<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Brothers of Charity Services Clare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004761</td>
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<td>Centre county:</td>
<td>Clare</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>Brothers of Charity Services Ireland</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Eamon Loughrey</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Gemma O'Flynn</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Paul Dunbar</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>1</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

<table>
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<tr>
<th>From</th>
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<tr>
<td>01 April 2015 09:00</td>
<td>01 April 2015 16:45</td>
</tr>
<tr>
<td>02 April 2015 08:45</td>
<td>02 April 2015 16:10</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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

This report sets out the findings of a two day, announced inspection to inform a decision of registration.

The centre is a four bedroom detached house in the town of Ennis with gardens to the front and rear. Over the course of the inspection, the inspector met with the resident, the resident's family member, staff, the person in charge and the provider nominee. Practices were observed and policies, procedures and documentation were reviewed.
Overall, the inspector found that the resident received a high standard of individualised care. The resident appeared happy in their own home and the staff with whom the inspector met demonstrated a good knowledge of the resident's needs and appeared to have a good relationship with the resident. There was evidence of a clear management structure that clearly identified the lines of accountability in the service. Areas for improvement were identified in accessing multi-disciplinary input, safety & safeguarding, workforce and documentation.

These findings are discussed throughout the report and in the action plan 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:
The resident and their representative were consulted in how the centre was run. The resident had access to an independent, external advocate who attended meetings with senior management and the resident's relative on a regular basis. These provided a forum for issues arising in the centre, regarding the care and support of the resident, to be explored and allow for a plan of action to be determined. The resident's relative had been invited to sit on an interview panel for new staff, this was confirmed by the family member.

There was a prominently displayed complaints procedure in the centre in an easy-to-read format. The centre maintained a complaints log. While the complaints log recorded information relating to the complaint it did not record the level of satisfaction of the complainant with the resolution. There was a designated complaints officer for the centre and also an option to submit a complaint to the Health Service Executive should the complainant be dissatisfied with the provider's resolution of a complaint. However, the complaints policy did not specify a person, other than the complaints officer, to ensure complaints were appropriately recorded and responded to, as required by the Regulations. The person in charge informed inspectors that a new complaints policy is in development which will include a new complaint log template.

The inspector observed resident and staff interactions and found that over the course of the inspection, staff treated the resident with dignity and respect and afforded the resident independence and autonomy in their care. The resident was facilitated to have private contact with family or friends. Personal communications were seen to be respected, for example, private correspondence had been posted to the resident and it
was seen to be set aside on the kitchen worktop for the resident to open at a time of their choosing. This was supported by the resident's relative who supported the resident in attending to their own mail.

The resident's wishes were seen to impact the way the centre was run and thus maximised their capacity to exercise personal independence and choice in their daily lives. For example, the resident was supported to leave the house when they wished, to eat when they wished and to take a rest when it suited them.

There was correspondence in the resident's file confirming that they were included in the electoral register. The resident was enabled to take risks within their day to day lives.

The centre maintained an asset register. This commenced on the date of admission of the resident and was regularly updated when the resident purchased or received items. The inspector reviewed a money management competency assessment which was carried out in July of 2014. This found that the resident required full assistance with managing money and finances. The management of the resident's finances were currently under review as per the provider's new policy and as confirmed by the person in charge and the registered provider. The person in charge advised the inspector that the centre wished to foster greater autonomy for the resident in relation to personal finances.

Residents were able to do their own laundry if they so wished. A photographic task prompt was seen to be displayed on the door of the machine to remind the resident of the steps involved. The photographs were taken of the resident performing each step of the task. There was ample space for the resident to store and maintain their own clothes and other possessions.

Judgment:
Substantially Compliant

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

Findings:
There was a policy on communication with residents. Staff were aware of the different communication needs of the resident and were able to discuss the recommendations made by the speech and language therapist in their last review. Staff were seen to
communicate successfully and respectfully with the resident over the course of the inspection. It was evident that the resident was relaxed in the care of the staff supporting him and staff were able to identify his/her needs. The staff told the inspector that a new communication method was awaiting to be trialled via the use of objects of reference. However, this recommendation had been made by the speech and language therapist in June 2014 and had still not been fully implemented in the centre.

