

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Glenbow
Centre ID:	OSV-0003364
Centre county:	Sligo
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Teresa Dykes
Lead inspector:	Jillian Connolly
Support inspector(s):	Jude O'Neill
Type of inspection	Unannounced
Number of residents on the date of inspection:	43
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
23 March 2016 10:00	23 March 2016 18:00
24 March 2016 08:00	24 March 2016 12:30

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

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

Summary of findings from this inspection

The designated centre is a campus based setting located in Co. Sligo. Services were provided to male and female residents, who had a primary diagnosis of an intellectual disability. All residents were over the age of 18. The centre is operated by the Health Service Executive.

This was the third inspection of the centre and was a follow up inspection. The last inspection was conducted in June 2015. At that time, inspectors identified 38 breaches of regulation across 16 outcomes. An action plan was submitted to the Chief Inspector following that inspection stating the actions that would be implemented to achieve compliance with the regulations.

Inspectors followed up on the action plan and found that some of the actions had been completed. However, in the main, the majority of actions had not been completed. On this inspection there were 39 breaches of regulation identified in the 16 outcomes inspected. A large proportion of those actions were reiterated from the previous inspection.

Inspectors acknowledged the improvements that had been made by front line management and staff since June 2015. However, fundamentally, inspectors found that the majority of actions implemented were task orientated. Therefore although certain aspects of the service provided were addressed, the overall systems in place to ensure a safe and effective service was provided had not been addressed. For example, inspectors found improvements to the choices residents had around the meals provided to them. However, there remained an absence of choice in their day to day life such as the activities residents participate in.

The centre consisted of six separate living areas, four of which are units in a large three story building. Variances in practice throughout the six individual units observed by inspectors demonstrated an absence of effective governance to ensure effective delivery of service. Inspectors observed that the quality and safety of care provided to residents was dependent on the competence of individual staff members. It was not led by robust governance. There was an absence of appropriate monitoring, review and auditing of the care and support provided to residents.

Inspectors identified major non-compliance in 10 of the 16 outcomes inspected.

Inspectors were concerned regarding the fire management systems in place, as evidenced in Outcome 7. This resulted in inspectors requiring the provider to commission a full review of the fire management systems by a competent person.

Inspectors also found it challenging to ascertain the assessment and decision making process regarding the allocation of resources such as staffing levels and training.

Inspectors found that staff engaged with residents in a caring manner, however improvements were required to ensure that care practices promoted the privacy and dignity of residents. Residents who chose to engage with inspectors, expressed satisfaction with the service they received.

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

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

There were seven failings of regulation identified in June 2015 in this outcome. The provider was due to have implemented actions to ensure compliance by 29 February 2016. Inspectors found that some of the actions had been completed within the stated timeframe. However, some actions had yet to be implemented.

The procedures in place for the management of complaints had been reviewed and a local operating procedure was displayed. A standardised template had also been developed and introduced for the recording of complaints. Notwithstanding, there remained non compliance with Regulation 34. Inspectors reviewed the records of complaints and found that they had not been addressed in line with policy. For example, there was a complaint which had been stated both verbally and in writing. The complainant had received written acknowledgment of the complaint. However the core issues raised within the complaint had not been acknowledged or investigated.

In June 2015, inspectors found that improvements were required to the practices around mealtimes to ensure that residents had choice and that their privacy and dignity were respected. Inspectors observed that the provider had taken action as stated in the previous report. This included an increase in the choice of food available to residents on a daily basis, the removal of white plastic aprons, the introduction of menus in an accessible format and the presence of fresh food in some units. In one unit, kitchens were primarily used for the storage of nutritional supplements. Inspectors also observed that the day to day practices within the designated centre did not promote the privacy and dignity of residents. For example, inspectors observed numerous bedroom doors to

contain window panels which enabled anyone on the corridor to freely see into residents' personal spaces. There also remained an absence of appropriate screening in some twin bedrooms therefore not all residents were afforded privacy. Inspectors also observed personal care such as foot care being delivered in communal areas. One resident was observed to have their medication being administered by a Percutaneous Endoscopic Gastrostomy (PEG) feeding tube in a communal area. Therefore the failing in relation to Regulation 9 (3) is reiterated in the action plan of this report.

Inspectors observed information in an accessible format informing residents of the contact details of the advocate. This was an action required following the previous inspection.

Inspectors identified that the operation of the centre was not led by the choice of residents but was resource led. For example, although efforts had been made to promote choice to residents in respect of the food available to them, residents' access to the wider community was limited. It was dependent on the availability of transport and staff who had the appropriate driving licence being on duty, as opposed to the choice of residents. Therefore leaving the campus for some residents was a weekly to fortnightly activity. Inspectors did find that when residents were supported to access the wider community, they were supported to purchase furnishings for their bedrooms in line with their personal choice.

