Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.
Centre ID:	OSV-0003941
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd.
Provider Nominee:	John O'Callaghan
Lead inspector:	Julie Hennessy
Support inspector(s):	Gemma O'Flynn;
Type of inspection	Announced
Number of residents on the date of inspection:	13
Number of vacancies on the date of inspection:	1

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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
10 March 2015 09:00	10 March 2015 17:30
11 March 2015 09:00	11 March 2015 16:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
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 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This report sets out the findings of an announced inspection of Group C Community Residential Services following an application by the provider to register the centre.

The centre comprises three houses in residential community settings. A previous monitoring inspection had taken place in one of the three houses. The centre may accommodate a total of 14 residents and there was one vacancy at the time of inspection.

Over the course of the inspection, inspectors met with residents, staff members, the

person in charge, the provider nominee, the clinical nurse manager (CNM) and other members of the management team. Inspectors also reviewed questionnaires that had been completed by residents and a small number of relatives in relation to their experience of the service.

Inspectors found evidence of good practice across a number of outcomes. Residents confirmed that staff were kind and spoke to them in an appropriate and respectful manner. Residents said that they were involved in decisions about their own lives. Staff interactions with residents were observed to be warm and friendly.

Overall, the provider nominee demonstrated a commitment to the regulatory process. The person in charge was a suitably qualified and experienced person. The provider nominee had completed unannounced visits to each house within the centre and there was evidence that these visits contributed to improving the quality and safety of the service for residents.

A major non-compliance was identified in relation to safeguarding and safety as the provider had not satisfactorily ensured that all residents were protected from injury or harm by their peers. While the provider nominee had taken steps to try and resolve this, the situation was current and on-going. This was discussed with the provider nominee both during and following the inspection.

A moderate non-compliance was identified in relation to fire safety. The Authority did not agree the action plan response to Regulation 28(1) with the provider despite affording the provider two attempts to submit a satisfactory response.

Other non-compliances were identified in relation to personal planning, documentation and measures to ensure privacy and dignity. In addition, opportunities for residents to participate in activities in the community were limited. Non-compliances are discussed in the body of the report and outlined in the action plan at the end of this report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

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

Findings:
Overall, there were arrangements in place to protect the dignity of residents and for consultation with residents. Improvements were required to the recording of complaints, ensuring consultation about all aspects of the running of the centre and aspects relating to protecting privacy. Inspectors found that while residents had access to some activities in the community, overall, such opportunities were limited.

Some community-based activities were available such as horse-riding and bowling. In addition, residents told inspectors of a pending play they were acting in and rehearsing for; a small preview of the show was shown to the inspectors and residents appeared to enjoy it immensely.

However, the inspector found that the majority of activities offered to residents were attached to the organisations' campus-based service. This limited opportunities for residents for new experiences and social participation in the community. For example, the inspector reviewed the weekly activity timetable in one house and found that all of the activities (including basketball, swimming, gym, hill-walking and keep-fit classes) on that timetable either took place on-campus or were organised by campus staff. When asked by the inspector, residents spoken with expressed a desire to try an activity in the community as opposed to the campus setting, such as swimming. This was discussed with the provider nominee, the person in charge and other staff, who agreed that this was an area that required improvement.

There was evidence that residents were consulted about how the centre was run. Minutes of residents' meetings were available for review and the agenda items

considered matters such as general welfare, complaints and concerns. The inspector was told that the resident meetings should be held at least 4-6 weekly, however, this was not happening in practice as minutes evidenced that meetings were held approximately three monthly in most cases. Whilst residents were consulted, there were opportunities to enhance this process to ensure residents had a say in all matters. For example, in one of the houses, it had been decided that the downstairs conservatory would be used as a staff office and an upstairs room as a staff sleep facility. Upon discussion with staff, it was evident that residents had not been involved in the decision on how the downstairs room would be utilised although the inspector was told that residents were advised of this change. In addition, not all issues that had been raised by residents were satisfactorily resolved. For example, the unsuitable location of one house was presenting on-going difficulties for residents in terms of noise disturbance and had been consistently documented in residents' meetings as far back as at least 2011.

Residents had access to advocacy and social care leaders were able to discuss how they would support residents to access this service.

