Health Information and Quality Authority
Regulation Directorate

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St John of God Community Services Limited</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002877</td>
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<td>Centre county:</td>
<td>Wicklow</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>St John of God Community Services Limited</td>
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<tr>
<td>Provider Nominee:</td>
<td>Naoise Hughes</td>
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<tr>
<td>Lead inspector:</td>
<td>Karina O'Sullivan</td>
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<tr>
<td>Support inspector(s):</td>
<td>Conan O'Hara</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>6</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: To:
19 April 2016 09:30 19 April 2016 19:30
20 April 2016 10:00 20 April 2016 19:30

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

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Summary of findings from this inspection
This was the second inspection of this designated centre by the Health Information and Quality Authority (hereafter called HIQA). This designated centre is operated by St John of God Community Services Limited (hereafter called the provider), a company registered as a charity. The organization is governed by a board of directors to whom the CEO (Chief Executive Officer) reports.

A complete application was made to HIQA to register the centre for six residents. This designated centre aimed to provide a residential service for adults with varied levels of intellectual disabilities. The designated centre consisted of two community
houses with three females and three males residing within.

The purpose of this inspection was to monitor compliance and inform a registration decision under the Health Act 2007 (Care and Support of Residents in Designated Centre's for Persons (Children and Adults) with Disabilities) Regulations 2013 (hereafter called the regulations) and the National Standards for Residential Services for Children and Adults with Disabilities 2013 (hereafter called the standards).

This designated centre provided residential supports to people with varied levels of intellectual disabilities by providing a community-based residential service. The aim of this designated centre was to provide quality person-centred care, promote independence, community participation and improve the quality of lives of residents whom reside within the designated centre as identified in the statement of purpose.

The service manager and the team leader facilitated the inspection. Both individuals attended a meeting at the beginning and attended a feedback meeting at the end of the inspection.

As part of this inspection, inspectors visited the two houses and met with all of the residents and some staff members and reviewed four questionnaires returned by relatives. Inspectors observed practice and viewed documentation such as personal plans, medical records, recording logs, policies and procedure, minutes of meetings and staff files.

Residents spoken with communicated that they liked living within this designated centre. Residents had access to social care supports, participating in activities appropriate to their interests and preferences.

Inspectors found both residents and staff to be courteous, supportive and helpful during the course of the inspection.

Overall, inspectors found significant improvements in the areas of non-compliance as identified from the previous inspection. This had resulted in improvements to the quality of life for residents living in the centre. For example, staffing levels in the evening time had changed to assist residents participate in social activities. However, some areas required further improvements including the assessment of the effectiveness of health and social plans implemented and the admission process into the designated centre.

All areas of compliance and non-compliance are discussed in more detail in the main body of the report, the accompanying action plan outlines the non-compliances identified that did not meet the requirements of the regulations and Standards.
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 about how the designated centre was planned and run. Improvements were required in the complaints policy, the management of complaints, oversight of residents' personal finances, maintaining residents dignity and the use of CCTV (closed circuit television) within the designated centre.

There was a policy and procedure for the management of complaints; however, this was not reflected in the "making a complaint document", for example, the appeals process was different in both documents. It was also unclear who the nominated person independent of the person nominated, to deal with complaints was.

The complaints process was user-friendly, accessible to all residents and displayed in both houses. Residents and their families were made aware of the complaints procedures within the designated centre. Inspectors viewed a number of complaints and found lack of a consistent approach. Some complaints viewed did not specify if the complaint was resolved or if the person making the complaint was satisfied with the outcome. One resident had made a complaint in relation to the noise levels in the house which was impacting on their sleeping pattern. The resident was prescribed a sleeping tablet on a short term bases. Inspectors requested evidence that the prescriber of the medication was informed of the impact of the loud noises affecting the residents sleep pattern, however, this was not available. Inspectors also requested minutes from the case conference which was to be completed as an action to the resident's complaint however, this was also not available. Inspectors found that the management of this complaint was not conducive to maintaining the resident's rights or dignity.
Inspectors also found that resident's privacy and dignity was not always maintained within one house as peers could enter the bathroom while a fellow resident was using the shower. Residents were also entering into fellow residents’ bedrooms uninvited. Staff identified that this was an issue and they were currently dealing with this through sampling various interventions such as symbols on doors; however, the inspectors identified that this issue had been ongoing since 2014.

Resident's finances were not maintained in accordance with the policies and procedures within the designated centre as minor differences were noted on balances. Inspectors found some staff members were not adhering to the checking of accounts. There was also lack of oversight in relation to balance checks by a delegated person on a monthly bases as specified within the policy. Inspectors also viewed evidence of residents funding assessed products including helmets and massage pads these items had been prescribed by members of the multidisciplinary team.

