

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0003368
Centre county:	Sligo
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Health Service Executive
Provider Nominee:	Teresa Dykes
Lead inspector:	Marie Matthews
Support inspector(s):	Geraldine Jolley;Paul Tierney
Type of inspection	Announced
Number of residents on the date of inspection:	108
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with National Standards. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 20 February 2015 10:30 To: 20 February 2015 21:30

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Given the level of non compliances identified in previous inspections undertaken by the Authority and their impact on the safety, quality of life for residents and failure of the provider to protect the rights of residents, the Authority undertook a series of inspections and regulatory engagements with the provider. The centre is a large congregated setting run by the Health Services Executive (HSE). It is located approximately 5 km from the town of Sligo on an extensive site and provides residential accommodation for 108 residents with intellectual disabilities.

This inspection focused on two units which were not previously inspected. These units accommodate 10 residents, seven women and two men with learning disabilities and other complex needs and mental health concerns. A sixteen year old child was also accommodated in one of the units. This resident's care was reviewed by an inspector from the children's inspection team who found that the provider had accommodated this child in an inappropriate residential service that was not a suitable environment to meet the needs of the child. The child's family had sought a community placement in a house with other children but no suitable placement was available in the region.

The authority had previously issued immediate action requirements for serious non compliances relating to insufficient staffing and inadequate fire precautions. The inspector reviewed compliance with these notices during this inspection.

The inspector found that the provider had failed to effectively address the issue of staffing levels which remained critically low in the units previously inspected. An immediate action notice was again issued on this inspection requiring the provider to ensure staffing levels were sufficient to meet all residents' needs.

Inspectors also issued an immediate action requiring the provider to protect residents against the risk of burns from radiators which were excessively hot.

In relation to the previous immediate action concerning fire precautions, the provider had engaged a private consultant to complete a fire safety risk assessment of all units in the campus including the units inspected. The provider informed the inspector that the consultant had not identified any requirement for immediate action relating to fire precautions, but had identified a timeframe of three to six months for completion of identified works. A fire training programme was being rolled out to all staff. However, further fire safety issues were identified on this inspection and are included in the action plan following this report.

Inspectors found that current management arrangements were not effective in ensuring a safe, consistent service appropriate to residents' needs. There was no evidence that the quality and safety of the service was effectively monitored by the management team in areas such as ensuring safe staffing levels and ensuring residents were provided with care and support based on their assessed needs. There were no unannounced inspections completed by management. The findings of risks assessments completed by staff identifying risks to residents from inappropriate staffing levels were not acted upon.

The quality of social care assessments was poor and residents had limited opportunities to participate in any meaningful activities or engage with their local community. Medication management practices required review to comply with best practice guidelines and to ensure safe outcomes for residents.

Staff were observed to be respectful towards residents and there was evidence that resident's medical needs were met. There was good access to a multi-disciplinary team. Each unit has single bedrooms and share a kitchen and dining area. Bedrooms were personalised to reflect the residents' preferences.

Following the inspection, the provider was required to attend a meeting at which the Authority expressed its serious concerns in relation to the safety of residents and the quality of life for residents in the centre. The provider informed the Authority of changes they were introducing to the management to improve governance and oversight of the care and support for residents. They also discussed their plans to move all residents to more suitable, community based accommodation over a two year period. The Authority informed the provider that, while they had plans to move residents, they were required to address the areas of non compliance and ensure that their actions resulted in significant improvements to the quality of life for residents.

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 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:

Personal plans reviewed had a health focus and did not provide adequate information on residents' specific social, emotional, participation needs, preferences and preferred routines. Inspectors found little evidence of residents' involvement in developing or reviewing their personal goals and the activities provided in the units were not always based on an assessment of residents' interests or preferences. The personal plans reviewed were not made available in an accessible format suitable to residents' individual circumstances.

