

### 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:
Water in two of the sinks were found to be extremely hot and posed a risk of scalding to residents.

**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:**
- A new thermostatic control valve to the hot water tank serving the house has been installed which controls the temperature of water in the sinks.
- We will introduce regular staff checks of water temperature in all houses.

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

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The cleanliness of one resident’s ensuite toilet/shower room was poor and required attention.

**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:**
- We organised a deep clean of the identified ensuite which was carried out the following day.
- We have subsequently reviewed the cleaning schedule of this house to include a sign off sheet when work is carried out.

**Proposed Timescale:** 17/04/2015  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
There was inadequate hand washing facilities for residents and staff in one residential unit within the designated centre.

**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:**  
- We reviewed the behaviour support strategy in place regarding access to water and have temporarily removed the restriction in order to establish the possibility of permanently removing this restriction. This is being monitored closely and will be reviewed in 2 months. Staff and service users can now access the sink for hand washing.

- Hand sanitizers have been ordered and will be installed in suitable locations throughout the residence identified, to augment the hand hygiene facilities already in place.

- Staff have been scheduled to attend Infection Control and Hand Hygiene training on the 8th and 25th of June 2015.

**Proposed Timescale:** 30/06/2015

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

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Not all restrictive interventions had been referred to and reviewed by a Human Rights Committee to ensure the restrictions were justified and in the best interest for the resident.

**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:**
- All restrictions along with accompanying risk assessments and behaviour management strategies will be forwarded for review by the Human Rights Committee by 30/06/2015.

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**Proposed Timescale:** 30/06/2015  
**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
A behaviour support plan reviewed by the inspector was not up to date. The assessment piece pertained to when the resident lived in another designated centre. It required review.

**Action Required:**  
Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

**Please state the actions you have taken or are planning to take:**
- This individual’s multi-elemental support plan has been reviewed and updated by the multi-disciplinary team, and reflects his current living arrangement.

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**Proposed Timescale:** 21/05/2015  
**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Periodic service reviews or audits as to the effectiveness of behaviour support interventions or restrictive practices in place were not documented and available for review at the time of inspection.

**Action Required:**  
Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

**Please state the actions you have taken or are planning to take:**
- Following discussion with Team Leaders, the CNS in Behaviour and the Psychologist who supports the Designated Centre, it has been agreed that a review of the various behavioural interventions required for each individual will be carried out and documented on a quarterly basis.
Proposed Timescale: 30/07/2015

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Most staff had received training in ‘client protection’ as once off training with no refresher training to ensure skills were adequately maintained in this area.

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:
• All staff in the designated centre have undertaken Client Protection Training.
• The organisation has recently introduced a mandatory Client Protection Refresher training for all staff which will be undertaken every 3 years. All staff in the Designated Centre will have undertaken this Client Protection Refresher training by 01/10/2015.

Proposed Timescale: 01/10/2015

Outcome 09: Notification of Incidents

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Two allegations of abuse were not notified to the Chief Inspector as per the matters set out in the care and welfare regulations.

Action Required:
Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

Please state the actions you have taken or are planning to take:
• We have amended our management processes to ensure that all allegations are forwarded to the Authority within the relevant timeframes.

Proposed Timescale: 01/06/2015
Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Associated nutritional risk assessments were not used to assess if residents required referral to dietetic services based on any nutritional risk identified. Monitoring of nutritional risk was not robust enough and required review.

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:
• All individuals residing within the Designated Centre have been referred for nutritional assessment.
• A Nutritional Assessment Tool will be incorporated into the organisation’s current policy on food and nutrition to facilitate a standardised approach to nutritional risk. The organisation’s Best Practice Committee on Health is currently reviewing the MUST Assessment tool to this end.

Proposed Timescale: 30/06/2015

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 organisation had a comprehensive medication management policy which gave robust, best practice procedures in relation to most aspects of medication management. However, there was no policy or associated procedures relating to the safe disposal of soiled or rejected medications.

Action Required:
Under Regulation 29 (4) (c) 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 out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

Please state the actions you have taken or are planning to take:
• A section covering medication that is rejected or soiled has been inserted into the organisation’s medication policy, which has been reviewed and updated. This policy is currently being circulated to the relevant unions for consultation. We anticipate that this process will be completed by 30/07/2015.
Proposed Timescale: 30/07/2015

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Copies of the original prescriptions were not maintained in residents’ files and therefore were not used as part of the medication audit of administration charts. The robustness of medication auditing required review in light of this.

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:
• A copy of all prescriptions will be taken and will be held in resident’s file to increase the robustness of routine audits, as recommended. This has already commenced in one house in the designated centre.

Proposed Timescale: 01/07/2015

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:
To ensure adequate governance arrangements in those centres, team leaders were allocated to each residential unit to ensure supervision and oversight of the day to day. However, they had not been notified to the Chief Inspector as persons participating in management despite engaging in managerial responsibilities. This required review.

Action Required:
Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

Please state the actions you have taken or are planning to take:
• Team Leaders are noted to be Persons Participating in Management and their positions are outlined in the Organisational Structure Chart in the Statement of Purpose of the Designated Centre. The role of the Team Leader as a person participating in the management of the day to day running of the centre will be further clarified in the Statement of Purpose.
• When the Designated Centre is invited by the Chief Inspector to apply for registration, the Team Leaders will be included as Persons Participating in Management and all required documentation will be submitted to the Chief Inspector along with the application for registration.

**Proposed Timescale:** 30/07/2015  
**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
While the 6 monthly unannounced audits were useful to direct quality improvements they were limited in what aspects of service provision were included and required review to ensure they were more comprehensive.

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

**Please state the actions you have taken or are planning to take:**  
The organisation is currently reviewing how the 6 monthly unannounced audits can most effectively assess the safety and quality of care in the Designated Centre. A review of the outcome of inspections by the Authority and Action Plans based on Recommendations will influence the audit. The organisation is giving consideration to a “themed” audit specific to each Designated Centre.

**Proposed Timescale:** 30/11/2015

**Outcome 17: Workforce**  
**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
Some mandatory training, for example, client protection had not been kept up to date.

**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:**  
• All staff in the designated centre have undertaken Client Protection Training.
• The organisation has recently introduced a mandatory Client Protection Refresher training for all staff which will be undertaken every 3 years. All staff in the designated centre will have undertaken this Client Protection Refresher training by 01/10/2015.

• Each unit maintains a staff mandatory training matrix that covers all mandatory training in terms of when each staff member has undertaken specified mandatory training, and outlines when refreshers are due to be completed.

**Proposed Timescale:** 01/10/2015

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Though the person in charge was present and involved in the running of the centre, and staff confirmed they were appropriately supported, there was no formalised system for supervision within the centre.

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

**Please state the actions you have taken or are planning to take:**
• The organisation is in the process of introducing a formalised system of staff support and supervision across all settings. This support and supervision process has already commenced with the Team Leader in one of the houses within the Designated Centre.

• The Team Leader in the Designated Centre is currently participating in training with regard to the further roll out of the organisation’s system of support and supervision and will commence its roll out with frontline staff on completion of the training. This will be further embedded through the Team Based Performance Management Plan in respect of each unit.

**Proposed Timescale:** 01/10/2015