One resident did not have a bank account; however, the person in charge identified the process currently underway to facilitate this and inspectors viewed evidence of meetings taking place.

The use of CCTV within the designated centre was not maintained in accordance with the procedure devised by the organization. Lack of a risk assessment and signage indicating the use of such a devise was not evident to inspectors.

Residents had access to advocacy service and relevant contact information about their rights - this was clearly evident within the two houses.

Residents participated in residents’ meetings inspectors viewed minutes of these, where standard agenda items including what's new, outings and events and our menu were discussed with residents.

**Judgment:**
Non Compliant - Moderate

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**Outcome 02: Communication**

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

**Theme:**
Individualised Supports and Care

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

**Findings:**
Inspectors found that the designated centre ensured the communication support needs of residents were met.
The designated centre had a communication policy and audit tool in place. Staff spoken with were aware of the communication needs of residents and these were clearly described in the communication care plan maintained on file for each resident.

Inspectors reviewed a sample of residents' personal passports which outlined their methods of communicating, their gestures and what actions may reflect their mood or state of wellbeing. Inspectors observed that assistive equipment and supports were put in place to promote residents' communication such visual display boards, objects of reference and tablet computers.

Residents had access to speech and language therapy and at the time of inspection there were a number of referrals in process. Residents had access to radio, television, Internet, social media and information on local events.

**Judgment:**
Compliant

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**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:**
Inspectors found that families and friends were encouraged to get involved in the lives of residents.

Inspectors reviewed a sample of family contact logs and it was evident that the centre supported positive relationships between residents and their family members. This included visits from relatives, access to telephones and family invitations to events in the designated centre including significant life events.

Staff assisted in the organization of meals out with residents and family members. There were also records of staff keeping family members informed of the residents' wellbeing.

Visitors were welcomed within the designated centre and there was a policy in place about visiting. Residents were building relationships among the wider local community though participation in community-based activities involving beauty treatments, snooker, going out for meals and swimming.
Judgment: Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme: Effective Services

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

Findings:
Inspectors found that the admission and discharge process required significant improvement along with the details contained in residents' contracts of care provision as required within the regulations.

Residents had written contracts in place and inspectors noted that these were signed where possible by the resident and the resident's representative and representatives of the designated centre.

The fee paid by residents was unclear to inspectors as residents within the same designated centre had different amounts specified within the resident's contract of care provisions. Some staff members spoken with were unsure as to the rational for this. The contracts also specified a percentage of the light and heat bills were to be paid by the resident. Inspectors found the exact percentage was not outlined within the resident's contract. Residents were also required to contribute to a communal fund this was not outlined within the residents guide.

There were policies and procedures in place for the admission, transfer and discharge of residents. The process was also described in the statement of purpose. Inspectors found that this was not fully adhered to in relation to admissions. Admissions to the designated centre was not planned as the process did not consider the wishes, needs and safety of the individual and the safety of other residents already living in the designated centre. This was evident through the complaints log as residents had made complaints in relation to this. Inspectors also viewed the transition planning document. This document did not guide staff effectively in relation to the transitional needs of a resident. For example, some staff members spoken with identified that they were not made aware of specific needs and requirements of new admissions.

Judgment: Non Compliant – Moderate
Outcome 05: Social Care Needs

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

Theme:
Effective Services

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

Findings:
Inspectors found that the wellbeing and welfare of residents was met; however, improvements were required in the details contained, evidence of implementation and review of both personal and healthcare plans.

Inspectors viewed actions from the previous inspection pertaining to social care needs and found areas outstanding. For example, plans were not based on an assessment, and the effectiveness of plans were not always assessed.

Residents’ social care needs were identified; however, it was unclear how these related to the assessment completed. Inspectors requested clarity for a sample of goals identified and staff were unable to identify where these goals originated within the assessment completed. Goals included teaching a residents to vacuum their bedroom; however, when speaking with staff the resident did not like participating in the activity. Some of the goals present did relate to the wishes and assessed needs of residents, such as travel training and visiting the zoo.

Inspectors viewed all the resident’s files, assessments of need were completed identifying specific healthcare needs, for example, nutrition and gastrointestinal issues. However, all of the health care plans developed were not sufficiently detailed to guide practice such as the fluid requirements not being specified. The monitoring and implementation required to assess the effectiveness of treatment or deterioration in the areas identified were also not evident. For example, the implementation of a bowel monitoring chart was blank for 15 days. Inspectors also viewed two plans of care developed for the same resident in relation to the same area of care provision and differences arose in relation to the review process. One plan had five reviews completed, while the other plan had four reviews completed.

