**Health Information and Quality Authority**  
**Regulation Directorate**  
**Compliance Monitoring Inspection report**  
**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St Hilda's Services</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003895</td>
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<tr>
<td>Centre county:</td>
<td>Westmeath</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>St Hilda's Services</td>
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<tr>
<td>Provider Nominee:</td>
<td>Sheila Buckley Byrne</td>
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<tr>
<td>Lead inspector:</td>
<td>Ciara McShane</td>
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<tr>
<td>Support inspector(s):</td>
<td>Ann Delany; Nuala Ward</td>
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<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>7</td>
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<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 monitor ongoing regulatory compliance. This monitoring inspection was un-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>
<th>To</th>
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<tr>
<td>17 June 2015 09:00</td>
<td>17 June 2015 15:00</td>
</tr>
<tr>
<td>25 June 2015 14:00</td>
<td>25 June 2015 20:30</td>
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</table>

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>
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<tr>
<td>Outcome 03: Family and personal relationships and links with the community</td>
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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 17: Workforce</td>
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<td>Outcome 18: Records and documentation</td>
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Summary of findings from this inspection
This was the centre's second inspection. It was unannounced and completed over two days. The purpose of the inspection was to follow up on the actions from the previous eighteen outcome registration inspection.

Eleven outcomes were reviewed in total. Two outcomes were found to be off major non compliance while six were found to be of a moderate non compliance. One outcome was substantially compliant while the remaining two were found to be compliant. The centre is made up of two houses both in different geographical locations. For the purpose of this report they will be referred to as units. One of the units provides a respite service to adults whilst the other unit provides a respite service to adults and children at alternate times. There is a person in charge for the adult's respite and a person in charge who had oversight for the children's respite. The service manager facilitated one of the inspection days whilst the person in charge, of the children's respite facilitated the second day.

The inspectors found since the most recent inspection some improvements had occurred, however not all aspects of the actions had been completed and further
improvements were highlighted. Improvements were found with regards to the premises. For example repairs had been made to the external grounds and grab rails had been erected where required. One of the units was more homely and the decor updated.

Fire safety was also found to be adequate. Policies such as the risk management policy had been updated. However further improvements were required regarding risk management. All risks in the centre had not been recorded or mitigated and some staff working at the centre did not have risk management training.

The statement of purpose required a significant review as it was not reflective of all operational aspects of the centre. The centre, was used each weekday as a day service, this was not outlined in the statement of purpose.

Improvements were also highlighted regarding governance and management. There was no evidence available, at the designated centre, that an annual review of the quality of safety and care had been completed. There was also no evidence available, at the designated centre, that six monthly unannounced visits had taken place. Personal care plans were found to not at all times reflect how resident's assessed needs should be met. For example there were minimal care plans in place.

The contract of care had been revised since the previous inspection, however it failed to fully outline all aspects of the service and how it was operated. These findings are further detailed in the body of the report and in the action plan at the end.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

Theme:
Individualised Supports and Care

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

Findings:
From a review of the premises, and additional services that were run from the centre, the inspectors were not assured that resident’s rights, privacy and dignity were adhered to at all times.

Part of the designated centre had a unit that was availed of for mixed respite where, both adults and children during separate stays, were catered for. The unit had three rooms where residents slept while on respite. During the unannounced inspection it came to light the unit was used for a day service from the hours of 09.15am to 15.45pm. From a review of the statement of purpose, as further outlined in Outcome 13 this was unclear. The inspectors found that one of the three bedrooms was used as an additional art area for the day service attendees. During this time the bed was folded away with table and chairs put in its place. The room did not reflect a homely bedroom nor was it characteristic of a child’s bedroom or that of adults. The bedrooms were also found to be left unlocked during the day, when day service attendees were in. The inspector saw belongings of day service attendees on the beds of the respite residents. The day service also used wardrobes within the respite bedrooms for day service storage. The fridge and presses in the kitchen was also shared with day service. The respite was not reflective of a home from home experience.

In addition the respite centre was found not to be age appropriate or specifically aimed at the type of residents, both adults and children, availing of respite. For example regardless if adults or children were availing of respite boxes of toys were left out.

The respite service required an immediate review to ensure resident’s respite experience was a positive one for them reflecting their age and ensuring their privacy and dignity.
was not affected as a result of the day service using the centre.

**Judgment:**
Non Compliant - Major

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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):**
No actions were required from the previous inspection.

**Findings:**
From a review of documentation it was evident that residents maintained links with families, friends and the community and were supported by staff to do so.