There were policies in place for the management of complaints, however, in some houses, the complaints procedure was not displayed in a prominent location as required by the Regulations. The details of the nominated person designated to deal with complaints was not included in the procedure details. These matters were rectified prior to the close of the inspection. The complaints recording process did not meet the requirements of the Regulations as it did not always record the outcome of the complaints and whether or not the complainant was satisfied with the outcome. The provider nominee was aware of this issue and was in the process of trialling a new form that would capture all of this information, a copy of which was made available to the inspector. An annual analysis of the number of complaints and their type was carried out by the organisation to enhance learnings from complaints made to the service.

There was a policy on residents' personal property, finances and possessions. A property list was maintained in each resident's personal information file. There were facilities available to enable residents to do their own laundry if they so wished.

Residents were seen to be treated respectfully by staff and interactions observed were appropriate, kind and friendly. In bedrooms where residents shared a bedroom, there were no arrangements in place to preserve dignity and privacy when delivering personal care. Also, the shower in one house was accessed via a shared double bedroom by other residents in that house. This was discussed with the provider nominee.

Judgment:
Non Compliant - Moderate

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

Theme:

Individualised Supports and Care

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

Findings:
While inspectors found that residents were supported to communicate by staff where necessary; improvements were required to communication plans to ensure that all staff knew how to support each resident to communicate in a consistent and appropriate way.

There was a policy on communication with residents. Staff were able to demonstrate a broad knowledge of the different communication needs of residents and this was further evidenced in verbal interactions observed between staff and residents. Access to professionals such as speech and language therapy was available to residents.

Whilst individual communication requirements were highlighted in residents' personal files, they were not comprehensive and required further development. For example, there was no reference in one plan, to a residents' significant hearing impairment. Other information pertinent to communication was not included in the individual communication requirements but was included in a different section of the file and could therefore be overlooked. This documentation issue is discussed further under Outcome 18: Records and Documentation and in the associated action.

Residents had access to local newspapers and flyers about upcoming plays were seen to be displayed in some houses. Residents had access to televisions and radios and although there were no residents utilising assistive technology at the time of the inspection, the inspector was satisfied that residents had access to services that would determine same.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

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

Findings:
The inspector found that family and personal relationships were supported in a positive

way.

It was evident from discussions with residents and staff that positive relationships with family and friends were supported. Residents showed the inspector photographs of special events in their lives that they had celebrated with friends and family. Residents discussed meeting up with their friends and family and how they looked forward to same. Staff who spoke with the inspector demonstrated a good awareness of the residents' personal relationships and how they supported residents in maintaining these.

Residents' files required further development to fully guide staff in supporting these relationships. For example, a personal file contained information on key people in the residents' lives, how often and how they maintained contact e.g. by phone or in person. Where it was noted that the resident initiated contacted by phone infrequently, it was unclear as to how they were supported in doing as there was no plan in place. Where a resident had expressed a wish to visit a loved one's grave, it was unclear what supports were in place to support the resident in achieving this and staff were unable to confirm whether or not the visits had occurred. These documentation issues are discussed and actioned under Outcome 18: Records and Documentation.

There were no restrictions on visits and residents could meet with friends in private if they so wished. Where residents shared a bedroom and communal space was limited, the inspector was told that an agreement would be made between residents so that the kitchen/dining room could be used to facilitate a private visit.

Judgment:
Substantially Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

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

Findings:
There were policies in place for admitting residents, including transfers, discharges and the temporary absence of residents. Residents' admissions were in line with the statement of purpose. The file of a resident who had recently transferred to the centre showed that regular follow up with the resident occurred to ensure that the resident was happy in their new home. The resident had also signed a form confirming that they had had the opportunity to visit the centre and stay for a weekend before deciding to make the move.

A sample of contracts of care were reviewed and were found to meet the requirements of the Regulations.

Judgment:
Compliant

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

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

Findings:
The inspector found that residents' wellbeing and welfare was maintained. However, significant improvement was needed to the personal planning process.

Each resident had a personal file and a number of such files were reviewed. The inspector spoke with residents about their likes, wishes, what they enjoyed doing and their goals.

Each personal file contained relevant and person-centred information including in relation to each residents' personal information, important dates in their lives, key people in their lives and documentation such as health plans, behaviour support plans, records of multi-disciplinary meetings, risk assessments and activity timetables. Goals had been set with each resident and involved the maximum participation of the resident.

However, a comprehensive assessment of the personal and social care and support needs of each resident had not been completed, with multi-disciplinary input if necessary, as required by the Regulations. In addition, the personal plans in place did not meet the requirements of the Regulations.

