<table>
<thead>
<tr>
<th>Centre name:</th>
<th>No.2 Heather Park</th>
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<td>OSV-0002287</td>
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<td>Health Act 2004 Section 38 Arrangement</td>
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<td>Registered provider:</td>
<td>Brothers of Charity Southern Services</td>
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<tr>
<td>Provider Nominee:</td>
<td>Una Nagle</td>
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<tr>
<td>Lead inspector:</td>
<td>Kieran Murphy</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
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<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
From: 21 July 2016 10:00  
To: 21 July 2016 17:00  
22 July 2016 09:45  
22 July 2016 15:30

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

<table>
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<th>Outcome 05: Social Care Needs</th>
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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 11. Healthcare Needs</td>
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<td>Outcome 12. Medication Management</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
Background to the inspection
This was the first inspection of this centre which was managed by the Brothers of Charity Services.

Description of the service
This centre operated a respite service mainly during the months of June to September but could provide for small groups throughout the year. There were three distinct parts to the centre:
1. The regional respite service provided respite/holiday supports for a maximum of seven adults aged over 18 years at any one time from the Cork and Kerry region.
2. The visitors centre offered accommodation to groups of up to eight people, (including staff), from Brothers of Charity services or other organizations who supported their own service users to have a break by the sea.
3. The summer house provided self-catering, single room accommodation, for up to five people, including staff. The summer house had separate kitchen with a dining/sitting area.
The centre had recently undergone major structural works including an upgrade of most of the bedrooms. During the course of the inspection further improvement works were being undertaken, in particular in the summer house.

How we gathered our evidence
The inspector met with each resident staying in the centre. The feedback from residents who spoke with the inspector was they enjoyed their stay with one resident saying “there is loads to do like shopping and walking on the beach”. Another resident said that “the people here are all lovely and we all get along”.

The inspector also observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures. Throughout the inspection a person centred approach was observed. Choice was offered to residents about what they wanted to do for the day and where they wanted to relax while in the centre.

Overall judgment of our findings
There was evidence of good practice. Residents enjoyed a good quality of life while accessing the service with activities available based on their own personal interests. The high quality of meals provided was commented on by many residents. Residents were supported on an individual basis to achieve and enjoy the best possible health. Effective management systems were in place that supported and promoted the delivery of safe, quality care services.

Of the nine outcomes inspected one was at the level of major non-compliance. During the course of the inspection fire doors were noted to be held open by “wedges” which meant that smoke could not be contained in the event of a fire. An upgrade of the fire alarm and emergency lighting systems was being completed for the entire building. Infection control practices also required improvement.

Improvement was also required in relation to:
• premises: an upgrade of the entire premises was being undertaken at time of inspection
• safeguarding and safety: not all environmental restraints had been applied in accordance with evidence based practice
• medication: an accurate and valid prescription was not available on each resident’s healthcare file
• care planning: a care plan was not always available in relation to an assessed healthcare need
• records management: the security of the filing system for healthcare records needed improvement

The reasons for these findings are explained under each Outcome in the report and the regulations that are not being met are included 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 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:
Each resident had opportunities to participate in meaningful activities appropriate to their interests and preferences. However, some improvement was required in relation to development of care plans for assessed healthcare needs.

This centre operated a respite service mainly during the months of June to September but could provide for small groups throughout the year. Respite care is alternative care for a person with a disability for a short period from their usual accommodation at home. The person in charge outlined that priority was given to families or those with the greatest unmet needs or those who receive minimal or no service support.

The centre was based in a seaside location near a large town in West Cork and provided respite care for up to 20 residents. The person in charge maintained a record of all residents who accessed the service on a respite basis. In 2015 there were 151 service users staying over the course of the summer i.e. from 4 June to 2 October 2015 (or 102 nights). In general residents stayed for short periods of up to seven nights. One emergency respite bed was available where there was no alternative available to promote the safety of the individual. At the time of the inspection there was one resident staying in emergency respite.

