

**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 Health Service Executive
Centre ID:	OSV-0002530
Centre county:	Donegal
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Health Service Executive
Provider Nominee:	Jacinta Lyons
Lead inspector:	Thelma O'Neill
Support inspector(s):	Erin Byrne
Type of inspection	Unannounced
Number of residents on the date of inspection:	7
Number of vacancies on the date of inspection:	6

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
28 April 2016 17:30	28 April 2016 21:30
29 April 2016 12:00	29 April 2016 15:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 14: Governance and Management

Summary of findings from this inspection

Background to the inspection

This was the third inspection of this centre by the Health Information and Quality Authority. This was an unannounced triggered inspection that focused on the five outcomes highlighted in the table above.

How we gathered our evidence

Inspectors met with residents, staff members and the management team. Inspectors spoke with the seven residents residing in the centre, observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures. Interviews were also carried out with the senior nurse in charge and care staff of the centre during the inspection.

Description of the service

The centre was a congregated setting located in the same premise as the older persons services in the Community Hospital in Co. Donegal. It has been operational since 1988 and provided nursing care to residents with a range of intellectual disabilities who may also have physical or sensory disabilities, health care problems or palliative care needs. The service operates 24 hours a day, seven days a week. At the time of this inspection there were seven residents accommodated (six full-time and one respite) with ages ranging from 37 to 78 years. The majority of residents had been assessed as requiring maximum support.

The provider produced a document called the statement of purpose that outlines the service they provide in the centre. Inspectors found that the service provided was not consistently delivered as described in that document. These findings are discussed in detail under outcomes 1, 4, 7, 8 and 14.

Overall judgment of our findings

Inspectors found that that the provider had not put appropriate systems in place to ensure that the regulations were being met. The inspectors found that the failure to meet the regulations had resulted in:

- Inadequate safeguarding and safety systems which exposed residents to inappropriate risks.
- Managers not competent in managing allegations of abuse which posed a risk to residents.
- Inadequate fire evacuation procedures which could pose risks to residents in the event of a fire.
- Accidents and incidents in this centre had not been appropriately identified or managed.
- Resident's rights, privacy and dignity was not promoted.
- The premises were not fit for the purpose. The centre was institutional in design and routine and lacked the provision of individual choice and privacy.
- Poor governance and management arrangements due to inconsistent management of the centre (HIQA was notified of five changes to the person in charge of this centre in the past four months).

The reasons for these and other findings are discussed under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

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

Outcome 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):

No actions were required from the previous inspection.

Findings:

This centre was a congregated setting and the layout, design and operational routines of the centre impacted on the residents' rights, dignity and consultation. For example; bedrooms were multi-occupancy and dormitory in style, and meals were served at set times from a centralised kitchen reducing residents choice in meals and meal times. Residents' choice about how they live their lives in a way that reflects their individual preferences and diverse needs was also limited due to the residents' health and lack of social opportunities.

The privacy and dignity of each resident was not respected. A four bedroom ward had been designated as an archive file room for other Health Service Executive (HSE) designated centres in Co. Donegal. The location of this archive room in the centre meant that a range of HSE staff regularly entered the residents' home and intruded on their privacy, dignity and rights.

There was no effective complaints procedure for residents in an accessible and age appropriate format. Furthermore; complaints were not adequately managed and investigated. Inspectors found that in March 2015 a written complaint was received by management and there was no evidence that this matter had been appropriately investigated and resolved.

Judgment:

Non Compliant - Major

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:

The Statement of Purpose identified that admissions to the centre were determined on the basis of transparent criteria. However, the policy and procedures on the criteria for admission to this centre had not been followed. Inspectors found that on at least one occasion, someone had been admitted to the centre who did not meet the admission criteria. This admission was also outside the stated purpose of the centre and was in breach of regulation.

Inspectors also found that residents did not have contracts of care in place.

Judgment:

Non Compliant - Major

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):

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

Findings:

There was a policy and procedures in place relating to health and safety. However, inspectors found evidence that the policy was not fully implemented in practice. For example; repetitive incidents relating to health and safety and risk management had occurred that were not identified, assessed, and managed. For example; two residents had fallen between five and six times each without appropriate falls management safeguards being put in place to prevent and manage the risk of frequent falls. Furthermore, another resident sustained a finger injury and there was no evidence of an investigation into the cause of the injury or preventative measures put in place following this incident.

There was no evidence that all staff had received training in the safe moving and handling of residents and this had impacted on residents' wellbeing. Inspectors found that two residents had received similar injuries following transfers onto a shower chair due to the use of inappropriate seating. No training or other measures had been put in place following the first incident which may have mitigated the risk of the subsequent injury occurring.