Inspectors viewed personal plans in place incorporating personal and social needs. These plans were personalised and included a document entitled what staff must know about me. This assisted staff to provide person centred care in a consistent manner reflecting resident’s individual requirements.
Residents had the opportunities to participate in meaningful activities that were appropriate to their interests and preference. These included areas such as walking, horse riding going out for coffee and beauty treatments.

Residents’ family members were consulted in relation to the personal plans in line with residents and family members’ preferences.

**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:**
Actions from the last inspection were implemented satisfactorily. Inspectors found the garden to be well kept and the internal issues identified in the previous inspection had been addressed.

Improvements were required in relation to the layout of one house as this did not meet the assessed needs of residents. One resident's bedroom and en suite did not have sufficient space to provide care provision to the resident. The resident had to be transferred from one area to another in order for their care needs to be addressed. Lack of storage was also evident as one en suite was used to store products pertaining to personal hygiene for the designated centre.

The designated centre comprised two bungalows which were located in close proximity. Each bungalow accommodated three of the six residents. Each resident had their own bedroom and there were adequate communal and private areas within the bungalows. Inspectors found the residents’ rooms were personalised with pictures and the residents' belongings.

Inspectors reviewed maintenance records and found that most maintenance requests were dealt with in a timely manner. Some areas were still outstanding, including mould within one of the house. In addition, inspectors identified some issues that needed to be addressed, for example, broken plaster in one of the bathrooms and covers peeling from the kitchen presses.
The service manager informed inspectors of progress with plans to extend one of the bungalows to achieve more spacious accommodation for residents, which was in development at the time of the last inspection.

**Judgment:**
Non Compliant - Moderate

**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 found the designated centre required improvements to ensure it was suitable and safe for the number and needs of residents. Improvements were required in the areas of risk management, fire safety and the layout of one house.

The designated centre had an organizational risk management policy in place which included the specific risks identified in regulation 26. The designated centre had a risk register which recorded a number of risks in the service and the controls in place to address these. Inspectors found that there were improvements needed in the identification, assessment and management of risk in the designated centre. However, inspectors found not all risks were clearly identified and managed - this was also a finding in the last inspection. On the day of inspection, the temperature of the water was 45 Degrees Celsius and posed a risk to residents. While the designated centre had a thermostat control in place on the water, it was not being monitored for its effectiveness. Risks identified included medication, waste, absconding, assault, chemicals, challenging behaviour. In addition, not all risks identified were being assessed and rated.

There were individual risk assessments for residents in place. These included fire, falls, self-injury and epilepsy. However, the individual risk assessments did not identify all risks present in the designated centre for particular residents such as swallowing and privacy and dignity issues.

There was certification and documentation to show the fire alarms, emergency lighting and fire equipment were serviced by an external company on a regular basis. Staff also completed checks on the exits, alarm panels and equipment. However, improvements were required to ensure that adequate fire safety precautions were in place. The fire evacuation procedure was not on display in a prominent position and it was unclear if
there were fire doors in the two units of the centre.

Fire drills had taken place and records recorded the time taken to evacuate and issues identified. An issue was identified in a recent fire drill and it was evident that efforts were being made to resolve the issue. Inspectors reviewed a sample of the personal emergency evacuation plans (PEEPs) for the residents and found them to be concise and informative. The PEEPs included information on mobility, awareness and support needed.

The designated centre had a health and safety statement which outlined the responsibilities of the various post-holders within the organization. The statement referenced a wide range of policies and procedures that supported the statement and guided staff in their work practices. There was a policy in relation to the unexpected absence of a resident. The designated centre had an emergency evacuation plan in place for a number of various events such as fire, adverse weather conditions, flooding, power failure and possible gas leakage. The plan identified the specific alternative accommodation to be provided in the case that residents could not return to the designated centre.

There were procedures in place for the prevention and control of infection and inspectors found that all areas were clean and hygienic. There were adequate hand-washing facilities and sanitising hand gel was available in key areas throughout the designated centre. Inspectors reviewed daily and weekly cleaning checklists and personal protective equipment was available throughout the designated centre.

Inspectors reviewed the accidents and incidents logs for the designated centre and found a clear system of recording and follow up to address any risks as a result of an incident.

Staff members in the designated centre were trained in safety practices in manual handling and fire. The sample of training records examined by inspectors showed that these were up to date for all staff.

Inspectors found that the designated centre’s vehicles were appropriately taxed, insured and had a National Car Testing (NCT) certificate.

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

**Findings:**
Inspectors found areas identified in the previous inspection had been successfully implemented; however, the management of behaviours required improvement.