A detailed application form was sent out yearly to each prospective resident and their family requesting up-to-date information on each resident. Areas covered included: personal details, next of kin details, current service information, activities of daily living support needs, behavioural and mental health support needs, and health and safety issues. An update on these areas was requested from the family in the interim also.
Referrals were received usually through a day service, public health nurse, family member or social worker. The service had prepared a leaflet on the respite centre with information and photos of the building for new referrals and day services. An information sheet was sent to day services to make up a pack for prospective service users also.

There was evidence that new residents received appropriate supports when they first applied to attend the respite service. For any resident who had not used the respite centre previously there was also a comprehensive application form completed, together with a service agreement. The new resident was invited to come down to the centre for a day to see if they were happy to stay.

In the support plans reviewed by the inspector there was a summary profile that included information about the resident such as health needs, nutrition, personal care and mobility. It also included things that were important to the resident like communication needs, how the resident could tell if they were in pain and issues relating to personal care.

In relation to social care needs each resident was supported to identify what was important to them in the coming holiday, what goals they wanted to achieve, what social roles/activities they wished to partake in and be involved in, and how best they wished to be supported. This was then outlined in the respite support plan from which the service aimed to support each person in line with what was identified in this plan.

Residents described their week to the inspector and said that during their stay they had gone to Fota Wildlife Park, the cinema, pitch & putt, walking along the beach and to shopping centres. One resident said to the inspector that the week was “fab” and “could not have gone any better”.

A residents’ meeting was held at the beginning of each week or period of respite care to encourage choice and participation and to ensure person-centred care needs were addressed. Items discussed included diet/meals, activities and any issues relevant to the respite break. Staff spoken with said this meeting “was a great ice-breaker and a way of getting to know likes and dislikes and hopes for their respite break”.

There were assessments of residents’ healthcare needs in the personal planning process. Prior to every admission the resident’s doctor was requested to complete a medical information form with details of any healthcare issues and a list of current medication. In addition, the centre requested care plans from day services for residents with epilepsy and diabetes. For identified healthcare needs, there was evidence that care plans were being developed to direct the care and support to be provided to residents.

However, a care plan was not always available in relation to an assessed healthcare need. For example, one resident had a red area that was being monitored to prevent a pressure area developing but there was no care plan in place for this assessed healthcare need.
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):
This was the centre’s first inspection by the Authority.

Findings:
This centre operated a respite service mainly during the months of June to September and could accommodate a maximum of 20 residents. The centre had recently undergone major structural works including an upgrade of most of the bedrooms. During the course of the inspection further improvement works were being undertaken, in particular in the summer house. This meant this part of the premises could not be used.

There were three distinct parts to the centre:
1. The regional respite service provided respite/holiday supports for a maximum of seven adults aged over 18 years at any one time from the Cork and Kerry region. Each resident had their own bedroom. There were two bathrooms in this part of the centre, each with a shower.
2. The visitors centre offered accommodation to groups of up to eight people, (including staff), from Brothers of Charity services or other organisations who supported their own service users to have a break by the sea. Each resident had their own bedroom. Six groups had used this centre in 2015.
3. The summer house provided self-catering, single room accommodation, for up to five people, including staff. Each resident had their own bedroom, two of which were en suite with shower, toilet and wash hand basin. The summer house had separate kitchen with a dining/sitting area.

There was a large dining area with two sitting rooms adjacent to this area and residents were seen to relax in both sitting rooms. The kitchen was large and well equipped and a chef catered for residents needs from the kitchen. There were scenic sea views from the well maintained gardens and large seating areas surrounding the accommodation. Most bedrooms looked out to the beach.

An occupational therapy assessment of the centre was carried out in July 2014. Following that assessment a report was given to the provider and recommendations had been implemented including increasing the accessibility of the entrance/exit areas to comply with accessible buildings regulations standards. The report highlighted that the
doors leading from the front porch area to the green corridor area and the living area had raised thresholds (less than 1 inch). It was recommended that “ideally doorways should be level threshold to prevent trip hazard”. However, this recommendation had not been implemented.

**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:**
Overall the systems in place to manage risk were appropriate. However, improvement was required in relation to fire safety and infection control.