The inspector also found that improvement was needed to the setting of personal goals. In some files, goals were clearly documented; goals were outcome-focussed, making it easy to determine how each goal contributed to improving the quality of life of the resident and; there was evidence as to how goals were achieved. However in other files,

goals were predominantly short-term or 'once-off' activities and it was not clear how these goals contributed to improving the quality of life of the resident. In addition, residents and social care staff described activities or options that individual residents would like to pursue, but these were not reflected in residents' goals or elsewhere in their file. This finding was consistent with the absence of a comprehensive assessment of the personal and social care and support needs of each resident.

Residents told the inspector that they were involved in an annual meeting that involved a review of their own goals and setting goals for the following year. The process involving the review of personal goals was clear and formal reviews took place every six months. An annual report of such reviews was completed by the person in charge for the provider. Such reviews included whether goals were being achieved and any challenges to achieving set goals.

Inspectors found evidence that residents were consulted about being transferred between services and there were supports in place to support any moves. Transfers took place in a phased and planned manner and the residents in the 'receiving' house were also consulted about any such moves.

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):
No actions were required from the previous inspection.

Findings:
Overall, the design and layout of the centre were suitable for its stated purpose and the interior of each house was homely and personal.

Overall, the interior of the centre was found to be homely and well-maintained and promoted residents' safety, independence and wellbeing. There were sufficient furnishings, fixtures and fittings in each house. Residents' photos and artwork were displayed in the house and residents told inspectors that they decorated their rooms themselves. The premises were free from significant hazards on the day of inspection. There was suitable lighting, heating and ventilation. The centre was clean and suitably decorated with adequate communal space. There was a kitchen in each house that was equipped with the necessary equipment.

However, the location of one of the houses within the centre was not suitable. The house was situated in an area in which students predominantly resided. The inspectors observed that the surrounding area was untidy and poorly kept by neighbours with discarded rubbish and beer cans littered about. Residents told inspectors that this presented a difficulty for them in terms of intermittent noise disturbance. This was also documented in the pre-inspection questionnaires that the residents completed. This was discussed with the provider nominee who acknowledged that this was an issue for the residents and that a long-term plan was in place to facilitate a move to a more suitable location.

As previously discussed in Outcome 1: Residents Rights, Dignity and Consultation; there were two shared bedrooms in the centre and one shower was accessed via a shared bedroom by other residents in that house.

Residents had access to equipment that promoted independence and comfort such as grab rails and shower chairs. Records were available for equipment that required servicing.

Each house had a secure rear garden and residents told inspectors that they used the outdoor space when weather permitted.

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

Findings:
Overall, inspectors found that the health and safety of residents, visitors and staff was promoted and protected. However, the centre did not have a certificate of fire safety compliance.

The centre had an up-to-date safety statement and risk management policy. There were other policies and guidance documents in place relevant to health and safety and risk management, including in relation to incident recording and reporting and food safety.

The centre was not in compliance with fire safety legislation; the provider nominee had submitted a fire risk assessment to the Authority, which had been undertaken by persons competent in the area of fire safety. The risk assessment outlined

recommendations of works to be completed to make the centre compliant with relevant legislation. However, the Authority did not agree the action plan response to address this failing, as outlined in the action plan at the end of this report under Regulation 28(1) with the provider, despite affording the provider two attempts to submit a satisfactory response.

Suitable fire equipment was available and service records were available and were found to be up-to-date. There was adequate means of escape and daily checks were undertaken and recorded to ensure that exits were unobstructed. There was a prominently displayed fire evacuation plan displayed in the centre and a personal emergency evacuation plan was displayed adjacent to the evacuation plan.

Regular practice fire drills took place in the centre and were documented, as required by the Regulations. There was a prominently displayed evacuation plan and procedure in each house.

An incident report form was completed for any accident or near-miss incident. There was evidence that incidents were discussed with staff at house level.

Hazard inspections had recently commenced within the centre. There were up-to-date risk assessments in place.

There was general cleaning guidance and cleaning standards in place. Inspectors spoke with staff who were able to identify hand hygiene as an important means of infection control and were able to identify when and how to wash their hands. Information was available in relation to the prevention of infectious diseases and health promotion.

Judgment:
Non Compliant - Moderate

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

Theme:
Safe Services

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

Findings:
The inspector found that improvement was required to protect all residents from injury

or harm by their peers.

There were organisational policies in place in relation to the protection of vulnerable adults, behaviour that challenges, restrictive practices and the provision of intimate care.

