

**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 KARE, Promoting Inclusion For People With Intellectual Disabilities
<b>Centre ID:</b>	OSV-0001980
<b>Centre county:</b>	Kildare
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	KARE, Promoting Inclusion For People With Intellectual Disabilities
<b>Provider Nominee:</b>	Sarah Kelly
<b>Lead inspector:</b>	Julie Pryce
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	3
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

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

From: 07 July 2015 10:00 To: 07 July 2015 19:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
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 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

This was the first inspection of a community based designated centre operated by KARE in response to an application from the provider to register the centre under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities 2013).

The inspector met with management, residents and staff members during the inspection, observed practice and reviewed documentation such as personal plans, medical records, accident and incident records, meeting minutes, policies and procedures and staff training records.

The designated centre provided accommodation for 3 people over two semi detached

houses. The location and layout of the home were not suitable to meet the needs of residents, this had been identified by the organisation, and plans to rectify it were discussed with the inspector.

Overall the inspector was satisfied that a good standard of care and support was offered to residents. The centre achieved compliance with the Regulations in 14 of the 18 outcomes but some improvements were required, for example in the suitability of the premises and in the skill mix of staff.

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

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

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

The inspector was satisfied that there were structures in place relating to the management of complaints or allegations. There was a complaints procedure in place which was detailed enough to guide staff, and was available in an accessible version so as to guide residents if required, and a location specific protocol was in place for the management of multiple complaints. The accessible version of the procedure was clearly displayed in the centre.

Complaints were referred to a specific management group for recommendations, data collection and learning. Complaints reviewed by the inspector mainly related to difficulties caused by the location of the premises. An appropriate log of these complaints was kept, together with the actions taken.

The inspector found that there was an ethos of promoting rights for residents, for example, some residents had been offered support with voting, and had each decided who would have access to their personal information.

Some residents were unhappy with the location of their home, this was documented, and residents also told the inspector that this was an issue for them. The inspector found that a number of options were being examined in response to this, but was concerned as to whether sufficient progress had been made towards facilitating residents' choice in this regard.

However, further information submitted by the provider following the inspection outlined a concrete plan for the relocation of residents and this was accepted by the Authority.

Residents privacy was respected, each had their own room and chose who could enter the room, and all interactions between staff and residents observed by the inspector were appropriate and respectful.

A list of personal possessions was maintained for each resident, and an independent advocate was available to them if required.

**Judgment:**  
Compliant

**Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**  
Individualised Supports and Care

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

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

**Findings:**

Each resident had a communication profile in their personal plan which outlined the methods of communication which each resident would understand, together with detailed information about their way of communicating, for example what behaviours were communicating, and any signs used by residents.

Staff were knowledgeable in relation to the ways in which individuals communicated, and all interactions observed by the inspector were appropriate, respectful and caring.

Residents had aids to communication, for example, use of a choice boards, social stories and a pictorial explanation of healthcare appointments.

**Judgment:**  
Compliant

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

*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**  
Individualised Supports and Care

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

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

**Findings:**

Links were maintained with the families of residents, for example, visits home were facilitated, including providing care for residents whilst visiting their family home as required.

Residents had been supported to forge and maintain links with the local community in accordance with their wishes and assessed needs. For example, regularly visited to local amenities ensuring residents were well known in the community.

**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):**

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

**Findings:**

Both tenancy agreements and service agreements were in place which outlined the services provided to residents and the charges incurred. This information was available in an accessible version for residents, and signed either by themselves or by their families.

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

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

**Findings:**

Assessments of need and personal plans were in place for each resident who agreed to this process. Where residents chose not to have a personal plan developed, this was documented, and any discussions around goals were recorded.

Assessments for residents who had chosen to have a personal plan included various aspects including communication, behaviour sensory integration and money management. Personal plans included information such as likes and dislikes, areas in which residents required support and healthcare. Implementation of plans was recorded, including steps towards achieving goals and support in healthcare.

Residents were involved in the development of personal plans, signed portions of them, and accessible versions of particular issues were available to residents.

There was evidence that appropriate steps had been taken towards ensuring a meaningful day for each of the residents. Residents were assisted to choose activities in accordance with their needs, for example by use of a pictorial choice board and a record was kept of all activities.

**Judgment:**

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):**

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

**Findings:**

The designated centre comprised two adjacent houses which had been modified by an adjoining communal area to create one home. There was a living area and separate kitchen/dining area in each of the original house, so that there was sufficient private and communal space for residents. There were two bathrooms and a separate WC. Each resident had their own bedroom, and these were decorated and arranged according to

their preferences.

However, where particular equipment was required to meet the needs of residents the home was not appropriate to accommodate this, for example the use of a hoist and wheelchair, and the size and layout of a bedroom made their use difficult.

