<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>A designated centre for people with disabilities operated by St John of God Community Services Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0003000</td>
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<tr>
<td><strong>Centre county:</strong></td>
<td>Louth</td>
</tr>
<tr>
<td><strong>Type of centre:</strong></td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td><strong>Registered provider:</strong></td>
<td>St John of God Community Services Limited</td>
</tr>
<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Clare Dempsey</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>Karina O'Sullivan</td>
</tr>
<tr>
<td><strong>Support inspector(s):</strong></td>
<td>Conan O'Hara</td>
</tr>
<tr>
<td><strong>Type of inspection:</strong></td>
<td>Announced</td>
</tr>
<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>11</td>
</tr>
<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></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:
25 May 2016 10:00 25 May 2016 18:30
26 May 2016 10:00 26 May 2016 20:30

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<tbody>
<tr>
<td>Outcome 02: Communication</td>
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<tr>
<td>Outcome 03: Family and personal relationships and links with the community</td>
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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 10: General Welfare and Development</td>
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<td>Outcome 11: Healthcare Needs</td>
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<tr>
<td>Outcome 12: Medication Management</td>
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<tr>
<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 16: Use of Resources</td>
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<td>Outcome 17: Workforce</td>
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<td>Outcome 18: Records and documentation</td>
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Summary of findings from this inspection
Background to the inspection
This was the second inspection of this designated centre. The provider had re-organized the structure of the designated centre since the last inspection in 2014. The numbers of residents had reduced from 47 to 11 and from eight houses to two houses. This inspection was completed as a result of the provider submitting an application to register this proposed designated centre.
How we gathered our evidence
As part of the inspection, inspectors visited both houses within the designated centre, met with all residents, person in charge, director of nursing, five staff members and received two questionnaires completed by family members. Inspectors viewed documentation such as residents support plans, recording logs, minutes of meetings, training records, staff files, policies and procedures, practices and interactions between staff and residents.

Over the course of this inspection residents communicated in their own preferred manner with inspectors. Overall they stated that they were very happy with the services provided in the designated centre and one resident stated that they "loved living here" while two residents were very clear in relation to the plans in place to move from the designated centre. Residents spoke about various activities they were involved in and how they found staff very respectful, friendly and supportive to them. The residents allowed inspectors to observe their daily life in the designated centre. This included meal times, activities and some residents provided inspectors with a tour of the designated centre. While another resident presented their daily news to inspectors, fellow residents, and staff members on the second day of inspection.

Description of the service
This designated centre was operated by St John of God community service limited and was based in County Louth. The designated centre aimed to provide community residential accommodation for both male and female adults over the age of 18 with intellectual disabilities. The designated centre consisted of two houses, a two storey semi-detached five bedroom house and a five bedroom bungalow. The houses were located 9km apart.

The provider had produced a document called the statement of purpose, as required by regulation, which described the services provided. Inspectors found that some of the service provided was not entirely in line with the statement of purpose for example, the residents numbers and the upstairs floor plans and room sizes were unclear.

Overall judgments of our findings
Overall, inspectors found that residents had a good quality of life within the designated centre. All 18 outcomes were inspected against. For the most part the provider had put appropriate systems in place to ensure the regulations were being met. The person in charge did demonstrate adequate knowledge and competence during the inspection and inspectors found that this person was a suitable person to manage the designated centre. However, improvements were required in the areas of effective monitoring in relation to the overall all provision of safety and care delivered within the designated centre.

Inspectors found compliance in six of the outcomes. Four outcomes were found to be substantially compliant and eight outcomes were of moderate non-compliance. Areas of improvement included the review process and the information contained within residents’ plans, management of risk and provisions for appropriate healthcare.
The person in charge facilitated the inspection along with the director of nursing attending the designated centre on both days and the feedback meeting at the end of the inspection. All inspection findings regarding compliance and non compliance are discussed in further detail within the inspection report and accompanying action plan.
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.