The inspector found from a review of resident’s personal plans that families were involved in their development and also involved in the reviews where these had taken place. Personal plans detailed significant people in resident’s lives such as their family members highlighting the importance of maintaining social roles such as a sister or brother, aunt or uncle. The respite service ensured that where possible residents whom were friends had the opportunity to take their respite break together making it a more enjoyable experience.

Residents readily used facilities in their local community while on respite. The inspector found recorded times when residents went to the cinema, bowling, shopping, to the local pubs and restaurants. There were also photographs in place to reflect some of these outings.

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

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

Theme:
Effective Services

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

Findings:
Since the previous inspection the contract of care had been revised. However, improvements were required.

The inspectors reviewed the contract of care and found that further detail had been included to describe the services. However, as required by the Regulations all aspects of the service were not outlined. It was unclear from a review of the contracts, for both adults and children, that the respite service also operated from a centre which was used for day service. It failed to clearly outline the implications of this for example the exact times residents had to leave the centre and the time they could return to the centre. It also failed to state that facilities were shared with day services such as bathrooms, bedrooms and the fridge. This required a review to ensure that the arrangements in place were reflected in the contract of care ensuring residents and where required their representatives were aware of all aspects of the service provision.

Judgment:
Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.
**Findings:**
Personal plans were in place for each resident however improvements were required. All actions from the previous inspection had not been completed.

From a review of sample personal plans it was evident that residents and where appropriate family members were involved in their development. Some of the personal plans were completed in part by the resident themselves supported by staff to do so. This in particular related to adults availing of respite. For children availing of respite, there was some evidence of consultation with children but as evidenced goals were mainly set by parents as opposed to the child. Personal plans, as highlighted were not all reviewed at a minimum annually. The inspector found that some sections of the personal plans had not been reviewed since 2011. Personal plans were also not at all times amended in line with changes in residents needs. For example a resident’s medication had changed but this had not been reflected in their personal plan which had been marked as being recently reviewed.

As part of the personal plan resident’s needs such as those pertaining to skin condition or breathing were outlined. From a sample of personal plans reviewed the inspector saw that were various needs that had been highlighted and that care plans had not been developed to demonstrate how these needs were being met. For example a resident had a skin condition however it was unclear how this need was being met as there was no care plan to guide staff in place. Another resident experienced asthma but again there was no care plan in place to demonstrate how this need was being met or how staff were to provide care to meet this need. This required a review to ensure that there were clear guidelines in place to meet the assessed needs of residents and therefore to provide safe and effective care. Overall it was found that there was no clear model of personal planning specific to children and predominantly was focused on adults.

Residents had goals outlined in their plans. These goals in the sample plans reviewed were short-term. Although a number of these goals, which had been identified at a meeting between staff and residents, had been completed it was unclear what the outcome for the resident was. It was also unclear what steps had to be taken to meet these goals. It was not evident that long term aspirational goals had been assessed. This required a review to ensure that goals were outcome based but also aspirational. This was relevant to both children and adults. For example a child’s goal was to use money but it was unclear how this was being achieved, monitoring of same was also unclear. Daily notes were also not reflective of the goals set by adults or children.

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<td>Non Compliant - Moderate</td>
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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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Both units were inspected; it was found the actions had been completed from the previous inspection. For example grab rails had been appropriately placed in bathrooms, carpet had been replaced, painting of premises had occurred, a supportive rail had been placed at the front entrance to one unit and allocated wheelchair friendly spaces had been marked out to accommodate those with mobility needs.

The inspector found that, since the most recent inspection, one of the units was more homely and personalised. There were paintings and photographs of residents who availed of the respite throughout the unit, new carpet had been laid and it had also been painted. At the time of inspection four residents were availing of respite, the inspector saw their bedrooms were reflective of their likes for example they had their preferred duvet cover on their bed. However, as outlined in outcome one the premises in one unit required improvements in particular for the bedroom that was converted into an art room during the day. It was also necessary to ensure that the unit, used by both adults and children, were decorated in an age appropriate manner.

Further areas of improvements were identified. An old radiator was disposed of in a raised flower bed; there was a broken fence at the back of one unit. The patio in one of the units required moss and weeds to be removed.

Judgment:
Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.
Findings:
The inspectors found there were some systems in place to oversee health, safety and risk management. Some of the actions from the previous inspections had been addressed however further improvements were required.

