

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Health Service Executive
<b>Centre ID:</b>	OSV-0002531
<b>Centre county:</b>	Donegal
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Jacinta Lyons
<b>Lead inspector:</b>	Thelma O'Neill
<b>Support inspector(s):</b>	Erin Byrne
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	4
<b>Number of vacancies on the date of inspection:</b>	3

## 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 3 day(s).

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

From:	To:
27 April 2016 09:00	27 April 2016 20:00
28 April 2016 09:30	28 April 2016 17:30
29 April 2016 13:00	29 April 2016 14:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

This was the second inspection of this centre by the Health Information and Quality Authority (the Authority). This inspection was to assess this residential service for registration under the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

There were two houses in this centre, one house was not operational and the other house provided day and overnight respite services to up to sixty one adults and children. Seven residents were accommodated at any one time, however, the

provider had applied to register the centre for 8 beds and this was assessed as part of the registration inspection, but not found to be suitable.

The findings of this inspection identified significant risks to the safety and welfare of residents in this centre. Inspectors identified serious allegations of abuse that had not been appropriately reported to management or when reported, had not been properly investigated in accordance with national safeguarding policies or procedures. This resulted in vulnerable residents not being adequately safeguarded and in one instance when they reported an allegation of abuse they were adversely affected by having their respite services changed.

Inspectors also found serious failings in the governance and management of this centre which impacted on the quality and safety of care provided to residents. There was limited evidence of on-going audits to inform and support decisions in regards to risk management. Six-monthly unannounced visits and an annual review by the provider had not been carried out.

There were no arrangements in place to support, develop and performance manage staff and gaps were identified in the mandatory training provided to staff in regards to the management of behaviour that challenges and the protection of vulnerable adults.

Major non compliances were identified in eleven of the eighteen outcomes inspected in relation to residents' rights, dignity and consultation, communication, family and personal relationships, admissions and contracts for the provision of services, social care delivery, safe and suitable premises, health and safety and risk management, safeguarding and safety, notifications of incidents, governance and management and staffing.

During the inspection, the findings were shared with the person in charge, the provider nominee and the Intellectual Disability Services Manager. The provider was required to take immediate action in response to the serious safeguarding and risk issues identified on inspection. The inspector manager requested that three monthly reviews be completed of this centre due to the serious risk and identified in the centre.

The Action Plan at the end of the report identifies areas where significant improvements are required to comply with the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

**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:**

Residents were consulted with and participated in decisions about their care in a informal manner. However, it was unclear if all residents preferences and choices were obtained. There were no formal residents meetings taking place to indicate that they were consulted about their care and decisions made regarding the running of this centre.

Staff were observed to show residents dignity and respect for privacy while attending to personal care needs. However, residents rights and privacy was not respected at all times, as some residents shared bedrooms, and there were no privacy curtains available in the shared bedrooms to allow privacy and dignity around their bed area. Also there was a peep hole observed on a bedroom door that staff used to observe residents at night, however, residents could not be assured that when they were in their bedrooms that other individuals were not observing them without their knowledge.

The process of managing complaints was inadequate, the complaints log was not centre-specific, it did not identify the actual complaints officer or the appeals office and some complaints were not identified as complaints and therefore appropriately responded to as per organisational policy.

The localised complaints procedure was very unclear and recommended a complainant to contact another designated centre to make a complaint, it did not identify the person in charge as the complaints officer, despite the person in charge advising the inspectors that she was the complaints officer for this centre. Also the local complaints policy did not clearly identify who the complaints appeals officer was for this centre and the

process for appeals was not clear. There was no evidence that residents were assisted to understand their right to complain and what would happen if a complaint was made against them. Inspectors were also concerned at the adverse impact on a resident who had recently made a complaint about abuse regarding a peer had their dates of admissions changed as a consequence.

A record of all financial transactions was maintained and cash balances were checked by two staff. On each discharge the residents money was sent home with them. There were no reported allegations of financial abuse in this centre.

Inspectors were told that residents were not charged for respite. However, the admissions leaflet sent to family prior to each visit stated that each overnight stay was €15.00. In addition; residents were advised to bring in additional money for social activities. For example; inspectors were told that all the residents that attended respite liked to visit a restaurant every evening for their meal. However, there was no arrangements in place to offer alternative meal choices should the residents choose not to go out for a meal. There was also no evidence of discussion or review of these charges or the practices around meal choices in the centre.