Inspectors spoke with residents, staff, the person in charge and the provider nominee in relation to measures in place to protect residents from injury or harm by their peers. There was evidence that individual residents were being subjected to injury and harm by their peers on an intermittent but on-going basis. From 1 January 2015 to the inspection date (March 10, 11), the incident book recorded 11 such adverse events that predominantly focussed on two individual residents. The behaviour referred to involved intermittent verbal and physical assaultive behaviour and dated back to 2013. The provider nominee and person in charge outlined a number of steps that had been taken to address this situation including: staffing levels had been increased at key times of the day (i.e. the provision of 1:1 support in the evenings); there was evidence of on-going MDT review and; consultation with all of the involved residents had taken place with support provided to all residents concerned. Also, potential underlying causes to such behaviours had been explored. Alternative accommodation had also been explored but this was unsuccessful for specific reasons. The person in charge had supported residents to make a complaint should they wish to do so and such a complaint had been made and reviewed by the provider nominee. The inspector reviewed the record pertaining to this complaint, which recommended review by the MDT of alternative accommodation options for the resident causing concern.

The inspector spoke with the affected residents who said that they were unhappy with the situation and residents described the negative impact that it was having on them.

The MDT was aware of this issue being problematic and this was confirmed by minutes dating back to 2013. The on-going nature of this issue was recognised by the service and documented in more recent MDT minutes (dated 17.2.2015) for one of the affected residents.

The inspector found that the current arrangements were unacceptable and at the level of major non-compliance. The level of non-compliance was due to: the duration of the situation (since 2013); the impact the situation was having on specific individuals who were adversely affected by such behaviours; that the situation was current and on-going and finally; there was no concrete plan in place to resolve the situation. This was discussed with the provider nominee during and following the inspection.

Inspectors viewed training records that confirmed that the majority of staff had received training in relation to responding to incidents, suspicions or allegations of abuse. The person in charge however required up-to-date training and a date had been scheduled. Inspectors spoke with staff who were knowledgeable of what constitutes abuse and of the importance of reporting an incident, suspicion or allegation of abuse.

Inspectors spoke with residents who confirmed that they knew who to talk to if they needed to report any concerns. There was a nominated person to manage any incidents, allegations or suspicions of abuse and staff were able to identify the nominated person.

Inspectors reviewed documentation and spoke with staff in relation to behaviour that challenges. The inspector reviewed files of residents who displayed behaviours that challenge and found evidence of MDT input, risk assessments and behaviour support plans in place that outlined positive strategies. Residents were involved in discussions and reviews that had been arranged to support them to manage their own behaviours and consent was documented for supports in place.

Judgment:
Non Compliant - Major

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

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

Findings:
A record of all incidents occurring in the designated centre was being maintained and where required, notified to the Chief Inspector. Quarterly reports were provided as required. The provider nominee and person in charge were aware of the requirements in relation to the submission of notifications. However, the person in charge had failed to recognise incidents of peer-to-peer abuse as abuse and had not notified the Authority accordingly.

Judgment:
Non Compliant - Moderate

Outcome 10. General Welfare and Development
Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

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

Findings:
While individual residents participated in education, skills development, training and employment, a formal assessment was required to ensure that each resident achieved their full potential. Also, the inspector found that overall, residents' opportunities for new experiences and social participation were limited.

The organisation had established links with education, training and employment providers including the local university, institute of technology and other service providers. Inspectors spoke with a number of residents who described their participation in education, training and employment. For example, individual residents had been supported to participate in an advocacy course in a local university and a literacy and numeracy course with a local service provider. However, a formal assessment of each resident's educational, employment and training goals had not been completed in the designated centre.

There was evidence of institutionalised behaviours with residents seeking to access activities, training, skills development and socialising on-campus. The inspector spoke with the staff team and found that while the provider nominee recognised institutionalised behaviour, not all staff spoken with demonstrated an awareness of what constituted institutionalised behaviour. The inspector discussed the findings with the provider nominee who agreed that the service needed to progress in terms of community integration and supporting meaningful choice for residents in terms of social and personal development.

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):
No actions were required from the previous inspection.

Findings:
Residents had access to timely healthcare services and appropriate treatment and therapies. Records evidenced regular GP (general practitioner) review and resident health files contained referrals to and reviews by allied health professionals such as speech and language therapy and occupational therapy. Ophthalmic, audiology and dental reviews were maintained on file also and a tracking system was shown to inspectors for dental appointments.

Residents were encouraged to make healthy living decisions and there were procedures

in place to detect early signs of ill health, for example, monthly weights and blood pressure were recorded for residents. Records for blood analysis for conditions such as hypothyroidism and hyperlipadaemia were maintained in the residents' files where appropriate.

