

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Drumboe Respite House
Centre ID:	OSV-0002531
Centre county:	Donegal
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Jacinta Lyons
Lead inspector:	Jillian Connolly
Support inspector(s):	Maureen Burns Rees
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 14 July 2016 09:00 To: 14 July 2016 17:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This was the third inspection of the centre. It was conducted following a warning letter issued to the provider based on the findings of an announced inspection in April 2016. At this time, inspectors identified significant failings of regulation. Following on from that inspection, a regulatory meeting was held with senior management of the service in which HIQA communicated concerns regarding the safety and quality of care provided. The provider responded by stating that a review of the governance and management arrangements of the service would occur.

The purpose of this inspection was to identify if the quality and safety of service provided to residents had improved.

How we gathered our evidence:

As part of this inspection, inspectors met with staff, observed practices and reviewed documentation such as residents' personal plans, health and safety documentation and audits. Management and staff facilitated the inspection. Inspectors met briefly

with eight residents at the commencement and conclusion of the inspection.

Description of the service:

The designated centre is a house located on the outskirts of a town in Co. Donegal. Respite services were provided to male and female residents, who had a primary diagnosis of an intellectual disability. Residents accessing the service were both children and adults. Inspectors confirmed that children and adults were not accommodated in the centre at the same time. The centre is operated by the Health Service Executive.

Overall findings:

Inspectors identified that action had been taken since the recent inspection which decreased the risk to residents, this included the implementation of single occupancy rooms, the removal of a peep hole in a bedroom door, the commencement of residents' meetings, safeguarding training provided to staff. However, inspectors identified that additional action was required to ensure compliance with regulation. There remained an absence of reviews of the quality and safety of care provided. The admissions criteria for the centre also remained unclear. Staffing levels did not also consistently meet the needs of residents.

Residents who chose to engage with inspectors, expressed satisfaction with the service they received.

Inspectors acknowledged that the time frame for completion of some of the actions from the previous inspection had yet to expire. As a result there are some failings repeated at the end of the report from that inspection.

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

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

Inspectors found in April 2016, that residents' dignity and privacy was not respected due to deficits in the physical premises. This included the use of shared rooms and a peep hole in the door of one bedroom. As of this inspection, all bedrooms had been reduced to single occupancy and the peephole had been removed. Work had also commenced on developing a system for ensuring that residents were consulted. This included the commencement of residents' meetings which was facilitated by an easy read document and pictures. However, inspectors did observe that archived information including residents' personal information was stored in an unsecure location.

Inspectors identified that residents were not consistently supported to exercise their civil, legal and political rights. For example, residents were not aware of personal correspondence between external agencies and the provider.

Deficits were also identified in the procedures in place for the management of complaints on the previous inspection. There had been no complaints in the interim period however work had commenced on developing the system to ensure that residents were aware of the complaints' procedure. This included the development of an easy read document for complaints. Staff had also commenced training on the management of complaints, with one staff member attending as of the day of inspection. Inspectors were informed that the staff member was sharing the learning from this at the staff meeting, which was scheduled for the following week. A new template had also been developed for the recording of complaints.

As the purpose of the centre was to provide respite, the centre was not responsible for the management of residents' personal funds. There was a system in place to safeguard residents' finances while they were in the centre. Inspectors reviewed a sample of records and confirmed that the appropriate measures were in place including regular checks by staff to ensure all monies maintained have a correlating receipt. A list of residents' personal possessions was also created in admission.

Residents were asked on admission to choose activities that they would like to partake in whilst in respite. Inspectors reviewed a sample of activity records and identified that residents were, in the main, facilitated to take part in activities in line with their interests and capabilities. This included bowling, eating out, going to the park and going to the cinema.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The provider had undertaken to complete a review of the communication needs of residents and to provide training to staff on communication. This was due to be completed by 31 August 2016. Therefore the date of completion had not been reached as of this inspection. However inspectors discussed with management the progress to date and found that insufficient progress had occurred to demonstrate compliance would be achieved within the appropriate timeframe. For example, a training course for communication had yet to be identified and/or funding allocated to facilitate this course. Inspectors were informed that there were residents who used specific communication methods such as adapted sign language and found that staff had not received training in this. A review of residents' communication needs had yet to commence. Therefore the failing from the previous inspection is repeated at the end of this report.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

Inspectors were informed that visitors were welcome in the centre, however due to the respite nature of the service this was infrequent. A visitors' book was maintained. As all bedrooms were single occupancy, there was an area for residents to meet visitors in private if the need arose.