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<tbody>
<tr>
<td>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.</td>
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| Theme: |
| Individualised Supports and Care |

<table>
<thead>
<tr>
<th>Outstanding requirement(s) from previous inspection(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>The action(s) required from the previous inspection were satisfactorily implemented.</td>
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</table>

| Findings: |
| Overall, residents were consulted in how the designated centre was run and in respect to their routines, choices and daily activities. Actions applicable to the residents within this designated centre had been achieved. However, improvement was required in relation to the complaints policy and oversight of residents finances. |
| There was a complaints policy and procedure in place however, it was also unclear who was the nominated person independent of the person nominated to deal with complaints. Inspectors reviewed the complaints log and found that complaints were logged and followed up appropriately. Complaints related to transport, maintenance and peer behaviours. The complaint process was displayed in a public area within both houses. |
| Inspectors reviewed residents' finances and financial balances checked by inspectors matched financial records. Inspectors found there was also lack of oversight in relation to balance checks by a delegated person on monthly bases as specified within the designated centre's policy. |
| Residents had access to advocacy services and information on advocacy was available in the designated centre. The person in charge informed inspectors that an advocate was invited to attend the next residents' meeting. |
| Residents were consulted about a range of individual preferences both formally and informally. Residents, meetings were taking place and inspectors reviewed the minutes of these meetings. Standing items on the agenda for these meetings included health |
and safety, issues, outings and housekeeping. However, there were some inconsistencies between the two houses as one house held meetings weekly and the other monthly.

Residents were facilitated to exercise their civil and religious rights. Staff informed inspectors that residents were supported in attending mass on Sunday if they wanted and residents were registered to vote.

**Judgment:**
Substantially Compliant

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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 for residents were met.

The designated centre had a communication policy in place. Staff spoken to were aware of the communication needs for residents and these were clearly described in the communication care plan maintained on file for each resident.

Inspectors reviewed a sample of residents' communication documents this outlined the methods of communication. This included gestures and what actions may reflect the resident's mood and state of wellbeing for example, if a resident became upset, afraid or angry this was clearly explained in the resident's file. Inspectors observed that assistive equipment and supports were put in place to promote resident's communication such as, visual display boards.

Residents were supported to develop and maintain personal relationships and links with the wider community. Families were also encouraged to get involved in the lives of residents.

Residents had access to speech and language therapy.

Residents had access to radio, television, internet, social media and information on local events.
### 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 and involved within resident’s lives.

Inspectors viewed a sample of family contact logs this showed that the designated centre supported positive relationships between family and residents. There were also records of staff keeping family members informed of the resident's wellbeing.

Visitors were welcome in the designated centre and there was a visiting policy in place.

Staff assisted residents with visits home or to visit family members in nursing homes. On the first day of inspection family members had planned a visit to one of the houses.

Residents were supported to get involved in activities in the community for example, through local teams, going out for meals and the Special Olympics.

**Judgment:**
Compliant

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### 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 residents' contracts for the provision of services did not outline the information as required within the regulations. Residents' contracts did not contain sufficient detail in relation to the services and facilities to be provided, fees charged and the details of additional charges to residents.

A sample of resident's written contracts were viewed and inspectors noted that these were not signed where possible by the resident, the resident's representative and representatives of the designated centre. The person in charge advised that the designated centre were awaiting signed contracts of care to be returned from families and were in the process of ensuring these were all signed.

The fee paid by residents was also unclear to inspectors as the document did identify a figure however, the document did not state if this amount was weekly, fortnightly or monthly.

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. There were no recent admissions to the designated centre.

Referrals to the designated centre were planned and arranged through the organizations committee. Admissions to the designated centre were planned and residents and families could visit the designated centre prior to admission. The designated centre did not accept emergency 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 there were some measures in place to promote residents social care needs and quality of life. This area required further improvement in relation to the review process and the information contained within the plans. This was outstanding from the previous inspection.

Inspectors found that residents had plans in place however, the review of these plans did not take in to account the effectiveness of these plans. In some instances the information identified in the personal plans did not reflect actual practice. For example, discrepancies were noted in relation to resident's family members and also in relation to goals set. In one instance goal setting did not reflect individual interest as evidenced within the list of likes and dislikes contained within the personal plan.