Inspectors viewed multi-elemental behavioural support plans. Elements of the plan were very informative and provided, clear guidance for staff when communicating with the resident. If staff observed any identified triggers clear verbal phrases were outlined to assist staff members to engage in a consistent approach to behavioural management. The plan outlined clear guidance to staff in relation to day-time practices and night-time practices. This had been reviewed by members of the team, a behaviour practitioner, a psychologist and psychiatrist.

Inspectors also viewed evidence where the need for night-time chemical restraint had been reduced steadily over a period of time resulting in the medication no longer being used. However, behavioural support plans in relation to sleep patterns were not effectively considering the impact of behaviours on other residents. This was discussed in detail with the team leader and service manager.

There was a policy on and procedures in place for the prevention, detection and response to abuse, which staff members were aware of. Staff members spoken with were knowledgeable in relation to the management of an allegation of abuse and outlined the procedures to be followed should such an allegation arise.

Restrictions practices were appropriately reviewed and recorded.

There was a policy in place for providing intimate care.

Inspectors found measures were in place to protect residents being harmed or suffering abuse. Inspectors found residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. From speaking with residents, they were knowledgeable in relation to who to speak to should concerns arise.

**Judgment:**
Non Compliant - Moderate

**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 found a record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. Inspectors reviewed all notifications submitted to HIQA and found some notifications outstanding due to a recent change in management. The relevant notifications were submitted during the inspection.

Judgment: Compliant

Outcome 10. General Welfare and Development
Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme: Health and Development

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

Findings:
Inspectors found that the general welfare and development needs of residents were promoted. Residents were afforded opportunities for new experiences, social participation, education and training in accordance with the needs and preferences of residents.

Inspectors spoke with and observed residents and staff, and viewed documentation, and found that the residents were provided with suitable activities in line with their own goals and preferences and relevant to their needs. The team leader and support workers outlined how support was provided to residents to pursue a variety of interests including bowling, cinema and snooker.

Inspectors found that residents attended day services with the exception of one resident who had retired and was afforded the opportunity to participate in activities in accordance with the resident's personal preference. Residents were also facilitated to have a day off from day services if the resident wished.
Inspectors viewed residents' profiles and these contained relevant information in relation to activities residents participated in. One resident discussed their hobbies in relation to cars and had visited various car shows with staff. Staff spoken with identified the method of sampling new experiences for residents, and inspectors viewed evidence of this in relation to planning holidays and day trips for residents.

Residents spoken with identified how staff had supported them in significant life experiences including family bereavement and also the death of a fellow resident. Residents were offered the choice to participate in a bereavement programme and one resident present a memory book of important events shared with family and friends who had passed away. The resident explained to inspectors that staff members assisted with visits to the graveyard, visits to the church and also completing a collage of photographs in memory of the fellow resident who had passed away.

Staff members present were aware of residents' individual needs and preferences.

Some residents used community transport with staff and visited and socialised within their community, for example, the local pub, shops and post office.

Judgment:
Compliant

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

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

Findings:
Inspectors found that the overall health needs of residents were appropriately supported. Improvements were required in relation to the monitoring of the effectiveness of interventions in place for residents.

Inspectors found that the healthcare needs of residents were met within the designated centre. Improvements were required in relation to developing plans with appropriate steps outlined and evaluating the effectiveness of the plans devised as discussed in Outcome 5. Weekly blood pressure was being recorded and documented however inspectors were unable to see any plan of care pertaining to this as the resident had a diagnoses of hypertension. Inspectors viewed recordings ranging from 118/66mmHg to 173/80mmHg, but no interventions were specified nor was the resident's baseline identified. Blood glucose monitoring was also taking place with no baseline specified for the resident or what interventions were to be implemented if the resident's blood
glucose went above a specific level.

Residents had access to a general practitioner (GP) and annual reviews had taken place.

Residents had access to allied health care professionals and inspectors viewed evidence of this including access to an occupational therapist, psychiatrist, chiropodist and speech and language therapist. Inspectors viewed evidence of recommendations being implemented including massage pads and a sensory box.

Epilepsy management plans were in place for residents as required. Staff members were trained in the administration of emergency rescue medication with the exception of one staff member.

Regarding food and nutrition, inspectors found residents participating in mealtimes within the designated centre in accordance to the residents' preferences in relation to food choices.

Inspectors viewed user-friendly (in pictorial format) menu selection, while refreshments and snacks were available for the residents outside mealtimes within the designated centre.

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
Inspectors found the oversight of medication management required improvement in relation to the administration records, the practice around PRN (as required) medication, as identified in the previous inspection and the reviewing and monitoring of safe medication management practices within the designated centre.

