

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Riverwalk House
Centre ID:	OSV-0002501
Centre county:	Donegal
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Jacinta Lyons
Lead inspector:	Jackie Warren
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	1

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:
05 October 2016 09:15	05 October 2016 18:30
06 October 2016 09:45	06 October 2016 14:15

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

Background to the inspection:

This was an 18 outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision.

How we gathered our evidence:

As part of the inspection, the inspector observed practices and reviewed documentation such as health and social care files, medication records, staff files and health and safety documentation. The inspector met with four residents and three staff members, the person in charge and her line manager. Residents indicated the

inspector that they liked coming to the centre and felt safe there. They said that they enjoyed their leisure time, that they were happy with the meals that they received and that staff looked after them well.

Description of the service:

The centre was made up of one single-storey house in a campus setting, in a rural town. The centre provided a respite service for over 50 male and female adults and children with intellectual disabilities and or autism, physical and or sensory disability, or people with a dual diagnosis including mental health. The service was provided to adults and children on separate weeks. Children are accommodated on a bi-monthly basis with extra provision and consideration given to school holidays. A maximum of four residents, but usually three, availed of the service at any time. The service is provided for six nights a week.

Overall judgment of findings:

The inspector found a good level of compliance with the regulations, with seven of the outcomes being found compliant and six substantially compliant. Four outcomes were moderately non-compliant and there was one major non-compliance.

Overall, residents received a good level of health and social care, and stated that they were happy living in the centre. Residents attended either day services or school during the day on weekdays, and were also supported by staff to integrate in the local community. Residents' healthcare needs were well met, although some improvement to assessment was required. Improvement to medication management practices was also required to reduce the risk of medication errors.

There were measures to safeguard residents, such as staff were suitably trained and were aware of safeguarding risks and how to address them should any arise. However, improvement to fire safety and risk management was required.

The centre was suitably resourced to meet the needs of residents and suitable staffing levels and transport was available to meet this. However, the governance and management of the centre required improvement as to the provision of service agreements with residents, recruitment documents and auditing for quality improvement. Minor improvement was also required to the statement of purpose, premises, communication support, the directory of residents and the complaints process.

Findings from the inspection are outlined in the body of the report and actions required are found in the action plan at the end.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

This was the first inspection of this service in its current reconfiguration. The centre was previously part of a larger designated centre.

The inspector found that residents were consulted in how they spent their time in the centre, and had access to a complaints procedure. However, some improvement was required to the complaints procedure and management of residents' property.

Staff told the inspector, and records confirmed, that when residents came to the centre for respite stays, they met with staff to make plans and discuss what they wanted to do during their stay, including personal events, activities and shopping.

There was a system for recording and reviewing complaints. The inspector reviewed the complaints recording system. There had been a very small number of complaints made to date, but these had been suitably addressed and finalised. There was clear information to support residents, or any others, to use the complaints process. The complaints procedure, written in a legible format, was displayed. There was also a supply of complaints forms and a suggestion box in the entrance hall. There was a complaints policy to guide staff. The policy, however, did not identify a person, separate from the nominated complaints person, to ensure that all complaints were suitably recorded and resolved as required by the regulations. In addition, the appeals process outlined was not suitable, as the person identified to deal with appeals could, on occasion, be part of the complaints process and was therefore not independent.

Residents had access to other supports, such as advocacy services, a designated liaison person, a designated safeguarding officer and a confidential recipient. Photographs and contact details for these supports were clearly displayed.

Residents told the inspector that they would talk to staff if they had any complaints or worries and they felt that they would be addressed. These residents told the inspector that they were very satisfied with the service and had never had any reason to make a complaint.

The inspector observed that the privacy and dignity of residents was respected. Staff spoke with residents in a caring and respectful manner. At the time of inspection, all residents had their own bedrooms and could lock their bedroom doors if they wished to. As residents used this service for short respite breaks only, they generally did not choose to personalise their rooms for the duration of their stay. Staff confirmed that residents brought the clothes, toiletries and personal items that they required for the duration of their stay. There was ample wardrobe space in all bedrooms.

Intimate personal plan had been developed for residents to ensure privacy and dignity was being respected during the delivery of intimate care and that maximum independence was promoted.

