

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by St Patricks Centre (Kilkenny) Ltd
<b>Centre ID:</b>	OSV-0003500
<b>Centre county:</b>	Kilkenny
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St Patricks Centre (Kilkenny) Ltd
<b>Provider Nominee:</b>	John Murphy
<b>Lead inspector:</b>	Ide Batan
<b>Support inspector(s):</b>	Caroline Connelly;
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

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

**The inspection took place over the following dates and times**

From: 19 May 2015 09:45 To: 19 May 2015 17:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

This was the centre's second inspection which was conducted as a follow up to the registration inspection that occurred over two days on 11 and 12 November 2014. Due to the level of non compliances particularly in relation to the management of resident's finances the provider and management team were called to a meeting in the Authority's office on the 15 January 2015 to outline concerns regarding the findings of the registration inspection of November 2014 and the potential consequences of continued non compliance.

The follow up inspection took place to inspect against the actions from the previous inspection. As part of the inspection the inspectors met with the provider, deputy person in charge, director of services, finance manager, the assistant director of services and staff. The inspectors followed up on actions from the previous inspection and reviewed documentation such as care plans, finances, training records, rosters, policies and procedures.

On the follow up inspection the inspectors found that out of the 10 non compliant outcomes from the registration inspection seven were now compliant, three outcomes continued to have moderate non compliances.

Overall, while improvements were noted the inspectors found that the service remained non compliant in some areas of the Health Act 2007 Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013, contraventions included :

Management of residents finances  
Training in safeguarding and safety  
Governance and management.

**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):**

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

**Findings:**

On the previous inspection inspectors found that residents were not supported and encouraged to have control over their own finances. There was no evidence of assessment carried out to ascertain the level of support required by residents to manage their financial affairs. There was no evidence to suggest that where a resident lacked capacity to manage their financial affairs, that he or she was facilitated to access an advocate to assist them in making decisions. Inspectors did not observe that there was a clear, accountable and transparent system in place for any transactions made on behalf of residents as bank accounts were not held in the name of the residents to whom the money belonged. The residents' money was instead held in a central account which was managed by the centre. In relation to the issues identified in the management of residents finances inspectors saw minutes of meetings that the director of services had with all families of the residents.

On this inspection staff confirmed to inspectors that all restrictions which had previously curtailed resident's quality on life had greatly improved. Staff told inspectors that residents went on trips; downtown for coffee and at weekends would go out for a meal or have a take away instead. Staff told inspectors that they were in the process of planning a summer holiday for some residents. Documentation reviewed by inspectors indicated that residents were doing their weekly grocery shopping where they liked to shop. Residents had also resumed attending swimming in the pool on the main campus and going to mass. There were no restrictions on outings within the local community.

There had been an issue identified on the previous inspection in relation to transport

fees. The provider told inspectors that all transport charges for residents had ceased until 2017, the fixed mileage rate had been confirmed from there onwards and residents would then share transport costs. Staff also confirmed to inspectors that these were the arrangements in place and it was also detailed in the contracts of care. Inspectors saw that money management competency assessments had been completed for all residents. One resident had been supported to open his own bank account. However, there was no bank card available to the resident to access his own money. Therefore the resident's freedom of choice as to how he spent his personal money was limited.

Inspectors saw that residents did not have easy access to personal monies as even monies saved on a weekly basis by residents through an external savings scheme were lodged into the central account for the centre. Staff then had to apply through the accounts department to have these monies reissued to the residents. Inspectors saw that the house was allocated a weekly budget by the accounts department. This weekly budget was not individualised for each resident as it was all in a communal fund without explicit consent of each individual resident. Therefore residents did not have easy access to their own monies. Records were also kept of any additional expenditure for residents during the week. Inspectors reviewed a number of these and noted transactions were being signed by two staff members.