Improvements were required in the following areas:
- some PRN medications did not have an expiry date specified on the label or container
- protocols in relation to PRN administrations was not available for all PRN medication
- administration sheets did not contain a space to record comments on withholding medication or refusing medication.
There was a system in place for recording, reporting errors and reviewing medication; however, this required improvement as medication errors were viewed in isolation. One audit was present and reviewed. Monitored medication practices within the designated centre, and this was completed in October 2014. There was no follow up to this audit or actions specified following the audit. Inspectors did acknowledge that medication errors had significantly reduced with the introduction of a dispensed dosage system. The pharmacist had been invited to the designated centre to discuss the new system and provide clarity for staff members in relation to the use of the system.

There was an organizational medication management policy and local procedures in place dated October 2013.

The designated centre had written policies and procedures related to the administration, transcribing, storage, disposal and transfer of medicines. Medication was supplied to the designated centre by a local pharmacist and medication was recorded when received and a stock check was carried out once a week. The pharmacist also carried out a review of the medication for each resident.

Inspectors observed that all medication was stored in a secure, locked cabinet in a locked area and the keys to access the medication cabinet were held securely by staff. There were no controlled drugs in use in the designated centre at the time of the inspection.

A sample of training records examined in the designated centre showed that assessments had been carried out with staff members who had received training.

Judgment:
Non Compliant - Moderate

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

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

Findings:
Inspectors found the statement of purpose met the requirement of the regulations.

Minor amendments were required in relation to the inclusion of the age range. This was subsequently provided following the inspection.
Judgment:
Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

Findings:
Inspectors found that the overall governance and management structure within the designated centre required improvement.

Inspectors found there were no structured systems in place to audit or monitor medication management practices, residents finances and care interventions. Inspectors did acknowledge that the team leader was planning on devising a schedule of audits. This was awaiting completion.

The provider had nominated a person to conduct visits to the designated centre at least once every six months and produce a report. An action plan arising from the visit was devised. This included dates when areas were to be addressed. This for example, expand on current audit schedule within the designated centre was dated 31 August 2016. However, the status of some actions were unclear as no dates were included, for example, teaching a resident to use a front-door key was postponed with no clear identification for the rational for this decision.

Inspectors found that there was a clear governance and management structure in place. All staff members spoken with by inspectors clearly outlined the systems and processes in place within the organization.

The person in charge had retired since the last inspection the current person in charge was appointed for a fixed period of time until recruitment was completed for the person in charge to take up the post.

The team leader oversaw the day-to-day management of the two houses with monthly team meeting taking place. Inspectors viewed evidence of these meetings and viewed minutes. These meetings facilitated team learning through policy discussion. The last policy reviewed by the team included the communication policy. Areas pertaining to
Residents such as assessments were also discussed to ensure all staff members were aware of the current assessed needs of residents.

Inspectors viewed an annual review of the quality and safety of care in the designated centre. There was evidence of consultation with residents.

**Judgment:**
Non Compliant - Moderate

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

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

**Theme:**
Leadership, Governance and Management

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

**Findings:**
Appropriate deputising agreements were in place within the designated centre as the person in charge had retired. Inspectors requested that the relevant notification was submitted to HIQA and this was subsequently received. This identified that the recruitment of a person in charge had been completed and this person would commence on the 12 July 2016.

**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:**
Inspectors found that the designated centre was resourced to ensure the delivery of care and support in accordance with the statement of purpose.
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:
Overall, inspectors found that there was an adequate number of staff to meet the needs of the residents and to deliver a safe service. Inspectors observed staff engaging with residents in a friendly and respectful manner. However, some actions from the previous inspection were not addressed and improvements were needed in relation to mandatory training and supervision.

There was formal supervision in place that made staff accountable and supported them in their roles. However, the absence of a full-time person in charge was notable as the frequency of supervision did not match the policy. Staff interviewed by inspectors noted that the supervision sessions provided an opportunity for staff to identify their training needs.

Mandatory training had not been completed by all members of staff in relation to behaviour management due to a change in programmes; however, there was a schedule in place to address this. Additional training was also scheduled based on the needs of the residents, for example, training in diabetes and epilepsy.

Residents availed of the services of a volunteer who supported them to access community activities. However, the roles and responsibilities were not clear, staff members including management were not aware of the roles currently carried out by the volunteer.

There was a staff rota in place and a planned and actual rota was maintained. Staff rotas were reviewed for a sample of three weeks. The roster identified that during the day, four to five social care workers were on duty and for the night shift there was one nurse on waking nights and one social care worker on sleepover duty. The team leader noted that staffing numbers in the designated centre depended on the needs of the residents and changes were made as needed, for example, during holiday periods.
Four staff files were reviewed by inspectors and they contained all of the information required under schedule 2 of the regulations.

Recruitment procedures for staff members in the designated centre were effective and there were good systems in place to support safe recruitment practices. The recruitment of staff was managed centrally, by the human resources department of the organization.