Communication needs were identified in the personal plan, however, the detail in the plan required some development to ensure it fully guided staff. For example, a 'communication passport' was in place to enable staff to communicate successfully with the resident. This had been devised prior to the resident's admission to the centre and though it gave good guidance, it had not been updated with advice / recommendations from the speech and language therapist's most recent review. The person in charge identified ways in which she wanted to improve the communication passport, such as changing the colour format. The information in the personal plan did not fully direct staff as it indicated that the resident didn't benefit much from the communication passport and it was not clear that it should still be utilised by staff to assist them in communicating successfully with the resident.

The resident's relative had devised another comprehensive communication passport that gave significant insight into the resident's history and current status, the communication element of the personal plan did not guide staff on how or when this document should be used.

The resident had access to assistive technology as per the recommendations of the speech and language therapist, however the information in the personal plan did not guides its use. The resident had access to television and radio and there were internet facilities installed in the centre.

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
Positive relationships between the resident and their family member was supported. It was evident that the resident's relative was kept informed of the resident's wellbeing. A family member stated that overall they felt the resident was receiving good care and
was being well looked after but could be insecure with new staff. There was ample space to accommodate visits in a private setting. The staff and management of the centre stated that there were no restrictions on visits, however, where boundaries had been set, in the interests of the resident's development, the reasons for same were not clearly documented with an associated goal to ensure a clear rationale was evident for these boundaries.

There was evidence that the resident's representative and immediate family members were encouraged to be part of the resident's lives via letters advising them of upcoming personal plan reviews.

**Judgment:**
Substantially Compliant

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**Outcome 04: Admissions and Contract for the Provision of Services**

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

**Theme:**
Effective Services

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

**Findings:**
The sole resident of the centre had a contract of care with the provider. This contract set out the services to be provided to the resident and the rights and responsibilities of the resident. The contract set out the fees to be charged by the provider. A family member of the resident had an arrangement with the provider in terms of their responsibilities in providing care for the resident. These arrangements were also set out in the contract of care.

The centre had an admissions, discharge and transfer policy in place. The inspector found that the resident's admission to the centre was conducted in a manner which had the resident's needs and wishes as the primary concern. The person in charge explained the admission procedure to the inspector. The provider had identified a number of suitable properties for the purpose of providing a service to the resident. The resident was invited to visit each of these and had communicated to staff their preference for the premises that is now the designated centre. The resident, with the assistance of family, selected furnishings for the centre. Initial stays in the centre were on a temporary basis at weekends in order to allow the resident familiarise themselves with the premises and the staff.

**Judgment:**
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:
A full assessment had been completed prior to the resident’s admission. However, as required by the Regulations, a comprehensive assessment was not carried out to reflect changes in need and circumstances, and at a minimum once per year since the resident’s admission to the centre. The resident's representative confirmed that they were involved in the development of the resident's personal plan and they were identified as a key person in the resident's 'circle of support'.

The personal plan was available to the resident in an easy read format and was reviewed at six monthly intervals. The personal plan was divided into 16 domains and gave an update on the resident's current status. The personal plans were not informed by a comprehensive assessment to ensure that they fully reflected the resident's current status. Agreed actions in the personal plans mainly related to staff actions and there were no clear short, medium or long term goals set out to ensure the resident realised their aspirations. The strong knowledge of the staff in regards the resident's needs was not fully reflected in the documentation. Agreed actions, whilst allocated to a specific staff member, were often vague and were not time bound. It was not clear what the goal was and how the outcome of achieving such a goal would have a positive impact on the resident's wellbeing. Staff were able to detail a myriad of interventions and supports that were in place for the resident, however, documentation did not support the stated practice to ensure that all staff had a similar and consistent approach. Reviews of the personal plan did not clearly assess the effectiveness of the resident's personal plan.

Staff told the inspector that the resident was involved in many community based activities and this was confirmed by the resident's relative. For example, the resident had taken part in surfing (appropriate to their abilities) and horse therapy and had achieved 'social valued roles', such as becoming a bank customer; consumer; friend; tenant; host and citizen. However, once these were achieved, longer term goals were not clear. For example, an agreed action in the most recently reviewed personal plan
stated: 'staff will explore music therapy for the resident' or 'staff will continue to develop horse therapy for the resident'. The desired goal and outcome for the resident were not clear.

A weekly activities schedule had been developed and this was in an easy read format. It included activities such as going for regular walks, meeting a friend and going bowling. As per the centre's community setting, the majority of activities were carried out in the community and did not have a focus on activities provided by the service.