Inspectors found that residents had little opportunity to participate in meaningful activities each day. Activities provided were mainly unit based and were dependent on staffing levels. Activity diaries kept in residents' personal plans were used to track activities attended. While attendance at some activities was recorded, there was no evidence to indicate whether residents' enjoyed the activity and there was insufficient information to ensure residents' preferences and wishes were being reflected in the limited activities that were provided.

Inspectors found that residents' lives were generally focused in the centre. Staff described residents going to local coffee shops and restaurants but care records indicated that such events took place infrequently. A mini bus was available for outings, however, this needed to be booked in advance as it was shared with other units and not all staff could drive the bus which also had an impact on the number of social outings.

There was evidence of interdisciplinary team involvement in residents' care including

nursing, speech and language therapy, occupational therapy and other allied health professionals including a specialist nurse for dementia. A multidisciplinary team review was held annually and residents and their families were invited to attend the reviews. Care plans for nursing interventions were reviewed every three months.

One young person was inappropriately placed in one of the units. A sixteen year old child had been admitted on an emergency basis to the unit in February 2014 and had lived in this inappropriate placement for over a year. This young person had been placed within a dementia specific unit but did not require dementia services. Inspectors spoke with staff from the HSE autism services. Staff told inspectors that the child needed to be placed in an appropriate community setting and they had expressed concerns about a child being placed in a room on a corridor with much older adults.

The child's parents told inspectors that they wanted their child to live in a community setting with other children of similar age. They said that this placement was the only one available at the time of admission and while not ideal, that it had provided their child with some stability and space and that the child had done well there. They requested a person centred transition plan for their child when a suitable placement had been identified.

The director of services at the campus told inspectors that managers in Tusla, the Child and Family Agency had recently agreed to fund the provision of a community based house.

Inspectors observed that residents' bedrooms reflected their choices and personal interests. Staff had helped residents choose furniture and bed linen in colours they liked and personal items and photographs were displayed in each room. Some residents had brought in their own furniture and ornaments from home and each room was bright and spacious and reflected the different personalities of residents.

Judgment:
Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

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

Theme:
Effective Services

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

Findings:
Inspectors found that the provider was not effectively assessing risks of harm to residents and observed that the radiators along communal corridors leading to the unit

were very hot and posed a risk of burns to residents. An immediate action was issued requiring the provider to mitigate this risk.

There was a detailed health and safety policy available. The risk management policy did not provide sufficiently clear specific guidance to staff on the risk areas identified in the regulations and to reflect the specific risk management arrangements in the centre. This had been identified as an issue on previous inspections of the centre.

While accidents and incidents were being recorded and sent to a central office, there was no communication back to staff in each unit of any patterns of accidents/incidents to inform learning. While individual accident forms were returned to residents files there was no overview of the incidents to inform learning. This issue was also raised on previous inspections.

There were risk assessments and moving and handling guidelines available for all residents appropriate to their needs which clearly described any mobility aids to be used and the support each resident required with specific tasks. The risk of the resident falling was assessed and any modifications were made to the environment to reduce the risks.

However, from the training records available inspectors could not determine if all staff had up to date refresher training in safe moving and handling practices to ensure the safe moving of residents.

Most residents in the two units were either immobile or required the use of assistive equipment and/ or the support of staff to mobilise and transfer. Specialist equipment such as hoists' were provided. Inspectors saw that each resident had their own individual sling for the hoist which had been assessed by the occupational therapist. This equipment was serviced by a specialist contractor and records were available to verify this.

There was evidence of good assessment and management of residents' clinical risks such as weight fluctuations, swallowing problems and tissue viability. Residents were appropriately referred to and assessed by specialist professionals where necessary and care plans were put in place and were being followed. However, the inspectors noted that some observations recorded in care records were not clear or investigated. For example a daily record described a resident having scratches but there was no subsequent follow up recorded to identify the cause of this unexplained injury.

On previous inspections, potential risks in relation to fire safety were identified including lack of training of staff in fire safety, inadequate fire drills, self closing devices not fitted to doors and gaps between doors which would not provide adequate compartmentalisation in the event of a fire. The provider had arranged for an independent fire consultant to assess the fire arrangements in the centre. The provider informed inspectors that the fire consultant had not identified any immediate actions but had identified actions to be undertaken within a three to six month timeframe.

