

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Redwood Extended Care Facility
Centre ID:	OSV-0002438
Centre county:	Cavan
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Redwood Extended Care Facility
Provider Nominee:	Diarmuid O'Reilly
Lead inspector:	Jillian Connolly
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	7
Number of vacancies on the date of inspection:	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:	To:
12 April 2016 10:00	12 April 2016 18:00
13 April 2016 10:30	13 April 2016 16:00

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 inspection was conducted following an application by the registered provider to register the designated centre under the Health Act 2007, as amended. The application was to provide residential services to seven adults. The designated centre consisted of one community house and is operated by Redwood Extended Care Facility.

The inspector met with residents and staff during the course of the inspection, observed practice and reviewed documentation. Residents expressed satisfaction with the service provided and facilitated aspects of the inspection.

Residents and their relatives completed questionnaires, which were given to inspectors. The information provided was positive and stated that residents felt safe and in control of their life. Relatives were complimentary about the service provided to their loved ones.

The inspector found staff to be knowledgeable about resident's needs and were observed to engage with residents in a dignified and respectful manner.

The inspection was facilitated by the person in charge and feedback at the end was provided to the person in charge and the person nominated on behalf of the provider for the purposes of engaging with HIQA.

Inspectors confirmed that the actions that the provider stated would be taken following an inspection in May 2014 had been implemented.

The inspector found that the systems in place promoted a safe and effective service. Compliance was identified in fourteen of the eighteen outcomes inspected.

Inspectors found that records of fire drills did not provide sufficient information that the evacuation procedure was adhered to. Fire doors did not have self closers and some were observed to not close properly. Inspectors also found that an environmental restraint was not reported to the Chief Inspector on a quarterly basis. In some instances, residents' health care plans did not provide adequate guidance and residents' ability to self administer their medication had not been assessed.

Within this report, the inspection findings are presented under the relevant outcome. The action plan at the end of the report sets out the failings identified during the inspection and the actions required by the provider to comply with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013.

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):

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

Findings:

There were policies and procedures in place relating the management of complaints. There was an individual nominated for the receipt and management of complaints. A record of complaints was maintained. A review of records demonstrated that they were addressed in line with Regulation 34.

Inspectors observed staff to engage with residents in a dignified and respectful manner. Each of the residents had their own bedroom which enabled personal activities to be undertaken in private. Residents' personal documentation was stored in a secure location.

Inspectors met with residents who confirmed that residents' meetings occurred on a weekly basis. Residents' informed inspectors that they were happy with the service provided and were involved in decisions regarding the care and support that they received. There was access to advocacy services if required.

A finding from the previous inspection was that operational policies and procedures to support residents' rights, privacy and dignity were not available. This had been adequately addressed by the date of this inspection.

The centre had a policy in place to ensure that residents' maintained control over their personal possessions. Records demonstrated and staff confirmed that residents were involved in managing their own finances with support of staff. A record of residents' personal belongings was maintained.

Daily records confirmed that the majority of residents engaged in a variety of activities throughout the week. Residents confirmed that they enjoyed the activities and that they were in line with their interests and capabilities.

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):

No actions were required from the previous inspection.

Findings:
Inspectors observed staff to engage with residents in a meaningful way. Residents confirmed that they were listened to. Information was displayed throughout the centre in an accessible format including the use of photographs. There was a policy in place for communicating with residents.

Residents had access to the television, internet, radio and newspapers.

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):

No actions were required from the previous inspection.

Findings:
Visitors were welcome in the centre. There were sufficient communal rooms available for residents to meet visitors in private if they wished. There was a record of visitors in the centre and the policy was in compliance with Regulation 11. Maintaining relationships with family was a focus in residents' personal plans. Residents informed inspectors that

they used the internet to communicate with family members who lived abroad.

Personal plans and daily records demonstrated that residents were active in their local community. This included partaking in local community events. Residents told inspectors of the variety of relationships that they had within the local community. Residents had entertained members of the community in their home. Staff told inspectors that when in the community, residents would regularly meet people that they knew.

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):

No actions were required from the previous inspection.