Residents' religious rights were supported. The person in charge confirmed that any resident who wished to go to the church or participate in religious events would be supported by staff. As residents predominantly lived at home, their families took responsibility for supporting their civil rights.

Residents' finances were generally not managed by staff in the centre, as most residents took responsibility for their own money. However, if required in some instances, there were arrangements for the safekeeping of residents' pocket money during their respite stays. The inspector viewed a sample of this process and found that it was not sufficiently robust to safeguard residents' money. All money was securely stored and was accessible to residents whenever they needed it. Individual balance sheets were maintained for each resident, recording money on arrival, any expenditure while in the service and amount of money on departure. In a sample viewed, the inspector found that the transactions and balance had not been accurately recorded, although verified by staff.

Judgment:
Substantially 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:

This was the first inspection of this service in its current reconfiguration. The centre was previously part of a larger designated centre.

There were communication systems in place to support residents, although improvement to internet access for residents was required.

Systems, including pictorial supports, cues and communication plans, were in place to enhance communication with residents. However, some residents with communication deficits had not been assessed by a speech and language professional to explore improved communication options. This is further discussed in outcome 11.

There was information for residents displayed in an accessible format in the centre, including information on the complaints and advocacy procedures, daily activities, and colour photographs of the staff on duty at all times of the day.

All residents had access to televisions, radio, newspapers, postal service and reading material. There were also some computerised tablets in the centre for residents' use, onto which staff had downloaded games and computer applications appropriate for residents. However, internet access was not available to residents in the centre and the potential communication benefit of this had not been assessed or explored for individuals. The management team had already identified this as an area for improvement and were investigating the provision of internet access.

There were photographs for each resident on the door of the bedrooms that they occupied and these were updated at each occupancy change.

Judgment:

Substantially 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:

This was the first inspection of this service in its current reconfiguration. The centre was previously part of a larger designated centre.

Residents who used this service lived at home with their families and used the service for intermittent short respite breaks.

The person in charge explained that as residents lived with their families on a permanent basis, family visits did not usually take place during respite breaks. However, the person in charge and staff knew residents' families and they shared information about residents, such as food preferences, healthcare issues, and likes and dislikes.

While on respite visits, links with the local community were maintained and there was evidence of residents going out for meals, shopping and going for outings.

Families were invited to attend and participate in residents' annual planning meetings and reviews of residents' personal plans and were kept informed and updated of relevant issues by staff from the designated centre and the days service.

Residents said that they were supported to go on outings, attend sporting and entertainment events and dine out in local restaurants. Residents frequently visited the shops and amenities in the town.

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:

This was the first inspection of this service in its current reconfiguration. The centre was previously part of a larger designated centre.

Agreements for the provision of services had not been agreed with residents.

A new service agreement document had recently been developed. The inspector read a copy of the new agreement template and found that it was informative and included the required information. The agreement was written in suitable format, which would be clear to both residents and their families. The person in charge stated that this agreement would be supplied to residents or their representatives for agreement in the near future.

There was a policy to guide the admission process, and the person in charge was aware of the importance of suitable assessment prior to admission.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

This was the first inspection of this service in its current reconfiguration. The centre was previously part of a larger designated centre.

The inspector found that residents' social wellbeing was being supported. There was an individualised assessment undertaken for each resident and residents had opportunities to pursue activities appropriate to their individual preferences. These were mainly undertaken at day centres and while at home with families, but were also supported while residents were in the designated centre.

Each resident had a personal plan which had been developed in the day services which residents attended. The plans contained important personal information about the residents' backgrounds, including details of family members and other people who were important in their lives. Plans set out each resident's individual needs and identified life goals. The achievement of social and leisure activities was primarily supported by day service staff and by residents' families, as these were the people who were consistently involved in residents' lives. However, copies of these plans were also supplied to the designated centre, and staff here used them to guide care and to support residents to attend leisure events of their preferences. For example, if a resident liked concerts and there was one on during his or her respite stay, staff would arrange for the resident to go there.

There was an annual meeting for each resident attended by the resident, their family and support workers to discuss and plan around issues relevant to the resident's life and wellbeing. These meetings were organised by the day service staff, but were also

attended by the person in charge and some staff from the designated centre.