The majority of activities residents engaged in were based on the campus. Personal plans did not support that they were the choice of the resident. The opportunities for some residents were also limited depending on the supports they required. A review of one resident's daily notes indicated that they had not left the building for a period of two months. Inspectors found that this further demonstrated that the service provided was led by resources as opposed to residents' needs, interests and capabilities.

Judgment:
Non Compliant - Major

Outcome 02: Communication

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

Theme:
Individualised Supports and Care

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

Findings:
The provider had stated that a review of the residents' communication strategies would occur as of September 2015 and be complete by February 2016. This had not occurred.

Inspectors observed variances in staffs' knowledge of the residents individual means of communication. For example, in some instances, staff were observed to respond appropriately to residents while on other occasions, residents were observed by inspectors to be expressing a need and want in line with their personal plan which staff did not respond to.

Positive practices implemented included the introduction of accessible menus at mealtimes.

Judgment:
Non Compliant - Major

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

Theme:
Individualised Supports and Care

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

Findings:
Inspectors observed that a suitable private area had been provided for residents to receive visitors. Therefore the action required from the previous inspection had been satisfactorily implemented.

Opportunities had increased for residents to develop links with the wider community. Residents informed inspectors of recent events they had attended such as musical concerts and their enjoyment of same. However, these activities were limited and not consistently offered to residents as part of their daily life. A review of records and observation, demonstrated that for the majority of residents, their time was primarily spent within the centre or in the day service on the campus. Therefore, there remained a failing of Regulation 13 (2) (c).

Judgment:
Non Compliant - Moderate

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

Theme:

Effective Services

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

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

Findings:

Inspectors found in June 2015 that the admission of new residents had adversely impacted on the lives of those already residing in the centre. At that time, the provider stated that a local management decision had been taken to cease admissions from 1 August 2015. This decision was in accordance with National Policy. Inspectors confirmed that the last admission had been in July 2015.

There were two failings identified regarding the written agreements between residents and the service provider in June 2015. Contracts had not been signed by both parties and the additional charges paid by residents were not identified. In the action plan response, the provider had informed the Authority that this would be addressed by November 2015. This had not occurred.

Judgment:

Non Compliant - Major

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Inspectors reviewed a sample of residents' personal plans.

Assessments had been conducted to identify residents' individual needs. Once a need was identified a plan of care was created. In conjunction with this, personal goals had been identified for residents.

Personal plans had been reviewed annually or more frequently. However, inspectors found that the reviews did not adequately account for a change in need. For example, in the event of transitions with the centre, plans were not consistently updated to consider new living arrangements.

Personal plans demonstrated that residents had been supported to achieve their goals. Photographs had been taken of residents' partaking in activities which were their goals. Records demonstrated consultation with residents and their families about skill building and development. Contact had been made with an external agency to support the achievement of personal goals. However, this positive practice did not apply to all residents.

From the sample of personal plans reviewed, inspectors formed a view that for some residents, goals were primarily passive activities such as listening to music. However, for other residents, goals were to go to the cinema or out for a meal. Management acknowledged to inspectors at the feedback meeting that personal plans were a work in progress. This was further supported by records which demonstrated that front line management had reviewed some personal plans and identified areas of improvement.

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:

In June 2015, inspectors identified that the premises were not designed and laid out to meet the aims and objectives of the service and the number and needs of residents as required by Regulation 17 (1) (a). On this inspection the inspectors noted that some adaptations had been made to the decor of the designated centre with the aim of enhancing the environment. For example, one bedroom had been adapted as stated by the provider in response to the previous inspection report. However, inspectors determined that fundamentally the failings remained.

The centre consists of six individual residences, four located within a three storey building. There were also two separate bungalows. Inspectors found the layout of the

three storey building not to promote a homely environment as:

- Residents' bedrooms were located a significant distance from their living areas
- Kitchenettes located in each unit were not appropriate to facilitate meals to be cooked in residents' homes. Therefore food was provided by a centralised kitchen.
- Toilets consisted of cubicles
- Some bedrooms were located directly opposite the main entrance which resulted in anyone who entered the building (including visitors and administration staff) having direct access to residents' bedrooms.
- Residents' bedrooms could be accessed from numerous stairwells in the building

The bungalows were representative of a more homely environment, however inspectors determined that there was insufficient space in the bungalows to facilitate the number of residents residing there and their needs. This resulted in an absence of appropriate storage.

Inspectors also found that a review was required of the external grounds to ensure that they were accessible and safe for the use of residents. Inspectors observed numerous uneven surfaces. There were also slopes and steps which did not have adequate hand rails.

During previous inspections, the above failings have been consistently identified by inspectors to the provider. The provider responded by stating that this would be addressed by 2020 and that a local implementation group had been created to discharge residents over a five year period to community settings. Inspectors requested that this plan be submitted to the Chief Inspector to provide assurances of the measures which are to be implemented to support residents to successfully be discharged from the centre. Inspectors also determined that this plan needed to consider the internal transitions that will occur in the interim five years to ensure that the environment is used to its maximum potential as the number of residents residing in the centre decrease.