Inspectors saw that monthly bank statements were now being issues to residents and their families. Residents paid a weekly contribution towards their residence and this varied depending on whether nursing care was required or not. On the previous inspection relatives told inspectors that some of the queries in relation to management of resident's finances were centered around the weekly contribution payable by residents. Following external independent review inspectors saw that an agreement had been reached to refund residents' monies in relation to weekly charges. It had been agreed that this would be paid back by the Registered Provider in separate lodgements to residents. Inspectors saw that some funds had been lodged by St. Patrick's to residents' accounts.

There was a policy on residents' personal property and records of residents property was observed in their files. Residents could keep control of their own possessions. Inspectors saw that there was adequate space for clothes and personal possessions. The laundry facilities were appropriately set up to facilitate residents in doing their own laundry if they wished. Staff told the inspectors that most residents assisted in putting their laundry away.

There was a complaints policy in place in the centre; it outlined the process for managing complaints as it identified the complaints officer and an appeals committee to address complaints if the complainant was dissatisfied with the complaints officer's findings. However, the management of complaints remains inadequate as there was no second nominated person to respond and maintain complaint records as required under the Regulations.

Inspectors saw that the centre did maintain a complaints log to record complaints. Inspectors observed that the complaints policy was displayed in a prominent position. There was signage on clear display identifying for residents, relatives and visitors how to make a complaint, the responsible person for dealing with complaints or the appeals

process.

**Judgment:**

Non Compliant - Moderate

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

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

**Theme:**

Effective Services

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

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

**Findings:**

On the previous inspection the contracts did not meet the requirements of the Regulations, as they had not been agreed in writing with the resident or their relative where the resident was not capable of giving consent.

On this inspection Inspectors read a sample of completed contracts and saw that they did meet the requirements of the Regulations. They included adequate details of the services to be provided and the fees to be charged, and included the cost for the additional services not included in the fee such as transport.

All five contracts had been issued to parents on 8 April 2015. On the day of inspection inspectors noted that only one had been returned signed by parents of the resident. The director of services told inspectors that some families had said that they wished to wait until all financial matters had been resolved before signing the contracts. Inspectors saw documented evidence of this also.

**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):**

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

**Findings:**

On the previous inspection inspectors reviewed the fire register and found that daily

records were not maintained of checking the means of escape, checking of emergency lighting or checking of the fire alarm system.

The actions to be taken in the event of fire and the fire evacuation plan were not prominently displayed or presented in a format that was accessible and meaningful to residents. On this inspection inspectors saw that the daily fire records were maintained and that a fire evacuation plan was prominently displayed in accessible format for residents.

**Judgment:**

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):**

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

**Findings:**

On the previous inspection Inspectors saw that all staff with the exception of one had received training in safeguarding residents and the prevention, detection and response to abuse. Inspectors saw and were told by the management team that staff had not received training in the management of behaviour that is challenging as required by legislation.

One aspect of this action remains non compliant as inspectors were told by the deputy person in charge that she had not received training in safeguarding residents and the prevention, detection and response to abuse. Inspectors saw in training records that all staff had received training in challenging behaviour as required by the Regulations.

**Judgment:**

Non Compliant - Moderate

**Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Services

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

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

**Findings:**

On the previous inspection inspectors saw that a resident had sustained a notifiable injury in July 2014. Documentation had not had submitted to the Authority in relation to the injury which is a requirement of the Regulations.

The nominated provider/person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents have been notified to the Chief Inspector by the person in charge.

**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):**

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

**Findings:**

On the previous inspection a written statement of purpose was in place in the designated centre. An internal audit had been completed on the statement of purpose and it was found to be compliant. However, when inspectors reviewed this document, they found that while it outlined some of the items listed 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, it did not adequately address the following:

- The specific care needs that the designated centre is intended to meet
- criteria used for admission to the designated centre, including the designated centre's policy and procedures (if any) for emergency admissions
- the total staffing complement, in full-time equivalents, for the designated centre with the management and staffing complements as required in Regulation 14 and 15
- arrangements made for dealing with reviews and development of the residents' personal plan
- arrangements made for consultation with and participation of residents in the operation of the designated centre
- arrangements made for residents to attend religious services of their choice
- the arrangements made for dealing with complaints.
- the fire precautions and associated emergency procedures in the designated centre.

