

**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 The Cheshire Foundation in Ireland
<b>Centre ID:</b>	OSV-0003453
<b>Centre county:</b>	Sligo
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	The Cheshire Foundation in Ireland
<b>Provider Nominee:</b>	Mark Blake-Knox
<b>Lead inspector:</b>	Mary McCann
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	8
<b>Number of vacancies on the date of inspection:</b>	2

## **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**

From:	To:
23 September 2015 12:30	23 September 2015 18:30
24 September 2015 09:30	24 September 2015 15:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

This report outlines the findings of an unannounced follow up inspection completed on 23/24 September 2015. This was the second inspection of this centre and was carried out to follow up on the action plan from the inspection completed in June 2015 and monitor improvements made by the provider and person in charge with regard to the areas identified in the action plan from the previous inspection. On this inspection the Inspector found that the provider and person in charge had taken appropriate action to address some of the non-compliances identified in June 2015.

Of the actions reviewed from the previous inspection inspectors found that 16 actions were complete, 13 actions were in process and 9 actions were not completed.

Residents told the inspector that they "liked living in the centre and staff treated them well, one resident told the inspector that "things have improved and I have more independence".

Areas which continued to require consideration included: provision of meaningful activities, review of governance of staffing arrangements and on call arrangements, ensuring the rights and wishes of residents are upheld, deficits in documentation, submission of a planning compliance certificate and creation of a robust auditing procedure.

Matters requiring review 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 are discussed throughout the report and are included in the action plan at the end of this report. Actions that were not completed or are in process are carried forward in the action plan of this report.

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

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

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

At the time of the last inspection there were six actions detailed under this outcome. Three were completed at the time of this inspection and three were in process. A residents' meeting has been held since the last inspection, minutes of this were available which showed that residents were being consulted in regard to the running of the centre. The contact details of the local independent advocacy officer were displayed on the residents' notice board. A process has been put in place by the Person in Charge and a nurse to meet with each resident individually to seek their view as to the running and organisation of the centre. The complaints procedure is displayed in the centre and available to residents.

The action related to provision of meaningful activities and integration in the community was in process. At the time of the last inspection residents told the inspector that their personal assistant service was not available at night or at weekends and this resulted in them not been able to access the community as they wished. The person in charge and regional manager had had a meeting with the funder regarding social care staffing and a further meeting was planned. Residents also express the view that a centre vehicle was available in order to support them to achieve their goals and fulfil their wishes. The provider has replied in his response to this action that the service will re-evaluate the expressed need for transport for residents and identifies ways in which this can be provided. It is planned that this will form part of the consultation with residents regarding their support needs for accessing the community. Options that may also be considered include use of public transport and purchasing of vehicles by residents.

A resident required a priority occupational therapy review in order to ensure that they

could attain the highest level of independence possible. This had been addressed.

The complaints procedure was in the process of been reviewed to include time-scales with regard to the investigation of complaints and to ensure that complainants are informed promptly of the outcome of their complaints and details of the appeals process. A simplified policy that ensured residents could access the complaints procedure was planned to be enacted.

**Judgment:**

Non Compliant - Moderate

**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):**

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

**Findings:**

At the time of the last inspection residents expressed concern that adequate supports were not available so that residents could develop and maintain personal relationships and links with the wider community in accordance with their wishes as personal assistants were not available after 17:00 hrs or at weekends. This action is in process. The Regional Manager has forwarded a proposal regarding staffing requirements to the funder to secure provision of social support hours for Cheshire Ireland to deliver this service to residents.

**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):**

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

**Findings:**

This action was not addressed and is included again in the action plan at the end of this report.

The contract failed to fully outline the services to be provided. Additionally it did not contain any information with regard to the fee charged or any additional charges that were the responsibility of the resident.

**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:**

There were 4 actions detailed under this Outcome post the last inspection. The inspector found on this inspection two actions were completed, one related to a resident being supported to move into independent living, the resident had moved into independent accommodation with appropriate support.

A community service co-ordinator has been appointed to oversee the transition plan and the other action completed related to ensuring that families and residents were supported emotionally with regard to transitional plans for moving into the community.

One action was in the process of being addressed which related to review of personal plans. The action not addressed related to ensuring that goals chosen had a commencement date and a support plan to ensure they were actioned.