Judgment:

Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Inadequate risk management procedures were identified as a failing in June 2015. At that time, the provider stated that a new system had been implemented to address the review of accidents and incidents and subsequent necessary learning. A review of minutes of meetings demonstrated that this had occurred as stated, Notwithstanding, there remained an absence of an appropriate assessment of the environmental, clinical and operational risks within the centre. Inspectors asked to see the accident/incident forms for the centre since the last inspection and were provided with the accident/incident forms for the entire region inclusive of other designated centres.

There was an incident review group which met monthly to look at the accidents and incidents. Reviews occurring were not centre specific. Inspectors also noted that one adverse event, resulting in a significant impact, which occurred in the centre had not been reviewed by this group. Therefore inspectors determined that this reduced the reliability and validity of the system the provider utilised to assess, manage and control risk within the centre.

Inspectors did find examples within individual units in which staff had implemented local practices to safeguard residents, such as the use of high visibility jackets when out walking.

Inspectors found there were inadequate procedures in place for the control of infection. Inspectors observed the centre to be clean, however primarily due to an absence of appropriate storage, equipment such as comfort chairs and hoists were stored in toilets. This was not appropriate. There were also instances in which commodes were stored in twin rooms in the main building.

There were four breaches of regulation 28 identified in June 2015. Inspectors found on this inspection that the provider had taken disproportionate action to provide assurances that the building had adequate construction to ensure the safety of residents, staff and visitors in the event of a fire. Furthermore, considering the layout of the units within the main building, the fire drills which had been conducted did not provide adequate assurance that all residents could be evacuated to a place of safety within an appropriate time frame.

Inspectors observed that safeguards had been installed such as self closers and intumescent seals. However in some instances, the self closers were broken and intumescent seals had been painted over reducing their effectiveness. Inspectors also found that the procedures displayed throughout the centre were confusing and did not provide clear instructions on the actions to be taken in the event of a fire. Personal evacuation plans had been created for residents which identified the supports they required in the event of an emergency. However the emergency plan did not account for the number of residents residing in each separate compartment and if the number of staff on duty at any one time was sufficient to safely evacuate the residents.

Inspectors also found that there was no plan in place identifying the rooms residents slept in at night. Considering the complex layout of the building and the needs of the residents, this presented a considerable risk. This risk was further increased by residents not sleeping in the area attached to their day unit.

Inspectors communicated their concerns to frontline management on the first day of inspection. This resulted in management completing a simulated evacuation of one area prior to inspectors leaving the centre. The evacuation was horizontal and considered the needs of six residents. The drill took 5 minutes and 33 seconds. Inspectors observed the procedure followed by staff included unnecessary delays such as attempting to contact management via the telephone before attending the fire panel. Staff located in the bungalows were also not clear on the actions to be taken in the event of a fire in the main building. Furthermore, the fire alarm system in the main building did not extend to the bungalows.

Inspectors also identified that not all staff on duty had fire safety training. This was a failing in June 2015. In response to inspectors concerns, the person in charge responded by rostering an additional staff on night duty. She also offered assurances that all staff would receive fire training as a matter of priority.

Inspectors requested that the provider ensure that a review of the building be conducted by a competent person in fire safety. The provider was informed that a copy of this review inclusive of any actions arising was to be submitted to the Chief Inspector. The provider was required to ensure that this review included all aspects of fire safety inclusive of an assessment of the needs of all residents and the effectiveness of the procedures to be followed.

Judgment:

Non Compliant - Major

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

The designated centre had policies and procedures in place for the prevention, detection and response to abuse. An action arising from the previous inspection was that some staff had not received training in the protection of vulnerable adults. A review of training records demonstrated that this action had not been fully addressed.

Staff were able to inform inspectors of the appropriate actions to be taken in the event of an allegation or suspicion of abuse. However inspectors were not assured that in the event of an allegation or suspicion of abuse that appropriate action would be taken in line with policy. The Chief Inspector had been notified in December 2015 of an allegation and suspicion of abuse. Additional information was requested at this time, and deficits were identified in the reporting of the incident. Once the incident was reported to management, the actions taken by the provider were inadequate and outside of procedure. The provider stated that action would be taken to prevent similar deficits in practice.

Inspectors identified in June 2015, that residents' intimate care plans were not reviewed in appropriate time frames. On this inspection, of the sample inspectors reviewed, signatures and dates on plans demonstrated that they had been reviewed. However inspectors were not assured of the effectiveness of some of the reviews, as there had been no change to the content of the intimate care plans in six years. A review of other areas of the personal plans demonstrated that there had been a considerable change in the needs of some residents.