There was a procedure in place for the safe evacuation of residents and staff in the event of fire which was prominently displayed. However, a review of the fire evacuation drills was found to be inadequate. For example; documentation outlining the most recent fire drill that took place on the 24 March 2016 at 15.10 did not provide evidence of what residents or staff participated in the fire drill, or if any issues of concern had been identified. In addition; inspectors were not provided evidence of any night time fire drills (or drills simulating night-time conditions) for this centre and there was no evidence of staff training in fire safety management.

Inspectors found that the two electric baths in the centre were not in use for some time and had not been repaired. As a consequence, residents only had the option of having a shower.

Inspectors noticed that there were no floor tiles on the floor beside one resident's bed and this created a trip hazard and infection control risk for the resident and staff mobilising around their bed.

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):
No actions were required from the previous inspection.

Findings:
Measures to protect residents being harmed or suffering abuse were not fully in place and appropriate actions had not been taken in response to allegations, disclosures or suspected abuse.

On the last inspection, inspectors were told that there were no active incidents, allegations, or suspicions of abuse under investigation. However, inspectors found on this occasion that there were safeguarding issues being investigated at the time of the last inspection. At that time, concerns had been referred to the social worker department but had not been interpreted by management as a safeguarding issue. During this inspection, it became clear that staff did not have the required training on safeguarding and safety to identify all forms of abuse including the potential for financial abuse. For example, following a review of residents' charges, inspectors identified that residents were charged for equipment such as mattress, chairs, a sling, a lap strap, wheelchair accessories, a charger and a sleep system. These items of equipment are normally paid for by the service provider and there was no evidence that residents or their representatives had been involved in discussions regarding the purchasing of these items from personal monies.

Inspectors met with the director of nursing, the person in charge and the nurse in charge of the unit during the inspection. All three members of staff told inspectors that they were unclear of the process and procedures to manage allegations of abuse despite recently attending training in safeguarding vulnerable adults. This was of significant concern to inspectors as the director of services and person in charge were both designated officers, and were the nominated persons to manage allegations of abuse in this centre and other designated centres in Co. Donegal. These findings were discussed with the general manager who assured inspectors that all staff including designated officers and managers would receive immediate retraining on safeguarding vulnerable adults.

Residents that displayed significant behaviours that challenge were not provided with emotional, behavioural and therapeutic support that promoted a positive approach to their behaviour. For example; inspectors met with three residents in their dormitory style bedroom. One resident was upset and shouting while lying in their bed and staff told inspectors that they frequently shouted and banged their bed during the day and at night. However, the impact of this noise on the other two residents sharing the bedroom with this resident had not been appropriately assessed and alternative arrangements such as the use of a nearby private room had not been considered. Furthermore, this resident had not been appropriately assessed to identify any underlying cause of their distress and no behaviour support plan was in place to ensure all staff supported the resident in a safe and consistent manner.

Inspectors also found that the admissions procedure had not been adhered to which posed a risk to residents living in the centre. In the case of one inappropriate admission reviewed by inspectors, no risk assessment had been undertaken.

Judgment:
Non Compliant - Major

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

There were three actions issued following the inspection dated 24 April 2014. These related to the effectiveness of the person in charge, the lack of annual reviews and a lack of consultation with residents and their representatives. None of these actions had been addressed.

There were four changes in the person in charge of this centre in the past four months. The current person in charge took up post on the 22 March 2016. However, the Health Information and Quality Authority (HIQA) had not received appropriate notification about these changes and had written to the provider on two occasions that the appropriate documentation for the current person in charge was outstanding. This remained the case at the time of inspection.

Inspectors found that the person in charge was not actively engaged in the operational management and administration of the designated centre on a day-to-day basis with regard to the management of complaints, ensuring residents rights, dignity and consultation were maintained and the management of safeguarding and safety and risk management. The person in charge was responsible for managing more than one designated centre and from the findings made on this inspection, it was evident that this was having a negative impact on the governance and management of this centre. Inspectors were advised that a new person in charge dedicated to this centre was due to be appointed on 08 May 2016.

The quality of care and experience of the residents were not adequately monitored and developed on an on-going basis. Inspectors found that there were not effective management systems in place that supported and promoted the delivery of safe, quality care services. There was no evidence that staff had received adequate and appropriate training in safeguarding and safety, health and safety and risk management, safe moving and handling, fire safety management, or managing behaviours that challenge.

Furthermore; the provider had not met their regulatory requirements in relation to auditing the quality and safety of services provided in the centre. This was evidenced by the lack of unannounced visits by the provider with associated reports and action plans.