**Judgment:**

Substantially Compliant

**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):**

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

**Findings:**

At the time of the last inspection there were two residents who were dependent on staff to come and open their doors to exit their apartments, consequently this does not support ensuring residents are supported to ensure highest level of independence. Quotes for the provision of automatic exit doors had been submitted to the provider.

**Judgment:**

Non Compliant - Moderate

**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**

Effective Services

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

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

**Findings:**

Both actions had been addressed All staff had completed fire safety training and fire drill records during day and night time hours had taken place. Fire safety works recommended in an independent fire safety report have been completed.

**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:**

A policy that reflected the National Policy 'Towards a Restraint Free Environment' was available in the centre but there was no evidence available that staff had been trained on this policy.

**Judgment:**

Substantially Compliant

**Outcome 10. General Welfare and Development**

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

**Theme:**

Health and Development

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

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

**Findings:**

The Inspector found that some residents were supported to access opportunities for education, training and employment. One resident was working and another was attending a computer course. The regional manager had sent a proposal to the HSE to request and secure additional social support provision for residents, to be provided at a flexible times including evenings and weekends according to the wishes of the residents, however the inspector found that some residents continued to have little opportunity to experience active social participation, education, and training.

**Judgment:**

Substantially Compliant

**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:**

There were three actions detailed post the last inspection . Two had been completed. The action with regards to care planning was complete. A revised care plan was in place. A care and support plan drawn up by the Physiotherapist in conjunction with the resident and staff was in place. Additionally a service user had been seen by an occupational therapist.and the Person in Charge had arranged additional resources to enable more social supports for this individual.

The action with regard to completing a clinical needs assessment in conjunction with a staffing needs assessment was in process .A care needs assessment based on the Northwick Dependency Scale was conducted on 21st July 2015 by the person in charge and her deputy. Results are awaiting review with the Regional Clinical Educational Facilitator (Senior Nurse) and the management team to determine current staffing levels against the assessed needs of residents.

**Judgment:**

Substantially 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:**

At the time of the last inspection aspects of the statement of purpose required review to ensure it contained all of the information as required in Schedule 1 of the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013. While the Statement of Purpose had been reviewed, it required further review to ensure it was in full compliance and reflected changes with regard to staffing since it was reviewed. A copy of the most up to date statement of purpose is required to be submitted to the Authority.

**Judgment:**

Substantially 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):**

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

**Findings:**

There were seven actions detailed under this Outcome following the last inspection. Three were in the process of being addressed and four were not addressed.

The provider has not submitted a planning compliance. This is required in order to gain registration.

There were no deputising arrangements after 17:00 hrs on a Friday until 08:00 hrs on a Monday. There was an on call rota in place but this involved some persons on call who would have to travel significant distances to attend the centre. The person in charge informed the inspector that the deputy post has been sanctioned as a full-time post. Plans were in place that the person in charge and her deputy would work some weekends. A localized on-call arrangement was also planned.

Management systems were in process of being reviewed. Meetings had been held with all other organisations that provide support staff to the residents in the centre. The person in charge and her deputy are both registered nurses. Both these posts have now been sanctioned as full-time. Nursing hours had been increased at the service. A memorandum of understanding is in place with external Personal Assistant Providers. The Person in Charge has plans in place to meet with the current external Personal

Assistance services, on a regular basis. One meeting has occurred to date. It is planned that governance arrangements are in place with regard to staff supervision. Further meetings were planned with the HSE to discuss staffing arrangements at the service.

No unannounced visits by the provider or a person nominated on behalf of the provider were carried out of the service to date. A review of the current quality audit system within Cheshire Ireland is currently underway. A working group has been appointed and the first meeting was held on 22nd July 2015. The timescale with regard to this action had not elapsed.

At the time of the last inspection the inspector found that there was poor evidence of action taken or measures put in place from the audits carried out, although staff did confirm they were discussed verbally at handover each day. The person in charge and her deputy informed the inspector that the regional clinical co-ordinator is going to work more closely with the service and any improvements identified by the regional clinical co-ordinator will be put in place.

The registered provider had not prepared 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.

A copy of the annual report must be made available on request to residents/service users, their representatives and the chief inspector. This was not completed.