Of the sample of positive behaviour support plans reviewed, inspectors found that proactive and reactive strategies had been identified to guide staff. Examples of positive action included a reduction in the administration of PRN (medication as required) for residents in response to behaviours that challenge. Inspectors were also verbally informed by staff of the removal of mechanical restraint. However, inspectors found that the documentation had not been updated to reflect these changes.

In June 2015, inspectors identified that not all staff had received training on how to respond to behaviours that challenge and to support residents to manage this behaviour. In the action plan response to that inspection, the provider stated that all staff would be trained by 31 December 2015. This had not occurred as of this inspection.

Judgment:
Non Compliant - Major

Outcome 09: Notification of Incidents

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

Theme:
Safe Services

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

Findings:

Inspectors reviewed the accident and incident records and found that the Chief Inspector had not been notified within 3 working days as required by Regulation 31 of all adverse events which had occurred to residents. This included allegations and suspicions of abuse and an injury sustained to a resident resulting in hospital treatment.

Judgment:

Non Compliant - Major

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

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

Findings:

Inspectors found in June 2015 that some residents led a passive lifestyle and that there were limited opportunities for meaningful engagement. Inspectors found that efforts had been made for some residents to access opportunities for skill development. However, there remained an absence of appropriate assessment to identify opportunities for residents to engage in training, education and employment.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

Residents had regular access to their general practitioner (GP). Personal plans demonstrated that residents were assessed by relevant Allied Health Professionals if a need arose. Multi disciplinary meetings were held for residents.

Plans of care were created for residents following an assessment. As the centre was nurse led, the plans of care were reviewed on a three monthly basis. However, inspectors found that the plans of care were not reflective of the interventions residents required. The effectiveness of the interventions were also not included in the reviews. For example, while staff were able to describe to inspectors the interventions to prevent and manage pressure sores, this was not adequately reflected in the plan of care.

Inspectors found one instance in which a resident had sustained an unexplained injury. Inspectors found that the actions taken immediately following the incident were appropriate to safeguard the resident. However there was an absence of an appropriate investigation completed following the incident to attempt to ascertain the rationale for the injury and what, if any, preventive measures should be implemented.

Deficits were also identified in the monitoring of some residents' weight. This was due to specialised equipment being broken for a disproportionate period of time. Weekly or monthly monitoring of residents' weights was identified as necessary interventions in plans of care.

Inspectors observed mealtimes in different areas and found inconsistent practices occurring. In some instances, mealtimes were a social experience and inspectors observed residents being supported in an appropriate manner. In other areas, improvements were required as residents were observed having to wait for 30 minutes for their food due to staff breaks.

The arrangement for one unit was that residents had their meals in the canteen/dining area as opposed to their day area. This was due to the absence of an appropriate area within their living area.

Judgment:

Non Compliant - Major

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 reviewed the policies and procedures in place for the ordering, receipt, prescribing, storing, disposal and administration of medication. The need to update these had been identified by inspectors during the previous two inspections. HIQA had been informed by the provider that these would be updated by 31 August 2015. This has not happened and therefore the failing is reiterated in the action plan at the end of this report.

A further failing identified in June 2015 was that residents had not been assessed to ascertain their capacity to manage their own medication. Inspectors observed in the sample of personal plans reviewed that this had occurred.

Inspectors found that medication was stored securely in the centre. The practice was that registered nurses administered all medication to residents. Of the sample of rosters reviewed, inspectors noted that there was always a nurse on duty to facilitate this practice.

A risk to the safe administration of medication was identified during the inspection in June 2015 as the prescription sheets were not always legible. The provider had informed HIQA that this matter would be addressed by 30 September 2015. Inspectors reviewed a sample of prescription sheets on this inspection and found that a small number of prescription sheets were still illegible. Inspectors also found instances in which medication was marked as discontinued, however there was no signature or date from the prescriber to confirm this. Inspectors also noted that the times on medication records were in the twelve hour clock as opposed to the twenty four hour clock.

While management informed inspectors that they were in the process of reviewing the medication administration and prescription records to address the issues identified, the requirement to address this failing is reiterated in this report.

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:

The Statement of Purpose was available in the centre on the day of inspection. In June 2015, inspectors found that the Statement of Purpose was not reflective of the structure of the centre. The version available on this inspection, referenced units which were not part of this designated centre. Management informed inspectors that the document was under review.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

There was a clear defined management structure in place in the centre. However, considering the cumulative findings on this inspection, inclusive of the number of failings repeated in this report, inspectors were not assured that the governance and management structures in place were effective and promoted a safe service.

As identified in this report, there had been some improvement in the practices within the designated centre. However, inspectors determined that the primary deficit was an absence of appropriate oversight by the provider to ensure that the centre was operated in line with regulation and led by the needs of the residents. For example, there had been no unannounced visits completed by the provider as required by Regulation 23.

An annual review of the quality of safety of care was provided to inspectors. Inspectors found that the findings of this review were not supported by quantitative or qualitative evidence. There was also an absence of evidence to support that residents and/or their families had been consulted regarding their experience of the service provided.