**Judgment:**
Non Compliant - Moderate

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

**Theme:**
Effective Services

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

**Findings:**
The design and layout of the centre was in line with the centre's statement of purpose. All parts of the centre were accessible to the resident residing there and if needed, alterations were made to fully meet the needs of the resident. For example, the person in charge told the inspector that they were considering replacing the current bath with a jacuzzi bath as this was an activity that the resident enjoyed.

The centre was clean, suitably decorated and well maintained. The resident and their family member had had input into the décor of the centre and it was tastefully done and reflected the age profile of the resident. There was suitable heating, lighting and ventilation and the centre was free from major hazards. There were sufficient furnishings, fixtures and fittings and ample private and communal space. There was enough space for storing personal belongings.

The centre had a separate kitchen that was fitted with appropriate cooking facilities and equipment. There were enough toilets, bathrooms and showers to meet the needs of the resident and rooms were of a suitable layout for the needs of the resident. A contract was in place for the disposal of waste.

The centre was privately leased by the resident, however, there were clear arrangements in place for the management of the facilities and premises. The provider took ultimate responsibility for ensuring that matters relating to the premises were
attended to. Examples of this were seen via the recent installation of fire detection / fire fighting equipment.

**Judgment:**
Compliant

### 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 inspector found that the health and safety of residents, visitors and staff was promoted and protected. However, there were some improvements required in documentation and fire safety.

The centre had an emergency plan in place to respond to loss of power/heating, fire, severe weather, missing persons etc. The safety statement for the centre was dated 8 July 2014. The centre's risk management policy was implemented throughout the centre and had measures and controls in place for the following four mandatory risks: aggression and violence; self harm; injury to residents, staff or visitors and; unexplained absence.

The person in charge had conducted a number of risk assessments for the centre including, amongst others: fire, chemicals, manual handling, smoking, use of kitchen equipment. There were quarterly health and safety checks of the premises, the last of which was carried out on 2 February 2015. While the checks found some issues that required attention the documentation did not always specify a staff member responsible or a timeframe for completion. For example, the check carried out on 2 February 2015 identified a risk with hot water scalding. The person in charge advised that this matter had been resolved but this was not recorded in the documentation.

The person in charge maintained an incident/accident book. Any incidents or accidents were entered into the book in the first instance by the staff member who had witnessed the event. The record was then brought to the attention of the person in charge. The person in charge was required to bring all such incidents/accidents to the attention of the regional manager. As such, there was oversight of each incident or accident by the person in charge and the regional manager. The inspector found that there was learning from these events.

There was a prominently displayed fire evacuation procedure in the centre. Staff were also aware of what actions to take in the event of a fire. The person in charge oversaw
a system of daily, weekly and monthly checks of fire safety. These included inspections or visual checks of fire doors, escape routes, fire alarms, carbon monoxide alarms. The sole resident of the centre had a personal emergency evacuation plan. Fire drills were carried out at regular intervals in the centre. The documentation related to the drills recorded the date and time of the drill as well as the number of people present and the time taken to evacuate. The inspector found that there was learning from the fire drills. For example, one drill required evacuation through the rear entrance to the centre. The resident expressed a wish to exit through the front door but staff intervened and issued prompts and guidance for the resident in order that the evacuation take place as planned.

The centre had a fire alarm, emergency lighting and fire fighting equipment. These systems were installed in December 2014 in advance of registration with the Authority. There was no evidence to show that the fire alarm had been serviced at quarterly intervals as was the policy of the provider. The person in charge confirmed that maintenance of the fire alarm had not been carried out since its installation.

There was a vehicle in use by the centre to cater for transport needs. The vehicle had documented service records and had a valid NCT certificate. Staff carried out quarterly checks of the vehicle. However, a number of issues identified in the checks were not remedied. For example, two consecutive checks noted the need for a first aid kit in the vehicle; three consecutive checks stated there was no emergency triangle in the vehicle. It was unclear who was responsible for following up these checks.

The inspector found that there were sufficient infection control measures in place in the centre. Staff had training in food safety and hand hygiene.