The centre had a risk register in place. There were 14 hazards identified on the register including maintenance issues, medication, fire safety and incidents from when the centre was opened in 2015. The management of hazards on the register was robust with evidence that each item was being followed up appropriately. If an issue required escalation to senior management of the service this had also been completed.

The local risk management policy included the measures to control hazards including abuse, unexplained absence of a resident, injury, aggression and self harm. There was also a local safety statement in place.

The inspector reviewed the incident reporting system from June 2015 to July 2016. There had been three reported incidents of inappropriate behaviour by residents. There was a robust system in place to ensure that all incidents were followed up by the person in charge and were reported to senior management of the service. These incidents were being followed up via the risk register. The follow up of these incidents was also recorded in the annual report for the centre.

In relation to fire safety, during the course of the inspection fire doors were noted to be held open by “wedges” which meant that the doors would not prevent the spread of smoke in the event of a fire. An upgrade of the fire alarm and emergency lighting systems was being completed. However, in the interim adequate arrangements were not in place for detecting fires. For the areas of the centre that had completed the fire installations all relevant certificates were available on site. Fire evacuation drills took place every Monday and Friday when new residents came to stay. Each resident had an up-to-date personal emergency evacuation plan (PEEP) outlining the supports they
required in the event of an emergency. Residents and staff spoken with were aware of what to do in the event of a fire.

Some improvement was required in relation to infection control practices. During the course of the inspection staff were observed changing bed linen and carrying the used linen in their arms through the centre into the laundry area. There were laundry bins provided but these were not used on this occasion. There were no hand washing facilities available in the laundry room and staff then went into the kitchen area to wash their hands. In addition, hand wash gels were not readily available.

**Judgment:**
Non Compliant - Major

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**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:**
There were policies in place to protect residents from being harmed or suffering abuse. The service promoted a restraint free environment and there was a policy on the use of restrictive practices. However, improvement was required in the use of environmental restraints.

It is a requirement of the regulations that all serious adverse incidents, including allegations of abuse are reported to HIQA. There were two significant issues submitted to the Chief Inspector since July 2015. Documentation in relation to both these incidents were reviewed during the inspection. Both incidents had been referred to the designated officer and a safeguarding plan approved.

The service promoted a restraint free environment and there was a policy on the use of restrictive practices. However, at the time of the inspection one resident was using bedrails at night; the risk assessment available in relation to the use of this restraint was not up to date.

Throughout the centre two further restrictions were in place. The first was the checking of each resident every two hours while they slept; and the second was the use of a
monitor in a resident’s bedroom that alerted staff if the resident was in distress. However, risk assessments were not in place in relation to these environmental restrictions.

Judgment:
Non Compliant - Moderate

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

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

Findings:
Residents were supported on an individual basis to achieve and enjoy the best possible health.

The person in charge outlined that if residents became unwell while attending the service on a respite basis the resident had the option of attending their own general practitioner (GP) or CAREDOC if required. In the annual report from 2015 it was outlined that the centre had supported one resident to be admitted to hospital on an emergency basis.

Staff spoken with were knowledgeable about the emergency arrangements in place if, for example, a resident needed to attend hospital during out of hours or at the weekend.

There was evidence that the Brothers of Charity allied health professionals were available to residents if required. For example, one resident had been admitted on an emergency basis and appropriate healthcare supports had been provided. The statement of purpose outlined that “chiropody or dental services can be accessed if locally as needed”.

In relation to food and nutrition there was evidence that swallow care recommendations from a speech and language therapist were being implemented as appropriate. Due to one resident’s dependency levels staff assisted with this resident with their meals. Staff were observed assisting in a sensitive manner and engaged in a positive way with the resident throughout the meal. Due to one resident’s dependency levels staff assisted with this resident with their meals. Staff were observed assisting in a sensitive manner and engaged in a positive way with the resident throughout the meal.
There was a chef who worked during the period when the service was open in the summer. The inspector saw that the chef was familiar with each resident’s food likes and dislikes. The chef explained that each meal was prepared from fresh ingredients with choice of menu available for residents. In feedback from residents provided to the service one resident said that “the cooking was the reason I love the holiday”.