**Judgment:**  
Non Compliant - Moderate

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**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:**  
Inspectors found the documentation required by the regulations to be maintained in the designated centre required improvements in relation to Schedule 3, 4 and 5 of the regulations.

Not all written operational policies as listed in schedule 5 of the regulations were in place to inform practice and provide guidance to staff. For example, the complaints policy and finance policy which were under review. The positive behavioural support policy was present within the designated centre. This was dated 2015 and the first 65 pages had been reviewed; however, the remainder of the document was not reviewed since April 2013. This related to physical and mechanical restraint. Inspectors also came across another document with the same title dated 2009. The use of medication for behavioural purposes was dated 2009.

Records and documents that were viewed were in accordance with Schedules 3 and 4 as listed in the regulations were also viewed. The directory of residents did not identify the dates that residents did not reside within the centre.
Inspectors found systems were in place to ensure that medical records and other records, relating to residents and staff, were maintained in a secure manner.

Inspectors read the residents guide and found that it provided detail in relation to all of the required areas except the inclusion of a communal fund that residents contributed to. This document included a summary of the services and facilities to be provided, arrangements for resident involvement in the designated centre and a summary of the complaints procedure.

Inspectors reviewed documentation submitted as part of the application to register, and determined that there was an up-to-date insurance policy in place for this proposed designated centre valid up until the 31 December 2016.

**Judgment:**
Non Compliant - Moderate

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**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:**

Karina O'Sullivan  
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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St John of God Community Services Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002877</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>19 April 2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>24 June 2016</td>
</tr>
</tbody>
</table>

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:
In some instances residents’ privacy and dignity was not respected in relation to their bedrooms and when using the shower.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
1. **Action Required:**
Under Regulation 09 (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:**
Each resident's privacy and dignity will be respected
1. Personal and living space...locks will be fitted on bedroom doors in conjunction with the OT department in order to allow the residents to make their own private space secure.
2. Intimate and personal care...Staff will adhere to local procedure in respect of the provision of Intimate and Personal Care. The residents intimate care plans will be reviewed.

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**Proposed Timescale:** 31/10/2016

**Theme:** Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
One resident did not have a bank account.

Financial records were not maintained in accordance with the organization’s policies and procedures.

Residents funded prescribed products.

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

**Please state the actions you have taken or are planning to take:**
1. All residents now have bank accounts.
2. All finance balances are checked on a daily basis by staff on duty
3. All financial transactions are checked at the end of the week by the staff member for further oversight.
4. The Supervisor will check all cash books at the end of the month.
5. Each resident will have access to and retain control of personal property and possessions.
6. Each Resident will have a Financial Passport Outlining the support required with regard to their financial affairs.
7. Each resident will be supported to manage their financial affairs in line with the Financial Passport 30/4/2016

**Proposed Timescale:** 30/06/2016  
**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The management of some complaints viewed did not ensure that any resident who had made a complaint was not adversely affected.

3. **Action Required:**  
Under Regulation 34 (4) you are required to: Ensure that any resident who has made a complaint is not adversely affected by reason of the complaint having been made.

**Please state the actions you have taken or are planning to take:**  
1. Each resident has a key worker who acts as an advocate for their key-client  
2. Residents are supported to make complaints in line with the Complaints Policy  
3. The Complaints Policy outlines that a person making a complaint may not be adversely affected by reason of making the complaint.  
4. Staff will be inducted into the revised Complaints Policy and will be made aware of their roles and responsibilities

**Proposed Timescale:** 30/06/2016  
**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Some complaints viewed did not identify if residents were informed of the outcome or if the complaint was resolved.

4. **Action Required:**  
Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed promptly of the outcome of their complaints and details of the appeals process.

**Please state the actions you have taken or are planning to take:**  
Complainants will be informed promptly of the outcome of their complaints and details of the appeals process in line with the updated Complaints Policy.

**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:**
Lack of clarity existed among staff in relation to who was the nominated 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.

5. **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:**
1. The overseer of complaints is in place, and staff are now aware of same.
2. A record of all complaints will be maintained by the Supervisor in line with the updated Complaints Policy.
3. All staff will be inducted into the updated Complaints Policy.

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

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**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Procedures were not clear in relation to the appeals process as two documents were present in the designated centre.

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

**Please state the actions you have taken or are planning to take:**
An effective complaints procedure will be made available for residents which is in an accessible and age-appropriate format and includes an appeals procedure in line with the updated Complaints Policy.

**Proposed Timescale:** 30/07/2016
<table>
<thead>
<tr>
<th>Theme: Effective Services</th>
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**Outcome 04: Admissions and Contract for the Provision of Services**

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The admission of a resident did not take into account the need to protect other residents in relation to respecting personal belongings, space and sleep patterns.