Judgment:
Substantially Compliant

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

Theme:
Safe Services

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

Findings:
There was a policy on and procedures in place for the prevention, detection and
response to abuse which staff were trained on. There was a policy in place for providing personal intimate care and the centre had developed a specific protocol for the resident residing in the centre. There were measures in place to keep residents safe and protect them from abuse and staff who spoke with the inspector demonstrated knowledge of their responsibilities if any concerns arose. There was a designated officer in the service appointed to investigate any concerns reported to them. The person in charge discussed the systems in place to protect residents from abuse and stated that she meets with new staff and reviewed the policy with them and discussed appropriate responses to possible scenarios, for example, if a concern was to arise 'out of hours'. The person in charge stated that an open culture to reporting was promoted and that the subject of abuse was a matter addressed at staff meetings. She also stated that she conducted unannounced visits to the centre. Staff discussed ways in which the resident may communicate that they were unhappy with or felt unsafe with members of staff and this was confirmed by relatives whom spoke with the inspector.

There was a policy in place for behavioural support and a policy for the use of chemical restraint. Efforts had been made to identify triggers that may cause the resident to communicate via behaviours that may be challenging for staff. A personal behavioural support plan was in place and this contained some good information as to how to positively support the resident at these times. However, it was not evident that input from multi-disciplinary professionals had been sought in the development or review of this plan to ensure that interventions were most appropriate. This was not in line with the centres policy. Whilst the behavioural support plan gave good general guidance, specific plans had not been developed for specific triggers that had been identified, to ensure that the resident was supported in a consistent and appropriate manner. Despite a recommendation from a psychiatrist that the input of a psychologist be availed of, there was no evidence that this had occurred. Behavioural support plans did not refer to a behavioural recording chart that was completed hourly by staff to track behavioural issues.

Risk assessments had been developed for some identified behavioural issues, for example, challenges that presented whilst travelling by car and challenges that may arise in shopping areas, these required streamlining as the way in which they were maintained in the resident's personal file meant that it was not clear what risks had been identified and the information wasn't easily retrievable as the risk assessments weren't named and were therefore not easily identifiable by the reader.

Where it had been decided that environmental restraint was required, this was not done so in line with the centre's policy to ensure best practice. For example, there was no involvement from the multi-disciplinary team (MDT) and alternatives that had been considered had not been documented as per the centre's policy. There was no documented focus in the support plan on skills building and supporting the person to develop skills to reduce the need for the restriction, as per the centre's policy. The specific restriction intervention protocol form or review form was not completed as required by the centre's policy. A review had been carried out in October 2014, however this was completed six months after implementation and not at three months as per the centre's policy. The review as completed by one team member and again did not involve MDT input; the person in charge, regional operations manager and provider nominee stated that MDT input had been undertaken, however, there was no documentary
evidence of this. The person in charge told the inspector that a social care worker was in the process of completing a specific advanced training course in a national university that would have an immediate positive impact on the development of positive behavioural support interventions.

Not all staff had received mandatory training in the management of behaviour that is challenging, despite working one to one with the resident.

### Judgment:
Non Compliant - Moderate

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<th><strong>Outcome 09: Notification of Incidents</strong></th>
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<td><em>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</em></td>
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<td>Safe Services</td>
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<td>This was the centre's first inspection by the Authority.</td>
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<td>The inspector found that the person in charge was familiar with the process for recording any incident that occurred in the centre. The inspector was satisfied that a record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.</td>
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<th><strong>Outcome 10. General Welfare and Development</strong></th>
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<td><em>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.</em></td>
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There was a policy on access to education, training and development and one of the domains that featured in the personal plan related to learning, growth and new experiences. The person in charge discussed links that were in place with training colleges.

As with social and healthcare needs, the centre had not formally assessed each resident’s educational, employment or training needs and subsequently develop appropriate goals.

However, staff were able to discuss ways in which the resident had been supported to transition to living in the community and how skills were being developed to support the resident to live as independently as possible. Skills that the resident had learned or was in the process of learning included road safety, laundry and making tea, however, this practice was not guided by robust assessment, planning and goal setting within the personal file. Documentation issues regarding plans are discussed further and actioned under outcome five.

Judgment:
Non Compliant - Moderate

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

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

Findings:
The resident’s health care needs were met via timely access to health care services. A log was maintained in the resident’s file that kept a record of appointments with the General Practitioner (GP) and hospital appointments and appointments with specialists. A log of health events such as seizure activity was also maintained. Weight records were completed on a monthly basis. The resident's family member discussed the way in which the resident had been able to choose their own GP.

However, it was not evident that all recommendations from specialists had been fully implemented. For example, a medical professional had recommended that input from a speech and language therapist, occupational therapist and psychologist was necessary, however, at the time of inspection, the only input evident in the resident's file was from the speech and language therapist. The person in charge stated that efforts had been made to retain the services of an occupational therapist, however, evidence of a referral to and response from this professional were not available for review. A psychologist was employed within the service and the person in charge and senior management told the
inspector that informal input had been availed of, however, there was no evidence of any input in the resident's file or personal plan.