There were a range of activities taking place in day services and residents' involvement was supported by day service staff. Residents using the designated centre at the time of inspection were also involved in activities of their choice when they returned from services in the evening. For example, on the day of inspection, residents did activities such as, personal shopping, taking a walk with staff and helping out in the kitchen, while some relaxed watching television or playing games. One resident stated an interested in visiting a local city and this was being planned for the following evening after day service. In addition, there was a large selection of arts and crafts supplies, games and toys in the centre for use by both adults and children using the service.

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:

This was the first inspection of this service in its current reconfiguration. The centre was previously part of a larger designated centre.

The design and layout of the centre generally suited the needs of residents. The centre was well maintained both internally and externally, and was clean, warm, suitably furnished and comfortable. There was a variety of communal day space including two sitting rooms, a kitchen and a dining room.

There were three bedrooms in the centre, although they were furnished with five beds. Two of the bedrooms were furnished with two beds, but were for single occupancy, while the third bedroom had one bed. The person in charge explained that the centre was normally occupied by three residents who were allocated a bedroom each. Occasionally it would be arranged for two residents to share a bedroom at the residents' request. Residents had adequate personal storage space and wardrobes. While the bedrooms were of adequate size for single occupancy, the presence of additional beds in two of the rooms decreased the available circulation space in these rooms.

There were sufficient bathrooms and showers, including assisted facilities. However, due to the layout of the building, some toilets were not always readily accessible to residents. Two toilets were in the same bathroom as the shower. Therefore, when the shower was in use, these toilets were not accessible to other residents and there was only one other available toilet in the house. This had been acknowledged as an area for improvement and was being addressed. Work to relocate the shower to another bathroom was scheduled to take place in November 2016.

The inspector found the kitchen to be well equipped and clean. There was a separate office for staff use.

There was a utility room with laundry facilities, where residents could do their own laundry if they wished to. Residents had access to a washing machine, tumble drier and outdoor clothes line. Staff explained that, as residents were in the centre for short stays only, they did not always avail of the laundry facilities.

There were suitable arrangements for the disposal of general waste. Refuse bins which were stored externally and were emptied by contract with a private company. There was no clinical waste being generated in the centre.

Residents had good access to the outdoors. There was a safe, well maintained garden and seating areas at the back of the house. In addition, there was a large, safe, secure playground which was equipped with facilities suited to both adults and children.

The centre is situated on a campus in a rural town with access to amenities such as shops, restaurants and churches nearby.

Judgment:
Substantially 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):

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

Findings:

This was the first inspection of this service in its current reconfiguration. The centre was previously part of a larger designated centre.

The inspector found that there were systems in place to protect the health and safety of residents, visitors and staff. However, improvement was required to fire evacuation drills, fire safety facilities and procedures, and risk assessment.

There was a health and safety statement, a risk management policy and risk register which identified measures in place to control a range of risks, including the specific risks mentioned in the regulations. Personal risks specific to each resident were identified and control measures were documented in residents' personal plans. However, assessments had not been undertaken and control measures developed to reduce some risks identified during the inspection. These included risks associated with smoking and use of the smoking area, which was located outside a fire exit, access to disposable gloves which could present a choking hazard, and risks associated with some residents' doors not being closed at night as a fire safety measure.

The inspector reviewed fire safety policies and procedures. There were up-to-date servicing records for all fire fighting equipment, fire alarms and emergency lighting. While there were recommendations for internal fire safety checks, there was no evidence that these were not being carried out in line with organisational systems. The organisation required, for example, that monthly checks of fire fighting equipment and water hydrants are undertaken, but there were no records to indicate that these were being carried out. There were inadequate measures in place to control the spread of fire in the centre. None of the internal doors were fire doors and there were no smoke seals on existing doors. The provider had identified a need for automatic closing mechanisms on internal doors and at the time of inspection this work had been arranged and was about to start.

Most staff had received fire safety training in the current year in line with the organisations policy to deliver this training annually. One staff member had yet to receive this training in 2016, but it was scheduled to take place in the coming month. Staff who spoke with the inspector confirmed that they had received training and knew the importance of prompt evacuation, but there was some lack of clarity about the procedures to be used. Personal emergency evacuation plans had been developed for each resident. The procedures to be followed in the event of fire were displayed.