**7. Action Required:**
Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

**Please state the actions you have taken or are planning to take:**
1. A transition plan will be put in place for all future residents moving into the DC 23/4/2016
2. Reactive Strategies will be implemented for residents with behaviours that challenge in order to protect individuals from abuse by their peers. 23/4/2016
3. Behaviour Support Plans will be reviewed in line with the Order’s Policy. 30/6/2016

**Proposed Timescale: 30/06/2016**

<table>
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<tr>
<th>Theme: Effective Services</th>
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</table>

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Contracts did not adequately set out the services to be provided, the fees to be charged and the details of additional charges.

**8. 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:**
1. Updated Contracts of Care will be put in place.
2. The Contract of Care will ensure the agreement for the provision of services including the support, care and welfare of the resident is outlined.
3. The Contract of Care will detail the services to be provided for that resident.
4. The Contract of Care will outline the fees to be charged to each resident.

**Proposed Timescale: 31/07/2016**
Outcome 05: Social Care Needs

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Details contained within plans did not always guide staff sufficiently.

Implementation of plans was not always evident.

9. **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:
1. Each resident will have a comprehensive assessment carried out at least annually
2. Plans based on the assessed needs of each resident will be implemented
3. Information will be archived as documents are updated in line with Record Retention Policy.

**Proposed Timescale:** 30/10/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The effectiveness of residents' plans was not evident within the review process.

10. **Action Required:**
Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

Please state the actions you have taken or are planning to take:
1. Personal plans will be reviewed by the Supervisor to assess the effectiveness of each plan and take into account changes in circumstances and new developments.
2. An audit schedule will be drawn up by the Person in Charge to review personal plans in the Designated Centre.

**Proposed Timescale:** 30/12/2016

Outcome 06: Safe and suitable premises

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
One bedroom and en suite did not meet the assessed needs of the resident.
11. **Action Required:**
Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

**Please state the actions you have taken or are planning to take:**
1. Premises will be re-designed and laid out to meet the needs of residents in accordance with the Statement of Purpose and Function.
2. Following feedback from Registration Inspection, the plans and tender for the proposed build will be revised to ensure that all works needed are being completed in upcoming build.

**Proposed Timescale:** 31/01/2017  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Inspectors identified some issues that needed to be addressed, for example, broken plaster in one bathroom and covers peeling from the kitchen presses.

12. **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:**
1. The plaster that is damaged in the bathroom will be repaired and a door stopper put in place to eliminate further damage.
2. The maintenance department are identifying repair possibilities for the kitchen, with consultation being sought from an external contactor.

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

**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:**
Not all risks had been assessed or managed.

13. **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:
1. A system will be put in place in the designated centre for the assessment, management and on-going review of risk.
2. Risk Assessment will form part of the Team Meeting Agenda.
3. Risk Assessment will be monitored on a monthly basis through the Care and Support Review between the Supervisor and the Person In Charge.
4. A Risk Register will be maintained in respect of the Designated Centre that will include all risks; environmental & personal.

Proposed Timescale: 31/07/2016
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Fire doors in the designated centre were not to the required standard.

14. Action Required:
Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

Please state the actions you have taken or are planning to take:
1. Fire Doors will be fitted and existing fire doors will be certified as part of renovations that are to be carried out.

Proposed Timescale: 31/01/2017

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:
Behavioural support plans were not effectively considering the impact of defined behaviours on other residents.

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

Please state the actions you have taken or are planning to take:
1. Staff will receive training in the Positive Behaviour Support Policy and completion of Behaviour Report Forms.
2. Each resident will have their Sleep Care Plan/Protocol reviewed with input from Multi-disciplinary team.
<table>
<thead>
<tr>
<th><strong>Proposed Timescale:</strong> 30/07/2016</th>
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</thead>
</table>

### Outcome 11. Healthcare Needs

**Theme:** Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The effectiveness of healthcare interventions was not evident as interventions were not specific and in some cases monitoring did not take place.

16. **Action Required:**
Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

**Please state the actions you have taken or are planning to take:**
1. Each resident will have their health care plan reviewed.
2. Each Care Plan will link to the assessed need.
3. There will be appropriate reviews conducted of the Health Care Plans to monitor if interventions are effective.

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<table>
<thead>
<tr>
<th><strong>Proposed Timescale:</strong> 30/06/2016</th>
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</thead>
</table>

**Theme:** Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some plans did not reflect the residents’ assessed healthcare needs.

17. **Action Required:**
Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident’s personal plan.

**Please state the actions you have taken or are planning to take:**
1. Each resident will have their health care plan reviewed. Each Care Plan will link to the assessed need.