Where a specific health issue had been identified, a detailed plan of care had not been implemented. For example, the management of epilepsy. However, the practice seen in this regard was good. For example, a record of all seizures were recorded and maintained in the resident's file and there was a protocol regarding specific medication management.

As discussed previously under outcome five, whilst a comprehensive assessment had been carried out at the resident's previous residence in 2013, a comprehensive annual assessment had not been completed as required by the Regulations, to ensure that the resident's personal plan was informed by an assessment of health, personal and social care needs that was up to date and reflective of changes in need and circumstances. As a result, the documentation within the personal file did not reflect the staff's good knowledge of the resident's needs and the practices to be implemented to support the resident and ensure all their needs were being addressed.

Food was available at times suitable to the resident and a weekly menu had been developed and was displayed in the kitchen. There was flexibility in the implementation of the menu, ensuring that the resident had choice and this was seen to be the case over the course of the inspection. The resident's independence was encouraged in regards to involvement in meal preparation and foodstuffs were stored so that they were accessible to the resident. The specific wishes of the resident in regards the type of crockery s/he wished to use and the area in which they preferred to take their meals was recorded in the resident's personal file and was reflected in practice.

**Judgment:**
Non Compliant - Moderate

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**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:**
There were written policies relating to the ordering, prescribing, storing and administration of medicines to residents. Individual medication plans were reviewed and implemented. The processes for handling medication were safe and in accordance with current guidelines and legislation. Medication was ordered on a monthly basis and discrepancy checks were completed for all new orders, errors were noted and action
Staff were observed administering medication and practices were found to be safe. There were appropriate procedures for the handling and disposing of unused an out of date medications. These medications were stored separately in a clearly marked locked box and returned to the pharmacy.

There were arrangements in place for good communication following a weekend handover when a relative had taken over supporting the resident. This included a sign out sheet identifying medications that had been handed over and a sign in sheet of any medications returned. The handover sheet included additional information, for example, if the resident had been seen by the General Practitioner (GP) and antibiotics prescribed whilst weekend support had been facilitated by a relative.

A medication audit had been completed in March 2015 and all findings had been addressed. The inspector found that the audit documentation process could be further enhanced by: clearly documenting the actions required in the designated field allocated in the centre's form, by setting timeframes and identifying the person responsible for completing the action.

An audit of PRN (as required) medication had been completed and the centre's use of PRN medication was compared against figures across other centres. The audit evaluated matters such as the reason for administration, if the medication had worked and the time taken to work.

**Judgment:**
Compliant

### Outcome 13: Statement of Purpose

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

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The statement of purpose did not meet the requirements of the Regulations. For example, it did not clearly set out the specific care needs the centre intended to meet, it didn't set out the age range and gender of the resident. The information regarding specific therapeutic techniques and the arrangements for their supervision required development as did the arrangements for residents to engage in social activities, hobbies and leisure interests. The arrangements of residents to access education,
training and employment required review as did the arrangements for consultation with residents in the operation of the designated centre. These issues were discussed in detail with the provider nominee and the person in charge.

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

Findings:
There were management systems in place to ensure that the service provided was safe, consistent and effectively monitored. An annual review had been completed in December 2014 and an external consultant had been involved in the development of the tool. There was evidence of findings and actions to be taken and it was clear that a number of these actions had been completed.

An unannounced visit had been completed in the summer of 2014 and a report had been produced as required. The provider nominee stated that staff were facilitated to exercise responsibility for quality and safety via the management structure, annual performance reviews, reviewed of incident reports in the centre and unannounced visits to the centre. The provider gave an example of whereby he had visited the centre, unannounced, in January 2015.

Audits were seen to be completed, for example, review of incidents within the centre and a review of PRN (as required) medication. However, the audit programme required development to ensure it was robust and captured all aspects of quality of care, for example, audits did not include a review of restrictive practices. The management team discussed ways in which they were planning to improve the auditing process of complaints.

There was a clearly defined management structure which identified the lines of authority and accountability in the centre.