Fire evacuation procedures and drills required improvement. Fire evacuation drills were being carried out approximately quarterly and three had already taken place in 2016. Records of all fire drills were maintained and these included the time taken and comments recorded for learning. Records indicated that evacuation drills were mostly completed in a timely manner and that any issues encountered were discussed and resolved for future drills. However, time taken to complete one of the fire drills was not suitably recorded. The record showed the total time taken to complete two evacuations and to discuss the outcome afterwards. Therefore, this information did not indicate whether or not each evacuation had been carried out in a timely manner. There was also no plan to ensure that all staff had an opportunity to participate in evacuation drills. Records indicated that one staff member had taken part in three fire evacuation drills this year, while some staff had not been involved in any. In addition, no fire drills had been undertaken during night-time hours, or to simulate night-time circumstances. Therefore, the person in charge and staff did not know of problems that might occur, or how residents might react, during an emergency at night.

There was an emergency plan which included information of alternative accommodation and emergency contact numbers.

The building was maintained in a clean and hygienic condition. Hand sanitizers were available for use by residents, staff and visitors.

Judgment:
Non Compliant - Major

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:

This was the first inspection of this service in its current reconfiguration. The centre was previously part of a larger designated centre.

There were measures in place to protect residents from being harmed or abused.

There was a safeguarding policy and there was a training schedule which ensured that each staff member had attended safeguarding training. Members of the management team, and staff, who spoke with the inspector, confirmed that they had received training in relation to adult protection and were knowledgeable regarding their responsibilities in this area and they clearly outlined the measures which would be taken in response to an abuse allegation. To date any allegations or suspicions of abuse had occurred in the centre had been taken seriously and suitably investigated and managed.

There was also a policy on responding to behaviours that challenge to guide staff. Positive behaviour support plans were in place for residents who displayed behaviours that challenged. The plans included prediction of triggers and ongoing support strategies. The inspector observed staff interacting with residents in a respectful and friendly manner.

There were no residents using bed rails or chemical of restraint as a form of behaviour management.

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:

This was the first inspection of this service in its current reconfiguration. The centre was previously part of a larger designated centre.

The person in charge was aware of the legal requirement to notify HIQA regarding incidents and accidents. All required incidents had been notified to HIQA.

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:

This was the first inspection of this service in its current reconfiguration. The centre was previously part of a larger designated centre.

Residents were supported by day services to participate in education and training to assist them to achieve their potential. Children attended school while not in the designated service. As residents lived at home with their families, education and training was not planned or organised by the designated centre, but by day services and families.

While in the designated centre, residents were involved in basic housekeeping, such as setting tables at mealtimes, clearing away after meals, and making tea, as a form of skill building.

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:

This was the first inspection of this service in its current reconfiguration. The centre was previously part of a larger designated centre.

The inspector found that residents' health care needs were well met and they had access to appropriate medical and healthcare services. There was, however, some improvement to documentation of care interventions required in some files viewed during the inspection. Improvement to an aspect of healthcare was also required.

All residents had access to general practitioner (GP) services. Residents also had access to a range of healthcare services, including occupational therapy, psychology and dietetics, and referrals were made as required. Due to the short and intermittent nature of residents' stays in this centre, healthcare referrals were generally made through the day care services. There was no access to speech and language therapy for adult residents. Some residents had communication deficits and staff had developed plans to enhance communication with these residents. However, there had been no recent speech and language input which may have identified further techniques to enhance the communication options for these residents.

Each resident had a personal plan which outlined the services and supports to be provided to achieve a good quality of healthcare. These plans were developed by staff in the day care services but were supplied to staff in the designated centre for their guidance. Residents' healthcare plans were generally informative and were reviewed frequently by staff and when there was a change in needs or circumstances. The plans viewed contained information around residents' healthcare needs, assessments, medical history and healthcare support required from staff. For example, plans of care had been developed for a range of health and personal care needs such as diabetes care, management of hypertension and elimination.

The inspector found that residents' nutritional needs and weights were being monitored by staff in the day services. Referrals to the dietician were made as required and their recommendations were recorded to guide staff. Care plans were developed and implemented where weight management issues were identified. All residents were

supported and encouraged by staff to eat healthy balanced diets and partake in exercise.