Furthermore, inspectors had determined in April 2016 that family members were not adequately involved in pertinent areas such as complaints or adverse events. The provider had committed to completing a number of actions by 31 August 2016 and inspectors confirmed that some of the actions had commenced:

- The person in charge had requested to attend reviews which were hosted by residents' primary service provider such as their school or day service
- A service user satisfaction survey had been issued the week prior to the inspection to residents and their family members
- Personal planning meetings were in the process of being arranged by the respite service if deemed necessary

The action from the previous inspection is repeated at the end of this report and completion of the above actions will be assessed at the next inspection.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

Inspectors found that there were no contracts of care in place for residents. This was a failing identified in April 2016. The provider responded by stating that this would be addressed by 31 August 2016. However, as of this inspection, inspectors were informed that the document had yet to be finalised.

In the absence of a written agreement, clarity was also required regarding the fees to be charged. For example, the 'Respite Pack' which was distributed to residents and their families prior to admission stated that '€30 is required for activities if availing of overnight respite, €15 for day respite and €10 for after school respite.' The document stated that this was not a charge for respite and was used for activities and outings. A review of residents' finances demonstrated that this money was regularly used for eating out. It was not clear if a resident did not bring money or chose not to eat out, was alternative food provided by the centre.

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):

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

Findings:

Inspectors reviewed a sample of personal plans and found that residents' had an assessment completed. Following on from this a plan of care was development if a need was identified.

Residents also had goals identified, which were primarily activities that they would like to take part in. This was done on each admission.

Following on from the last inspection, the provider had stated that assessments would be updated to ensure that they were reflective of multi-disciplinary input. Some assessments had not been reviewed annually. Inspectors confirmed that this was a work in progress as of the day of inspection. Although of the sample reviewed, some

remained outstanding. On this inspection, inspectors also found that assessments were not consistently updated following a change in need. For example, a risk had been identified for one resident following the last inspection. The resident's assessment and plans of care had not been updated to reflect the supports they required. As a result inspectors found that arrangements had not been put in place to meet the assessed needs of the resident, such as adequate staffing.

Judgment:
Non Compliant - Moderate

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):

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

Findings:

The centre was a dormer bungalow on the outskirts of a town in Donegal. Inspectors determined in April 2016 that the centre was not designed and laid out to meet the number and needs of residents. There was an absence of private space for residents and areas of the centre were in disrepair. Furthermore, the centre was not suitably decorated in an age appropriate manner for children accessing the service. The provider responded by reducing all bedrooms to single occupancy. A schedule of works had also be developed and implemented which included a ramp being provided and a shower being fixed. Alterations had been made to the furnishings such as the addition of throws and children's duvet covers which were available when children were in the centre.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:
Effective Services

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

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

Findings:

Inspectors reviewed the assessments of risk in the centre and found that they did not adequately identify and demonstrate the level of risk within the centre and the effectiveness of control measures. For example, areas of the document were incomplete. Furthermore, the system in place for the assessment, management and ongoing review of risk was not implemented effectively. For example, accidents and incidents were due to be reviewed on a monthly basis. Inspectors found however that this was not occurring in practice. Inspectors also identified instances in which control measures of risk assessments were not implemented in practice. For example, a review of the risk assessment for peer to peer abuse was that all staff were aware of residents identified to be at risk of potentially abusing. However, inspectors spoke with a new member of the team who was not aware of this history.

Inspectors found that actions had been taken to identify the deficits in the fire management systems following the last inspection. This included the implementation of a system of fire drills which evidenced that residents could be evacuated to a place of safety within an appropriate time frame. A review of residents' personal evacuation plans had also occurred. On this inspection, inspectors found that the fire evacuation plan on the first floor did not adequately identify means of escape. They also noted that the fire door to the sitting room was not operating effectively.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

Inspectors confirmed that all staff had received training in the safeguarding of vulnerable adults. However one member of the team who had not received training in

Children's First. Staff interviewed were able to identify all forms of abuse and inform inspectors of the procedure to be followed. A designated liaison person had been identified as per Children First guidelines following the last inspection. HIQA had been notified of allegations and suspicions of abuse following the last inspection. Inspectors reviewed the procedure followed and were assured that it was in line with policy. However found that the appropriate immediate action had not been taken following one allegation. This resulted in a second allegation of abuse occurring. Following this, action was taken to safeguard residents.

Positive behaviour support plans were required to support assessed needs of residents. However, inspectors found that these plans had not been reviewed since September 2014. Furthermore, records of incidents did not adequately identify that staff were employing the proactive and reactive strategies as outlined in the positive behaviour support plan. Some staff had not received training in positive behaviour support and breakaway techniques.

The centre maintained a record of all restrictive practices, which were primarily environmental such as a locked door.