Inspectors also found the review process in place was not effective for example, some areas identified were not reviewed and no progress identified in relation to social pursuits. While other goals identified areas that were not areas conducive of personal development such as a resident receiving a haircut.

Each resident had a personal plan completed recently incorporating personal and social needs. These plans were personalised and reflected resident’s individual requirements in relation to their social care needs. For example, the inclusion of a meaningful day for residents, this provided clear person-centred evidence of what activities residents enjoyed participating in. However, one plan was completed in the resident's day service and was not related to the designated centre as areas identified were not applicable to the designated centre. However it did provide information to staff in the designated centre in relation to what the resident was completing in the day service. The resident's key worker also attended the planning meeting from the designated centre this demonstrated effective collaboration.

Inspectors were informed by both staff and residents in relation to plans to move two residents out of the designated centre. Inspectors requested to view these plans however, these contained very limited information and one plan was commenced during the inspection.

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

Findings:
Overall, inspectors found the layout and design of the designated centre suitable to meet the needs of the residents when the planned changes occur. Actions applicable to the current designated centre from the previous inspection had been addressed with the exception of bedroom size.

The designated centre consisted of two houses a two storey semi-detached five bedroom house and a five bedroom bungalow house. The houses were located 9km apart. The designated centre was bright, airy and clean with sufficient furnishings. Resident's rooms were personalised with pictures and belongings.

The two storey house accommodated five residents and consisted of a hallway, sitting room, dining room, kitchen, utility room, conservatory, one bathroom and five bedrooms one of which was en suite.

The bungalow accommodated six residents and was made up of a hallway sitting room, kitchen, utility room, bathroom, four single bedrooms and one twin room which was en suite used only by two residents whom shared the bedroom. These residents had shared a room since childhood and both residents' personal preference was to retire to bed at the same time. Privacy and dignity was maintained through the use of a screen. Staff identified that discussions had taken place to trial the use of separate rooms, once one bedroom becomes available within the house. This would assist staff to ascertain if both residents would actual prefer to have their own individual rooms as this has never been made available to either resident before.

One of the houses had a kitchen garden in place through raised planters, and some of the residents participated in this activity.

Inspectors had concerns in one of the houses regarding the size of some of the bedrooms, pieces of furniture such as beds and presses were placed in front of radiators. However, the person in charge identified that plans were in place to transition two residents into other houses one from each house within the designated centre. The person in charge identified that this would address the issue of the room size within the house.

Inspectors met with residents and they informed inspectors, they were looking forward to moving out. One resident identified plans to change GP (general practitioner) and explained to inspectors the new house was closer to the resident's family home and the resident identified that they were happy about this.

Judgment:
Substantially Compliant
Outcome 07: Health and Safety and Risk Management

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

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were 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 evacuation plans and resident’s safety plans.

The designated centre had an organizational risk management policy in place this included the specific risks identified in regulation 26. The designated centre had a risk register this 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 for example, lone working and the potential for needle stick injuries.

There were individual risk assessments for residents in place these included fire, falls, self injury and electrocution. However, the individual risk assessments completed were not accurate for example, some areas were identified as a high risk. Inspectors did not see evidence of appropriate control measures put in place for the high risk areas identified. The person in charge identified that the risk assessment was not accurate and the resident in question was not a high risk of some of the areas identified such as falls. Other residents risk assessments were also found to be inaccurate and this was also confirmed by the person in charge.

Inspectors viewed a sample of the personal emergency evacuation plans (PEEPs) for the residents. Some of these plans were not reflective of the fire drills completed for example, a resident was identified as normal risk however, this resident did not evacuate the designate centre.

Safety plans were also devised for residents however, some resident's safety plans were blank templates and therefore did not guide practice.

There were procedures in place for the prevention and control of infection and inspectors found that all areas were clean and hygienic. However, inspectors observed the sharps box within one house without a label or any identification as specified within the organizations policy.