Findings:

Inspectors reviewed a sample of contracts and found that they were signed by the resident and a representative of the provider. The contracts outline the fees, if any, to be paid. There were no additional charges applied by the provider. The contracts adequately outlined the terms and conditions in which a resident would reside in the centre.

There was a policy and procedure in place for admissions, including transfers, discharge and temporary absence of residents. There had been new admissions since the last inspection of the centre. Residents confirmed that they had the opportunity to visit the centre prior to admission. Admissions were in line with the Statement of Purpose.

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):

No actions were required from the previous inspection.

Findings:

Inspectors reviewed a sample of personal plans and found that each resident had an assessment completed by the relevant health or social care professional. Following the assessment, if a need was identified there was a plan of care in place to address the supports residents required to meet that need. These plans were also supported by relevant risk assessments.

The social care needs of residents were met through the setting of goals. Residents discussed their goals with inspectors and stated that they were happy with them.

Residents guided inspectors through their personal plans, which demonstrated that they were involved in all aspects of the care provided. Plans were reviewed on a regular basis with residents.

Residents also received supports by allied health professionals if a need arose.

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):

No actions were required from the previous inspection.

Findings:

The centre is a two storey house and apartment located on the outskirts of a town in Co. Cavan. The house has one bedroom on the ground floor and five bedrooms on the first floor. There were also two lounges, a sitting/dining room, kitchen, office and utility room. The apartment consisted of two bedrooms, a kitchen/living area and an upstairs living room. One of the bedrooms was vacant on the day of inspection. Inspectors determined that it could not be used as a bedroom as it was an inner room. This meant that in the event of emergency residents had no means of escape. However as there were eight bedrooms and the application to register was for seven residents, inspectors were assured that this room would not be used as a bedroom.

Inspectors observed the centre to be clean and suitably decorated. On the day of inspection there was sufficient heat and light. The decoration of the centre was reflective of the individuals residing there. Residents had access to facilities to do their laundry if they wished.

The centre also had an indoor area for recreational activities such as basketball. External grounds were well maintained.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The centre had policies and procedures in place to promote the health and safety of residents, staff and visitors. The risk management policy available during a previous inspection in May 2014 did not comply with regulations. Inspectors found that this had now been adequately addressed. Collective and individual risks had been assessed. Staff were aware of control measures and inspectors observed that the control measures were implemented in practice. Risk assessments were reviewed at regular intervals. Residents and staff stated that they felt safe in the centre.

Inspectors observed appropriate practices in place for the management of infection. The centre was clean and residents' clothes were laundered separately. There was a regular cleaning schedule in place. Residents were also actively involved in the upkeep of their home.

The centre had a major emergency evacuation plan which had been created in February 2016. Records demonstrated that fire safety equipment was serviced at appropriate intervals. The emergency evacuation plan was located in a prominent location. The practice in the centre was that staff would check escape routes daily and emergency lighting and the fire alarm system weekly. Fire extinguishers were checked monthly.

Inspectors noted that there were fire doors in place however that some of these doors did not provide adequate protection. There was an absence of self closers on bedroom doors and inspectors observed that some of the doors did not close properly.

Residents had individual evacuation plans in place which detailed the supports they would require in the event of an emergency. Fire drills were undertaken at regular intervals and demonstrated that residents could be evacuated from the centre in appropriate timeframes. However, records did not document the details of those staff present or if each stage of the fire procedure had been completed. Therefore drills did not demonstrate that the highest number of residents could be evacuated with the lowest number of staff. Staff had received training in fire management. Residents demonstrated to inspectors that they knew what to do upon hearing the fire alarm.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

A review of the policy for the protection of vulnerable adults demonstrated that it was in keeping with national policy. Staff were trained in the protection of vulnerable adults and were aware of what could constitute abuse and the local reporting procedures. Residents stated that they felt safe. There had been no allegations or suspicions of abuse reported in the centre. Inspectors found that there were appropriate control measures in place if there was the risk of a safeguarding issue.

Residents required positive behaviour support. There were policies and procedures in place for this. Residents' personal plans demonstrated that positive behaviour support

plans were completed in conjunction with the relevant professional. Residents also received direct support from allied health professionals. A review of incidents demonstrated that staff followed the proactive and reactive strategies to support residents.