**Judgment:**  
Non Compliant - Major

### **Outcome 02: Communication**

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

**Theme:**  
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
Staff were responsive to residents needs and to verbal and non verbal cues. They were also seen to be kind and considerate in their interactions with all residents. There were some pictures of activities to help with choices for non verbal residents. However, residents were not assisted and supported to communicate at all times. Some children's communication plans identified that alternative non verbal communication techniques were required to enhance communication skills and staff members were not trained in these techniques, which had the potential to adversely impact on the children and adults using the service.

There was also a lack of communication aids or tools displayed or in use in the centre. There were no assistive technologies available and the computer available did not have internet access which limited residents ability to access appropriate technological programmes.

**Judgment:**  
Non Compliant - Major

**Outcome 03: Family and personal relationships and links with the community**  
*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**  
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
Residents were supported to maintain personal relationships and links with the wider community. Families were encouraged to be involved with the residents while in respite. Residents could receive visitors in private with no restrictions, however, there was very limited space, particularly for residents that used shared bedrooms.

The involvement of family members in issues such as complaints, behavioural management issues, and safeguarding issues was unclear. There was also evidence that family members were not informed of significant events. For example; in one case when a member of the public made a complaint about the behaviour of a staff member towards a resident. Furthermore, there was no evidence that where appropriate, family members were invited to attend yearly personal planning meetings in the centre.

**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:**  
This service accommodated children and adult residents. Admissions for adults and children were always on separate days. Prior to each admission a leaflet was sent to

each resident/family outlining the terms and conditions of the offer of respite namely; the dates of respite being offered to the individual, charges for social activities, details of medication prescribed, a body chart outlining any bruising or marks the person may have prior to admission, residents healthcare needs, and personal items required. This was a useful tool to ensure that any changes in the residents care needs since the last admission was advised to the staff.

The initial admission criteria and transfers of residents to this service was unclear. There were no admission assessments to clearly define residents requirements or suitability for respite care. For example; two residents from a local residential centre also availed of respite in this centre which limited the number and duration of places available.

The compatibility of residents sharing respite admissions was not adequately assessed and reviewed following incidents of concern. Furthermore, the impact of some residents behaviour on other residents had not been adequately risk assessed. Consideration of risks, needs and safety of residents while in respite, particularly residents sharing bedrooms or attending social activities together were not sufficiently reviewed.

Residents had no contracts of care in place that identified the support, care and welfare of the resident. There was no agreement around the services provided or the nightly respite fees charged. The lack of a written contract impacted on residents and families knowledge of their rights and entitlements when using this service.

**Judgment:**

Non Compliant - Major

**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):**

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

**Findings:**

Nursing assessments were completed. These included medical information, diagnosis, description of service-user, identification of behaviours that challenge. However, there was not always evidence of multi-disciplinary reviews and some medical records were not completed. For example; nursing assessments were not signed or dated and there



was no records of children's vaccinations and blood groups. Furthermore; some of the health care assessments indicated the need for risk assessment or nursing intervention sheets but these had not been completed.

There were an inadequate assessment of residents' social care needs recorded in personal plans that reflected their interests and capabilities. All personal plans were generic and identified the same four goals, such as; bowling, cinema, eating out, and a bus run. Inspectors also identified that in one case that there had been no variation in the range of activities provided to a resident during the last six admissions to the centre.

There was no annual review of resident's personal goals and no evidence that residents or their families were invited to meet with the staff or manager of the service at least once a year to review resident's needs.

**Judgment:**

Non Compliant - Major

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

This service consisted of two houses. Prior to the inspection the inspector was told that one of the houses was currently not used as a residential service. This was confirmed on inspection. The second house was a respite service for adults and children. It had one living room, a dining room, a kitchen, one shower room, five bedrooms (three twin bedrooms, two en suite), two single bedrooms and a staff toilet/ shower room.

A number of shortcomings were identified in the centre. These included the following:

- \* The design and layout of the house did not meet the number and needs of eight residents.
- \* There was a lack of private and communal accommodation for residents.
- \* There were twin rooms throughout with limited option/choice of single room being offered to residents.
- \* The house was not decorated to meet the needs of the children using this service.
- \* A computer available for residents to use did not have access to the internet and therefore limited residents access to assistive technology.
- \* The size of bedrooms was inadequate and some did not have wardrobes due to lack of

space.

\* Inadequate storage facilities for residents' personal belongings and toys for the children.

\* Tall furniture was insecurely stored in the garage and there was a high risk that it could fall over on children playing in the area.

Other failings included a broken electrical switch in the kitchen (covered with clear tape), blinds broken in a bedroom, paint peeling and bathrooms in need of redecoration. There was also only one working shower available for all residents which led to delays in meeting residents' personal care needs, especially in the morning.