Infection control was found to be adequate in the centre, however improvements were required. There was evidence that personal protective equipment such as gloves were used, colour coding was in place for items such as chopping boards and a cleaning schedule/guidelines were now in place to ensure showers were maintained. In one unit improvements regarding infection control was required. For example not all bins were covered and mops were inappropriately stored within a hot press. The mop head was also found to be inverted in the bucket.

The inspectors reviewed fire management and found that systems were in place. The centre had fire extinguishers in place in addition to smoke detectors and heat detectors. The fire extinguishers were within their service period and the centre had a fire compliance certificate that was also in date. There was appropriate signage regarding fire throughout the centre. In the main it was completed in picture format to ensure that all residents were familiar with the evacuation plan. The inspectors saw documented monthly fire drills. Staff told the residents a scenario and the residents then evacuated.

Improvements were highlighted regarding fire drills: there was no evidence to reflect that night time evacuation had been simulated and where a resident had been identified as slow to leave the house no other information was detailed to state which resident and how this risk would be mitigated. It was also unclear how the centre was assured that all residents, who availed of respite, had participated in fire drills. The inspectors reviewed the centres safety statement and risk register. The risk register had been reviewed February 2015. For the most part the centre specific risks had been identified however not all risk pertaining to individual residents had been completed. For example a resident in their personal plan had been identified as having the potential and a history of self injurious behaviour however a risk assessment was not in place. A risk regarding three large trees at the back of one unit and the associated hanging branches had been highlighted as a risk. In the action plan, completed by the person in charge, it was outlined the trees would be removed in Quarter one of 2015. At the time of inspection these trees had not been removed. However, the inspectors received an update stating the maintenance team was in the process of souring a specialist to complete the task.

Other risks identified by the inspectors during the inspection included latex gloves left on window sills. Individual risk assessments for children were also not recorded in their care plans. Some staff at the centre did not have training in risk management.

Judgment:
Non Compliant - Moderate
### Outcome 08: Safeguarding and Safety

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

**Theme:**
Safe Services

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

**Findings:**
The actions from the previous inspection had been completed.

The safeguarding vulnerable adults' policy had been updated to identify procedures staff should follow in the eventuality of suspected or alleged abuse. The policy had recently been reviewed and updated, March 2015. The revised policy reflected the national policy which was developed December 2014.

The inspectors found that the Child Protection Policy had also been updated however; it was still awaiting board approval.

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

**Findings:**
The centres statement of purpose and function had been recently revised 29 May 2015.

Elements of the statement of purpose had been updated since the most recent inspection. For example emergency admissions were outlined. The centre however was
operating outside of its statement of purpose and function as it failed to outline that it was operating a day service from the centre between the hours of 09:30am and 15:45pm. The statement of purpose and function therefore required further information regarding this and the arrangements of how this is operated.

It was unclear how the centre was separate from the day service as day service residents used the facilities such as bedrooms. For example at the time of inspection bedrooms were unlocked and a day service resident had their belongings on a respite bed. The statement of purpose also failed to outline the registration details for the centre as required under Schedule One.

Judgment:
Non Compliant - Major

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:
For the most part there were systems in place to ensure the service provided was safe, appropriate to residents needs and consistent.

The centre had a clearly defined management structure. Care staff reported to the person in charge who in turn reported to the service manager. There was a formal system in place should the person in charge be absent for more than twenty eight days. In such an instance the service manger would oversee the service. The inspector saw evidence of audits which had occurred, most recently a health and safety audit had been completed and an action plan developed. The inspector reviewed documentation that was circulated to all centres from the provider nominee demonstrating shared learning across the organisation.

There was a system in place to log maintenance issues which were then updated when completed. Staff meetings occurred monthly. The inspector reviewed the minutes for these meetings and found that staff raised items for discussion and attention and were supported by the person in charge in relation to same. The inspector saw the on-call arrangements which were highlighted in the staff room.
Improvements regarding the governance and management were required. The inspectors found, as outlined in Outcome 8, the child protection policy had not been approved by the Board. An annual review of quality of care had not been completed however the person in charge of the children’s respite stated a committee had been established to review same. There was also no evidence available in the designated centre on the day of inspection, that a six monthly unannounced visit, specific to the centre, had been completed. The person in charge was also unaware of such a report.

Judgment:
Non Compliant - Moderate

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

Theme:
Responsive Workforce

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

Findings:
As outlined in Outcome seven, all hazards had not been identified at the centre, some staff also had not received training in risk management. Considering the nature of respite and the service provided it is vital that staff can identify risks and complete risk assessments to mitigate same.