Inspectors reviewed a revised statement of purpose which was found to be compliant with legislation.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

On the previous inspection inspectors were not satisfied that the residential service was governed in a manner that supported continuous improvement of a person centred service. The person in charge was based in the day services and only spent one afternoon in the house with residents per week. The person in charge confirmed that on that same afternoon as she was rostered in the house she also had responsibility as an out of hour's manager within the wider organisation to deal with any issues that may arise. An annual review to capture the quality and safety of this designated centre had not been completed to date. The director of services had completed an audit of aspects of the centre prior to inspection. However, there was no evidence to support that a copy of this review was available to residents or their representatives.

Some aspects of the issues identified on the previous inspection have been resolved. The person in charge has changed since the previous inspection. A fit person interview was completed with the new person in charge in January 2015. The person in charge was on leave the day of this inspection. However, staff confirmed to inspectors that the person in charge commences her duties in the house every morning and returns there every evening at 16:00hrs when the day service is finished. One evening per week the person in charge works in the house until 21:00hrs.

Staffing rosters viewed by inspectors also confirmed these arrangements. There was documented evidence of regular engagement between the person in charge, residents, families and staff. There was also a registered intellectual disability senior staff nurse working in the house which further enhanced the skill mix of staff. This senior staff nurse was also the deputy person in charge and inspectors engaged at length with her during this inspection.

An annual review of quality and safety had been completed. However, the registered provider or a person nominated by the registered provider had not carried out an unannounced visit to the centre since November 2014. As part of the application to register, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). All documents submitted by the provider for the purposes of application to register were found to be incomplete. The outstanding documents are required to be submitted to the Authority.

**Judgment:**

Non Compliant - Moderate

**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):**

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

**Findings:**

On the previous inspection there was no definitive deputy person in charge. The assistant director of services would cover for the person in charge when she was on leave. However, inspectors were not satisfied with this arrangement as this staff member was not based in the centre to have adequate oversight of the operational management of the service in the absence of the person in charge. This action is complete. There was a deputy person in charge now who was based in the house as observed by inspectors.

**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):**

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

**Findings:**

On the previous inspection the person in charge was based in the day services and only spent one afternoon in the house with residents per week. Therefore it was not possible for the person in charge to oversee that all aspects of care and support were being delivered as required, to promote positive living experiences for residents living in this designated centre.

Statutory training in adult protection, manual handling, and challenging behaviour had not been completed for all staff members as outlined and actioned under Outcomes 8 and 14. These actions plans are complete with the exception of one staff member who had not received training in safeguarding residents and the prevention, detection and response to abuse.

**Judgment:**

Compliant

**Outcome 18: Records and documentation**

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

**Theme:**

Use of Information

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

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

**Findings:**

On the previous inspection a record of the designated centre's charges to residents, including any extra amounts payable for additional services not covered by those charges, and the amounts paid by or in respect of each resident were not kept in the designated centre as required by Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. As outlined under Outcome 4 this is complete.

On the previous inspection the inspectors reviewed the centre's policies and procedures and found that all of the written operational policies as required by Schedule 5 of the Regulations had been developed. However, a number of these policies had only been recently introduced in the service and not all staff the inspector spoke with were aware of all of these policies. On this inspection staff confirmed to inspectors that they were aware of the policies and procedures.

On the previous inspection a directory of residents was maintained in the centre. This did not contain a record of all furniture brought by the resident into the room occupied by him or her as set out in Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. Inspectors viewed the directory of residents and found that it met the requirements of legislation.

On the previous inspection not all of the items listed in Schedule 2 of the Regulations were available in personnel files. One staff file viewed by inspectors contained no references. On this inspection inspectors viewed a sample of three staff files and found that they were in accordance with legislation.

On the previous inspection there was a Residents' Guide which was generally in line with the Regulations, but required some further development, as it did not sufficiently reflect all the required information, such as the terms and conditions relating to residency and clear guidance on how to access inspection reports. This is complete. Inspectors viewed the Residents' Guide and found that it outlined the terms and conditions of residency and guidance on how to access all inspection reports.