However, while health care plans were generally completed to a high standard, some improvement was required to ensure that guidance was up-to-date and comprehensive. A dietary care plan for a resident contained some conflicting information, and the information in this plan was not evidence based. Therefore, it was not possible to establish whether or not the resident was receiving the most appropriate care intervention.

In addition, some of the information was not sufficiently specific to guide staff. For example, it was recommended that some residents' weight and blood sugars be checked 'regularly', but did not indicate to staff how often these checks should be carried out. There were no residents currently using the service with wounds or pressure ulcers, or who were nearing end of life.

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:

This was the first inspection of this service in its current reconfiguration. The centre was previously part of a larger designated centre.

The inspector found that while some medication management practices were safe, some improvement was required to the administration of medication.

Residents' brought their supply of medication to the centre at the start of each respite stay and took it with them when they were leaving. For the duration of the stay this medication was securely stored in the centre in a locked cabinet. The centre did not have any involvement in the receipt of residents' medication from the pharmacy as this was managed from home.

On reviewing medication prescribing and administration charts, the inspector found that it was not possible to verify if some residents' medication was being administered as prescribed, as some information relating to required dosage was unclear. In addition, the administration of medication was not being recorded by staff in accordance with the

centre' policy. The policy stated that the name of each medication was to be written on the administration sheets, but in practice, codes were being used to identify each medication. It was also found that the address of each resident had not been recorded on the prescription sheets as a means of verification of residents' identity. These practices increased the risk of medication error.

The checking and recording of residents' supplies of medication on arrival to and departure from the centre also required improvement. The amounts of medication for each resident was counted and recorded at the start and finish of each stay and were verified by one staff signature. It was not possible to establish if staff signed to confirm the amounts on arrival or on leaving, and therefore this weakened the security of the process.

There was, however, some good practice around medication management. There were colour photographs of residents to verify identity if required and staff had signed had signed administration sheets to verify that all medication had been administered.

There was a medication policy available to guide staff. All medication was administered by nursing staff and it was planned that all staff would attend training in administration of emergency medication for epilepsy by the end of 2016.

At the time of inspection, there were no residents who required their medication to be administered crushed or who were using medication requiring strict controls.

Judgment:

Non Compliant - Moderate

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:

This was the first inspection of this service in its current reconfiguration. The centre was previously part of a larger designated centre.

There was a statement of purpose that described the service provided in the designated centre and met most of the requirements of the regulations. However, some required information was not included, while other information was unclear. For example, room sizes were not included, and services provided by the registered provider to meet the

care needs of residents, were not clearly presented.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

This was the first inspection of this service in its current reconfiguration. The centre was previously part of a larger designated centre.

While the provider had established a management structure to ensure delivery of suitable care and support to residents, the inspector found that improvement was required to staff supervision, auditing and the hours of the person in charge.

The provider nominee had carried out an unannounced six monthly review of the service as required by the regulations. She had written a report on the visit, which included an action plan indicating where improvement was required and measures to be taken to achieve compliance. A copy of the report had been supplied to the person in charge for her attention. Some of the actions identified in the report had been addressed, such as delivery of safeguarding training to all staff and completion of a satisfaction survey. An annual report on the quality and safety of care in the designated centre had not yet been prepared.

There was limited additional auditing being undertaken in the centre. The inspector viewed medication and hygiene audits that had been completed and both required some improvement. The medication audit was not fully effective as issues identified at the inspection, such as medication not being administered as prescribed, were not identified by the audit. A hygiene audit had been undertaken but it was not dated to indicate when it had happened. There was an action in the provider nominee's audit, to devise a schedule for auditing. This, however, had not been addressed, although it was passed the timeframe that had been set out for its completion.

Monthly reviews of incidents were being undertaken by the person in charge and all incidents in the centre were escalated to the organisation's risk management department for further review. The numbers of incidents in the centre had been low, but those which had occurred had been suitably recorded. The numbers of complaints received in the centre was very low and therefore there was not enough information to audit or identify trends.