In addition, the person in charge had taken some actions to mitigate fire risks. Training in fire safety had been provided and most staff in the units inspected had completed this

training. A number of staff were on leave and had missed the training but further dates were scheduled in the coming weeks to accommodate these staff. There was evidence that improved fire evacuation drills were now taking place.

Fire equipment was provided throughout both units and there was evidence that emergency lighting and fire fighting equipment was serviced annually. However, four water hoses were identified by the service engineer as requiring replacement or removal but these were still on site. There was evidence of weekly and monthly fire safety checks recorded in the fire register. Since the previous inspection, a new fire register was now provided in each unit however staff had not yet commenced using these registers to record fire safety checks. All fire exits were observed to be unobstructed and there was emergency lighting provided in each unit.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

Inspectors reviewed the centre's policy on prevention of abuse and responding to allegations or suspicions of abuse. The inspector found that the policy provided clear information to staff on how to identify abuse and set out the responsibilities of staff and management in responding to any suspicions or allegations of abuse in a manner that protected the well-being of residents.

However, inspectors found that the policy did not clearly state the action to be taken by management to protect residents where an allegation of abuse concerned either a member of staff or an agency staff member working in the centre. There was evidence that the provider ensured the safety of residents where any allegations of abuse had been made.

Staff members interviewed by inspectors were clear on the reporting arrangements and the requirement to contact the designated officer. Training records indicated that most

of the staff had completed mandatory training in adult protection. Additional dates were scheduled to ensure a small number of staff who were absent during previous training dates could attend.

There were two Clinical Nurse Specialists (CNS) in behaviour management employed by the service to support residents on the campus. Behavioural management plans were available to guide staff on the management of residents with behaviour that challenged in these units. There was evidence of good input by a multi disciplinary team into the behavioural support plans reviewed. However, the staff working in the unit had not completed training in the management of behaviour that challenges.

The clinical nurse manager and the staff interviewed were very knowledgeable about the residents in their care and were observed to be patient and respectful towards them. They were able to tell inspectors about the most appropriate and effective way to communicate with residents to reduce their anxieties. Inspectors saw that in general the interventions and responses of staff reflected the guidelines in the personal plans for residents. However, the advice in some behaviour support plans to ensure the provision of a good social programme to provide meaningful activity for residents was not adequately resourced.

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):

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

Findings:

Inspectors found that the healthcare needs of residents, including the child in one of the units, were being met in these units. Residents' health care needs were well assessed and care plans reviewed were generally detailed and provided very clear guidance to staff. Specific care plans were available for some residents on their preferred night time routine. Progress notes were completed for each resident which reported on the health care provided.

In the sample of care plans reviewed, inspectors noted that there was a comprehensive nursing assessment available for each resident. Residents were referred appropriately for investigation by specialists where recurrent health problems were identified. Reviews were recorded by the medical officer for the campus who held a clinic in the campus

twice weekly. There was evidence of regular reviews by psychiatry and the mental health team.

Detailed communication passports were completed for each resident and these provided clear details of residents' needs particularly the food routines preferred and the guidance provided by the speech and language therapist for special diets. Residents were weighed monthly and those who were experiencing weight loss had been appropriately referred to a dietician and commenced on a modified diet.

In addition to the progress notes discussed above, nursing staff were also using a report book to give handover information to the night staff coming on duty. Inspectors identified issues relating to confidentiality with this system as each resident's details were recorded collectively rather than in their individual care plans. In addition, inspectors identified discrepancies between the information recorded in the book and the information in residents' progress notes.

Inspectors found that arrangements for meal times did not promote dignity, choice, or independence for residents and was not a social experience for residents. Residents were not supported to prepare any of their own meals as appropriate to their ability and preference and inspectors observed an institutional approach to mealtimes.