There was a full time person in charge of the designated centre and the centre was
managed by a suitably skilled manager. The person in charge confirmed that she had not undertaken a qualification in health or social care management but that there were plans within the organisation to complete this by 2016 as required by the Regulations. The person in charge demonstrated sufficient knowledge of the legislation and her statutory responsibilities. She was the person in charge of three centres in total. Staff spoken with were supportive of the person in charge.

**Judgment:**
Substantially Compliant

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

**Findings:**
There had been no occasions whereby the person in charge had been absent for 28 days or more. There were suitable arrangements in place for when the person in charge would be absent. The inspector met with the staff member nominated to deputise for the person in charge and they were able to demonstrate knowledge of the additional duties that would be their responsibility in that instance.

**Judgment:**
Compliant

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

**Findings:**
The centre had specific resources allocated to the running of the service in this centre.
Use of resources was subject to audit from the external provider. A detailed service level agreement was in place. At the time of the inspection, the provider nominee stated that the resident was making a voluntary contribution of monies on weekly basis to contribute to the running of the centre but arrangements were underway to apply a formal charge in this regard by July 2015.

The centre was well resourced in regards facilities to support the residents in fulfilling the activities of daily living. Staff confirmed that there were resourcing issues from a staffing perspective and resources were available to support residents in achieving their goals.

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

Findings:
The inspector was satisfied that the centre had a sufficient number and skill mix of staff to meet the needs of the resident in the centre. There was a planned and actual rota which matched the shift pattern outlined by the person in charge. The inspector observed staff interacting with the resident in a warm and respectful manner. The person in charge maintained a training matrix which monitored staff training needs. However, some staff had not undertaken mandatory training e.g. a staff member rostered to work one to one with the resident of the centre, had not received training in behaviours that challenge or fire safety.

The inspector found that the procedures for ensuring new staff were competent to undertake duties in an unsupervised capacity were not robust. For example, a checklist was completed by the senior staff whom new staff shadowed to demonstrate competency. This checklist simply stated the topic such as health and safety or medication but did not provide a framework for staff completing the form to inform a judgment of competency. The guidelines for induction of new staff did not fully guide practice. For example, it stated: 'new staff will complete an intensive period of shadowing' but it was not clear what an intensive period of shadowing was and the inspector received two different definitions from staff as to what an intensive period of
shadowing would be. Another guideline stated that 'new staff are to stay very close to
the centre'; this statement was not elaborated on to set out what an acceptable distance
was and the rationale for the guidance. Where issues had arisen after the assignment of
new staff, the service had responded by reviewing the schedule and reducing the length
of shift that new staff worked to support the resident in building trust with the new
member of staff.

The person in charge told the inspector that staff underwent annual performance
appraisals, and this was confirmed by a member of staff.

The inspector reviewed a sample of staff files which were held in a location separate to
the designated centre. All of the files reviewed were found to have the documentation
as required by Schedule 2 of the Regulations. There were monthly staff meetings and
minutes are kept of these meetings. Items discussed as the meetings include
incidents/accidents, regulation by the Authority, resident meals, medication. There were
currently no volunteers working in the centre.

The inspector was satisfied that staff received education and training which reflected the
statement of purpose. For example, one staff member was scheduled to commence
training on multi-element behaviour support which the person in charge had identified
as being beneficial to the service.

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
Overall, the inspector found that the centre practised good record keeping and that
records were easily retrievable. However, there were some discrepancies identified.

The centre had a directory of residents which contained all of the information as
required by the Regulations. The inspector reviewed the policies required under Schedule 5 of the Regulations. The policy regarding the monitoring of nutritional intake required further elaboration as to how needs are assessed and monitored. For example, the policy stated that where there was an identified need, the individual would be referred to their GP (General Practitioner). However, the policy did not guide the user as to the processes in place to identify a need where it arose. It was the centre's practice to have staff sign policies to confirm that they had been read, however this had not been implemented across all policies. For example, only one staff member had signed the policy pertaining to the protection of older adults.

The centre's policy on communication had details on how information should be provided to residents. All of the policies required by Schedule 5 were recent and there was evidence to show they were regularly reviewed.

**Judgment:**
Substantially Compliant

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**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:**

Gemma O'Flynn  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Provider's response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Brothers of Charity Services Clare</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004761</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>01 April 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>11 May 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:
There was no person nominated to ensure that complaints were responded to and appropriately recorded.