**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

**Findings:**

There was one action from the last inspection that required the installation of window restrictors on upper floor windows to prevent accidents. In addition, toilet and shower facilities required review to ensure that additional supports such as, handrails were installed to meet the needs of all residents admitted to the centre. These actions were complete. The need for a handrail to be fitted to the ramp at the front door, a grab rail on the bus and non slip tiles for showers. These matters had been referred for remedial action but had not been addressed.

There were suitable procedures in place for the prevention and control of infection. The centre had an infection control policy and there was evidence that cleanliness and hygiene was a priority for all staff. All areas were visibly clean when inspected.

There was a risk management policy and associated procedures in place for the management and assessment of risk in the centre. Inspectors found that the policy and procedures on incident/accident/near miss reporting and incident investigation was not adequately adhered to. There were inadequate arrangements in place for the identification, recording, and investigation of and learning from incidents, or adverse events involving residents. For example; fire drill records were inadequate as no night time fire drill or drill simulating night time conditions had been carried out. The need for this was paramount given that three residents slept upstairs in the centre and there was a stair gate in situ potentially blocking egress in the event of a fire. During the inspection, the person in charge was required to take immediate action to provide assurance that the centre could be appropriately evacuated in the event of a fire.

Residents personal evacuation plans were generic and not individualised. Inspectors found that in one instance, the personal plan did not identify a sensory deficit and there were no additional safeguarding measures in place to ensure that this resident would be alerted to evacuate if required in the event of a fire.

While some residents' individualised risks were risk rated, there were no clear or effective plans in place to manage the on-going risks that some residents posed to their peers. For example; the suitability and management of some residents that required a more individualised service, despite they posing high risks of assault to their peers and to staff.

Restrictive practices were not appropriately risk assessed and had not been reported to HIQA as required by the regulations. For example, there were three gates in use when children were in receipt of respite. These gates impacted on the rights of all children accessing the kitchen and exiting outside to the garden. One resident had fallen over a safety gate while trying to enter the kitchen. Furthermore, there was no assessment of risks in the kitchen to determine what aspects could be child-proofed and thereby reduce/eliminate the need for restrictive practices.

**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:**

Inspectors found significant evidence of allegations or indicators of abuse which had not been managed in a way to ensure the safety of residents and which had not been investigated in line with national safeguarding procedures.

Inspectors found from speaking to residents and staff and reading daily care records, that a number of allegations of abuse had been reported to persons participating in the management of the centre and that formal investigations had not taken place. The person in charge provided inspectors with documentation of allegations of abuse that had been reported. However, there was no evidence of any allegation of abuse on

residents files and therefore, it was unclear how staff would be aware of the protective measures in place to protect and safeguard residents.

From review of the documentation provided by the person in charge and consideration of the information provided by residents, staff and from care records, inspectors concluded there were significant risks to the safety of residents as a consequence of seriously inadequate safeguarding arrangements in the centre. These included the following:

\* The procedures used by the person in charge and others participating in the management of the centre to investigate abuse were inconsistent and did not provide assurance to those making allegations that their concerns would be heard and adequately responded to.

\* Inspectors found that there had been two serious allegations of abuse that had not been properly investigated. These issues and the actions to be taken were discussed in detail with the provider, the person in charge and other persons participating in the management of the centre.

\* There was no designated liaison person for child protection and staff were unfamiliar with the national guidance document 'Children First: National Guidelines for the Protection and Welfare of Children'.

Aggressive behaviour was not managed in line with national guidelines. There were inadequate behaviour support plans in place and a lack of multi-disciplinary input such as psychologists and other behaviour support specialists, despite on-going concerns about aggressive behaviour and an inability to manage residents behaviour that challenges.

Residents suitability for this service had not been assessed. Staff were not trained in managing behaviour that is challenging or in the management of restrictive procedures employed in the centre such as physical, environmental or chemical restraint and the impact that such restrictions may have on residents lives.

**Judgment:**

Non Compliant - Major

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

Inspectors were not assured that a copy of all accidents and incidents was maintained in the centre at the time of the inspection, as the person in charge informed them that she was advised at recent risk management training that it was not necessary to retain these records in the centre.

Inspectors found evidence that not all incidents and accidents were reported to the Chief Inspector as required by the regulations. For example; allegations of abuse had not been notified within three days and notification of restrictive practices, such as locked doors, the use of stair gates and a net on the bus to prevent assaults had not been notified on a quarterly basis.