**Judgment:**

Non Compliant - Major

**Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**

Use of Resources

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

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

**Findings:**

The Inspector found that the centre was not adequately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. An assessment of care needs using a validated Dependency scale was carried out on 15th July 2015. Management have submitted a proposal to the funder with regard to staffing for social support for each resident. A meeting was held in October 2015 and more meetings are planned. This action is in process and is repeated in the action plan at the

end of this 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):**

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

**Findings:**

Three actions were detailed at the time of the last inspection. all actions had been addressed. Staff had received training in manual handling and fire safety and documentation and supervision required for volunteers was in place.

**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):**

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

**Findings:**

At the time of the last inspection the complaints procedure was being reviewed and the person in charge stated that it would identify a second person to oversee that complaints were appropriately responded to and that a record of complaints was maintained in accordance with Regulation 34-Complaints procedure. This had not been enacted in the centre.

Not all schedule 5 policies were available. This action had not been addressed. The timescale with regard to the completion of this action had not elapsed at the time of this inspection. It is repeated at the end of this report.

At the time of the last inspection, there was no centre specific medication policy that described the management of medication in the centre. This action was addressed.

A directory of residents had been established.

Deficits identified in relation to staff documentation had been addressed.

**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:***

Mary McCann  
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 The Cheshire Foundation in Ireland
<b>Centre ID:</b>	OSV-0003453
<b>Date of Inspection:</b>	23 and 24 September 2015
<b>Date of response:</b>	11 December 2015

### Requirements

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

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

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

**Theme:** Individualised Supports and Care

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

Residents wished to attend activities in Sligo Town in the evenings but this did not occur often enough, and generally not at night, as the personal assistant service was not available at night or at weekends and the staff employed by the provider did not have the capacity to provide support to service users.

**1. 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 13 (1) you are required to: Provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.

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

- a) The provider has communicated the need for the provision of social supports on evenings and at weekends to the current external social supports provider and to the HSE .Initial discussions have taken place between these two parties. The provider is awaiting the outcome of these discussions.
- b) The Provider submitted a proposal to HSE Disability services regarding the potential transfer of social supports to the residents to The Provider rather than them being provided by an external organisation.
- c) Discussions are underway with HSE disability services on the above proposal. HSE are progressing the potential of a transfer of services with the external provider.
- d) Additional weekly support hours have been implemented since September 2015 by the provider as an immediate measure to one resident to ensure community access for them.

**Proposed Timescale:** 28/02/2016

**Theme:** Individualised Supports and Care

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

Not all records provided to the inspector provided sufficient evidence that complaints had been promptly investigated, what actions had been taken and if residents were satisfied with the outcome and were informed of the appeal process as per the Regulations.

**2. Action Required:**

Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed promptly of the outcome of their complaints and details of the appeals process.

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

- a) The complaints Process is being reviewed by the Provider Nationally. This will be completed by 31st December 2015
- b) Feedback on the outcome of all complaints is given to all residents and their satisfaction or otherwise documented.
- c) If the service user is not satisfied with the outcome they may appeal to the Regional Manager or a Provider representative external to the centre and these contact details are clearly displayed in the centre.
- d) An easy to read local procedure is displayed prominently in the centre
- e) A second person ( the PPIM) has been nominated locally to ensure all complaints are processed and resolved
- f) The PIC will keep complaints as an agenda item on all resident's meeting.
- g) Complaints will be reviewed on a monthly basis by the Regional Manager to ensure progress and satisfactory resolution.



**Proposed Timescale:** 11/12/2015

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

**Theme:** Individualised Supports and Care

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

Adequate supports were not available so that residents could develop and maintain personal relationships and links with the wider community.

**3. Action Required:**

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

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

- a) The Provider submitted a proposal to HSE Disability services regarding the potential transfer of social supports to the residents to The Provider rather than them being provided by an external organisation.
- b) Discussions were held with HSE on the proposal on 23rd November 2015. HSE are progressing the possibilities of a transfer of services from the current social supports provider.
- c) The provider has expressed the urgent need for the provision of social supports on evenings and at weekends to the current social supports provider and HSE and discussions have taken place between these two parties. The provider is awaiting the outcome of these discussions.
- d) Additional support hours have been implemented by the provider since September 2015 as an immediate measure to one resident to ensure community access as required.
- e) The provider is exploring options and supporting individual residents with the provision of accessible transport options including their own vehicles.

**Proposed Timescale:** 28/02/2016

**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 failed to fully outline the services to be provided. Additionally it did not contain any information with regard to the fee charged or any additional charges that were the responsibility of the resident.

**4. 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:**

All service agreements were amended to include the relevant information needed including provision of physiotherapy services which the Person in Charge has introduced as an option for residents.