Residents were actively encouraged to take responsibility for their own health and wellbeing and appropriate prompts for matters such as oral hygiene were seen to be displayed in bathrooms. An information sheet was seen in personal files explaining the reasons for which residents were prescribed medication. Diet sheets were included in personal files when a resident had a particular dietary need such as a low cholesterol diet. Exercise record sheets were maintained and equipment such as treadmills were available for resident use. Residents told the inspector about their exercise programmes such as walking, hillwalking and swimming.

Residents were involved in the preparation of the weekly menu and each resident had a day of the week whereby they chose what was on the menu. If this option was not liked by any resident an alternative of their choice was available. Weekly menus were displayed in the kitchen. Residents who spoke with the inspector told of how they were involved at meal times and discussed household tasks such as setting the table, baking and filling and emptying the dishwasher. Weekly food shops were completed by both staff and residents. The advice of allied health professionals such as speech and language therapists were included in residents' personal plans.

The inspector sat with residents in advance of their evening meal around the table with residents and noted that the atmosphere was positive and social.

Judgment:
Compliant

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

Theme:
Health and Development

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

Findings:
Improvements were required to the centre's policy to guide practice relating to; the management of PRN (as required) medication; the management of over-the-counter medication; the process governing the self-administration of medication and; medication audits.

Individual medication plans were in place as part of the individual personal plans, there was evidence of GP (general practitioner) medication review, however, upon speaking with the person in charge, there was no clear guidance in regards to frequency of medication review to ensure that each resident's medication was subject to an appropriate review in a timely manner.

There were processes in place for the handling of medication that was safe and in accordance with current legislation. Medication was securely stored and in line with the centre's policy. However, the centre's policy did not reference a separate procedure document relevant to the services provided in the community to ensure that staff were aware of where to access information.

Medication administration records were up-to-date and medication had been administered as required. There were appropriate procedures for the ordering of medication and records were maintained as per the centre's policy. Records of checks carried out to ensure medications delivered to the centre were correct were available for review. Out-of-date or unwanted medication was stored as per the Regulations and a record of returned medication was maintained.

It was evident that residents were supported to self-administer medication, however, there was no guidance in the centre's policy to assist staff in assessing residents' capacity to self-administer or to guide a suitable, safe and supervised transition process. A risk assessment and assessment of capacity had not been completed for a resident who had recently taken responsibility for their own medication as required by the Regulations nor was a plan available in the resident's file to safely guide this practice.

The centre's policy required staff to contact the on-call nurse prior to administering PRN medication, however, staff told the inspector that this was not always implemented. For example, the inspector was told that where a staff was a long-term staff member they did not always ring the nurse prior to administering PRN medication and for a recently administered medication there was no evidence that the on-call nurse had been contacted, as required by the centre's policy.

The procedure for administering over-the-counter medication was inconsistent. For example, in one instance a resident was prescribed an over-the-counter medication by their GP and some weeks later, the resident received an over-the-counter medication that was not prescribed. The medication given had the potential to interact with other medication. There was no guidance in the centre's policy for the management of over-the-counter medication.

There was a system in place for reviewing and monitoring safe medication practices, however, this required improvement. For example, the PRN audit consisted of the person in charge reviewing the administration recorded but did not include analysis of the detail or practice of PRN administration. As a result, there were no learnings or trends identified to assist in improving future medication practices. Another audit reviewed did not analyse data to identify trends and required actions were not assigned to any particular staff member to ensure their completion.

Judgment:
Non Compliant - Moderate

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

Theme:
Leadership, Governance and Management

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

Findings:
The statement of purpose had been reviewed in March 2015 and contained a statement of the aims, objectives and ethos of the centre. However, it did not meet the requirements set out by Schedule 1 of the Regulations. For example, the specific care needs that the centre intended to meet were not clearly set out nor were the arrangements for residents to access employment. This was discussed in detail with the provider nominee.

Judgment:
Non Compliant - Moderate

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

Theme:
Leadership, Governance and Management

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

Findings:
Overall, the inspector found that there was a clearly define management system in place and the person in charge had the required skills, qualifications and experience to manage the designated centre. However, the inspector found inconsistencies in practice and documentation within the designated centre.

The inspector found inconsistencies in practice and documentation between the three houses that comprise the designated centre. This was reflected in differences in access to community services and goal-setting. In addition, oversight and monitoring of some aspects of the service (e.g. complaints, audits) took place at either organisational or individual house-level, and not at the level of the 'designated centre'. As a result, not all information pertaining to the operation of the 'designated centre' was available. This was discussed with the provider nominee during the inspection.