**Judgment:**

Non Compliant - Major

**Outcome 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

Residents attended school or daily activity programmes and attended the respite services in the evenings or at the weekends. Some residents attended the centre for a couple of hours after school and went home later in the evening.

Inspectors found that social activities were generally focused around staff rosters. Inspectors were told that social activities were usually finished by 1900 - 1930 as the night staff were arriving for duty. This was found to impact on some social activities particularly during the summer when residents liked to attend social activities later in the evening. Further, there was only one vehicle which meant that all residents were required to participate in the same activity at the same time. This limited residents opportunity for individualised social interaction in the community and created a more consensus-based approach to social activities rather than one based on individual choice.

**Judgment:**

Non Compliant - Moderate

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

Residents healthcare needs were generally met by their own general practitioner (GP) as all residents lived at home or in a residential care setting. Residents were encouraged/supported to take responsibility for their own health and medical needs and residents had access to a doctor if required while in respite. However, records of the residents medical conditions were contradictory in some files viewed. For example; in some residents notes staff had documented that residents were at risk of falls, yet in their hospital passports it stated that they were not at risk of falls.

Inspectors were told that residents generally did not eat evening meals in the centre, and no hot meals were cooked in the evenings. Instead residents ate out every evening as part of their respite activities. Inspectors found that although residents choose to eat out while on respite, there was a lack of choice around healthy eating options. There was no fresh food in the house, only convenience food such as cereals, tins of beans and spaghetti hoops, yogurts, bread etc. Inspectors found that the lack of fresh food or dinner options limited residents food choices. In addition; it was found to limited residents opportunity to prepare meals and to cook or develop life skills in this regard.

**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):**

No actions were required from the previous inspection.

**Findings:**

There are written medication management policies implemented in practice in relation to the ordering, prescribing, storing and administration of medicines to residents.

There were systems in place for reviewing and monitoring safe medication management practices. Residents' medicines and prescription were up to date and reviewed as their needs or conditions change in relation to their medicine.

Inspectors saw that the person in charge had completed some audits of medication practices and had put in place corrective action including retraining staff on safe administration practice to address any issues which arose. However, the administration of PRN (as required) anti psychotic medication required audit, and clear criteria for administering this medication was not maintained. In addition; the tracking of PRN medication was not maintained as per good practice guidelines. The actions required to address these failings are discussed under outcome 18.

There are appropriate procedures for the handling and disposal for unused and out of date medicines.

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The statement does not contain all of the information as required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013

**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):**

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

**Findings:**

There were two actions from the last inspection, these related to a lack of systems for monitoring the safety and quality of care and the production of an annual review of the service was not yet in place. Further, a system for monitoring the safety and quality of care and support provided in the centre including six monthly unannounced visits was not in place. These actions were not addressed.

Effective management systems were not in place to support and promote the delivery of safe and quality care services. The management team did not take responsibility and accountability to ensure that issues raised were adequately and effectively managed.

The registered provider failed to identify risks, ineffective management issues and to assess the level of quality and safety of the services being delivered. Examples of this included the following:

- \* the person in charge had completed the provider-led annual review at the request of the director of services which resulted in an absence of appropriate oversight by the provider.
- \* There was no evidence of consultation with families.
- \* No six monthly visits had been carried out by the provider.
- \* There was no audit, review or monitoring of service delivery.
- \* There was no reviews of plans or placements
- \* The person in charge did not part of the quality risk and safety meetings.
- \* There was no review of incidents to facilitate learning
- \* There was no accountability for inaction where risks were identified.

**Judgment:**

Non Compliant - Major



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

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The person in charge was not absent for 28 days or more.

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

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

**Theme:**

Use of Resources

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

No actions were required from the previous inspection.

**Findings:**

This centre was adequately resourced to ensure the effective delivery of care and support in accordance with the centre's statement of purpose. However, the person in charge or the director of services don't have access to budgetary information or have control of budgets. Decisions regarding minor capital works had to be escalated to the area services manager and local managers did not have the authority to make decisions on minor capital works which resulted in a delay in completing maintenance requests. This was evidenced by the fact that structural maintenance and capital works were not addressed in timely manner. For example, an occupational therapy report in 2014 had recommended structural changes in the bathroom to best meet the needs of resident. At the time of inspection, these changes were still not complete.

**Judgment:**

Non Compliant - Moderate

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

No actions were required from the previous inspection.

**Findings:**

There were appropriate staff numbers and skill mix to meet the assessed needs of residents and the delivery of services. Inspectors were satisfied that residents received continuity of care.