Food was prepared in the main kitchen on the campus and delivered in insulated boxes to the units. However, the main kitchen closed at 3pm on weekends and alternative arrangements had to be made to ensure residents received their meals at weekends. Pre-prepared meals had been sourced externally and inspectors saw that there was a variety of these meals available in the kitchen on the unit. These were reheated in a microwave by staff. Inspectors saw evidence that these meals had been assessed by a dietician and were nutritionally balanced and presented in separate portions of modified consistency as required by the residents.

A seven day menu was available for the rest of the week, but this was not rotated to give residents a variety in their diet and the options and choices for residents were always the same each week.

Residents did not have any input into normal everyday activities such as planning their meals, shopping for ingredients or preparing their meals. Consequently residents did not experience normal cooking smells associated with meal times.

Most residents had been assessed by the speech and language therapist and required a modified diet. Staff were observed to be patient and respectful when assisting residents to eat and chatted and reassured residents while assisting them.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for

medication management.

Theme:

Health and Development

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

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

Findings:

Inspectors found that practice in relation to medication management had improved since the last inspection but further areas for improvements were identified.

The inspector reviewed a sample of medication administration charts and found that they were clear and legible. Medication that needed to be crushed was indicated. Improved stock control measures had been introduced since the last inspection. Medication was supplied in original containers by a local pharmacy and medication reviews had been carried out for residents in this centre. There were appropriate protocols in place for the administration of medication for epilepsy.

However, inspectors found that in some medication charts residents were prescribed PRN or "as required" medication. The maximum dosage to be taken over 24 hours was not always clearly specified on prescription sheets which increased the risk of residents being over medicated. In some medication charts, medications were not individually signed by the GP. The name of the prescribing GP and a photograph of the residents were also absent on several medication charts reviewed.

The medication management policy provided guidance to staff on the safe process for transcribing medication. Inspectors saw that although nurses transcribed prescriptions they did not always sign the medication chart to indicate this, as required by the policy.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

Inspectors found that current management arrangements were not effective in ensuring a safe service, appropriate to residents' needs, and that the service was provided on a consistent basis with safe staffing levels.

There was no evidence that the service was effectively monitored by the management team to ensure that residents had an acceptable standard of quality of life. This impacted negatively on residents, as is evidenced elsewhere in this report. The provider had failed to ensure that institutionalised care practices were being addressed and changed, that the rights of residents were being protected and that there were adequate staffing resources to meet the needs of residents.

There were no unannounced visits or reviews completed by management, as required by the Regulations.

Judgment:

Non Compliant - Major

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):

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

Findings:

An immediate action notice on inadequate staffing had been issued on previous inspections of the centre. Inspectors found that the action taken by the provider was not successful and had not improved the safety and quality of life of residents.

Following the previous immediate action notice, the provider informed the Authority that an additional two staff had been allocated to the unit previously inspected. On this inspection, the inspectors found that household staff, who did not have adequate experience of care provision, and only one of whom had training relevant to the job, had been redeployed. Inspectors were informed that the arrangement had only lasted one week, and that the inadequate staffing levels had continued since that time. An immediate action notice was re-issued requiring the provider to address this matter.

There was evidence of negative outcomes for residents due to inadequate staffing levels on this inspection also. The current allocation of staff did not take account of the changing needs of residents and staffing were allocated on the basis of assisting residents with basic daily tasks such as getting up and dressed, eating and intimate care but no provision was made for supporting residents to be actively engaged in meaningful social activities or to engage with the local community.

Inspectors were told that a day service previously provided to residents was closed due the recruitment embargo. Inspectors found that sufficient staffing had not been deployed to the units to meet residents' social care needs. Subsequently, the provision of unit based activities for residents was inadequate and completely dependent on the availability of additional staff.

While inspectors were informed that additional staffing was being made available in the centre, the inspectors found that there was a high instance of staff illness and additional staff resources were being used to provide cover for these absences rather than as an additional support for residents.