The person in charge had responsibility for the overall management of the service and for overseeing the quality of care delivered to residents. The person in charge was based in the centre on a daily basis. She knew the care needs of residents and demonstrated a commitment to improving the service offered to these residents. The person who filled the role of person in charge was qualified as a nurse and was suitably experienced. There were arrangements to cover the absence of the person in charge and there was an out-of-hours arrangement in place to support staff.

The role of the person in charge, however, was not full time as required by the Regulations, as the person in charge worked slightly less than the hours of one whole time equivalent.

The person in charge met with her line manager most days and also stated that he was contactable at all other times.

All staff had not received suitable performance management. The inspector found that, while performance management had been undertaken for some staff, it was not being implemented for all staff working in the centre.

Judgment:

Non Compliant - Moderate

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:

This was the first inspection of this service in its current reconfiguration. The centre was previously part of a larger designated centre.

The provider and person in charge were aware of the requirement to notify HIQA of the absence of the person in charge.

Arrangements were in place to cover 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):

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

Findings:

This was the first inspection of this service in its current reconfiguration. The centre was previously part of a larger designated centre.

The inspector found that the centre was adequately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

The centre was generally suitably equipped and maintained. There was a vehicle available at the centre to transport adult residents when they were not at the day services and children when they were not at school.

The inspector found that the centre was suitably staffed and there were sufficient staff available to care for residents.

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:

This was the first inspection of this service in its current reconfiguration. The centre was previously part of a larger designated centre.

The inspector found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents at the time of inspection. Some improvement to the staff recruitment process was required.

Feedback from residents who met with the inspector during the inspection indicated a high level of satisfaction with staffing numbers and the care provided by staff. Residents said that staff looked after them well, they felt safe with them and that they liked going out with them.

Staffing levels were based on the needs of residents and were adjusted based on the care needs of the residents using the respite at any time. There was a planned roster which the inspector viewed and found to be accurate. Staff were present in the centre to support residents in the mornings, evenings and at night, and both day and night at weekends. An extra staff member was rostered for duty at weekends when residents were not attending day services or school. Staff also accompanied residents for outings, and when they wanted to do things in the local community such as going shopping or for coffee, going for a walk or to attend social events. There were separate staff to support residents while attending day services.

The inspector found that there was insufficient information to confirm that staff had been recruited, selected and vetted in accordance with the requirements of the regulations. The inspector reviewed a sample of staff files and noted that they contained much of the required documents as outlined in Schedule 2 of the regulations. However, in a sample of files viewed there were gaps in some employment histories, there were no job descriptions and in one file there were no Garda Vetting records. The person in charge confirmed that Garda Vetting had been undertaken for all staff, but that all verification information was not on file.

Staff confirmed and training records indicated that staff had received mandatory training in fire safety, adult and child protection, and manual handling. In addition, staff had received other training, such as training in complaints management, dignity at work and breakaway techniques. Training in hand hygiene and active support was also planned before the end of 2016.

Judgment:

Substantially 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):

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

Findings:

This was the first inspection of this service in its current reconfiguration. The centre was previously part of a larger designated centre

The inspector found that most of the records required by the regulations were maintained in the centre.

During the course of the inspection a range of documents, such as medical records, accident and incident records, staff recruitment files and health care documentation were found to be kept in the centre.

The inspector viewed the directory of residents and found that it contained most of the required information. However, details of the person or organisation responsible for the admission of each resident to the centre had not been recorded.

Most of the policies required by Schedule 5 of the regulations were available to guide staff. These policies were kept in a folder and were readily accessible to staff. Some of the policies, however, were not available to view during the inspection.

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:

Jackie Warren
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:	Riverwalk House
Centre ID:	OSV-0002501
Date of Inspection:	05 October 2016
Date of response:	02 November 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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The process for the management of residents' property was not sufficiently robust to safeguard residents' money.

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 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

The person in charge will ensure clear guidelines are made available for staff in the management of resident's money and accurate recording of all transactions.

A new documentation system has been put in place this new process will be implemented for each resident on admission from the 24th October 2016.

Proposed Timescale: 24/10/2016

Theme: Individualised Supports and Care

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

The appeals process was not suitable, as the person identified to deal with appeals could also be part of the complaints process and was therefore not independent.

2. Action Required:

Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

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

The person in charge will put in place an effective complaints procedure for residents which are in an accessible and age appropriate format, and includes an appeals procedure involving an independent person.