Staff had not completed mandatory training and did not have access to training required to meet the needs of residents and to deliver evidence-based practice. For example; three staff had no training on behaviour management techniques. There was no clear system to that identify staff training requirements were met.

Recruitment procedures did not ensure that the requirements of Schedule 2 were met prior to employment. Staff personnel files did not contain all the information required by Schedule 2 of the regulations. For example; of the six files reviewed, three did not have references as required and two staff did not have Garda vetting. All staff were not supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. Staff qualifications were not recorded on all files inspected. There was no information on agency staff qualifications or mandatory training and no evidence of support or supervision being provided to care staff.

**Judgment:**

Non Compliant - Major

**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):**

No actions were required from the previous inspection.

**Findings:**

All policies required by Schedule 5 of the regulations were in place, as were other documents required by the regulations.

The inspectors found that the security and layout of some records particularly staff records required attention as some documents were not retained securely and information was not readily accessible as required by Regulation 21(1)(a). This included the following:

- \* Records of residents' medical conditions were contradictory in some of the files viewed.
- \* The use of PRN medication had not been audited and clear criteria for administering this medication was not maintained.
- \* The tracking of PRN medication was not maintained as per good practice guidelines.
- \* Records had not been fully completed and some were out of date. For example, the information recorded in a number of files was several years old and had not been updated since the resident's first admission.

**Judgment:**

Non Compliant - Moderate

**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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Health Service Executive
<b>Centre ID:</b>	OSV-0002531
<b>Date of Inspection:</b>	27 April 2016
<b>Date of response:</b>	27 June 2016

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 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:**

Residents rights and privacy was not respected at all times, through the use of shared bedrooms, there was a peep hole on a bedroom door, and lack of consultation with residents, such as residents meetings.

<sup>1</sup> 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 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

05/05/16- Single room occupancy was Implemented.  
31/05/16- Peep hole removed and space filled in door.  
03/06/16- Residents meetings commenced.

**Proposed Timescale:** 03/06/2016**Theme:** Individualised Supports and Care**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The complaints policy did not identify who the complaints officer is and the process for appeals was not clear.

**2. Action Required:**

Under Regulation 34 (2) (a) you are required to: Ensure that a person who is not involved in the matters the subject of a complaint is nominated to deal with complaints by or on behalf of residents.

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

The Person In Charge will ensure that Easy Read document for Complaints including who the complaints officers are is clearly visible throughout the designated centre. This will include arrangements for appeal of complaints.

**Proposed Timescale:** 24/06/2016**Theme:** Individualised Supports and Care**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There was inadequate review of the management of complaints.  
Complainants were not appropriately assisted to understand the complaints procedure.  
There was no evidence that complainants were satisfied with the outcome of complaints.

**3. Action Required:**

Under Regulation 34 (2) (c) you are required to: Ensure that complainants are assisted to understand the complaints procedure.

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

Training on the management of complaints is scheduled for June 30th 2016, a Complaints Officer from the designated centre will attend this. Easy Read documentation for Residents on making a complaint will be discussed at residents meetings during the month of July 2016. Provider Nominee will develop a system of review and management of complaints and the person in charge will implement in the designated centre.

**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:**

Some complaints were not identified as such by staff and therefore not appropriately responded to in line with organisational policy.

**4. 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:**

Training on the management of complaints is scheduled for June 30th 2016, a Complaints Officer from the designated centre will attend this. Complaints Officer will do in service training with all staff in the designated centre regarding responding to and managing complaints. A log of all complaints will be maintained by the Person in Charge.

**Proposed Timescale:** 31/07/2016

**Outcome 02: Communication**

**Theme:** Individualised Supports and Care

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

Communication needs identified for residents were not facilitated due to a lack of appropriate communication assessments.

There was a lack of support and training for staff in this area.

There was a lack of evidence regarding communication between day services and family members, particularly in relation to significant events being communicated to parents/families.

**5. Action Required:**

Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

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

Named Nurses to complete communication assessments for each service user availing of respite at the designated centre.

Following assessment and in conjunction with the service user, their families and MDT a plan to promote communication will be developed and implemented in the designated centre by the PIC.

The Person in Charge will identify training needs for staff with regard to communication and arrange same.

Communication books when assessed as required by service users will be implemented by the person in charge and named nurses.

**Proposed Timescale:** 31/08/2016

**Theme:** Individualised Supports and Care

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

There were a lack of communication aids or tools displayed or in use in the centre.

**6. Action Required:**

Under Regulation 10 (3) (c) you are required to: Ensure that where required residents are supported to use assistive technology and aids and appliances.