The person in charge was in a full-time post and was the person in charge for two designated centres. One designated centre comprised four residential houses and this designated centre comprised three residential houses. The person in charge had the necessary experience and qualifications, as required by the Regulations and was aware of her responsibilities under the Regulations.

A formal system in place for carrying out an annual review of the quality and safety of care was in place. Unannounced visits by the provider nominee to the designated centre had taken place. The inspector viewed such visits and overall they contributed to improving the quality and safety of care in the centre.

Other audits had been completed including in relation to fire safety and infection control. However, as previously mentioned under Outcome 12; medication management audits required improvement.

The provider outlined the types of arrangements in place relevant to the designated centre that ensured staff were facilitated to discuss issues relating to safety and quality of care and that staff could exercise their responsibility for the quality and safety of the services that they delivered. These included residents meetings; house (staff) meetings; service meetings; meetings between the social care leaders (who supervise houses within the centre) and the provider; weekly management meetings and; staff annual appraisals. The inspector however found that house meetings were meant to be held quarterly but for 2014, had only been held twice that year. Residents and staff told inspectors that management, including the person in charge and provider nominee were approachable.

The provider told inspectors that staff appraisals were completed on an annual basis. Records of staff appraisal were maintained on staff files. The provider told inspectors that staff appraisals are to be increased in frequency to twice a year.

Judgment:
Compliant

Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

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

Findings:
The provider nominee was aware of the requirement to notify the Authority in relation to any planned or emergency absences of the person in charge within specified timeframes. There were suitable arrangements in place in the event of an absence of the person in charge, with the CNM3 deputising in such an event.

Judgment:
Compliant

Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

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

Findings:
Inspectors found that resources were allocated to the designated centre, including for any repairs, the servicing of equipment and the upkeep of the houses. Overall, the facilities and services in the centre reflect the statement of purpose. The provider nominee outlined that resources had yet to be secured in order to address the issue highlighted under Outcome 8: Safeguarding and Safety.

Judgment:
Compliant

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

Findings:
Inspectors found that overall, the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents at this inspection.

The inspector noted that there was a staffing roster showing staff on duty which included the times that all staff were on duty. The house was staffed at all times when residents were there.

Staff told inspectors that there had been some challenges relating to ensuring continuity of care and support to residents as a result of the use of agency and relief staff. The provider nominee had taken steps taken to minimise such challenges, including an induction process and the assignment of agency and relief staff to specific houses.

The management team demonstrated commitment to providing ongoing education and training to staff relevant to their roles and responsibilities. The annual staff appraisal system facilitated the identification of individual staff training and development needs.

Of the sample files reviewed for staff, mandatory training was up to date. The person in charge however required updated training in relation to the protection of vulnerable adults and a course date for this had been scheduled. Staff had completed other training relevant to their roles and responsibilities including training in infection control, medication management and communicating with persons with a disability.

Staff files were not reviewed on this inspection however, files were reviewed a number of occasions in recent months and the Authority were satisfied that there was a system and audit procedure in place to ensure completeness of files as required in Schedule 2 of the Regulations.

Judgment:
Compliant

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

Theme:
Use of Information

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

Findings:
Overall, the majority of required records and documentation were maintained for the designated centre. However, improvements were required: some required policies were not available on the day of inspection; some of the documentation did not pertain to the designated centre but to individual houses and; not all information was easily retrievable.

Records in respect to each resident, as required under Schedule 3 of the Regulations were maintained in the designated centre. The directory of residents contained all of the items required by the Regulations. However, improvement was required to ensure accuracy and ease of retrieval of information. For example, specific information pertaining to how to communication with one resident was kept in several different locations of their file and information pertaining to another resident's mobility was inconsistent in different documents. As a result, clear guidance for staff, and in particular new, agency or relief staff, could not always be ensured.

Not all general records required under Schedule 4 of the Regulations were maintained in the designated centre. For example, the record for recording complaints did not meet the requirements of the Regulations. Also, some of the records were kept at individual house level and not collated for the designated centre. The centre was adequately insured against accidents to residents, staff and visitors.

There were a range of policies in place. However, not all policies required under Schedule 5 of the Regulations were available in the centre. This related to policies for: the monitoring and documentation of nutritional intake; access to education, training and development and; infection control. In addition, the procedures in place for managing anonymous complaints as outlined in the policy for protecting vulnerable adults were not satisfactory and required review.