This complaints procedure will be circulated to residents and their families.

This complaints procedure will be discussed with and made available to all staff.

The Provider Nominee will raise the issues arising from the Complaints Policy at the next Quality Safety & Risk Governance group for clarification and amendment as required.

Proposed Timescale: 30/11/2016

Theme: Individualised Supports and Care

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

A person, separate from the nominated complaints person, had not been identified to ensure that all complaints were suitably recorded and resolved as required by the regulations.

3. Action Required:

Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

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

The person in charge will identify another person for the management of complaints. This person will receive training on the management of complaints. The Provider Nominee will raise the issues arising from the Complaints Policy at the next Quality Safety & Risk Governance group for clarification and amendment as required.

Proposed Timescale: 30/11/2016

Outcome 02: Communication

Theme: Individualised Supports and Care

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

Internet access was not available to residents.

4. Action Required:

Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.

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

The Person in charge will ensure that internet access is made available to residents at the centre. The Director of Nursing and CNM2 are in the process of sourcing an appropriate internet package.

Proposed Timescale: 21/11/2016

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

Agreements for the provision of services had not been agreed with residents.

5. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

The person in charge will issue Agreements of Care to each resident or their representatives for agreement. This has commenced Oct 26th 2016.

Proposed Timescale: 30/11/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The presence of additional unoccupied beds in two of the bedrooms rooms decreased the available circulation space in these rooms.

Due to the layout of the building, some toilets were not accessible to residents when the shower was in use.

6. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

1. Additional spare beds will be removed from two bedrooms.
2. Preliminary works assessments have been completed. Work is planned to commence 7th November 2016 and to be completed by the 11th November 2016.

Proposed Timescale: 11/11/2016

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:

Measures and actions were not in place to control some risks identified during the inspection.

7. Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

The Person in charge will conduct a risk assessment on a) Smoking area b) use of and location of latex gloves and c) a Residents door being left open at night time.

Control measures will be put in place to minimise the risks identified and disseminated

to all staff.

The Fire Officer of the centre has organised a meeting with the Fire Prevention and Training Officer on 4th November 2016 to discuss fire management issues.

Proposed Timescale: 30/11/2016

Theme: Effective Services

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

None of the bedroom doors were fire doors and there was no evidence that these doors were sufficient to contain a fire.

There were no automatic closing mechanisms on internal doors.

8. 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:

The Person in charge will complete a Risk Assessment regarding Fire Doors in the designated centre and escalate same to senior management to source funding to ensure that internal doors are approved Fire Doors and are installed with automatic closing mechanisms. Process commenced 1st November 2016.

Proposed Timescale: 16/12/2016

Theme: Effective Services

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

1. No fire drills had been undertaken during night-time hours, or to simulate night time circumstances.

2. There was no plan to ensure that all staff had the opportunity to take part in fire drills.

9. Action Required:

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

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

The Person in charge will arrange a fire drill to be undertaken during night time hours, or to simulate night time conditions, i.e. minimum staffing levels with maximum residents.

The Person in charge will create a schedule of fire drills to ensure that each staff member has the opportunity to take part in fire drills.

Proposed Timescale: 30/11/2016

Theme: Effective Services

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

Internal fire safety checks were not being carried out in line with organisational systems.

10. Action Required:

Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

The Person in charge will compile a schedule of fire checks to be completed on identified days and delegate these duties to specific staff to complete.

Proposed Timescale: 18/10/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

There was no access to speech and language therapy for adult residents. Residents' communication plans had no recent speech and language input which may have identified further techniques to enhance the communication options for these residents.

11. Action Required:

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

The Principal of Speech and Language Therapy Services have made proposals for the appointment of two Speech and Language Therapists to work with Adults with an Intellectual Disability who have communication disorders.

The Principal of Speech and language Therapy Services has attempted to source private speech and language therapy services to no avail.

Proposed Timescale: 30/04/2017

Theme: Health and Development

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

Some guidance in health care plans was not sufficiently comprehensive to guide staff.

12. 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:

The person in charge will provide guidance to named nurses on the completion of care plans to ensure that they are sufficiently comprehensive to guide staff in the delivery of care and support to residents.