Judgment:
Non Compliant - Moderate
**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:**
The inspectors found the actions from the most recent inspection were completed. The directory of residents had been sufficiently updated to reflect the requirements of the regulations. The next of kin details for contacting parents were, on the day of inspection, found to be adequate.

As outlined in outcome 14, some policies had not been approved by the Board. The person in charge stated this was due to be complete in August.

**Judgment:**
Substantially 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:

Ciara McShane
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
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<tr>
<th>Centre name:</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0003895</td>
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<tr>
<td>Date of Inspection:</td>
<td>17 June 2015</td>
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<td>Date of response:</td>
<td>08 October 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:
The centre was found, not to at all times, operate in a manner that respected the age of the resident(s).

1. Action Required:
Under Regulation 09 (1) you are required to: Ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability,
family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.

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

For Current 3 bed Unit in Athlone.

• Respite Monday to Thursday is for a single night only except in August and holiday periods such as Easter, Christmas and Halloween when consecutive nights can be considered.
• Respite is Part time service: Prioritization based on Need applies (non ambulant service users and children have priority in this unit) and family requests will be considered within the times above.
• The storage facilities will be reviewed to allocate proper storage for toys when not in use.
• The Provider will meet with Stakeholders to plan for the future provision of Children’s Respite and Adult Respite needs relating to Property. A Development Plan for implementation for future services will be agreed for 2016 and brought to the Board for approval at the December Meeting.

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<th>Proposed Timescale: 30/10/2015</th>
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<td><strong>Theme:</strong> Individualised Supports and Care</td>
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The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Resident’s privacy and dignity were not afforded at all times. For example a bedroom was used as an art room during the day.

2. **Action Required:**

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

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

This room will no longer be used as a bedroom for respite and the remaining two rooms will be exclusively for Respite only and will be locked commencing October as per roster.

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Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The contract of care, as outlined in the body of the report, was not entirely reflective of the service provided.

3. Action Required:
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

Please state the actions you have taken or are planning to take:
The Contract of Care (Called respite contract by St. Hilda’s) will be amended to reflect all services provided in the centre including the use of the building for a day service and exact times for respite provision in the centre. The Respite Contract will be revised to make clear the following:
Respite is evening only Monday to Friday 4pm to 9am and Day and Evening Saturday, Sunday and at holiday times such as august ,Easter, Halloween and Christmas.

The Contract of Care will be re-issued to all families and Residents to ensure that they are aware of all aspects of service provision. The contract of care will state that rooms will be exclusively for Respite only and will be locked.

Proposed Timescale: 20/10/2015

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Personal plans were not reviewed at a minimum annually.

4. Action Required:
Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

Please state the actions you have taken or are planning to take:
The Person in Charge (PIC) will conduct a review of all Person Centred Planning (PCP) Plans with relevant health professionals, Service Users and family / representatives. This review will be completed by Dec 20th 2015.

Proposed Timescale: 20/12/2015
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Personal plans did not take into account changes in circumstances such as changes in medication.

5. Action Required:
Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

Please state the actions you have taken or are planning to take:
The Person in Charge will ensure that personal plans are reviewed with regard to any changes in individual circumstances and if necessary update documentation accordingly.

Proposed Timescale: 20/12/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Where short term goals had been outlined for residents it was unclear how these would be met.
Long term goals had not been outlined for residents to ensure their personal development was maximised.
Resident's goals were also not linked to their daily notes.

6. Action Required:
Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident’s personal development in accordance with his or her wishes.

Please state the actions you have taken or are planning to take:
The Documentation used by St. Hilda’s Services for Person Centred Plans (PCP) is currently being revised. The new template will identify long term goals on PCP and short term goals in the monthly review. This new template will also include Child specific plans. All templates are still under review and will have further amendments. The Residential Service Manager will review the daily team records/Person Centred Plan with Person in Charge to ensure compliance.

Proposed Timescale: 30/10/2015
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Where needs had been identified care plans had not been developed to ensure that staff were guided in consistently meeting the needs.

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

Please state the actions you have taken or are planning to take:
The Person in Charge (PIC) will conduct a review of all Person Centred Planning (PCP) Plans with relevant health professionals, Service Users and family / representatives. This review will be completed by Dec 20th 2015. Care Plans have been developed and will be used to guide consistent service provision.

Proposed Timescale: 20/12/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was a broken fence in the back yard of one unit and a disused radiator in the raised bed of another unit. For this same unit the patio required maintenance to ensure moss and weeds were removed.