Inspectors found that the person in charge had not ensured appropriate staffing arrangements to meet the needs of residents at night time. A clinical nurse manager level 3 provided nursing cover at night for all units on the campus and also in community houses run by the service. Inspectors were told however that nursing staff routinely left the unit at night to administer medication to residents in another unit leaving one care assistant to attend to the needs of residents. Inspectors identified risks with this practice as most residents had complex health needs and required a nurse on duty in the units during the day. Residents also required the support of two staff for intimate care.

Inspectors did find that residents appeared comfortable in the company of staff that were on duty and staff demonstrated a good knowledge and understanding of each resident's needs, wishes and preferences. Inspectors interviewed nursing staff and found that they had a good knowledge of residents' medical needs and advocated for residents to ensure they medical appointments were attended and appropriately followed up on.

Inspectors reviewed staff files during the inspection. They were found to be incomplete and did not contain all of the information required by the Regulations to ensure that staff were suitable to work in a designated centre. This had also been a finding from previous inspections. In the files reviewed, appropriate references and Garda vetting were not available for staff who had been working at the centre for several years. Nursing staff did not have a current certificate of registration from their registration board.

Judgment:
Non Compliant - Major

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Marie Matthews
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0003368
Date of Inspection:	20 February 2015
Date of response:	15 June 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 05: Social Care Needs

Theme: Effective Services

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

Personal plans had a health focus and did not provide adequate information on residents' specific social, emotional and participation needs, preferences and preferred routines.

Action Required:

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

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:

Each resident will have a holistic multi-disciplinary team (MDT) assessment which will include their social, preferences and participation needs and this will be achieved through the "Listen to Me" engagement process.

Proposed Timescale: This will commence from April 6th and will be completed by June 30th

Proposed Timescale: 30/06/2015

Theme: Effective Services

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

There were no structured day care facilities provided for most resident and they did not have opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

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:

Current social, recreational and diversional activities will be reviewed and a more structured regular activities will be put in place

Proposed Timescale: 24/05/2015

Theme: Effective Services

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

Personal plans carried out prior to admission to the designated centre did not provide adequate information on residents' specific social, emotional and participation needs, preferences and preferred routines.

Action Required:

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

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

Each resident will have a holistic multi-disciplinary team (MDT) assessment which will include their social, preferences and participation needs and this will be achieved through the "Listen to Me" engagement process.

Proposed Timescale: This will commence from April 6th and will be completed by June 30th

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:

One young person was inappropriately placed in the unit

Action Required:

Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

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

The provider is engaging in a process to commission a specific service to meet the assessed needs of a small number of young people. Currently a number of agencies are submitting proposed plans to the provider. Once completed and suitable accommodation is arranged the service will commence.

Proposed Timescale: 30/06/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The risk management policy required review to provide clear specific guidance to staff on the risk areas identified in the regulations and to reflect the specific arrangements in the centre.

Action Required:

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

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

The current risk management policy will be reviewed to ensure it provides clear and specific guidance to staff on hazard identification and assessment of risks.

Proposed Timescale: 30/05/2015

Theme: Effective Services

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

A system in place to record and manage accidents and incidents did not ensure the assessment, management and ongoing review of risk at unit level as information was not communicated back to the staff.

Action Required:

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

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

An incident log will be maintained in the unit so that there is an ongoing review of incidents at unit level

Incident review group will continue to meet to provide governance on the assessment, management and ongoing review of risks

Proposed Timescale: 30/04/2015

Theme: Effective Services

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

Radiators along communal corridors leading to the unit were very hot and posed a risk of burns to residents.

Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

Currently all identified radiators are turned off. All identified radiators have been measured for appropriate covers and when these are ready they will be fitted to the identified radiators.

Proposed Timescale: 30/04/2015

Theme: Effective Services

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

Four water hoses were identified by the service engineer as requiring replacement or removal but were still on site.

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:

Fire assessment of the centre has taken place by an appointed specialist in the area of fire safety. Report has been received by the provider and is currently being reviewed. Any remedial work that is required will be prioritised by the provider to ensure safety. All remedial work regarding water hoses will be completed by June 10th

Proposed Timescale: 10/06/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

A Psychologist was not consulted on behavioural support plans and they were not regularly reviewed.