Judgment:
Compliant

**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:**
Medicines management practices required improvement.

Prior to each resident attending the respite service a request for a complete and up to date prescription was sent to each resident and their GP. However, an accurate and valid prescription was not available on each resident’s healthcare file. For example, there was no original prescription on file for one resident. In this case the respite coordinator had requested and received three separate prescriptions but the original prescription was still not on file. Therefore, medication was being administered without a valid prescription. This was a recurring issue for the service and had been highlighted in the service annual report for 2015.

A related issue was the requirement for residents to bring their own medication with them. The service had commenced a record of stock of medications arriving to respite as per policy. However, in the annual report for 2015 the service had identified the workload, time needed to count and need for nurses was highlighted with this task. This issue had been placed on the centre risk register. The person in charge outlined that the service was exploring with the local pharmacy a system for dispensing medications for individuals for the duration of their stay.

The medication was administered by nursing staff only. Staff demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. Residents’ medication was stored and secured in a locked cupboard in each premises and there was a robust key holding procedure.

Resident specific medication administration procedures had been developed where appropriate. The procedures were person centred and gave clear guidance to staff in
relation to administering medications to the resident in line with their wishes and needs. However, in one resident’s healthcare file there were potentially contradictory instructions in relation to the method of medication administration where it was indicated that for one resident that the medication was “to be crushed if not in capsule form”. However, this was not provided for on the prescription sheet or medication administration procedures sheets.

There had been one recorded medication management incident and this had been followed up appropriately with actions in place to prevent recurrence.

**Judgment:**
Non Compliant - Moderate

**Outcome 14: Governance and Management**
*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**
Leadership, Governance and Management

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

**Findings:**
Effective management systems were in place that supported and promoted the delivery of safe, quality care services.

The inspector was satisfied that the person in charge was suitably qualified and experienced to discharge her role. The person in charge also had responsibility for two other designated centres. There were suitable support arrangements in place to enable the person in charge to effectively undertake the role. In particular the person in charge was supported by the respite coordinator who was a dual qualified nurse with appropriate skills, knowledge and experience. The person in charge visited the centre every week while it was open. The night coordinators from the Brothers of Charity services were available should night staff have any concerns/queries or require support.

The centre had engaged in consultation with residents and their families on the quality of care provided. Overall, the comments were very positive and praising towards the service and staff. There was also evidence of the service improving following this process. For example, based on the feedback the application booking form was streamlined.
The annual review of the quality and safety of care in the centre for 2015 was found to be comprehensive and informative. It reviewed the service provided in 2015 under headings including staffing, application process, healthcare, medication, training and maintenance.

The provider nominee had ensured that one unannounced visit to the designated centre in relation to the quality and safety of care had been completed in February 2016. There was a prepared written report available in relation to the “outcomes” that had been reviewed including: social care, risk management, safeguarding, healthcare, medication, governance and workforce. The review had a detailed action plan to address any deficiencies identified. Each action had a timeline with a named person having responsibility to implement it.

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, based on the assessed needs of residents, there were sufficient staff with the right skills, qualifications and experience to meet those needs. Staffing levels reflected the statement of purpose and size and layout of the buildings.

The staff team working in the respite service had a varied range of talents, skills and experience of supporting people with intellectual disability. Staff qualifications included nursing, social care, healthcare, social studies and disability studies. In addition, there was a chef who worked part-time in the centre. The inspector saw that there was a planned and actual staff roster in place which showed the staff on duty during the day and sleepover staff/awake cover at night.

There were separate staffing arrangements for residents who accessed the service as part of a group, staying in either the visitor centre or the summer house. On the date of inspection three residents were staying in the visitor centre and the staffing was provided by the service where residents lived full-time.
At the commencement of the respite stay a local induction for staff was given by the respite coordinator and the health & safety officer. This included things like fire evacuation, emergency planning and orientation to the building.