A record of restrictive practices was maintained in the centre. The record stated that there were no restrictive practices in place. However inspectors observed that there was a practice in place as a safeguarding measure which meets the definition of an environmental restraint. Inspectors discussed this with the person in charge who provided verbal assurances that this would be recorded going forward.

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):

No actions were required from the previous inspection.

Findings:
The inspector reviewed a sample of accident and incident forms. The inspector confirmed that adverse events had been reported to the Chief Inspector within 3 working days. Due to the absence of recognition that a practice within the centre was an environmental restraint, this had not been reported on a quarterly basis to the Chief Inspector as required by Regulation 31.

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):

No actions were required from the previous inspection.

Findings:

The opportunities residents had to engage in training, education and development varied. From speaking with residents and staff, inspectors found that this was based on residents' needs and wishes. Residents partook in voluntary work and a variety of training programmes. Activities residents partook in within the centre also promoted skill building, such as cooking. The effectiveness of these opportunities was recorded in residents' personal plans.

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):

No actions were required from the previous inspection.

Findings:

Inspectors found that residents had regular access to their general practitioner (GP) if a need arose. Residents were also supported to access services from allied health professionals. Assessments in personal plans were completed using evidenced based tools. There were plans of care in place for identified healthcare needs such as high cholesterol. Clinical observations were taken on a monthly basis. Inspectors found that healthcare plans did not provide adequate guidance to staff on the actions to be taken if there was a variation noted in residents' clinical observations. Residents' were also supported to have their weight checked monthly. If this did not occur, there was no record of the reason why this did not occur.

Residents reported that the food provided in the centre was in line with their likes and dislikes. A review of a sample of menus demonstrated that the centre promoted a healthy lifestyle. There was emphasis on a balanced diet and exercise. Inspectors observed mealtimes to be a social experience.

Judgment:

Substantially 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):

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

Findings:

The medication management policy outlined the practice for the ordering, prescribing, storing and administration of medication to residents. Inspectors observed medication to be stored appropriately.

Inspectors reviewed a sample of residents' medication prescription and administration records and found that they contained all of the necessary information such as the name, a photograph and date of birth of the resident. A review of the records further demonstrated that medication was administered at the time prescribed. Inspectors identified one member of staff who had not received medication management training. The person in charge verbally assured inspectors that they did not administer medication. A review of a sample of administration records confirmed this. Staff adequately described to inspectors the appropriate procedure to be followed as per the policy of the centre. Medication audits had been completed at regular intervals.

Inspectors were assured that appropriate immediate action had been taken following a medication error and that preventative measures such as additional training to staff had been provided.

Residents' had not been assessed for their ability to self-administer their own medication. Inspectors were informed by management that the current policy does not provide for this.

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):

No actions were required from the previous inspection.

Findings:

As part of the application to register the centre, the registered provider was required to submit a copy of the Statement of Purpose to the Chief Inspector. The inspector determined that the document contained all of the items required by Schedule 1 of the regulations and was reflective of the practice 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):

No actions were required from the previous inspection.

Findings:

The designated centre had a clear management structure in place. The person in charge reports directly to the provider nominee. The provider nominee reports to the Chief Executive Officer.

The inspection was facilitated by the person in charge. The person in charge is full time and is actively engaged in the governance and management of the centre. The inspector determined that the person in charge is knowledgeable of the regulations and aware of their statutory responsibilities. Staff was positive regarding the person in charge and the support they received. The inspector observed residents to be familiar with the person in charge.

The inspector reviewed the systems in place for the review of the quality and safety of care provided to residents. The person in charge completed audits inclusive of incidents/accidents and medication. The provider nominee and the person in charge met formally on a monthly basis to review the findings of the audits.

The provider had also completed six monthly unannounced visits. The provider had completed an annual review of the quality and safety of care.

There was an on call system in place which informed staff of the persons participating in management available in the event of an emergency.

There was also evidence of staff meetings which addressed routine issues and also were used as an opportunity to develop staff knowledge.