In the main, inspectors found an absence of systematic reviews and audits in the centre, informing the provider of the care provided.

Judgment:
Non Compliant - Major

Outcome 15: Absence of the person in charge

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

Theme:
Leadership, Governance and Management

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

Findings:
The Chief Inspector was notified of the absence of the person in charge in February 2016 as required by Regulation 32, as it was foreseen that the person in charge would be absent for a period of more than 28 days. Two members of the management team (who facilitated the inspection) were nominated to deputise in their absence. Inspectors found that they had sufficient knowledge of their roles and responsibilities to act in the capacity of the person in charge in the interim.

Judgment:
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:
The sample of rosters reviewed by inspectors confirmed that the levels of staff on duty in the centre were as stated by management at the commencement of the inspection. Inspectors were also informed that the centre currently had a deficit of seven care staff positions. However, due to the absence of appropriate assessment to determine this

shortage, inspectors could not confirm if an additional seven staff would ensure compliance with regulation.

Inspectors determined that the resources allocated to the centre were determined by funding allocations and historical patterns as opposed to the needs of the residents. Therefore in the absence of appropriate assessment, inspectors were not assured that the number, qualifications and skill mix of staff were sufficient to meet the needs of the residents.

The findings of this report do support that an increase in staff would be beneficial to ensure that residents were supported to engage in activities in line with their interests and capabilities and to achieve their personal goals. Staff informed inspectors that the standard staffing levels were sufficient to ensure that the basic care needs of residents were met, however it could be challenging to support residents to engage in activities in the wider community. For example, in one unit, in order for residents to leave the campus, all residents had to leave together to ensure safe staffing levels.

In another unit, inspectors observed that for two residents to be facilitated to attend the day service resulted in minimal interaction and engagement with the remaining four residents on the unit. Staff appeared to be on duty in a supervisory capacity only. This had previously been identified in June 2015. Following that inspection, the provider informed HIQA that a complete workforce review against the profile of the residents' needs with the purpose of a more efficient utilisation of resources would occur. While this was due to have been completed by 30 November 2015, this had not occurred as of this inspection.

In June 2015, inspectors also identified that staff did not have access to appropriate training inclusive of refresher training at appropriate intervals. As evidenced in this report this failing remained due to an absence of training in behaviours that is challenging, protection of vulnerable adults and fire safety training. While inspectors were informed by the person in charge that dates had been identified for staff to attend in the coming weeks, the failing is reiterated at the end of this report.

One deficit identified by inspectors related to the method the provider used to record the training that staff had received. The information given to inspectors was under each staff's name as opposed to an overall analysis of the needs of all staff in the centre. Therefore it was challenging to ascertain if the training staff had received was in line with the needs of the residents they supported. Considering the size of the designated centre and the diverse individual needs of residents residing there, inspectors found that this created a risk as the provider had not clear and concise oversight of the skill set of their employees. The internal movement of staff to cover staff shortages also increased the level of risk present.

Judgment:
Non Compliant - Major

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider's response to inspection report¹

Centre name:	Glenbow
Centre ID:	OSV-0003364
Date of Inspection:	23 March 2016
Date of response:	10 June 2016

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Opportunities residents had to exercise choice in their day to day life were limited.

1. Action Required:

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

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

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

- The provision of food choices has been improved by carrying out an easy read questionnaire with all residents/key workers. The choices selected will inform the shopping list for the unit. Store cupboards are stocked according to the preferences of each resident. This practice will be audited and verified. 6/6/2016.
- The use of a procurement card will be introduced to facilitate greater choice.
- Food choices will be discussed at residents house meetings will be held on a weekly basis.
- Board Walk day service will be available to residents based on their assessed need.
- Residents will have greater access to the wider community by the use of local wheelchair taxis. Links to the local community are been explored and an increase in participation will be facilitated based on the residents PCP's.
- An easy read activity response record will be included in each residents PCP to determine residents preference. The data will be collated at the end of each month to demonstrate an increased participation in the community.

Proposed Timescale: 31/07/2016

Theme: Individualised Supports and Care

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

Practices observed by inspectors were not indicative of promoting the privacy and dignity of residents.

2. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

- All staff will ensure all personal care is carried out in a personal space respecting privacy and dignity at all times.
- All professional consultations are carried out in a private space.
- Screens will be provided in shared bedrooms
- Staff awareness training on social role values for residents will be accessed from external consultant

Proposed Timescale: 31/07/2016

Theme: Individualised Supports and Care

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

Records did not support that the activities residents' partook in were in line with their interests and capabilities.

3. Action Required:

Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

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

- Board Walk day service will be available to residents based on their assessed need.
- Residents have greater access to the wider community by use of local wheelchair taxis. Links to the local community are been explored and an increase in participation will be facilitated through the residents PCP's.
- An easy read activity response record will be included in each residents PCP to determine residents preference. The data will be collated at the end of 1 month to demonstrate an increased participation in the community.