These audits were required to identify the positive areas of service delivery and areas that required improvement. Furthermore; the provider had not completed an annual review of the centre at the time of inspection.

Judgment:
Non Compliant - Major

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:

Thelma O'Neill
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 Health Service Executive
Centre ID:	OSV-0002530
Date of Inspection:	28 April 2016
Date of response:	05 July 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 Registered Provider is failing to comply with a regulatory requirement in the following respect:

The congregated nature of this centre impacted on the residents' freedom to exercise choice and control of their daily life.

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 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

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

- The Person in Charge will commence weekly residents meetings.
- The Person in Charge will ensure person centred planning is completed for all residents in conjunction with their families.
- The Person in Charge will put in place a programme of activities that reflect resident choices in their daily lives.
- A consumer forum will commence which will involve residents, families, representatives, staff and an Independent Advocate which will support a person centred community model.
- To respect the privacy and dignity of residents arrangements have been put in place to restrict access to the archive area. One member of clerical staff has been identified for this purpose, access hours if required will be on a Monday from 1400 -1600 hours this staff will complete a sign in/out log on each occasion.

Proposed Timescale: 31/07/2016

Theme: Individualised Supports and Care

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

Residents were not supported to retain control of personal property and possessions and where necessary support provided to residents/family members to assist them manage their /family members financial affairs.

2. 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 provide support to residents to retain control of personal property and possessions and where necessary provide support to residents and their families to assist them to manage their / family members financial affairs.

Proposed Timescale: 31/07/2016

Theme: Individualised Supports and Care

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

There was no effective complaints procedure for residents' in an accessible and age appropriate format.

3. 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 provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

Proposed Timescale: 31/07/2016

Theme: Individualised Supports and Care

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

All complaints were not adequately investigated.

4. Action Required:

Under Regulation 34 (2) (b) you are required to: Ensure that all complaints are investigated promptly.

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

- The Person in Charge attended training on the management of complaints on June 30th 2016.
- The Person in Charge will nominate an additional complaints person for the designated centre
- The Person in Charge will maintain a log of all complaints within the designated centre.
- The Person in Charge will ensure each person's complaints & concerns are listened to and acted upon in a timely, supportive and effective manner.
- The Person in Charge will involve and liaise with families in relation to all complaints where appropriate.

Proposed Timescale: 30/06/2016

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:

All admissions to this centre were not in compliance with the admissions policy and statement of purpose.

5. Action Required:

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

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

- The Person in Charge will ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

Proposed Timescale: 31/07/2016

Theme: Effective Services

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

All residents in this centre did not have a contract of care in place.

6. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

- The Person in Charge will ensure each resident and their families have a Contract of Care which includes the support, care and welfare of the resident and details of the services to be provided for that resident and the fees to be charged.

Proposed Timescale: 31/07/2016

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:

Incidents of health and safety and risk management were not identified, assessed, and appropriately managed.

There was no evidence that all staff had received training in safe moving and handling of residents.

7. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

- The Person in Charge will put in place systems for the assessment, management and ongoing review of risk to include;
- A Risk Assessment of the designated centre which will include clinical, operational and environmental risks.
- Following Risk Assessment control measures will be put in place to address and minimise the risks identified.
- The Person in Charge will monitor the risks on a monthly basis.
- The Person in Charge will put in place a system for responding to emergencies and will ensure all staff are aware of same.
- The Person in Charge will identify staff training needs and compile an annual training plan for staff.
- The Person in Charge will arrange training for staff as per the training plan.
- The Person in Charge will maintain a record of all staff training
- All staff will have training on moving & handling by the 20th of July 2016.

Proposed Timescale: 31/07/2016

Theme: Effective Services

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

Two electric Jacuzzi baths were not in use for some time and had not been repaired, despite two residents having accidents on the shower chairs in the centre.

8. Action Required:

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

- The Person in Charge has completed training on Risk Management.
- The Person in Charge will reinforce the relevant risk management policies with staff to ensure they adhere to the procedures to follow in the event of accidental injury to residents, visitors or staff.
- The Person in Charge will outline the requirement for all staff to read and sign off on having read the relevant risk management policies.
- The Person in Charge will conduct an audit of staff sign off on Risk Management policies within the designated centre.
- A plan will be drawn up to ensure all staff receive information on Risk Management
- Each accidents/ incidents /near miss will be evaluated by the Person in Charge and any learning from incidents shared with staff within the designated centre.
- All accidents/ incidents /near misses will be audited on a monthly basis by the Person in Charge.
- A staff member from the designated centre has been nominated as a Health & Safety Representative and has attended Health & Safety Representative training.
- A Programme of Maintenance will be drawn up by the Person in Charge.