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

Findings:
HIQA had been notified of all incidents/accidents and adverse events as required by Regulation 31 since the last inspection.

Judgment:
Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

As the purpose of this inspection was to follow up on findings from the previous inspection, inspectors did not inspect all aspects of this outcome.

Action had been taken to support residents to buy, prepare and cook their own meals as stated in the action plan response by the provider to the failing of the inspection in April 2016. A review had been conducted of the cooking facilities and recommendations identified such as the replacement of the cooker. However the recommendations were not implemented as of this inspection. Inspectors identified one instance in which residents were supported to prepare a meal however this was not consistent. Therefore the failing from the previous inspection is repeated at the end of this report.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

Significant failings were identified in the governance and management arrangements of the centre in April 2016. Following on from the inspection, there had been a change to the person nominated on behalf of the provider for the purposes of engaging with HIQA.

While improvement was identified on this inspection, additional actions were required to ensure compliance with Regulation 23.

Inspectors found that while the aims and objectives of the centre were documented in the Statement of Purpose, the criteria for referral to the centre was broad, ' diagnosis of Intellectual Disability and live in the county.' Management stated that there was an expectation if an individual was referred a service would be provided. The referral system did not account for the number and needs of residents currently accessing the service. Management informed inspectors that there was no clear procedure for emergency admissions. The need for this had been recognised by the person in charge, who had requested a formal review with senior manager to address the issues, as they were not involved in decision making regarding the allocation of resources and the admissions to the centre. This had not occurred as of the day of inspection.

There had been no audits conducted in the centre following the last inspection. The provider had stated in the action plan arising from the previous inspection that an unannounced visit would occur by the 31 July 2016. However as the timeframe for this had not elapsed as of this inspection, the failing is repeated at the end of the report.

Inspectors were also not assured of the effectiveness of the reporting arrangements in the absence of the person in charge. The provider had implemented a system in which staff contacted the senior nursing staff in a nearby designated centre. Inspectors found that the provider had not assured that the persons to be contacted in the absence of the person in charge had the appropriate knowledge and training to provide adequate support. For example, they did not have Children's First training. The centre provided services to children.

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):

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

Findings:

The designated centre had set resources allocated to the centre. This was not linked with the number and needs of the residents currently receiving the service. Inspectors were informed by management that the system was that the respite planner was completed and then the roster was developed based on this. However inspectors identified instances in which this was not effective or in line with the needs of individual residents. For example, the standard roster was that there would be one member of staff on night duty. There were residents admitted to the centre who were identified as requiring supervision at all times. However there was only one member of staff on duty to support three residents from 20.30 hours. Therefore if staff were supporting one resident, the remaining residents were not supervised in line with their identified needs.

Furthermore, inspectors identified that the allocation of staff was not in line with the needs of the residents. For example, inspectors observed that staff were rostered from 08.00 hours in the morning. However there were not residents in the centre from 10.00 to 14.00 hours. Therefore three staff were present in the centre for four hours in the absence of residents.

Formal staff supervision had commenced following the last inspection. Inspectors reviewed a sample of records maintained from these meetings. Areas discussed included training, future career and goals for staff. Areas where staff required support were also identified. A sample of staff meetings also demonstrated that relevant areas such as safeguarding, the role of the key worker and fire management systems were discussed.

A review of training records demonstrated that staff had all mandatory training, with the exception of one team member not having Children's First training. This is addressed in Outcome 8.

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:

Jillian Connolly
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	Drumboe Respite House
Centre ID:	OSV-0002531
Date of Inspection:	14 July 2016
Date of response:	26 September 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 were not made aware of a personal correspondence between external agencies and the provider.

1. Action Required:

Under Regulation 09 (2) (c) you are required to: Ensure that each resident can exercise his or her civil, political and legal rights.

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

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

The Person In Charge has ensured that residents have been made aware of a personal correspondence between external agencies and the provider.

Proposed Timescale: 02/08/2016

Theme: Individualised Supports and Care

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

Personal information of residents was stored in an unsecure location.

2. 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:

The Person In Charge will ensure that Personal Information regarding the Residents is stored in a locked filing cabinet in main office, key to be kept with staff when office unoccupied.

Proposed Timescale: 23/09/2016

Outcome 02: Communication

Theme: Individualised Supports and Care

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

Staff were not provided with the appropriate training to communicate with residents in line with their needs.

3. 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:

The Person in Charge has arranged to meet with other agencies on 4th and 6th October 2016 to discuss communication systems used for residents who attend Respite. The Registered Provider will ensure that staff receive appropriate training in communication which is responsive to residents needs.