**Proposed Timescale:** 11/12/2015

**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:**

While goals were set there was no commencement date so it was not possible to see when the goal was identified. There was poor evidence available that goals were regularly reviewed.

**5. Action Required:**

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

- a) Commencement dates will be inserted for goals on resident care plans.
- b) All elements of Care plans including goals and the provision of social supports will be reviewed monthly by care workers overseen by the PIC and PPIM ( Nurse)

**Proposed Timescale:** 11/12/2015

**Theme:** Effective Services

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

Improvements were required to ensure all residents' personal plans were based on the assessed needs of residents, to ensure each personal plan outlined the supports required to maximise the resident's personal development in accordance with his or her wishes particularly with regard to social care and meaningful activity.

**6. 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:**

A new social support template has been inserted into care plans detailing social supports, goals, family visits, and progress on same.

**Proposed Timescale:** 11/12/2015

**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 were two residents who were dependent on staff to come and open their doors to exit their apartments.

**7. Action Required:**

Under Regulation 17 (5) you are required to: Equip the premises, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.

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

- a) An OT assessment is being carried out to maximise independence and apartment accessibility of the two residents and recommendations of the OT will be implemented.
- b) New fire doors with automatic closure have been provided (completed 3rd December 2015) for all residents allowing them to keep apartments doors open in a safe manner, if they wish, and increase accessibility to the building.

**Proposed Timescale:** 08/12/2015

**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:**

A policy that reflected the National Policy 'Towards a Restraint Free Environment' was available in the centre but there was no evidence available that staff had been trained on this policy.

**8. Action Required:**

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

A copy of the Provider's Restraint policy was given and explained to all staff at a staff

meeting. Staff members were asked to document that they understood the policy or request further information from the Person in Charge.

**Proposed Timescale:** 02/11/2015

### **Outcome 10. General Welfare and Development**

**Theme:** Health and Development

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

Some residents had little opportunity to experience active social participation, education, and training.

#### **9. Action Required:**

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

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

- a) A new social support template has been inserted into care plans detailing social supports, goals family visits, and progress on same. Social support plans will include access to educational and training opportunities as per the resident's wishes.
- b) The Provider submitted a proposal to HSE Disability services regarding the potential transfer of social supports within the centre to the Provider.
- c) Discussions were held with HSE on this who are progressing it with the current provider on the possibilities of a transfer of services.
- d) The provider has expressed the need for the provision of social supports on evenings and at weekends to the current provider and HSE and discussions have taken place on 28th November between these two parties. The provider is awaiting the outcome of these discussions.
- e) Additional support hours have been implemented by the provider as an immediate measure to one resident to ensure community access as required.

**Proposed Timescale:** 28/02/2016

### **Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

A care needs assessment based on the Northwick Dependency Scale was conducted on 21st July 2015 by the person in charge and her deputy. Results are awaiting review with the Regional Clinical Educational Facilitator (Senior Nurse) and the management team to determine current staffing levels against the assessed needs of residents.

#### **10. Action Required:**

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

- a) A Care needs analysis was conducted and submitted to HSE Disability services in November 2015 for discussion and consideration of additional staff support hours.
- b) The Care Co-ordinator/Nurse (PPIM) hours have been increased on a permanent basis and they are now working on a full time contract since 2nd November 2015.
- c) Additional social Support hours have been implemented for one resident since 1st October 2015
- d) The Provider submitted a proposal to HSE Disability services regarding the potential transfer of social supports within the centre to the Provider.
- e) Discussions were held with HSE on this who are progressing it with the current provider on the possibilities of a transfer of services.
- f) The provider has expressed the urgent need for the provision of social supports on evenings, and at weekends, to the current social support provider and HSE Discussions have taken place on 28th November between these two parties. The provider is awaiting the outcome of these discussions.

**Proposed Timescale:** 28/02/2016

**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:**

While the Statement of Purpose had been reviewed, it required further review to ensure it was in full compliance and reflected changes with regard to staffing since it was reviewed.

**11. Action Required:**

Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

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

The Statement of Purpose will be reviewed and amended to ensure all correct information as required under the regulations is required.

**Proposed Timescale:** 14/12/2015

**Theme:** Leadership, Governance and Management

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

A copy of the most up to date statement of purpose is required to be submitted to the Authority.