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

Named Nurses to complete communication assessments for each service user availing of respite at the designated centre.

Following assessment and in conjunction with the service user, their families and MDT a plan to promote communication will be developed and implemented in the designated centre by the Person in charge, which will include the use of assistive technologies.

**Proposed Timescale:** 31/08/2016

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

**Theme:** Individualised Supports and Care

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

There was limited private space for residents to receive visitors in private, particularly residents that used shared bedrooms.

**7. Action Required:**

Under Regulation 11 (3) (a) you are required to: Provide suitable communal facilities for each resident to receive visitors.

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

The Person in Charge will ensure named nurses and support staff maintain a record of visitors for each resident.

The Person in Charge will identify a suitable communal area for residents to receive visitors in private.

**Proposed Timescale:** 30/07/2016

**Theme:** Individualised Supports and Care

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

1. The involvement of family members in issues such as complaints, behavioural management issues, and safeguarding issues was unclear.
2. There was evidence that family members were not informed of significant events.
3. There was no evidence that all family members were invited to attend yearly personal planning meetings to ensure good communication with the family and the service provider.

**8. Action Required:**

Under Regulation 13 (2) (c) you are required to: Provide for residents, supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

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

The Person in charge will attend annual reviews for residents attending School or Adult Day Services and link with families as part of this process.

Communication books when assessed as required by residents will be implemented by the Person in charge and named nurses.

The Person in charge will circulate Service user Satisfaction Survey to all Residents and their families.

The Person in charge will communicate with families regarding complaints, behavioural management issues and safeguarding issues.

The Person in charge will arrange annual personal planning meetings to ensure good communication with families.

**Proposed Timescale:** 31/08/2016



## 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:**

Residents had no contracts of care in place.

**9. 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 finalise the Contract of Care document and circulate to all residents and their families.

**Proposed Timescale:** 31/08/2016

**Theme:** Effective Services

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

The admission criteria was unclear and admission assessments did not clearly define the individual needs of the residents for respite.

**10. 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 the contract of Care includes the support, care and welfare of the residents and details of the services to be provided for each resident and pocket monies required.

**Proposed Timescale:** 31/08/2016

## Outcome 05: Social Care Needs

**Theme:** Effective Services

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

Individual assessments completed on admission were not reviewed annually.

**11. Action Required:**

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and

social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

The Person in charge will ensure that a comprehensive assessment is carried out by named Nurses in the designated centre on an annual basis or more frequent if required to reflect the changes in need or circumstance.

**Proposed Timescale:** 31/08/2016

**Theme:** Effective Services

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

Resident's individual needs assessments did not have multi-disciplinary team input.

**12. Action Required:**

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

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

The Person in charge will ensure that a comprehensive assessment is undertaken, by an appropriate health care professional, of the health, personal and social care needs of each resident prior to admission to the designated centre.

**Proposed Timescale:** 31/08/2016

**Theme:** Effective Services

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

Residents did not have individualised personal plans; plans were generic and lacked evidence of choice or consultation.

**13. Action Required:**

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

The Person in charge will introduce an individualised Person centred plan template which will be completed by named nurses and keyworkers in conjunction with the resident and their families to ensure there are personalised Care plans in place which promote choice.

**Proposed Timescale:** 30/09/2016

## 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 design and layout of the house did not meet the number and needs of the residents.

**14. 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:**

The Person in Charge has implemented single occupancy in bedrooms 5.05.2016

The Person in Charge will complete the documentation to register the designated centre for 5 rather than 8 residents.

A programme of essential maintenance works has commenced, to be completed July 15th 2016

**Proposed Timescale:** 15/07/2016

**Theme:** Effective Services

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

The centre was not decorated to meet the needs of the children using this service.

**15. Action Required:**

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

The Person in charge will encourage families to send in personal items when residents are using the designated centre.

The Person in Charge will ensure the designated centre is decorated to meet the needs of children using this service.

**Proposed Timescale:** 31/08/2016

**Theme:** Effective Services

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

The premise was not decorated in an age appropriate manner for children.

**16. Action Required:**

Under Regulation 17 (2) you are required to: Where the designated centre accommodates adults and children, ensure that sleeping accommodation is provided separately and decorated in an age-appropriate manner.

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

The Person in Charge has implemented single occupancy bedrooms 5.05.2016

The Person in Charge will ensure the designated centre is decorated to meet the needs of children using this service.

**Proposed Timescale:** 31/08/2016

**Theme:** Effective Services

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

A computer available for residents to use did not have access to the internet and therefore limited residents access to assistive technology.