Proposed Timescale: 30/10/2016

Theme: Individualised Supports and Care

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

Residents' communication needs were not adequately assessed and therefore were not clearly identified in their personal plans.

4. Action Required:

Under Regulation 10 (2) you are required to: Make staff aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.

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

The person in charge will ensure that named nurses carry out a communication assessment for each resident who requires it and identifies the supports each resident requires in their personal plan. If areas identified in the communication assessments require Multi Disciplinary input the PIC will liaise with the Allied Health Professionals in the residents primary service to ensure this need is met.

Proposed Timescale: 30/11/2016

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

Theme: Individualised Supports and Care

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

There was an absence of adequate links with residents' primary communities.

5. 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 or will ensure a member of staff attends all Annual Reviews of Residents who attend Day Services. If the Respite Service is the Primary Service an Annual Review will be arranged for each resident.

Proposed Timescale: 15/10/2016

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:

There was no written agreements in place between residents and/or their representatives and the provider. This resulted in an absence of clarity regarding the fees to be paid.

6. 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:

Contract of Care Documents has been finalised and the Person in Charge will ensure it is circulated to all residents and their families to read and sign.

Proposed Timescale: 31/10/2016

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:

Residents' personal plans were not reviewed as a result of change in need.

7. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

The person in charge will ensure that all named nurses update residents' assessments and personal plans to reflect any change in need as required.

Proposed Timescale: 15/10/2016

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:

The risk management systems in place were not implemented effectively.

8. 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 ensure Accidents & Incidents are audited each month. All risks identified in Individual Screening tool will be fully risk assessed and risk managed. These will be reviewed on a quarterly basis.

Proposed Timescale: 31/10/2016

Theme: Effective Services

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

Inspectors found that the fire evacuation plan on the first floor did not adequately identify means of escape.

9. Action Required:

Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the designated centre.

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

The Person In Charge has updated the Fire Plan on First floor which now clearly identifies the Fire Exit.

Proposed Timescale: 15/08/2016

Theme: Effective Services

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

A fire door in the centre was not operating effectively.

10. Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

The Person in Charge will ensure that the Maintenance Department repair the fire door on ground floor and first floor to ensure fully operational in line with fire regulations. The Person in Charge will ensure that the Fire Officer carries out a weekly check of fire equipment and fire containment, records findings in the fire folder and reports repairs required to the Maintenance Department. The Person In Charge will follow up with the

Maintenance Department to ensure deficits/maintenance work is addressed.

Proposed Timescale: 23/09/2016

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:

Some staff had not received training in positive behaviour support and breakaway techniques.

11. 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:

The Person In Charge will ensure all staff receive training in Managing Behaviours of Concern and Breakaway Techniques.

Proposed Timescale: 15/10/2016

Theme: Safe Services

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

Records of incidents did not adequately identify that staff were employing the proactive and reactive strategies of the positive behaviour support plan.

12. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

The Person In Charge will ensure that all staff receives training in Managing Behaviours of Concern. A Clinical Psychologist and staff trained in behaviour supports have been identified to support the development of Positive Behaviour Support Plans for residents who require same.

Proposed Timescale: 31/10/2016

Theme: Safe Services

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

Appropriate action had not been taken following an allegation or suspicion of abuse. This resulted in a second allegation occurring.

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 Person in charge will ensure that all staff receives training in Safeguarding Vulnerable Adults policy.

Safeguarding Questionnaires have been carried out with staff.

The Person in Charge has ensured that appropriate action has been taken in relation to a second allegation of abuse.

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:

Not all staff had received training Children's First.

14. Action Required:

Under Regulation 08 (8) you are required to: Ensure that where children are resident, staff receive training in relevant government guidance for the protection and welfare of children.

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

The Person in Charge will ensure all Staff receives training in Children's First.

Proposed Timescale: 31/10/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Residents were not consistently supported to prepare their own meals.

15. 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 are supported to cook their own meals when in Respite if they so wish.

Proposed Timescale: 31/08/2016

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:

Management systems did not demonstrate that the services provided were safe or effective.

16. 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 review the aims and objectives of the Service, eligibility criteria and the referral process for admissions, including emergency admissions. The Registered Provider will ensure that staff providing senior cover have received training in Children First.

Proposed Timescale: 31/10/2016

Theme: Leadership, Governance and Management

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

An unannounced visit had not occurred.

17. 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:

An unannounced visit to the designated centre was carried out by the Provider Nominee on September 6th 2016 and a report produced.

Proposed Timescale: 06/09/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Evidence did not support that staff were allocated to the centre in line with the assessed needs of residents.

18. 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 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.

Proposed Timescale: 01/09/2016