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.
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 changes for one resident were ongoing through the use of a mobility aid. This aid had been purchased and staff were undergoing training the following week to ensure the resident would be effectively evacuated in future.

The designated centre had a health and safety statement this 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 specific alternative accommodation to be provided in the case that residents could not return to the designated centre.

Inspectors viewed 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.

**Judgment:**
Non Compliant - Moderate

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<thead>
<tr>
<th>Outcome 08: Safeguarding and Safety</th>
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<tbody>
<tr>
<td>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.</td>
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**Theme:**
Safe Services

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

**Findings:**
Inspectors found that residents were not provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviours that challenge. Improvements were also required in relation to the detail contained in resident’s intimate care plans.

There was a policy on and procedures in place for the prevention, detection and response to abuse which staff 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.
Inspectors viewed minutes of meetings in relation dated 7 October 2013 following this meeting an interim behavioural support plan(s) were completed. However, the plan(s) were not finalised until 15 May 2016. Inspectors found this time frame of two years and seven months was not sufficient to support staff in relation to effective provision of behavioural support with residents. The interim plan identified the need for ABC charts (antecedent, behaviour and consequence charts) to be completed. Inspectors requested to view these charts however, only two were available one dated 10 of June 2014 and another dated 22 March 2015.

There was a policy in place for providing intimate care. However the information contained within resident's intimate care plans was not sufficient to guide practice.

Inspectors found measures were not in place to protect residents from being harmed or suffering abuse. This was discussed with the person in charge and the director of nursing during this inspection. Subsequently a safeguarding plan was submitted to inspectors outlining measures to protect the resident.

Restrictions practices were appropriately reviewed and recorded.

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 knew who to speak to should concerns arise.

Inspectors reviewed a sample of staff training and found staff to have up to date training in safeguarding.

**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 that the person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. Inspectors viewed the incidents log maintained in the designated centre and found incidents were appropriately notified to the Authority.
**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 resident's were promoted. Residents were afforded opportunities for new experiences, social participation, education and training in accordance to the needs and preferences of residents.

Inspectors spoke with and observed residents, staff and viewed documentation and found that the residents were provided with suitable activities. This was in line with resident's goals, preferences and relevant to their needs. The person in charge and support workers outlined how support was provided to residents to pursue a variety of interests including swimming, football, cinema, walking and meals out.

Inspectors found that all residents attended day services and 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. Some residents discussed their hobbies in relation to music and video games. Staff members spoken with identified the method of sampling new experiences for residents. Inspectors viewed evidences of this in relation to planning holidays and also plans were in place for a resident to take up a sport within the local community team.

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

**Findings:**  
Inspectors found that the healthcare needs of residents were not 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.

Residents’ health assessments completed identified areas requiring review for example, cholesterol levels were not checked since 2013, blood tests were not available since 2014 for areas such as liver function, carbamazepine and thyroid function tests and annual medical review was outstanding since 2010. Other areas of health plans were not evident for example, dietary plans. Inspectors requested to view these plans however, these were not available despite these documents being referred to within residents’ files. Oral hygiene plans and hypertension plans were in place however, these plans did not contain sufficient detail to guide practice effectively. Inspectors viewed evidence of monitoring in these areas however, there was no evidence of reviewing these plans in relation to the effectiveness of the interventions implemented.

Residents had access to a general practitioner of their choice with some residents choosing to remain with family practitioner.

Residents had access to some allied health care professionals and inspectors viewed evidence of this including dentist, psychiatrist, chiropodist and speech and language therapist. Evidence of recommendation from allied health care professionals was available for example, the implementation of speech and language interventions as a result of feeding, eating, drinking and swallowing (FEDS) assessment. Residents requiring modification to the texture of their food was clearly outlined in the residents file and staff were knowledgeable in relation to the implementation of resident’s food requirements. However, two residents were awaiting appointments from dieticians since 2015 for assessed areas of need.

Epilepsy management plans were in place for residents as required and some staff were trained in the administration of emergency rescue medication in both houses.