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 policy on restrictive practices will be reviewed in accordance with national guidelines.

The application of any restrictive practice will be applied in accordance with national policy and evidence based practice

Behavioural support assessments will be signed off by the appropriate health professional

The provider has commenced a recruitment process for a suitably qualified psychologist and a consultant psychiatrist is available to the centre.

Proposed Timescale: The policy review will be completed by May 30th The recruitment process will be completed by June 1st

Proposed Timescale: 01/06/2015

Theme: Safe Services

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

All staff members had not completed training in managing behaviour that challenges.

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 team of the designated centre will receive appropriate training in the management of behaviours that challenge including de-escalation and intervention techniques

Proposed Timescale: 30/06/2015

Theme: Safe Services

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

The policy on protection did not clearly state the action to be taken by management to protect residents where an allegation of abuse concerned either a member of staff or an agency staff member working in the centre.

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:

A addendum will be added to the policy on adult protection to clearly state the actions that are taken by management where a concern or allegation is made against a member of staff or agency staff member working in the centre

Proposed Timescale: 10/04/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

A report book was used by nursing staff to give a handover to the night staff coming on duty. The report book also gave a summary of each residents care during the day and identified any particular issues affecting the resident. Each resident's details were recorded collectively rather than in their individual care plans. In some instances

discrepancies were found between the information recorded in each book.

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:

The centre will discontinue the use of collective "report" books and will continue with individual care records

Proposed Timescale: 08/04/2015

Theme: Health and Development

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

Residents were not supported to prepare their own meals as appropriate to their ability and preference.

Action Required:

Under Regulation 18 (1) (a) you are required to: Support residents, so far as reasonable and practicable, to buy, prepare and cook their own meals if they so wish.

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

Residents will be supported, as far as is reasonable practicable, to buy, prepare and cook their own meals if the so wish

Proposed Timescale: 30/05/2015

Theme: Health and Development

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

There was no variation/change offered in weekly menus

Action Required:

Under Regulation 18 (2) (c) you are required to: Provide each resident with adequate quantities of food and drink which offers choice at mealtimes.

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

Residents will be supported, as far as is reasonable practicable, in consultation with the dietician and catering staff to offer further choice in menus.

Proposed Timescale: 30/05/2015

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 maximum dosage of PRN medication to be taken over 24 hours was not always specified on prescription sheets

All prescriptions were not individually signed by the GP.

The name of the prescribing GP and a photograph of the residents were absent on several medication kardex reviewed.

Prescriptions transcribed by nurses were not signed to indicate this.

Action Required:

Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

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

Current medication management will be reviewed

Appropriate practices will be in place for all aspects of medication management this will include appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administering of medications to ensure that storage and disposal of out of date or unused controlled drugs will be in accordance with the relevant provisions in the misuse of drug regulations of 1988 as amended.

Proposed Timescale: 30/04/2015

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:

Management arrangements were not effective in ensuring a safe, service appropriate to residents' needs was provided on a consistent basis and there was no evidence that the quality and safety of the service was effectively monitored by the management team in areas such as ensuring safe staffing levels, ensuring residents had a meaningful social activity and were engaged in the community. There were no unannounced inspections completed by management. The findings of risks assessments completed by staff identifying risks to residents from inappropriate staffing levels were not acted upon.

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:

Current management structure is under review

Model of staff deployment is under review so as to ensure the service provided is safe, appropriate to residents needs, consistent and effectively monitored

Ongoing unannounced visits will continue and will be recorded so as to provide evidence of such visits so as to comply with the regulations

Proposed Timescale: 30/04/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

There was evidence of negative outcomes for residents due to inadequate staffing levels and the deployment model in use.

Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

The number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre through the current recruitment process

Proposed Timescale: 01/06/2015

Theme: Responsive Workforce

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

Staff files were found to be incomplete and did not contain all of the information required in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013

Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

Staff files and information and documents as specified in Schedule 2 will be updated

Proposed Timescale: 30/06/2015