In addition the location of the designated centre was not appropriate to meet the needs of residents and this had been the subject of complaints from residents. One of the residents told the inspector that they had been upset by an issue relating to the location.

The manager of the designated centre and the regional manager outlined the plans to relocate the centre with the inspector. They reported that the plan for one resident was a move to purpose built independent living, and that the plan for the other two residents was a move to a different location. This matter is also addressed under outcome one.

**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):**

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

**Findings:**

The inspector found that systems were in place for the prevention and detection of fire. The training records examined showed that there was regular fire safety training for the staff and that fire drills were conducted. Fire drills resulted in documented learning and changes in practice to ensure the safety for residents. The inspector found that staff were aware of the fire evacuation procedures and were able to describe the procedures involved. There was a personal evacuation plan in place for each resident, and all fire safety equipment had been tested regularly. Daily checks of fire doors and fire panels had been introduced in the week prior to the inspection.

Risk assessments were available, both environmental and individual. For example, risk assessments were in place in relation to seat belt use, use of the front door and behaviour whilst in the community. A risk register was in place, however, this did not include the identification and management of the risks associated with the location of the designated centre, as discussed under outcome 6. There were structures and processes in place in relation to the management of any accidents and incidents, including the identification and monitoring of any required actions.

Whilst the designated centre was visibly clean on the day of the inspection, there were no systems in place to ensure that the centre was consistently maintained in a clean condition. The inspector was given assurances that appropriate records would now be kept.

**Judgment:**

Substantially Compliant

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

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

**Findings:**

The provider had put in place systems to promote the safeguarding of residents and to protect them from the risk of abuse. Staff had received training in the protection of vulnerable adults. The inspector found that staff were knowledgeable in relation to types of abuse, recognising signs of abuse and their role in the safeguarding of residents. There were clear money management plans in place, including a communication aid if required, and a robust system of safeguarding residents' personal money was in place.

There was a detailed and thorough behaviour support plan in place for one of the residents who required support in this area. It was based on an assessment of needs, gave clear guidance to staff and was regularly reviewed. There was evidence of the input of behaviour support specialists, and of the recommendations being implemented.

Where restrictive practices were in place to support residents there were clear risk assessments in place, and plans in place to reduce the restrictions. Restrictive practices were recorded appropriately.

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where*

*required, notified to the Chief Inspector.*

**Theme:**

Safe Services

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

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

**Findings:**

The person in charge was aware of any issues which require notification to the authority and all required notifications had been submitted appropriately.

**Judgment:**

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):**

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

**Findings:**

There was evidence that residents had a meaningful day, that their communication needs were met and that appropriate behaviour support was provided. Staffing levels were appropriate to meet any specific needs, and residents were involved in the planning of their activities and routines.

There were assessments and plans in relation to maximising potential for residents who chose this, for example one of the residents had a 'pre literacy' assessment conducted with a view to skills building in this area. Pictorial communication in relation to choosing activities was available as required.

**Judgment:**

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):**

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

**Findings:**

There was evidence of a balanced and nutritious diet. Snacks and drinks were readily available and choice was facilitated in accordance with each resident's communication needs. Where residents chose to be involved in menu planning, shopping or preparing meals this was supported.

Residents had access to allied healthcare professionals in accordance to their assessed needs in relation to nutritional intake, for example, the physiotherapist and the dietician. Records of engagement with allied healthcare professionals were maintained, and there was evidence of their recommendations being followed.

There were healthcare plans in place in relation to assessed needs for example, a detailed care plan was in place in relation to bowel management and an epilepsy management plan was available in sufficient detail as to guide staff, and implementation of these plans was recorded..

However, in relation to a recent healthcare issue there was insufficient evidence that this had been managed appropriately. A documented episode where skin integrity had deteriorated from a 'red patch' to a grade 3 pressure ulcer in three days demonstrated that during this time there had been no nursing input. Non nursing staff did not have the level of skills and knowledge required by residents with multiple mobility and healthcare needs.

**Judgment:**

Non Compliant - Moderate

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Health and Development

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

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

**Findings:**

Structures were in place in relation to the safe management of medications.

Prescriptions contained all the information required by the regulations, and prescriptions for 'as required' medications included clear instructions relating to the conditions under which they should be administered.

Residents were supported to manage their own medication where appropriate, and appropriate assessments and safeguarding measures were in place to support this.

Ordering and stock checking took place on a weekly basis and stock checked by the inspector was correct. Systems were in place to ensure the safe ordering and receipt of medications. A local protocol was in place to guide staff in the safe management of medications.

An audit of all PRN medications administered was maintained, and any drug errors were recorded, learning was identified, and where appropriate any issues were referred to management.