Regarding food and nutrition inspectors found residents participating in meal times within the designated centre in accordance to the residents' preferences in relation to food choices.
Inspectors viewed user friendly (in pictorial format) menu selection refreshments and snacks were available for the residents outside mealtimes within the designated centre.

**Judgment:**
Non Compliant - Moderate

<table>
<thead>
<tr>
<th><strong>Outcome 12. Medication Management</strong></th>
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<tr>
<td><em>Each resident is protected by the designated centres policies and procedures for medication management.</em></td>
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**Theme:**
Health and Development

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

**Findings:**
Inspectors found each resident was protected by the designated centre policies and procedures for medication management.

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 for all medication including p.r.n. (a medicine only taken as the need arises) medication.

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.

Administration sheets were in place for each resident and a number of these were viewed by inspectors. These were found to be up-to-date and showed that staff administered and signed for medication. The exact times of administration were in place on each administration sheet. Medication was administered by the nurses in each house.

P.R.N medication protocols were in place with the maximum dosage to be administrated to the resident in a 24 hour period.

There was a system in place for recording and reporting medication errors, these were also discussed at team meetings and during staff supervision when required.

Inspectors viewed documents within residents' files identifying essential information pertaining to the preferences of each resident in relation to talking medication.
Inspectors cross checked a sample of medication stock balance and found these to be accurate.

**Judgment:**
Compliant

### Outcome 13: Statement of Purpose

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

**Theme:**
Leadership, Governance and Management

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

**Findings:**
Inspectors found the statement of purpose required some amendments in order to meet the requirement of the regulations.

Floor plans were not accurate as one house within the designated centre did not have the upstairs contained within the floor plans and the room sizes were unclear. Residents' numbers were also inaccurate within the document.

**Judgment:**
Substantially Compliant

### Outcome 14: Governance and Management

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

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
Findings:
Inspectors found that the overall governance and management structure within the designated centre required improvement. In the area of effective monitoring of the quality of care and experience of the residents within the designated centre.

Inspectors found there were no structured systems in place to audit or monitor practices within the designated centre for example, there was no audit of resident's finances or care interventions within the designated centre. This was also highlighted during the last providers visit on 19 December 2016. While inspectors acknowledged some limited audits had taken place in recent weeks, such as a hygiene audit, there was no clear action plan developed. Elements of medication storage was also audited, however, not all staff members were aware of these taking place.

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 however, this did not contain all the areas highlighted within the visit.

Inspectors viewed some areas had been addressed such as the removal of a medication trolley. Other items remained outstanding including the installation of a ramp to assist effective evacuations to accommodate wheelchairs. Inspectors viewed evidence of meetings where the person in charge had highlighted this in 2015 and was still outstanding during the inspection.

Inspectors found that there was a clear governance and management structure in place this identified the lines of authority and accountability. All staff members spoken with by inspectors clearly outlined the systems and process in place within the organization.

The person in charge had responsibility for a further two designated centres (in total five houses) the post was full-time position (39 hours).

The person in charge was qualified intellectual disability nurse and has a masters in nursing studies. The person in charge gained experience in different grades within the organization and is currently a clinical nurse manager three and maintained an up-to-date registration within the professional body.

The person in charge met with their line manager a director of nursing and inspectors viewed minutes of these meetings. The person in charge oversaw the day-to-day management of the two houses with team meetings taking place inspectors viewed evidence of these meetings and viewed minutes. These meetings facilitated team learning for example, one staff member had attended a session on infection control this was discussed and information was provided to team members. Accident and incidents were viewed to facilitate shared learning among team members.

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:**
There were suitable arrangements in place for the management of the designated centre in the absence of the person in charge.

Inspectors were advised that in the absence of the centre manager the clinical nurse manager one was the designated person to manage the designate centre.

**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. However, the availability for transport for one house was limited. This was also identified among staff members, residents and the returned questionnaires. Inspectors viewed evidence were residents had paid for taxi's to attend medical appointments.