**Judgment:**  
Compliant

## 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:***

Ide Batan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by St Patricks Centre (Kilkenny) Ltd
<b>Centre ID:</b>	OSV-0003500
<b>Date of Inspection:</b>	19 May 2015
<b>Date of response:</b>	03 July 2015

### Requirements

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

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

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

**Theme:** Individualised Supports and Care

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

The weekly budget was not individualised for each resident as it was all in a communal fund without explicit consent of each individual resident. Therefore residents did not have easy access to their own monies.

**Action Required:**

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

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

All residents will now be supported to go to the finance department in St Patricks to withdraw their money each week or when needed. This withdrawal will be receipted individually and placed in resident personal wallet/purse.

Each resident will have individual Petty Cash documentation and will be supported by staff to balance same after each transaction. All receipts and documentation will be held in the residents finance folder in their home.

Easy Read guidelines have been drawn up to ensure that each resident is aware as to how they can access their monies. Staff will support residents to read these guidelines and a copy will be held in each person's finance folder.

**Proposed Timescale:** 03/07/2015

**Theme:** Individualised Supports and Care

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

Inspectors did not observe that there was a clear, accountable and transparent system in place for any transactions made on behalf of residents as bank accounts were not held in the name of the residents to whom the money belonged.

**Action Required:**

Under Regulation 12 (4) (a) and (b) you are required to: Ensure that the registered provider or any member of staff, does not pay money belonging to any resident into an account held in a financial institution, unless the consent of the resident has been obtained and the account is in the name of the resident to which the money belongs.

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

The Finance Manager has contacted other Centres with regard to the arrangements that they have in place for individualised banking arrangements. A full procedures review is being undertaken to ensure that all banking arrangements will be individual going forward. The PIC has had a meeting with two local banks and contact has also been made with the local credit union, from these meetings it has been advised that the bank requires an Indemnity Policy to be put in place by the HSE stating who the residents guardian is and "stating clearly who has order over the persons money". Following on from these meetings the PIC met with the Independent Advocate for advice on this matter and was informed of the following. For those individuals who encounter difficulty opening individual accounts where the financial institution challenges the individual's capacity the advocate of the National Advocate Service will make representation on securing the entitlement on the person's behalf. Further meetings have been arranged between the PIC and the Advocate to discuss this matter further. Following on from these meetings the Advocate will meet with residents and family members to plan what action needs to be taken in going forward to ensure that each residents has a clear , accountable and transparent system in place for any individual transactions made on the residents behalf and that bank accounts will be held in the name of the resident

Currently all cash transactions relating to individuals are recorded in an IT system managed centrally by Finance. Statements are issued to each resident on a monthly basis with a copy being sent to their family. All transactions relating to the resident are individually itemised in these statements.

**Proposed Timescale:** 30/09/2015

**Theme:** Individualised Supports and Care

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

The management of complaints remains inadequate as there was no second nominated person to respond and maintain complaint records as required under the Regulations.

**Action Required:**

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

A person other than the current complaints officer has now been nominated to be available to all residents. This change has also been reflected in the Complaints policy.

**Proposed Timescale:** 12/06/2015

### **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:**

Inspectors were told by the deputy person in charge that she had not received training in safeguarding residents and the prevention, detection and response to abuse.

**Action Required:**

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

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

The deputy person in charge received this training on the 29 May 2015

**Proposed Timescale:** 29/05/2015

### **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:**

As part of the application to register, the provider was requested to submit relevant

documentation to the Health Information and Quality Authority (the Authority). All documents submitted by the provider for the purposes of application to register were found to be incomplete.

**Action Required:**

Under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. you are required to: Provide all documentation prescribed under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

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

This documentation has now been completed by the PIC.

**Proposed Timescale:** 16/06/2015

**Theme:** Leadership, Governance and Management

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

The registered provider or a person nominated by the registered provider had not carried out an unannounced visit to the centre since November 2014.

**Action Required:**

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

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

An unannounced visit was carried out by an Assistant Director of Services on 21 of May 2015. Report in the Audit file

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