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:

Julie Hennessy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.
Centre ID:	OSV-0003941
Date of Inspection:	10 March 2015
Date of response:	14/05/2015

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The consultation process did not include all changes occurring in the centre, for example, the change of use of the conservatory to a staff office.

The frequency of residents meetings was not in line with the timeframes relayed to the

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

inspector by all grades of staff.

Where issues had been raised, such as external issues affecting residents, it was not evident that satisfactory action had been taken in a timely fashion.

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

Please state the actions you have taken or are planning to take:
A schedule of house meetings was set in keeping with the normal house schedule and this has been communicated to all residents and staff. A template to identify all necessary issues raised in the house is in place which will clearly identify the issues, actions, by whom an by when. All residents have been informed and consulted with of the proposed plan to change the use of the conservatory.

Proposed Timescale: 24/04/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were no arrangements in place to preserve dignity and privacy in rooms that were shared.

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 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:
It is proposed to erect a screen in each bedroom where possible to ensure residents dignity and privacy, intimate care and personal care needs is respected. The main bathroom in one of the houses will be modified to facilitate residents taking a shower and not having to access the shower in the ensuite bathroom.

Proposed Timescale: 31/08/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Opportunities for residents to participate in activities in the community were limited and required improvement.

Action Required:

Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

Please state the actions you have taken or are planning to take:
Each resident will be consulted with in relation to availing of activities in the community in accordance with their interests, capacities and assessed developmental needs. A menu of options will be identified for each resident inclusive of the supports and finances with a view to offering choice and sampling the different activities in the community.

Proposed Timescale: 31/08/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Opportunities for residents to access occupation and recreation in the community were limited.

Action Required:
Under Regulation 13 (2) (a) you are required to: Provide access for residents to facilities for occupation and recreation.

Please state the actions you have taken or are planning to take:
Each resident will be consulted with in relation to availing of activities in the community in accordance with their interests, capacities and assessed developmental needs. A menu of options will be identified for each resident inclusive of the supports and finances with a view to offering choice and sampling the different activities in the community.

Proposed Timescale: 31/08/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centre's process did not meet the requirements of the Regulations as it did not record the outcome of the investigation or the satisfaction of the complainant with the outcome.

Action Required:
Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:
A duplicate complaints log and follow up action template is being piloted in two other designated centres. Once finalised this template and procedure will be implemented in the designated centre to ensure the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

Proposed Timescale: 31/07/2015

Outcome 03: Family and personal relationships and links with the community

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
It was not clear as to how a resident who had expressed a desire to visit a loved one's grave was supported in doing so.

Action Required:
Under Regulation 13 (2) (c) you are required to: Provide for residents, supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

Please state the actions you have taken or are planning to take:
The resident was consulted with in relation to the expressed desire to visit a loved one's grave and the supports to achieve this were identified and documented in the personal care plan. Staff are aware of the visits that have occurred, a visit since the inspection has also been facilitated and a plan for future visits is highlighted.

Proposed Timescale: 17/04/2015

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A comprehensive assessment of the personal and social care and support needs of each resident had not been completed, with multi-disciplinary input if necessary.

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

Please state the actions you have taken or are planning to take:
A new Personal Plan is being devised and piloted in this designated centre. Once finalised this will be rolled out to all residents to ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

Proposed Timescale: 30/06/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The documentation in place did not meet the requirement of a personal plan.

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

Please state the actions you have taken or are planning to take:
A new Personal Plan is being devised and rolled out to ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

Proposed Timescale: 30/06/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The external area was untidy and poorly kept with discarded rubbish and beer cans.

Action Required:
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:
Staff and residents have been supported and informed in relation to the management of inappropriate and anti social behaviour from neighbours of one house in the designated centre. It has been identified that this house in the designated centre does not meet the needs of the residents due to ongoing anti-social behaviour and requires a plan to move to an appropriate neighbourhood. An application for Capital Assistance Grant's from the City Council has been applied for since the inspection to assist with the

purchase of a new house.

Proposed Timescale: 30/10/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centre was not in compliance with fire safety legislation.

Action Required:
Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

Please state the actions you have taken or are planning to take:
A plan is being implemented to ensure that the designated centre is compliant with fire safety legislation. The initial priority works as identified by a competent person have been completed in the designated centre and the remaining works will be completed subject to the necessary funding being made available. The Service CEO has made a case to the HSE for the necessary funding to complete this. It is expected a fire safety certificate will be issued following these works.