**Judgment:**
Substantially Compliant
Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

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

Findings:
Overall, inspectors found that there was not an adequate number of staff to meet the needs of the residents and to deliver a safe service. Improvements were also required in relation to staff files.

Five staff files were reviewed by inspectors, one gap was identified. Photographic identification was not available within one file viewed.

During the course of the inspection inspectors viewed evidence where staff members from another designated centre were required to cover periods of time with in the designated centre to ensure that residents participate in activities. The assessed needs of residents were not reflected within this designated centre staff rota. Inspectors acknowledged the effective collaboration of staff between the other designated centre however, the rota did not reflect the exact resource required in order to effectively operate this designated centre. This was also an area identified in the previous inspection. Staff members also confirmed this approach to care provision during the inspection.

Supervision files viewed by inspectors did not identify actions and on the day of inspection it was not possible to review previous supervision meetings as only the most recent one was stored on site. While there was a performance development system in place it was not evident if there was a formal ongoing supervision process in place that made staff accountable and supported them in their roles.

Inspectors reviewed training files for the designated centre and found that staff had up-to-date training in safeguarding and manual handling however, fire and medication administrating including emergency medication was required by some staff.

Recruitment procedures for staff 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.

Inspectors observed staff engaging with residents in a friendly and respectful manner.
Judgment:
Non Compliant - Moderate

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 and 5 of the regulations.

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 as listed in the regulations were viewed. The designated centre maintained a residents directory however, it did not include all areas identified in the regulation for example the name, address and contact details of the residents GP were not recorded.

Records and documents that were viewed were in accordance with Schedules 4 as listed in the regulations were in place.

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. This document included a summary of the services and facilities to be provided, arrangements for residents 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 01 January 2016.

**Judgment:**
Substantially Compliant

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

Karina O'Sullivan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider's response to inspection report¹

| Centre name: | A designated centre for people with disabilities operated by St John of God Community Services Limited |
| Centre ID: | OSV-0003000 |
| Date of Inspection: | 25 May 2016 |
| Date of response: | 02 August 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:
Resident's finance's were not audited as specified within the organization policy.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
1. **Action Required:**
Under Regulation 12 (4) (c) you are required to: Ensure that the registered provider or any member of staff, does not pay money belonging to any resident into an account held in a financial institution, unless the account is not used by the registered provider in connection with the carrying on or management of the designated centre.

**Please state the actions you have taken or are planning to take:**
Financial audits have been carried out on all residents finances for April, May & June 2016.

Monthly schedule of Audits of residents financial records has been developed. 30/5/2016.

<table>
<thead>
<tr>
<th>Proposed Timescale: 16/07/2016</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Individualised Supports and Care</td>
</tr>
</tbody>
</table>

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints procedure did not specify oversight of the complaints process through the appointment of a nominated person to ensure that all complaints are appropriately responded to and a record of all complaints maintained.

2. **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:**
A Nominated person, other than the person nominated in regulation 34(2)(a) has be appointed and available to the resident to ensure complaints are responded to.

All staff will be inducted into the complaints policy and all staff made aware of the name of the person responsible for overseeing the complaints process.

| Proposed Timescale: 30/07/2016 |

**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:
Some resident's contracts of care were not signed by residents or their representative.

**Proposed Timescale:** 30/07/2016
3. **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:**
An Audit of resident’s contracts will be undertaken and any contract which is not signed by the resident will be signed by the resident or their representative.

**Proposed Timescale:** 30/08/2016

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Fees charged to each resident were unclear within the documents viewed.

Some residents' contracts did not contain sufficient detail in relation to the services and facilities to be provided.

4. **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:**
All residents' contracts will be reviewed and all charges will be clarified and documented within their contract of care.

**Proposed Timescale:** 30/08/2016

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**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:
The review process of residents plans did not take into account the effectiveness of each plans devised.

5. **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:**
Resident’s personal plans will be reviewed with the resident and their key worker every 6 weeks to assess the effectiveness of each plan.

A Circle of support meeting with the residents and all relevant personnel will take place to review their entire support needs, goals and achievements.