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The statement of purpose included all the requirements of the regulations and adequately described the services offered in the designated centre.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The inspector was satisfied that there was an appropriate management structure in place which supported the delivery of safe care and services. Within this structure various team meetings were held, including local team meetings, organisational meetings of persons in charge and management team meetings. Minutes of various meetings were reviewed by the inspector. Required actions were identified and there was evidence that the implementation of these actions was monitored.

Various audits had been conducted including medication management, fire safety and a general audit of quality and safety. These audits identified required actions and the completion of them was recorded. The provider had conducted an unannounced visit within the last six months and an annual review of the quality and safety of care and support was available.

The person in charge was on leave at the time of the inspection, however appropriate arrangements were in place to manage this leave. The person participating in management was suitably qualified and experienced, and was well known to residents and staff. He had clear knowledge of the health and support needs of the residents and was aware of his roles and responsibilities. In addition to this arrangement, a shift leader was clearly identified on the staff rosters.

**Judgment:**

Compliant

**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

Appropriate arrangements were available in the event of the absence of the person in charge, as discussed under outcome 14.

<b>Judgment:</b> Compliant

**Outcome 16: Use of Resources**  
*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**  
Use of Resources

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

**Findings:**  
The centre appeared to be adequately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. The number of staff on duty was appropriate to meet the needs of residents. Where residents required additional equipment in order to meet an identified need this had been provided. As discussed under outcome 6 (Premises) the layout of the centre did not always facilitate its use.  
  
There was a vehicle available for the sole use of the centre each evening and at weekends.

**Judgment:**  
Compliant

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

**Theme:**  
Responsive Workforce

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

**Findings:**  
The inspector found that there were appropriate staffing numbers available to meet residents' needs within the layout of the premises. However, some of the residents had

significant healthcare needs, but there was not a full time nurse on the team of the centre to deliver nursing interventions as required, as outlined under Outcome 11

Staff were in receipt of up to date training in appropriate areas, and in the management of difficult behaviour in accordance with the assessed needs of residents, and all staff engaged by the inspector were familiar with the needs of residents. Staff training was up to date in all relevant and mandatory areas and staff files contained all the information required under the Regulations..

A system of staff appraisal was in place and an appropriate staff induction for new staff was available.

**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):**

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

**Findings:**

All records to be kept in the designated centre in respect of each resident were in place, all the policies required under Schedule 5 were in place and the records required under Schedule 4 were available and were examined by the inspector.

**Judgment:**

Compliant

**Closing the Visit**

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

## **Acknowledgements**

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

### ***Report Compiled by:***

Julie Pryce  
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 KARE, Promoting Inclusion For People With Intellectual Disabilities
<b>Centre ID:</b>	OSV-0001980
<b>Date of Inspection:</b>	07 July 2015
<b>Date of response:</b>	26 November 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 06: Safe and suitable premises

**Theme:** Effective Services

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

The premises were not designed and laid out to meet the needs of residents.

#### 1. 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

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

of residents.

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

The Registered Provider has developed and is implementing an action plan to provide alternative accommodation that will adequately meet the needs (including physical needs) of each of the residents currently living in this Designated Centre.

The procedures for storing and using the equipment (hoist and wheelchair) of the resident concerned have been revised in order to ensure they can be used and managed in a safe and effective manner.

**Proposed Timescale:** 31/12/2016

**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:**

Not all risks had been assessed and managed.

**2. 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:**

A risk assessment has been completed in relation to the location of the premises.

**Proposed Timescale:** 16/09/2015

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

Not all appropriate healthcare was provided

**3. 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 CNM1 has been assigned to manage the healthcare needs and the care plan of this resident concerned. Their role includes:

- on-going review of assessment of need, due to changes in medical needs.

- establishing and monitoring the implementation of protocols for management of the residents healthcare needs
- coordinating the input from members of the multidisciplinary team
- provision of guidance and training to staff as appropriate to ensure effective care.

**Proposed Timescale:** 14/09/2015

### **Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Staff skill mix was not appropriate to meet the needs of residents.

**4. Action Required:**

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

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

The Registered Provider is actively seeking to recruit a nurse to join the staff team in the designated centre. In the interim, a CNM1 has been assigned to manage the healthcare needs, of the residents.

Actions taken to date with regard to recruiting a nurse include:

- competition held to recruit nurse , culminating in a job offer. This offer was ultimately turned down.
- further competition held, as a result of which a nurse was appointed with a start date of September 7th 2015.
- the nurse appointed was unable to take up the role due to unforeseen circumstances
- further competition held in October 2015
- job offer made to a nurse, subject to satisfactory Garda Vetting and medical.

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