Action Required:
Under Regulation 34 (3) you are required to: Nominate a person, other than the person

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

**Please state the actions you have taken or are planning to take:**
- The Brothers of Charity Clare Services are in the process of finalising a new Complaints Procedure. This procedure will clearly outline the steps involved in the complaints process at both a local and regional level including the specifying a person other than the complaints officer, to ensure complaints are appropriately recorded and responded to as required by the regulations.

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

**Theme:** Individualised Supports and Care

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

The complaints log did not record the level of 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:**
- The Brothers of Charity Clare Services are in the process of finalising a new Complaints Procedure. This procedure includes a new template for the recording of complaints at a local level. This template will direct staff to follow up with the complainant to record their level of satisfaction with the outcome. If the complainant is dissatisfied the complaint will be then forwarded to the Regional Complaints Officer.

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

**Outcome 02: Communication**

**Theme:** Individualised Supports and Care

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

Recommendations following a speech and language therapist's review had not been fully implemented, despite the review having taken place in June 2014. The information in the personal plan required development to fully direct care. For example, the communication passport had not been updated since the resident's admission to the centre. The personal plan did not guide staff on the use of assistive devices e.g. electronic devices nor did it guide the use of further information provided
by the resident's relative.

**Action Required:**
Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

**Please state the actions you have taken or are planning to take:**
- The Speech and Language Therapist has commenced the implementation of a SALT programme in Abbeyville (April 22nd 2015).
- The Speech and Language Therapist is going to update the existing Communication Passport for the individual.
- The communication needs of the individual are currently being assessed through the PCP Discovery Tool and a new plan will be agreed with the individual based on this assessment. This new plan will guide staff on the use of assistive devices

**Proposed Timescale:** 31/07/2015

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**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:**
Where boundaries had been set in regards to visits, it was not evident that these were clearly set out with a clear rationale and goal.

**Action Required:**
Under Regulation 11 (1) you are required to: Facilitate each resident to receive visitors in accordance with the resident's wishes.

**Please state the actions you have taken or are planning to take:**
- The resident living in Abbeyville is facilitated to have visitors in his home. Any boundaries which need to be set in regards to visits, in the interests of the resident's development, will be clearly documented with an associated goal in the relationships domain of the individual's person centred plan.

**Proposed Timescale:** 31/07/2015

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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:**
Comprehensive assessments were not completed at least annually.

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

Please state the actions you have taken or are planning to take:
• The Discovery Tool which is part of the Individual Planning Procedure is currently being completed for the individual living in Abbeyville. This is will include a comprehensive assessment of the health, personal and social care needs of the individual.

**Proposed Timescale:** 31/07/2015
**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The personal plans were not informed by a comprehensive assessment to ensure that they fully reflected the resident’s current status.
Staff were able to detail a myriad of interventions and supports that were in place for the resident, however, documentation did not support the stated practice and therefore ensuring all staff had a similar and consistent approach.
Reviews of the personal plan did not clearly assess the effectiveness of the resident’s personal plan.

**Action Required:**
Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

Please state the actions you have taken or are planning to take:
• A comprehensive assessment is currently taking place by utilising the Discovery Tool which is attached to the Individual Planning Procedure. A new personal plan will be developed for the individual which will be informed by this assessment

**Proposed Timescale:** 31/07/2015

**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:
Outstanding issues following vehicle safety checks had not been appropriately followed up on to ensure that all safety equipment required was available, for example, a first aid kit nor an emergency warning triangle were not in place, despite having been identified as missing in the vehicle safety checklist on multiple occasions.
**Action Required:**
Under Regulation 26 (3) you are required to: Ensure that all vehicles used to transport residents, where these are provided by the registered provider, are roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained.

**Please state the actions you have taken or are planning to take:**
- All outstanding issues which were identified through the vehicle safety checklist have now been implemented.

**Proposed Timescale:** 27/04/2015  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The fire alarm was not maintained quarterly as per the centre's own policy.

**Action Required:**
Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

**Please state the actions you have taken or are planning to take:**
- The fire alarm system will be serviced on a quarterly basis as per our policy. The first inspection has already taken place.

**Proposed Timescale:** 03/04/2015

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Not all staff had received training in the management of behaviour that is challenging.

**Action Required:**
Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

**Please state the actions you have taken or are planning to take:**
- The staff member with the outstanding training need in management of behaviour that is challenging has been booked in for the next MAPA training event.
Proposed Timescale: 20/05/2015

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Restraint plans were not developed in line with the centre’s own policy and did not involve multi-disciplinary input.