<table>
<thead>
<tr>
<th>Proposed Timescale: 30/09/2016</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
<td></td>
</tr>
<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong></td>
<td>In one instance goal setting did not reflect individual interest as evidenced within the list of likes and dislikes contained within their personal plan.</td>
</tr>
<tr>
<td><strong>6. Action Required:</strong></td>
<td>Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
<td>All personal plans will be reviewed and amended to reflect the likes, dislikes interests and goals of each individual.</td>
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</table>

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<thead>
<tr>
<th>Proposed Timescale: 30/08/2016</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
<td></td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
<td>Discrepancies were noted within the information contained in some resident's personal plans.</td>
</tr>
<tr>
<td><strong>7. Action Required:</strong></td>
<td>Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
<td>All residents personal plans will be reviewed and amended to ensure accurate information in relation to assessed needs of individuals, and to ensure that residents goals reflect these assessed needs.</td>
</tr>
</tbody>
</table>

| Proposed Timescale: 30/08/2016 |  |
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Transition plans were only completed during this inspection.

8. Action Required:
Under Regulation 25 (3) (a) you are required to: Provide support for residents as they transition between residential services or leave residential services through the provision of information on the services and supports available.

Please state the actions you have taken or are planning to take:
The transition plans for both residents are in place

Transition plans are ongoing until the individual actually moves to the new designated centre when it is registered.

Proposed Timescale: 30/11/2016

Outcome 06: Safe and suitable premises

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some resident’s bedroom size was not of suitable size and layout for the needs of the residents.

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

Please state the actions you have taken or are planning to take:
Following the planned transition of a resident to his new home, bedrooms will be reassigned to ensure that each resident’s bedroom is of a suitable size and layout.

Proposed Timescale: 30/11/2016

Outcome 07: Health and Safety and Risk Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some risks within the designated centre had not been assessed, managed and reviewed.
10. **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:**
A Review of the Safety statement will take place in relation to employee safety, loan working and needle stick injury.

A Review of all risk assessment will take place within the designated centre to include, risk ratings and action plans.

Person in Charge and Clinical Nurse Manager will review all personal evacuation plans, to ensure that they are detailed and specific to each individual.

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

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some resident's individual risk assessments were not accurate.

11. **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:**
A Review of all risk assessment will take place within the designated centre to include, risk ratings and action plans.

**Proposed Timescale:** 30/08/2016

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
One sharps box was not maintained in accordance with the organizations procedure.

12. **Action Required:**
Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.
**Please state the actions you have taken or are planning to take:**
A Local policy will be developed for the maintenance of sharps boxes. This will include collection of sharps, labelling, storage and return of the sharps box.

All staff will be inducted into the new local policy by the Clinical Nurse Specialist in Health Promotion & Intervention.

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

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some resident’s personal emergency evacuation plans were not reflective of current practice.

**13. Action Required:**
Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

**Please state the actions you have taken or are planning to take:**
All Personal evacuation plans have been amended to reflect current practice.

All personal evacuation plans will be reviewed following each fire drill or should the resident presenting condition change.

**Proposed Timescale:** 30/11/2016

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**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Behavioural support plans were not completed or implemented in a timely manner.

**14. Action Required:**
Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

**Please state the actions you have taken or are planning to take:**
The resident was reviewed and discussed at the Positive behaviour support mentoring group, on the 15/06/2016 & 13/07/2016 minutes are placed in the individual’s person plans and all recommendations have been put in place.

**Proposed Timescale:** 30/08/2016
15. **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:
ABCs charts have been completed on the presenting behaviour, which have been discussed at the Positive behaviour support mentoring group and all recommendations and interventions have been actioned.

**Proposed Timescale:** 13/07/2016

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16. **Action Required:**
Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

Please state the actions you have taken or are planning to take:
All intimate care plans have been reviewed and amended to reflect the support needs required by each individual.