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 records did not support that complaints were adequately investigated.

4. Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

- The designated centre has a complaints log in place and all complaints are logged.
- All outstanding complaints will be fully dealt with according to policy and a resolution sought.
- Easy read complaint procedure in place.
- All complaints will be responded to according to HSE policy "Your service your say".
- A recording sheet for all complaints will be in all residents care plans and will include all details of investigations including the outcome, actions taken on foot of the complaint.
- Complainants will be made aware of outcome of complaints and appeals process. This will be monitored closely by PIC during scheduled and unscheduled visits to designated centre.
- Awareness training will be delivered by the external complaints officer for all staff

Proposed Timescale: 30/06/2016

Outcome 02: Communication

Theme: Individualised Supports and Care

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

Inspectors observed variances in the supports residents received to ensure that they could effectively communicate in line with their needs.

5. Action Required:

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

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

- The service will endeavour to support each resident at all times to communicate. To ensure the service is adequately supporting each resident in a realistic and meaningful way the Speech and Language Therapist will carry out a full review of communication strategies utilised in the service to support residents. These are 90% complete. This will be monitored closely by the PIC during scheduled and unscheduled visits.

Proposed Timescale: 30/06/2016

Theme: Individualised Supports and Care

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

The communication needs of residents had not been adequately assessed and reviewed in the personal plans.

6. Action Required:

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

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

- Speech and Language Therapist will carry out a full review of communication strategies utilised in the service to support residents and the careplans will be updated accordingly. All staff will be fully aware of the recommended communication strategies for each resident.

Proposed Timescale: 30/06/2016

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

Theme: Individualised Supports and Care

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

For the majority of residents, their time was primarily spent within the centre or in the day service on the campus.

7. Action Required:

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

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

- Residents have greater access to the wider community by use of local wheelchair taxis. Links to personal relationships will be maintained and enhanced. Links to the local community are been explored and an increase in participation will be facilitated through the residents PCP's.
- An easy read activity response record will be included in each residents PCP to determine residents preference. The data will be collated at the end of each month to demonstrate an increased participation in the community.

Proposed Timescale: 30/06/2016

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

Written agreements had not been signed by both parties.

8. 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:

Contracts of care have been developed for all residents. These have been issued for signature by all residents.

Proposed Timescale: 30/06/2016

Outcome 05: Social Care Needs

Theme: Effective Services

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

Residents were not consistently reassessed following a change in need.

9. Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

- The PIC will ensure that all residents will receive a comprehensive assessment by an appropriate healthcare professional of their health, personal and social care needs as required to reflect the changes in needs and circumstances.
- The nominee provider has commissioned and external staff to complete an audit on all personal plans using a random stratified sample of 25% across the designated centre which will advise if there are any concerns. Quality improvement plans will be developed and implemented. 50% of this sample has been complete.

Proposed Timescale: 22/07/2016

Theme: Effective Services

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

Residents' personal plans were not consistently reviewed following a change in need.

10. Action Required:

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

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

- The PIC will ensure that all residents Personal plans are reviewed annually or more frequently as required to reflect the changes in needs and circumstances. Audits and re-audits will be completed to ensure goals are achieved and outcomes for residents.
- The nominee provider has commissioned and external staff to complete an audit on all personal plans using a random stratified sample of 25% across the designated centre which will advise if there are any concerns. Quality improvement plans will be developed and implemented. 50% of this sample has been complete

Proposed Timescale: 22/07/2016

Theme: Effective Services

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

Reviews of personal plans did not consistently take into account the effectiveness of previous interventions.

11. 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:

- The PIC will ensure that all residents Personal plans are reviewed annually or more frequently as required to reflect the effectiveness of interventions.
- Audits and re-audits will be completed to ensure compliance.

Proposed Timescale: 31/07/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The premises were not fit for purpose.

12. 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:

- One large unit will be developed into 2 homely environments consisting of a new unit accommodating 6 residents and a new unit accommodating 5 residents.
- Living room areas will be personalised for each area.
- Plan in place to apply for separate registration to the authority for the 2 bungalows with a designated PIC.
- All bedroom doors will meet the standards required for privacy and dignity.
- All bedrooms will be furnished to a high standard reflecting the personalities of each resident.

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:

The systems in place to assess and effectively manage risk were inadequate.

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:

- Systems will be reviewed within the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.
- Risk assessment training was provided on 18th April 2016.
- Risk management committee has been established and terms of reference agreed. Membership of the committee will include the staff who did the training. This will ensure risk management systems are robust within the designated centre.

Proposed Timescale: 31/08/2016

Theme: Effective Services

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

The procedures in place to prevent the spread of infection were inadequate.