Proposed Timescale: 31/07/2016

Theme: Effective Services

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

There were no floor tiles on the floor beside one resident's bed and this created a trip hazard and infection control risk for the resident and staff mobilising around their bed.

9. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

- The missing floor tiles have been sourced and will be replaced on the 7th of July 2016.
- A Programme of Maintenance has been drawn up by the Person in Charge (2nd of May 2016).
- Infection Control Self Assessments will be completed by the Infection Control Link Nurse by the 7th of July 2016.
- An improvement plan will be drawn up following the Infection Control self assessment.
- The Person in Charge will put systems in place to address issues identified in the improvement plan.

Proposed Timescale: 15/07/2016

Theme: Effective Services

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

The fire evacuation drills did not provide evidence of what residents or staff participated in the fire drills, or if any issues of concern had been identified. There was no evidence of any night time fire drills (or drills simulating night-time conditions) and there was no evidence in the centre of staff training in fire safety management.

10. Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

- All Staff in the designated centre has received Fire Safety Training.
- The Person in Charge will ensure that Staff Training Records are maintained in the

designated centre.

- The Fire Drills Record will be reviewed by the Person in Charge to ensure they contain evidence of the residents or staff who participated in the fire drills any issues of concern that had been identified.
- Personal Emergency Evacuation Plans have been updated for all service users (24th of June 2016).
- The Person in Charge will ensure that Night time fire drills (or drills simulating night-time conditions) will be completed by staff in the designated centre.

Proposed Timescale: 31/07/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Residents that displayed significant behaviours that challenge were not provided with emotional, behavioural and therapeutic support that promoted a positive approach to their behaviour.

11. Action Required:

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

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

- All Staff working in the designated centre will have received training on the management of behaviours of concern by the 31st of July 2016.
- The Person in Charge, in conjunction with the resident and their families and the Multidisciplinary team will assess the needs of each resident and put in place a behaviour support plan that addresses the emotional, behavioural and therapeutic supports to promote a positive approach to behaviour, to be completed by the 11th of July 2016.

Proposed Timescale: 31/07/2016

Theme: Safe Services

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

There was no evidence that staff members had received training in behaviours that challenge including de-escalation and intervention techniques.

12. Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention

techniques.

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

- All staff working in the designated centre will receive training on the management of behaviours of concern, which includes de-escalation and intervention techniques.

Proposed Timescale: 31/07/2016

Theme: Safe Services

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

The admissions procedures for this centre were not properly adhered to and this created a safeguarding risk to residents living in the centre.

13. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

- The admissions procedures for this designated centre will be properly adhered to in order to protect residents.

Proposed Timescale: 30/04/2016

Theme: Safe Services

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

Allegations of abuse were not fully investigated as per organisational policy.

14. Action Required:

Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

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

- The Person in Charge will investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

Proposed Timescale: 30/04/2016

Theme: Safe Services

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

Three members of the management team told inspectors that they were unclear of the process and procedures for reporting and managing allegations of abuse despite recently receiving training in safeguarding vulnerable adults training.

15. Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

- All Staff working in the designated centre have received training in relation to safeguarding residents and the prevention, detection and response to abuse.
- The Management Team have had a meeting with the Safeguarding team to address inconsistencies and to clarify all process and procedures for reporting and managing allegations of abuse.
- Meetings between management and the Safeguarding Team will occur on a bimonthly basis.
- Safeguarding will be a standard agenda item on all staff and management meetings.
- A Staff Questionnaire has been developed to be completed randomly with staff at all levels in order to consolidate staff knowledge of safeguarding processes.

Proposed Timescale: 30/06/2016

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:

There were not effective management systems in place that supported and promoted the delivery of safe, quality care services. The quality of care and experience of the residents were not adequately monitored and developed on an ongoing basis.

16. Action Required:

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

- The Provider Nominee and the Director of Services have completed a management structure for the operation of the designated centre which will be implemented with immediate effect.

Proposed Timescale: 04/07/2016

Theme: Leadership, Governance and Management

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

The provider had not completed an annual review of the centre at the time of inspection.

17. 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 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.

Proposed Timescale: 04/07/2016

Theme: Leadership, Governance and Management

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

The provider had not met their regulatory requirements in relation to auditing of the centre and there were no unannounced visits with associated reports and action plans.

18. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

- The Provider Nominee has a plan in place to ensure unannounced visits to the designated centre are carried out at least every six months or more frequently as determined by the chief inspector and a written report will be prepared on the safety and quality of care and support provided in the centre and a plan put in place to address any concerns regarding the standard of care and support.

Proposed Timescale: 04/07/2016