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<table>
<thead>
<tr>
<th><strong>Proposed Timescale:</strong> 30/06/2016</th>
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</table>

### Outcome 12. Medication Management

**Theme:** Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Medication administration recording charts did not contain space for staff to record comments if required.
18. **Action Required:**
Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

**Please state the actions you have taken or are planning to take:**
The Pharmacist will amend the Administration recording sheets in order for space to be left for comments to be documented if necessary.

**Proposed Timescale:** 30/06/2016

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some PRN medications did not have an expiry date specified on the label or container.

Protocols in relation to PRN administrations was not available for all PRN medication.

19. **Action Required:**
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

**Please state the actions you have taken or are planning to take:**
1. All PRN Medications will have an expiry date which is cleared labelled.
2. A review of all medications stored will take place to ensure that all have the correct labelling.
3. Protocols for the use of PRN medications will be in place for each resident in line with their Kardex.

**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:**
Effective monitoring of the designated centre was not evident as audits were not taking place regularly within the designated centre.
<table>
<thead>
<tr>
<th>20. <strong>Action Required:</strong></th>
<th>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.</th>
</tr>
</thead>
</table>
| Please state the actions you have taken or are planning to take: | 1. A new Person In Charge will be in place from 11th July 2016.  
2. A schedule of audits will be compiled for the Designated Centre by the Person in Charge |
| **Proposed Timescale:** | 30/07/2016 |
| **Theme:** | Leadership, Governance and Management |
| **The Registered Provider is failing to comply with a regulatory requirement in the following respect:** | Action plans developed from the provider’s visits were not clear in relation to progress. |

<table>
<thead>
<tr>
<th>21. <strong>Action Required:</strong></th>
<th>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.</th>
</tr>
</thead>
</table>
| Please state the actions you have taken or are planning to take: | 1. The Quality Enhancement Plan will be reviewed by the Person In Charge  
2. Timelines and progress made on actions will be clearly outlined on the QEP.  
3. The Supervisor and Person In Charge will review on a monthly basis. |
| **Proposed Timescale:** | 30/07/2016 |

<table>
<thead>
<tr>
<th><strong>Outcome 17: Workforce</strong></th>
<th><strong>Theme:</strong> Responsive Workforce</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong></td>
<td>Mandatory training had not been completed by all members of staff in relation to behaviour management.</td>
</tr>
<tr>
<td>**22. <strong>Action Required:</strong></td>
<td>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.</td>
</tr>
</tbody>
</table>
| Please state the actions you have taken or are planning to take: | 1. All staff are up to date with Mandatory trainings.  
2. A schedule for fresher training will be put in place by the Supervisor. |
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:
Residents availed of the services of a volunteer who supported them to access community activities. However, the roles and responsibilities were not clear, staff members, including management, were not aware of the roles carried out by the volunteer.

23. Action Required:
Under Regulation 30 (a) you are required to: Set out the roles and responsibilities of volunteers working in the designated centre in writing.

Please state the actions you have taken or are planning to take:
The volunteer has completed the recruitment process, including induction to role and responsibilities, references, Garda Clearance etc. being provider and kept on file by the volunteer co-ordinator.

Proposed Timescale: 24/06/2016

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Duplicate versions of policies with the same title and different implementation dates were available within the designated centre.

24. Action Required:
Under Regulation 04 (2) you are required to: Make the written policies and procedures as set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 available to staff.

Please state the actions you have taken or are planning to take:
All policy documents in the Designated Centre has been reviewed and duplicate/ out of date copies removed.
A folder of Schedule 5 polices which are up to date and meet the regulations will be provided in the Designated Centre.

Proposed Timescale: 30/09/2016
**Theme:** Use of Information

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

Some policies were not reviewed at intervals not exceeding three years, such as the policy in relation to the use of medication (chemical restraint) for behavioural purposes was dated October 2009.

**25. Action Required:**
Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

**Please state the actions you have taken or are planning to take:**
Policies and procedures will be reviewed brought up to date in line with Regulations.

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

---

**Theme:** Use of Information

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

Not all policies required under Schedule 5 were in place - complaints policy and the finance policy.

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

**Please state the actions you have taken or are planning to take:**
A folder of Schedule 5 policies which are up to date and meet the regulations will be provided in the Designated Centre.

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

---

**Theme:** Use of Information

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

Dates during which residents did not reside within the designated centre were not available within the designated centre.

**27. Action Required:**
Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 of the...
Please state the actions you have taken or are planning to take:
1. Where a resident attends another Service overnight this will be reflected on the Directory of Residents
2. Where a resident is away from the DC overnight (with family) this will be reflected in the PCP (Family Contact Log).

Proposed Timescale: 30/06/2016