14. Action Required:

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

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

- The provision of adequate storage facilities has been addressed and safe and suitable storage facilities have been provided.
- Environment hygiene audits are being completed in all areas and quality improvement plans developed. This will be monitored closely by the PIC during announced and unannounced visits.

Proposed Timescale: 30/06/2016

Theme: Effective Services

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

The management systems in place to safeguard against fire were inadequate.

15. Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

- All fire notices have been upgraded.
- Both bungalows have been networked to the main building for fire
- A invitation to tender for the following works has been sent out:-
 1. An upgrade of the sub compartments.
 2. Fire proofing above ceiling level will be in place.

Proposed Timescale: 30/09/2016

Theme: Effective Services

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

Preventative measures such as self closers in pertinent areas and intumescent seals were ineffective.

16. Action Required:

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

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

A invitation to tender for the following works has been sent out:-

- Self closure installation.
- Intumescent seals.

Proposed Timescale: 30/09/2016

Theme: Effective Services

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

Evidence did not support that all residents could be evacuated from the designated centre to a place of safety in an appropriate time frame.

17. 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:

- Adequate arrangements have been put in place to evacuate all persons in the designated centres.

Proposed Timescale: 03/06/2016

Theme: Effective Services

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

Not all staff had the appropriate fire safety training.

18. Action Required:

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

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

- All staff on night duty have completed fire training.
- A schedule of dates for fire training has been developed- 20/06/16, 15/7/16, 18/7/16, 22/7/16, 29/7/16, 29/08/16, 28/09/16, 14/11/16, 17/11/16, 30/11/16
- Building layout and escape routes will be clearly displayed.

Proposed Timescale: 31/07/2016

Theme: Effective Services

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

Fire drills did not adequately account for the size and layout of the designated centre and the needs of residents.

19. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

- HSE fire officer provided training and there is now an agreed regular simulated fire drill schedule in place which will incorporate planned and unplanned fire drills. This will be monitored closely by the PIC during announced and unannounced visits to the designated centre.

Proposed Timescale: 03/06/2016

Theme: Effective Services

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

The evacuation procedures displayed in the designated centre were not clear.

20. Action Required:

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

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

- The evacuation procedures are now clearly displayed in the designated centre

Proposed Timescale: 03/06/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Not all staff had received training in the management of behaviour that is challenging and de-escalation techniques.

21. Action Required:

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

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

A training schedule has been developed for the remainder of the year. Staff have been identified to attend each session. Additional training session will be provided. This plan includes a 2 days training and a 1 day refresher.

Proposed Timescale: 30/06/2016

Theme: Safe Services

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

Inspectors were informed that a restrictive practice documented in a residents' personal plan had ceased. The personal plan had not been reviewed in respect of this.

22. 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 PIC will ensure that all residents Personal plans are reviewed annually or more frequently as required to reflect the changes in needs and circumstances. Audits and re-audits will be completed to ensure goals are achieved and outcomes for residents. The nominee provided has commissioned and external staff to complete and audit on careplans using a random stratified sample across the designated centre.
- A restrictive practice committee has been established to ensure compliance with regulations and monitoring of all restrictive practices

Proposed Timescale: 30/06/2016

Theme: Safe Services

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

Allegations or suspicions of abuse were not investigated in line with policy.

23. Action Required:

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

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

- All incidents, allegations or suspicion of abuse will be investigated in line with policy. Safeguarding plans will be developed and fully implemented. A local safeguarding operational committee will be established to improve the governance of all safeguarding incidents. A log of safeguarding incidents and actions required will be maintained to ensure oversight. All incidents will be overseen by the CHO safeguarding committee.

Proposed Timescale: 03/06/2016

Theme: Safe Services

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

Reviews of personal intimate care plans did not effectively account for changes in need.

24. 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:

The PIC will ensure that all residents Personal plans are reviewed to take effective account of the changes in needs. The nominee provided has commissioned and external staff to complete and audit on careplans using a random stratified sample across the designated centre. Quality improvement plans will be developed to improve compliance. All intimate care will be delivered according to each residents personal plan. This will

discussed at team meetings and fully implemented by all staff. This will be monitored closely by the PIC during announced and unannounced visits to the designated centre.

Proposed Timescale: 31/07/2016

Theme: Safe Services

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

Not all staff had up to date training in the protection of vulnerable adults.

25. Action Required:

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

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

Training will be provided to staff in relation to safeguarding residents and the prevention, detection and response to abuse on 21/06/16.

A request for further training will be submitted by the PIC from safeguarding team. Safeguarding awareness will be discussed at all team meetings

Proposed Timescale: 30/06/2016

Outcome 09: Notification of Incidents

Theme: Safe Services

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

The Chief Inspector had not been notified of an injury sustained by a resident which required hospital treatment.

26. Action Required:

Under Regulation 31 (1) (d) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any serious injury to a resident which requires immediate medical or hospital treatment.