**Judgment:**
Compliant

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**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:**
A single aspect of this outcome relating to security for the filing of healthcare records was examined on this inspection.

There were good processes in place for the management of residents’ healthcare records. A new filing system had been introduced and records were clear and provided relevant information including:
- dates attended respite
- summary profile and communication passport
- consent forms
- health forms, GP medical form and medication prescription record
- correspondence from/to family
- incident forms/complaints
- personal emergency evacuation plans.

However, the filing of some healthcare records needed improvement. During a walkthrough of the premises the inspector saw confidential information available in rooms which were accessible to all.

**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:**

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

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<td>OSV-0002287</td>
</tr>
<tr>
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<td>21 July 2016</td>
</tr>
<tr>
<td>Date of response:</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 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A care plan was not always available in relation to an assessed healthcare need.

1. 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

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

Please state the actions you have taken or are planning to take:
As care needs arise during the visit, these are documented and care plans are updated accordingly.

Proposed Timescale: 22/07/2016

Outcome 06: Safe and suitable premises
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A recommendation from an occupational therapist assessment was still outstanding.

2. Action Required:
Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

Please state the actions you have taken or are planning to take:
Updated Risk assessment has been carried out and specific area is low risk in terms of trips or falls.
As recommended by Occupational Therapist, saddle will be graduated to provide the recommended gradient.

Proposed Timescale: 30/09/2016
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
During the course of inspection further improvement works were being undertaken, in particular in the summer house. This meant this part of the premises could not be used.

3. 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:
Work is currently underway to upgrade this part of building.

Proposed Timescale: 30/09/2016
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:
During the course of the inspection staff were observed changing bed linen and carrying the used linen in their arms through the centre into the laundry area. There were laundry bins provided but these were not used on this occasion. There were no hand washing facilities available in the laundry room and staff then went into the kitchen area to wash their hands. In addition, hand wash gels were not readily available.

4. 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:
Staff have been advised of best practice in terms of laundry management and compliance with use of laundry bins is total. Alcohol gel has been provided in laundry and in other areas as required. Hand hygiene training has been delivered locally to all staff.

Proposed Timescale: 10/08/2016
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
An upgrade of the fire alarm and emergency lighting systems was being completed, and so adequate arrangements were not in place for detecting fires.

5. Action Required:
Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

Please state the actions you have taken or are planning to take:
Full upgrade of fire detection and emergency lighting system has been completed for the whole building including the Summer house.

Proposed Timescale: 29/07/2016
Theme: Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
During the course of the inspection fire doors were noted to be held open by “wedges”.

**6. Action Required:**
Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

**Please state the actions you have taken or are planning to take:**
Emergency lighting is complete in all areas.
All fire doors are free of obstruction. Quick release devices are to be fitted to doors in corridors.

**Proposed Timescale:** 22/09/2016

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Outcome 08: Safeguarding and Safety

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Not all environmental restraints had been applied in accordance with evidence based practice.

**7. Action Required:**
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

**Please state the actions you have taken or are planning to take:**
Two hourly observations have ceased unless required on risk assessment.
Assessment re use of bed rails is undertaken on admission and appropriate sanction on the use of equipment is sought as appropriate.

**Proposed Timescale:** 26/07/2016

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Outcome 12. Medication Management

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
An accurate and valid prescription was not available on each resident’s healthcare file.
8. **Action Required:**
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

**Please state the actions you have taken or are planning to take:**
Co Ordinator is contacting families in advance to ensure prescriptions and medications match. Medications are checked on arrival, before family member leaves and any issues identified can be dealt with.
In preparation for the 2017 regional respite programme, the PIC will pursue discussions with a pharmacy in relation to supplying medications directly to the centre on foot of prescription.

**Proposed Timescale:** 30/04/2017

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### Outcome 18: Records and documentation

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The security of the filing system for healthcare records needed improvement.

9. **Action Required:**
Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 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:**
Filing cabinet is now provided for use by visiting groups.
Old files are to be removed to archives and faulty lock changed on door.

**Proposed Timescale:** 20/09/2016