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

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**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:
Some residents were awaiting access to dieticians.
<table>
<thead>
<tr>
<th>17. <strong>Action Required:</strong></th>
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</thead>
<tbody>
<tr>
<td>Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>All residents have been reviewed by a dietician and all recommendation have be recorded in their individual person plans and have been actioned.</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 16/07/2016</td>
</tr>
<tr>
<td><strong>Theme:</strong> Health and Development</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>Appropriate healthcare for some residents were not evident as plans did not reflect practice.</td>
</tr>
<tr>
<td>Elements of healthcare needs were not identified within resident's plans.</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>18. <strong>Action Required:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>All Health care plans will be reviewed by the Clinical Nurse Specialist in Health Promotion and Intervention to ensure that they reflect the health care needs of each individual.</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 30/09/2016</td>
</tr>
</tbody>
</table>

| **Outcome 13: Statement of Purpose** |
| **Theme:** Leadership, Governance and Management |
| **The Registered Provider is failing to comply with a regulatory requirement in the following respect:** |
| All the information set out in schedule 1 was not contained within the statement of purpose. |
| **19. **Action Required:** |
| Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. |
Please state the actions you have taken or are planning to take:
The Statement of Purpose and Function will be reviewed to ensure that the 1st floor plans are inserted as per schedule 1.

The rooms sizes have been inserted into the document

The Statement of Purpose & Function now reflects the correct number of residents who reside within the Designated Centre.

Proposed Timescale: 30/09/2016

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.

20. 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:
A planned schedule of audits has been devised; this includes finances, medication, complaints, Individual personal Plans, hygiene & infection control, risk and fire safety.

All findings and recommendations from these audits will be carried actioned and implemented.

Proposed Timescale: 30/08/2016
Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Action plans were not evident for some areas identified within some of the audits present.

21. 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:
A planned schedule of audits has been devised; this includes finances, medication, complaints, Individual personal Plans, hygiene & infection control, risk and fire safety.

All findings and recommendations from these audits will be carried actioned and implemented.

The Quality Enhancement Plan will be reviewed and all outstanding issues identified in the audits will be addressed

Proposed Timescale: 30/11/2016

Outcome 16: Use of Resources
Theme: Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provision of transport was unclear within one house and residents funding taxi’s for medical appointments was evident.

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

Please state the actions you have taken or are planning to take:
No resident will fund taxies for medical appointments.

Proposed Timescale: 30/07/2016

Outcome 17: Workforce
Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The rota did not reflect the assessed needs of the residents within the designated centre.

23. 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:
A review will take place of the skill mix in each area to ensure that the assessed need of the residents are met.

The Service is developing a new duty roster template which will be present a clearer version of the shift patterns and duty times.

### Proposed Timescale: 30/10/2016

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Photographic identification was not present within one staff file.

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

Please state the actions you have taken or are planning to take:
The photographic identification of the one staff member has been placed into her HR file.

### Proposed Timescale: 30/06/2016

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Inspectors were unable to see evidence to ensure staff were appropriately supervised to carry out their role effectively with the exception of annual performance development reviews.

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

Please state the actions you have taken or are planning to take:
Regular staff supervision meeting have been schedule and will take place every 6 weeks.

### 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:**
Gaps were evident in staff training in relation to fire and medication management including the administration of emergency medication.

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

**Please state the actions you have taken or are planning to take:**
Fire training has been scheduled for the one staff who requires this on 10.08.2016

All staff are trained in the administration of emergency medication

All Staff Nurses have completed the Medication management training.

**Proposed Timescale:** 10/08/2016

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**Outcome 18: Records and documentation**

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The positive behavioural support policy was not fully reviewed.

**27. 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:**
The correct version of the Positive Behaviour Support Policy June 2015 is now in place in the Designated Centre.

**Proposed Timescale:** 28/06/2016

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**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The directory of residents did not contain all the information as outlined in Schedule 3 paragraph 3.
<table>
<thead>
<tr>
<th><strong>28. Action Required:</strong></th>
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<tbody>
<tr>
<td>Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.</td>
</tr>
</tbody>
</table>

**Please state the actions you have taken or are planning to take:**
Directory of residents has be updated to ensure that it contains all of the information outlined in schedule 3.

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