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

Please state the actions you have taken or are planning to take:
• The Brothers of Charity restrictive practice procedure is in the process of being fully implemented in Abbeyville.
• The environmental restraint which is in place in Abbeyville is currently being reassessed and will involve multidisciplinary input.

Proposed Timescale: 31/05/2015

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Specific plans had not been developed for specific triggers that had been identified, to ensure that the resident was supported in a consistent and appropriate manner. It was not evident that input from multi-disciplinary professionals had been sought in the development or review of behavioural support plans plan to ensure that interventions were most appropriate. Despite a recommendation from a psychiatrist that the input of a psychologist be availed of, there was no evidence that this had occurred.

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:
• The Brothers of Charity Clare Services are providing training to key staff members who are developing behaviour support plans for the individuals we support.
• The current behaviour support plan which is in operation in Abbeyville will be reviewed to include specific triggers. The Principal Psychologist will be consulted as part of the review.
### Proposed Timescale: 31/05/2015

**Theme:** Safe Services

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

It was not evident what alternatives had been considered prior to the implementation of environmental restraint.

There was no evidence of skills building and supporting the person to develop skills to reduce the need for restriction.

**Action Required:**

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

- The environmental restraint which is in place in Abbeyville is currently being reassessed and will involve multidisciplinary input.
- An education and learning assessment is currently underway as part of the Discovery Tool (Individual Planning Procedure). This assessment will identify what skills building needs to take place in order to reduce the need for restriction. The PCP will be updated to outline the skills building plan.

### Proposed Timescale: 31/07/2015

### 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 to determine educational, employment or training needs had not been undertaken.

**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:**

- An education and learning assessment is currently underway as part of the Discovery Tool (Individual Planning Procedure). This assessment will inform the education, learning and new experiences domain of the PCP.

### Proposed Timescale: 31/07/2015
### Outcome 11. Healthcare Needs

**Theme:** Health and Development

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

It was not evident that all recommendations from specialists had been fully implemented. For example, a medical professional had recommended that input from a speech and language therapist, occupational therapist and psychologist was necessary, however, at the time of inspection, there was input only evident from the speech and language therapist.

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

**Please state the actions you have taken or are planning to take:**
- An annual comprehensive assessment will be carried out and reviewed in order to determine if the individual requires services provided by allied health professionals.
- An Occupational Therapist has been appointed to carry out an assessment for the individual living in Abbeyville (MAY 14TH 2015)
- A psychology assessment will be carried out for the individual living in Abbeyville

**Proposed Timescale:** 31/08/2015

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**Theme:** Health and Development

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

The personal plan did not adequately set out plans of care where a specific health need had been identified.

The documentation within the personal file did not reflect the staff's good knowledge of the resident's needs and the practices to be implemented to support the resident and ensure all their needs were being addressed.

**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:**
- A new PCP will be developed for the person we support once the comprehensive assessment has taken place through the utilisation of the Discovery Tool. This new plan will set out plans of care for specific health needs.

**Proposed Timescale:** 31/07/2015
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 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 Person in Charge is reviewing and updating the Statement of Purpose for Abbeyville in order to meet the requirement of the regulations

Proposed Timescale: 31/05/2015

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:
The audit programme required development to ensure it was robust and captured all aspects of quality of care, for example, audits did not include a review of restrictive practices.

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

Please state the actions you have taken or are planning to take:
• An audit of all restrictive practices in place in the Brothers of Charity Services Clare is currently underway

Proposed Timescale: 31/05/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Some staff did not have mandatory training, for example, bahaviours that challenge and fire safety.

### 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:

- Two staff members who had outstanding training in fire safety have been booked in for the next available fire safety training.
- The staff member with outstanding MAPA training is booked into the next available training.

### Proposed Timescale: 30/06/2015

### Theme: Responsive Workforce

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

The practice for ensuring staff had read policies was not fully implemented on all occasions.

### Action Required:

Under Regulation 04 (2) you are required to: Make the written policies and procedures...
as 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 available to staff.

**Please state the actions you have taken or are planning to take:**
- Staff will read and sign that they have understood all relevant policies.

<table>
<thead>
<tr>
<th>Proposed Timescale: 30/06/2015</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Use of Information</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some policies required further development, for example, the policy regarding the monitoring of nutritional intake.

**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:**
- A new Nutrition and Food Policy is now in effect and this includes an assessment tool for the monitoring of nutritional intake.

| Proposed Timescale: 21/04/2015 |