Named Nurses have commenced a review of the fifty care plans to ensure guidance is clear. Ten care plans to be reviewed per month until completed.

Proposed Timescale: 31/03/2017

Theme: Health and Development

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

Suitable assessment had not been undertaken to assess special dietary requirement and develop plans of care to guide staff.

13. Action Required:

Under Regulation 18 (2) (d) you are required to: Provide each resident with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.

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

The Person in charge will ensure that each resident has an assessment completed to assess special dietary requirements and a care plan developed to guide staff.

The Person in Charge will ensure a food diary is commenced and maintained for each resident on admission to the centre.

Proposed Timescale: 15/12/2016

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:

1. Some medication management practices increased the risk of medication error.

2. It was not possible to verify if some residents' medication was being administered as prescribed, as some information relating to required dosage was unclear.
3. Medication administration was not being recorded by staff in accordance with the centres policy.
4. The address of each resident had not been recorded on the prescription sheets as a means of verification of residents' identity.

14. 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:

1. Medication documentation has been amended to reflect admission and discharge of medication. October 28th 2016
2. Medication Prescription will be discussed with the Manager of day services (primary service) and the medication, route, time and dosage will be reviewed with the G.P. on Tuesday 1st November 2016.
3. Residents addresses will be added to individual kardex's on admission from 10th October 2016
4. Medication Management Policy will be reviewed. Jan 31st 2017

Proposed Timescale: 31/01/2017

Theme: Health and Development

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

The process for checking and recording of residents' supplies of medication on arrival and departure was not sufficiently robust.

15. Action Required:

Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

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

The Person in charge has amended the documentation and practice in relation to the process for checking and recording of residents supplies of medication on arrival and departure. Implemented from October 26th 2016.

Proposed Timescale: 26/10/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not include all the information required by schedule 1 of the regulations.

16. Action Required:

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

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

The Person in charge will update the Statement of Purpose to include all the information required by schedule 1 of the regulations.

Proposed Timescale: 15/12/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The role of the person in charge was not full time.

17. Action Required:

Under Regulation 14 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge has the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.

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

The Director of Nursing (Person Participating in Management) will act as the Person In Charge for the outstanding eight hours.

Proposed Timescale: 06/10/2016

Theme: Leadership, Governance and Management

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

1. There was limited additional auditing being undertaken in the centre.

2. The medication audit was not fully effective as issues identified at the inspection were not identified by the audit.

3. A hygiene audit had been undertaken but it was not dated to indicate when it had happened.

4. Some actions in the provider nominee's audit had not been addressed within the timeframe that had been set out.

18. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

1. The Provider Nominee has issued audits and an annual schedule for completion of same within the Intellectual Disability Service.
2. The Person in charge will ensure these are commenced in the designated centre.
3. The Person in charge will ensure audit documentation is completed in full and includes date completed and signature of auditor.
4. The Person in charge will ensure outstanding actions from the provider nominee action plan are addressed.

Proposed Timescale: 30/11/2016

Theme: Leadership, Governance and Management

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

An annual report on the quality and safety of care in the designated centre had not yet been prepared.

19. Action Required:

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

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

The Provider Nominee has a plan in place to complete an annual review of the quality and safety of care and support in the designated centre.

Proposed Timescale: 31/12/2016

Theme: Leadership, Governance and Management

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

All staff had not received suitable performance management.

20. Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

The person in charge has commenced Personal Development Planning and a timetable for same has been put in place for all staff. An annual training plan will be developed to support and develop the workforce.

Proposed Timescale: 30/11/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

All the information and documents as specified in Schedule 2 were not available to review for all staff.

21. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

The Person in charge has made requests for the outstanding documents which were previously submitted for Garda Clearance to be made available.

Proposed Timescale: 01/02/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

Some of the policies required by Schedule 5 of the regulations were not available to view during the inspection.

22. Action Required:

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

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

The Provider Nominee will ensure that all the policies required by Schedule 5 of the regulations are in place.

Proposed Timescale: 31/01/2017

Theme: Use of Information

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

The directory of residents did not state the person or organisation responsible for arranging each resident's admission.

23. Action Required:

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

The Person in charge has amended the Directory of Residents to include the person or organisation responsible for arranging each resident's admission.

Proposed Timescale: 07/10/2016