Note:
The Authority did not agree the action plan response to Regulation 28(1) with the provider despite affording the provider two attempts to submit a satisfactory response.

Proposed Timescale:

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The arrangements in place to protect residents from peer-to-peer abuse were not sufficient.

Action Required:
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

Please state the actions you have taken or are planning to take:
An MDT case meeting was arranged to discuss the ongoing challenging behaviour in one house in the designated centre. A number of proposals are being identified including alternative accommodation to address this issue. In the interim all necessary staff, MDT supports, and behavioural support plans are being implemented to ensure

the challenging behaviour is being managed and the residents are protected.

Proposed Timescale: 30/09/2015

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:
The person in charge had failed to recognise incidents of peer-to-peer abuse as abuse and had not notified the Authority accordingly.

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:
The Person in Charge will give notice to the to the Chief Inspector on the appropriate form within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

Proposed Timescale: 17/04/2015

Outcome 10. General Welfare and Development

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A formal assessment of each resident's educational, employment and training goals had not been completed in the designated centre. Many opportunities for achieving goals in relation to training and skills development were offered on-campus.

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

Please state the actions you have taken or are planning to take:
A formal assessment of each residents educational, employment and training goals will be developed and completed in the designated centre.

Proposed Timescale: 30/10/2015

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 centre's policy did not guide the process of self administration of medication.
A risk assessment had not been completed for a resident who had recently commenced self administration of medication.
There was no plan available to guide the transition of resident who wish to self administer medication.

Action Required:
Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

Please state the actions you have taken or are planning to take:
The designated centre's policy will be amended to include the process of self administration of medication and a guide as to the transition of resident who wish to self administer medication.. A risk assessment has been completed for the resident who had recently commenced self-administration of medication.

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:
The centre's policy required amendment to include guidance in regards to matters such as:
The management of PRN medication.
The management of over the counter medication.
The frequency of GP medication reviews for each resident.
The community services separate procedures document.

The administration of PRN medication was not in line with the guidance in the centre's policy.
The procedure of the over the counter medication was inconsistent.

Medication audits to review and monitor practice required improvement to adequately identify trends and learnings.

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:
The medication management policy will be amended to include guidance in regards to matters such as: The management of PRN medication, the management of over the counter medication, the frequency of GP medication reviews for each resident.
The community services separate procedures document will be referenced in the medication management policy.

The administration of PRN medication was examined to ensure it was in line with the guidance in the centre's policy.
The procedure of the over the counter medication was identified and communicated to all staff within the designated centre.

Medication audits are being reviewed to ensure they monitor practice that require improvement to adequately identify trends and learnings.

Proposed Timescale: 30/06/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose did not meet the requirements set out by Schedule 1 of the Regulations.

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

Please state the actions you have taken or are planning to take:
The Statement of Purpose will be amended to ensure it meets the requirements of schedule 1 of the Regulations.

Proposed Timescale: 08/05/2015

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all policies required under Schedule 5 of the Regulations were available in the centre. This related to policies for: the monitoring and documentation of nutritional

intake; access to education, training and development and; infection control. In addition, the procedures in place for managing anonymous complaints as outlined in the policy for protecting vulnerable adults were not satisfactory and required review.

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

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

Please state the actions you have taken or are planning to take:
The Service Policies on monitoring and documentation of nutritional intake was signed off 23/3/15; Policy on access to education, training and development was signed off 15/4/15. The infection control policy currently under review by the infection control committee and will be completed by 31st Oct 15.
The complaints policy was reviewed dated 13th February 2015 and approved by the NAU and will be reviewed again in 2016.

The policy for protection vulnerable adults is currently under revision and where indicated as part of this report will be amended to reflect the changes required.

Proposed Timescale: 31/10/2015

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Improvement was required to residents' records to ensure accuracy and ease of retrieval of information.

Action Required:
Under Regulation 21 (3) you are required to: Retain records set out in Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 for a period of not less than 7 years after the resident has ceased to reside in the designated centre.

Please state the actions you have taken or are planning to take:
A new Personal Plan is being devised and rolled out to ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis. This will address the need to improve residents' records to ensure accuracy and ease of retrieval of

information.

Proposed Timescale: 30/06/2015

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The record for recording complaints did not meet the requirements of the Regulations

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

Please state the actions you have taken or are planning to take:
A duplicate complaints log and follow up action template is being piloted in two other designated centres. Once finalised this template and procedure will be implemented in the designated centre to ensure the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

Proposed Timescale: 30/06/2015