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

Please state the actions you have taken or are planning to take:
The Fence will be removed by the 21st September 2015. The disused item in the raised flowerbed has been removed and the maintenance of patio has been completed on 21st September 2015. Garden maintenance and weed control will be carried out on a monthly basis and this will be recorded in the maintenance book.

Proposed Timescale: 21/09/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspectors were not assured the respite centre, provided from one of the units for both adults and children, was laid out appropriately to meet their needs.
9. **Action Required:**
Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

Please state the actions you have taken or are planning to take:
- These rooms will be refurbished and upgraded to meet needs of residents.
- Storage will be reviewed.
- The Bedrooms (x2) will be for the exclusive use of respite service.
- Service Users will be reminded to bring in any personal item they wish in order to make the stay more homely.
- The Cleaning Roster and Environmental Audit actions will be reviewed to ensure safe care by Nurse for Services.

**Proposed Timescale:** 30/10/2015

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**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:**
Although risks had been identified in the centre these had not all been mitigated for example the trees had not been removed.

Risk assessments had not been completed for all risks at the centre for example a risk assessment had not been completed for a resident with self injurious behaviours.

Some staff did not have risk management training.

10. **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:
Adult respite will complete a risk assessment for resident with self injurious behaviour by 21st September.
Children’s respite Person in Charge has been in contact with a Childcare committee to source child Specific Risk Assessment Training for her staff on 15th July 2015 and is currently awaiting confirmation of a training date.
The Provider is currently providing Risk Assessment Training to all staff teams. Adult Respite staff completed risk assessment training on the 6th August 2015. Children’s Respite Staff are scheduled for 1st Oct 2015.

**Proposed Timescale:** 30/10/2015
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
As outlined in the body of the report, improvements were required regarding infection control. For example the storage of mops.

11. Action Required:
Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

Please state the actions you have taken or are planning to take:
All mops have been removed to the correct storage and this has been labelled accordingly completed 5th August 2015.
Gloves will be stored in a bathroom cabinet.

Proposed Timescale: 05/08/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Night time fire drills had not been simulated therefore the inspector was not assured that residents or staff were familiar with such a scenario.

12. Action Required:
Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
A simulated night time fire drill will take place in the centre on the Sept 21st and thereafter one every Quarter.

Proposed Timescale: 21/09/2015

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

**Please state the actions you have taken or are planning to take:**
The Statement of Purpose for the centre has been amended to include the following as per schedule 1(1) of the Health Act 2007 (Regulations 2013).
Registration Number:
Date of Registration:
Expiry of Registration: and conditions of registration.

**Proposed Timescale:** 01/09/2015

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**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:**
An annual review of the quality and safety of care and support was not completed or available to review on the days of inspection.

**14. Action Required:**
Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

**Please state the actions you have taken or are planning to take:**
The structure of the report has been revised to meet the requirements of the Health Act 2007 (Regulations 2013) – 23 (1) d, e. A new template will be used for all future Annual reviews of Quality and Safety of Care and Supports and will meet requirements under regulation 23(1) (d). The next Annual review is due end of December 2015.

**Proposed Timescale:** 27/07/2015

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no evidence, available in the designated centre on the day of inspection, that a six monthly unannounced visit had occurred.

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

**Please state the actions you have taken or are planning to take:**
The Provider is satisfied that 6 monthly reports are being carried out and has copies of same on site from 2014 & 2015 and will ensure that the Person in Charge is clear about what she is being asked to provide to the Inspector by reorganising and labelling all the organisations audits including those required under HIQA Regulations. The Residential Services Manager will review the regulations / judgement framework with the Person in Charge to ensure understanding of regulatory requirements.

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

<table>
<thead>
<tr>
<th>Outcome 17: Workforce</th>
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<td><strong>Theme:</strong> Responsive Workforce</td>
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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some staff were not trained in risk management.

16. **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:**
Training in Risk Assessment took place in 2007 and 2010. The Provider is currently providing Risk Assessment Training to all staff teams. Adult Respite staff completed risk assessment training on the 6th August 2015. Children’s Respite Staff are scheduled for 1st Oct.

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

<table>
<thead>
<tr>
<th>Outcome 18: Records and documentation</th>
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<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:**
Although schedule 5 policies were in place not all had been approved by the Board.

17. **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:**
All Schedule 5 policies will be approved by the Board - 15th September 2015.

**Proposed Timescale:** 15/09/2015