**17. Action Required:**

Under Regulation 17 (5) you are required to: Equip the premises, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.

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

The Person in Charge will make arrangements for Internet access in the designated centre to facilitate support and promote the full capabilities and independence of residents.

**Proposed Timescale:** 31/08/2016

**Theme:** Effective Services

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

The requirements of Schedule 6 were not in place.

1. A lack of private and communal accommodation for residents.
2. Bedrooms were of an inadequate size, some did not have space for wardrobes.
3. Inadequate storage facilities.
4. Furniture insecurely stored in the garage and there was a high risk that it could fall over on children playing in the area.
5. Showers were not working and there was only one shower available for the seven residents to use.

**18. Action Required:**

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

The Person in Charge has implemented single occupancy in bedrooms 5.05.2016  
The Person in Charge will complete the documentation to register the designated centre for 5 rather than 8 residents.  
A programme of essential maintenance works has commenced, to be completed July 15th2016

**Proposed Timescale:** 15/07/2016

**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:**

There was inadequate arrangements in place for the identification, recording, and investigation of and learning from incidents, or adverse events involving residents.

**19. 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 a system of day and night time fire drills to ensure that all residents availing of respite at the designated centre have been present for a fire drill.

Personal Emergency Evacuation Plans will be updated by named nurses to ensure they are personalised.

The Person in Charge will ensure that positive behaviour support plans, where required, are completed by the named nurse in conjunction with the resident, their family and MDT.

**Proposed Timescale:** 31/08/2016

**Theme:** Effective Services

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

Fire drill records were inadequate in that no night time or simulated night time fire drills had been completed.

**20. 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 has completed a system of day and night time fire drills to ensure that all residents availing of respite at the designated centre have been present for a fire drill.

**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 had generic individualised personal evacuation plans in place.

**21. 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:**

The Person in Charge will ensure that all staff receives mandatory fire training on an annual basis

The Person in Charge has completed a system of day and night time fire drills to ensure that all residents availing of respite at the designated centre have been present for a fire drill.

Personal Emergency Evacuation Plans will be updated by named nurses to ensure they are personalised.

**Proposed Timescale:** 31/07/2016

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

There were not adequate measures in place to safeguard and protect residents from abuse.

**22. 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 Person in Charge has implemented single occupancy in bedrooms 5.05.2016

All staff has received training in Safeguarding.

The Person in Charge will undertake random questionnaires with staff to consolidate

learning.

Detail of Designated Liaison person for Child Protection is now clearly visible within the Centre.

All staff are trained in Children's First National Policy as of 17/06/16

The Person in Charge will ensure that positive behaviour support plans, where required are completed by the named nurse in conjunction with the resident, their family and MDT.

**Proposed Timescale:** 31/08/2016

**Theme:** Safe Services

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

Incidents of abuse were not appropriately investigated and/or managed in line with the centre's safeguarding policy.

**23. 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:**

All staff has received awareness training in Safeguarding and Protection.

The Person in Charge will undertake random questionnaires with staff to consolidate learning.

The Person in Charge will attend Designated Officers Training for Safeguarding when training is available.

**Proposed Timescale:** 31/08/2016

**Theme:** Safe Services

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

There was no designated liaison person in place as required by Children First guidelines. Incidents, suspicions or allegations of abuse were not managed in line with the organisational or national policies and guidelines'.

**24. Action Required:**

Under Regulation 08 (5) you are required to: Ensure that the requirements of national guidance for the protection and welfare of children and any relevant statutory requirements are complied with where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child.

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

Details of Designated Liaison person for Child Protection is now clearly visible within the Centre.

All staff have received awareness training in Safeguarding and Protection.

The Person in Charge will undertake random questionnaires with staff to consolidate learning.

The Person in Charge will attend Designated Officers Training for Safeguarding when training is available.

**Proposed Timescale:** 31/08/2016

**Theme:** Safe Services

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

The person in charge and the director of services/designated protection officer responsible for managing allegations of abuse were unclear of the process and response required when safeguarding issues arose.

**25. 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 have received awareness training in Safeguarding and Protection.

The Person in Charge will undertake random questionnaires with staff to consolidate learning.

The Person in Charge will attend Designated Officers Training for Safeguarding

**Proposed Timescale:** 31/07/2016

**Outcome 09: Notification of Incidents**

**Theme:** Safe Services

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

All allegations of suspected abuse were not notified to the chief inspector.

**26. Action Required:**

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.



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

The Person in charge will ensure that all allegations of suspected or confirmed abuse will be notified to chief Inspector within three working days.