**12. Action Required:**

Under Regulation 03 (3) you are required to: Make a copy of the statement of purpose available to residents and their representatives.

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

An up to date Statement of Purpose will be submitted to the authority.

**Proposed Timescale:** 16/12/2015

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

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

The provider has not submitted a planning compliance for the centre.

**13. 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:**

A Planning compliance certificate is being obtained by The Provider's Health and Safety Officer and will be forwarded to the authority.

**Proposed Timescale:** 22/12/2015

**Theme:** Leadership, Governance and Management

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

Management structures in the centre were clearly defined for staff working directly for the organisation but were not clear for staff who were not.

There was limited scope in relation to the person in charge's management and supervision of staff working directly with residents as some staff working with residents were not directly accountable to her as they worked for other organisations, consequently residents' social care, employment and integration into the wider community were not adequately supported.

There were no deputising arrangements after 17:00 hrs on a Friday until 08:00 hrs on a Monday. There was an on call rota in place but this involved some persons on call who would have to travel significant distances to attend the centre.

The audit system requires review to ensure monitoring and evaluation of the quality of care practices was occurring. There was poor evidence of action taken or measures put in place from the audits carried out, although staff did confirm they were discussed verbally at handover each day. Where deficits were identified a quality improvement plan was not in place

**14. 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:**

- a) The Care Co-ordinator/Nurse (PPIM) has been working on a full time contract since 2nd November 2015.
- b) The Person in Charge and PPIM are available to support staff over 7 days both by phone and in the centre as required.
- c) The Provider submitted a proposal to HSE Disability services regarding the potential transfer of social supports within the centre to the Provider.
- d) Discussions were held with HSE on this who are progressing it with the current provider on the possibilities of a transfer of services.
- e) An unannounced visit is scheduled by The Provider and this will be carried out in the centre and a written report on the safety and quality of care provided. This report will include actions needed to address any deficits found.

**Proposed Timescale:** 28/02/2016

**Theme:** Leadership, Governance and Management

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

No unannounced visits by the provider or a person nominated on behalf of the provider were carried out of the service to date.

**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:**

A schedule of unannounced visits has been set by The Provider and this will be carried out in the centre and a written report on the safety and quality of care provided. This report will include actions needed to address any deficits found.

**Proposed Timescale:** 31/01/2016

**Theme:** Leadership, Governance and Management

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

The registered provider had not prepared 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 .

**16. 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:**

A schedule of unannounced visits has been set by The Provider and this will be carried out in the centre and a written report on the safety and quality of care provided. This report will include actions needed to address any deficits found

**Proposed Timescale:** 31/01/2016

**Theme:** Leadership, Governance and Management

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

A copy of the annual report must be made available on request to residents/service users, their representatives and the chief inspector.

**17. Action Required:**

Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

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

An Annual review will be conducted in January and an annual report prepared on the operations of the centre and including actions to be taken for the year ahead.

**Proposed Timescale:** 31/01/2016

**Outcome 16: Use of Resources**

**Theme:** Use of Resources

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

The centre was not adequately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.



**18. Action Required:**

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

- a) The Care Co-ordinator/Nurse (PPIM) has been working on a full time contract since 2nd November 2015.
- b) Additional social Support hours have been implemented for one resident since 1st October 2015
- c) The Provider submitted a proposal to HSE Disability services regarding the potential transfer of social supports within the centre to the Provider.
- d) Discussions were held with HSE on this who are progressing it with the current provider on the possibilities of a transfer of services.
- e) The provider has expressed the need for the provision of social supports on evenings and at weekends to the current provider and HSE and discussions have taken place between these two parties. The provider is awaiting the outcome of these discussions.

**Proposed Timescale:** 28/02/2016

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

While there was a policy on the management of complaints this did not comply with current legislation as it failed to identify a second person to oversee that complaints were appropriately responded to and that a record of complaints was maintained in accordance with Regulation 34-Complaints procedure.

Not all schedule 5 policies were available.

**19. Action Required:**

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

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

- a) The complaints Process is being reviewed by the Provider Nationally to ensure clarity and compliance with the regulations. This will be completed by 31st December 2015
- b) A second person ( the PPIM) has been nominated locally to ensure all complaints are processed and resolved
- c) The Regional Manager will audit complaints on a monthly basis for the centre.
- d) All Schedule 5 policies are now available and located in a file in the centre.

<b>Proposed Timescale: 31/12/2015</b>