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):

No actions were required from the previous inspection.

Findings:
The person in charge had not been absent from the centre for more than 28 days. Therefore there was no requirement to notify the Chief Inspector. The provider was aware of the requirement to inform the Chief Inspector if this were to occur. Three managers within the service were identified as persons participating in management on the application to register the centre under the Health Act 2007, as amended. The inspector was informed that one of the three individuals would be nominated as the person to deputise in the absence of the person in charge.

Judgment:
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):

No actions were required from the previous inspection.

Findings:
The inspector observed the centre to have adequate food, heat and light on the day of inspection. There was also transportation to support residents to access activities in the wider community. There were sufficient funds allocated by the registered provider to

ensure the day-to-day running of the centre. Staff confirmed that they felt there were adequate resources available.

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):

No actions were required from the previous inspection.

Findings:
The centre maintained a planned and actual staff roster. The staffing on the days of inspection was reflective of the roster. The inspector reviewed a random sample of dates and confirmed that the staffing levels were appropriate to meet the needs of the residents. Residents confirmed that they were satisfied with staffing levels. Staff stated that they felt there were sufficient staff.

A review of training records confirmed that staff had received the required mandatory training.

Additional training had been provided in positive behaviour support and eating, drinking and swallowing to some staff. Not all staff had training in the safe administration of medication however the appropriate safeguards had been implemented in the interim. The person in charge had completed formal supervision with staff. The records evidenced that the meetings addressed the competency of staff and areas of improvement.

The inspector met with staff during the course of the inspection and found that they were knowledgeable of the regulations relevant to their role.

There were no volunteers involved in the centre on the day of inspection.

Judgment:
Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

The inspector reviewed a sample of staff files and confirmed that they contained all of the items of Schedule 2.

The records as required by Schedule 3 and Schedule 4 were maintained inclusive of a directory of residents.

The policies and procedures required by Schedule 5 were also maintained and had been reviewed within 3 years as required by regulation.

The registered provider submitted evidence of adequate insurance as part of the application to register.

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:

Jillian Connolly
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 report¹

Centre name:	A designated centre for people with disabilities operated by Redwood Extended Care Facility
Centre ID:	OSV-0002438
Date of Inspection:	12 April 2016
Date of response:	3 June 2016

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 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:

There was an absence of self closers in pertinent locations. Some fire doors did not operate effectively.

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

1. Action Required:

Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

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

All the doors have been reviewed by the maintenance person for the centre and all defects re closure of same have been rectified. All bedroom, Kitchen and Utility doors will be fitted with self-closures by the 31/07/16

Proposed Timescale: 31/07/2016

Theme: Effective Services

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

Fire drills did not demonstrate that the highest number of residents could be evacuated with the lowest number of staff.

2. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

The documents for recording the fire drills have been reviewed and the new document will ensure that all information is captured. All further drills will demonstrate that the highest number of residents can be evacuated with the lowest number of staff

Proposed Timescale: 10/06/2016

Outcome 09: Notification of Incidents

Theme: Safe Services

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

Restrictive practices were not reported to the Chief Inspector on a quarterly basis.

3. Action Required:

Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

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

All restrictive practices will be notified in line with "Regulation Restrictive Procedures in Designated Centres for Persons with Disabilities: What constitutes a notifiable event?" RN02/2014 (Updated April 2016) and the new HIQA Document on Restrictive Practices

Proposed Timescale: 30/04/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Healthcare plans did not provide adequate guidance to staff on the actions to be taken if there was a variation noted in residents' clinical observations. There was no record maintained of the reason for residents' weights not being recorded.

4. 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:

All Healthcare Plans now provide adequate guidance to staff on actions to be taken if there was a variation in clinical observations. All staff are made aware during Medication Management Training re observation baselines.

All reasons why a weight was not obtained is now being recorded.

Proposed Timescale: 10/06/2016

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:

Residents' had not been assessed for their ability to self-administer their own medication.

5. Action Required:

Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

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

All Residents will have a Risk Assessment and Capacity assessment completed to assess their ability to take responsibility of their own medication

Proposed Timescale: 30/09/2016