**Proposed Timescale:** 24/06/2016

**Theme:** Safe Services

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

All notifications of restrictive procedures, including physical, chemical, and environmental restraint was not reported to the chief inspector.

**27. Action Required:**

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

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

The Person in Charge will notify the Chief Inspector of each occasion on which restrictive procedures including physical, chemical or environmental restraint was used in the centre on a quarterly basis.

**Proposed Timescale:** 31/07/2016

**Outcome 10. General Welfare and Development**

**Theme:** Health and Development

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

Residents engagement in social activities were very generic and limited in choice and opportunity.

**28. Action Required:**

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

The Person in charge will introduce an individualised Person centred plan template which will be completed by named nurses and keyworkers in conjunction with the resident and their families to ensure there are personalised Care plans in place which promote choice and opportunity.

**Proposed Timescale:** 30/09/2016

### 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:**

Residents were not supported to buy, prepare and cook their own meals if they so wish.

**29. Action Required:**

Under Regulation 18 (1) (a) you are required to: Support residents, so far as reasonable and practicable, to buy, prepare and cook their own meals if they so wish.

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

The Person in charge will ensure that residents who choose to cook while in Respite will be supported by staff to buy, prepare and cook their own meals if they so wish.

**Proposed Timescale:** 31/07/2016

### 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 required review to accurately reflect the services provided in the centre and to comply with Schedule one of the regulations.

**30. Action Required:**

Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

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

The Person in charge will ensure the Statement of Purpose is updated to include all information required by Schedule 1 of the Health Act 2007

**Proposed Timescale:** 31/07/2016

### 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:**

All levels of the management team did not take responsibility and accountability to ensure that issues raised were adequately managed effectively.

**31. 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 Registered Provider will put in place clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specific roles, and details responsibilities for all areas of service provision.

**Proposed Timescale:** 31/07/2016

**Theme:** Leadership, Governance and Management

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

Management systems were not in place to ensure services were safe, appropriate to the needs of the residents, consistent, and effectively monitored.

**32. 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:**

The Registered Provider will 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.

**Proposed Timescale:** 31/07/2016

**Theme:** Leadership, Governance and Management

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

The registered provider or nominated person did not carry out an unannounced visit to the designated centre at least once every six months or more frequently as required.

**33. 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 Registered Provider will carry out an unannounced visit to the designated Centre 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.

**Proposed Timescale:** 31/07/2016

**Theme:** Leadership, Governance and Management

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

The registered provider failed 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 they were delivering.

**34. 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 provider nominee will 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 they are delivering.

**Proposed Timescale:** 31/07/2016

**Outcome 16: Use of Resources**

**Theme:** Use of Resources

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

Decision making regarding allocation of resources was not localised and the person in charge or director of services did not have access to information or control over local budgets.

**35. Action Required:**

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

The registered provider will ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

**Proposed Timescale:** 31/07/2016

## Outcome 17: Workforce

**Theme:** Responsive Workforce

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

The person in charge did not ensure that all information required as per Schedule 2 of the regulations was on each staff file.

**36. 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 will ensure that information and documents as specified in Schedule 2 are obtained for all staff.

**Proposed Timescale:** 31/08/2016

**Theme:** Responsive Workforce

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

Residents social activities were generally focused around staff rosters. Social activities were usually finished by 1900 - 1930 as the night staff were arriving for duty.

**37. Action Required:**

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

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

The Person in Charge will review staff rosters to ensure they meet the needs of social activities for the residents.

**Proposed Timescale:** 31/07/2016

**Theme:** Responsive Workforce

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

Staff did not have access to appropriate training including refresher training as part of a continuous professional development programme.

**38. Action Required:**

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

The Person in Charge will ensure that all staff has access to appropriate training including refresher training as part of a continuous professional development programme.

**Proposed Timescale:** 31/08/2016

**Theme:** Responsive Workforce

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

Staff were not appropriately supervised.

**39. Action Required:**

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

The Person in Charge will commence Personal development plans with all staff in the designated centre.

**Proposed Timescale:** 31/08/2016

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

Records containing personal information were not retained securely and information required to be in place by Regulation 21(1)(a) was not available.

**40. Action Required:**

Under Regulation 21 (3) you are required to: Retain records set out in Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 for a period of not less than 7 years after the resident has ceased to reside in the designated centre.

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

The Person in Charge will ensure audit of PRN medication is undertaken as per good practice guidelines.

The Person in Charge and named nurses will ensure all information in residents files is up to date and accurate

**Proposed Timescale:** 31/08/2016