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

The chief inspector will be notified of all occurrences of any serious injury within the appropriate timeframe. The PIC will seek approval from the authority to set up as a sub-user on the HIQA portal to improve compliance with this regulation.

Proposed Timescale: 30/06/2016

Theme: Safe Services

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

The Chief Inspector had not been notified of an allegation or suspicion of abuse.

27. Action Required:

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

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

The chief inspector will be notified of all allegations of abuse within the appropriate timeframe. The PIC will seek approval from the authority to set up as a sub-user on the HIQA portal to improve compliance with this regulation.

Proposed Timescale: 30/06/2016

Outcome 10. General Welfare and Development

Theme: Health and Development

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

There was an absence of assessment to identify opportunities for residents to engage in education, training and employment.

28. Action Required:

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

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

Residents will be supported to access opportunities for education, training and employment. Day opportunities off campus will be explored for residents. The care planning group will develop an appropriate assessment tool to identify opportunities for residents to engage in education, Training and employment.

Proposed Timescale: 01/07/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Personal plans did not adequately inform the health care residents required. There was also an absence of appropriate investigation to ascertain the cause of an injury to a

resident. Residents were not supported to have their weight monitored at appropriate intervals in line with their personal plans.

29. 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:

All personal plans will be reviewed to reflect the healthcare needs of each resident. Audits of personal plans will be completed and deficits highlighted. Quality improvement plans will be fully implemented to ensure full compliance. Any injury to a resident will be investigated to determine the cause according to policy. All residents will be supported to have their weights monitored on a monthly basis or more frequently if required.

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:

Residents did not have the opportunity to be involved in the preparation of their meals.

30. Action Required:

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

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

Residents will have the opportunity to be involved in the preparation of their meals based on their assessed need. Residents will be encouraged to participate as far as reasonably possible. Procurement cards will be introduced to improve the opportunities for resident to purchase ingredients and cook their own meals

Proposed Timescale: 31/07/2016

Theme: Health and Development

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

Inspectors observed an undue wait in meals being served.

31. Action Required:

Under Regulation 18 (3) you are required to: Where residents require assistance with eating or drinking, ensure that there is a sufficient number of trained staff present when meals and refreshments are served to offer assistance in an appropriate manner.

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

A review of all mealtime experiences has taken place and the PIC will ensure that meals will be served in a timely manner for all residents.

Proposed Timescale: 02/06/2016

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:

The practices of the designated centre were not guided by appropriate centre specific policies and procedures. A review was also required of the prescription and administration records to ensure that they are legible to reduce the risk of medication errors.

32. 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:

A centre specific medication management policy will be developed. This will ensure best practice within the designated centre in relation to ordering, receipt, prescribing, storing, disposal and administration of medicines.

A review of the prescription Kardex and administration records will also take place with the prescribing clinicians and the pharmacist.

A change of pharmacist is being sought to a local pharmacist. Regular audits will be requested from the new pharmacist. Team leaders will conduct medication compliance audits at regular intervals.

Proposed Timescale: 31/08/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The Statement of Purpose had not been reviewed following changes to the designated centre.

33. Action Required:

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

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

The statement of purpose is under review to reflect the changes within the designated centre.

Proposed Timescale: 10/06/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The management systems in place did not promote a safe and effective service.

34. 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:

Existing management systems have been reviewed to ensure a safe service is provided and appropriate to the residents needs.

A review of the PIC's roles and responsibilities will be undertaken within the designated centre. The PIC reconfiguration plan was submitted to the authority by 5th May 2016.

This will strengthen governance and oversight.

Quality & safety of care has been strengthened by the reorganisation of Quality and safety committees and sub committees.

Incident and complaint review group meeting fortnightly ensuring compliance with policy.

The provider will conduct unannounced visits to the designated centre to compliance with regulations in governance and management

Proposed Timescale: 31/07/2016

Theme: Leadership, Governance and Management

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

The annual review provided to inspectors did not provide sufficient qualitative or quantitative evidence to support the findings.

35. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

An annual review of the quality and safety of care and support in the designated centre will be complete and will include qualitative and quantitative data.

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:

The annual review did not include consultation with residents and/or their representatives.

36. Action Required:

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

The annual review of the quality and safety of care and support in the designated centre will provide for consultation with residents and their representatives.

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:

There had been no unannounced visits completed by the provider.

37. Action Required:

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

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

The provider or a person nominated by the provider will carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector. A governance and management report will be compiled and a plan put in place to address any concerns regarding the standard of care and support.

Proposed Timescale: 30/06/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Inspectors were not assured that the number, qualifications and skill set of staff were appropriate to meet the needs of residents. Evidence did not support that the staffing levels were sufficient to ensure that residents were supported to actively engage in recreational or skill building activities.

38. Action Required:

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

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

The Hurst workforce Planning Framework has been identified as the model of choice to develop a system of assessing staffing levels to meet the assessed need of residents. Training for the PIC's in this model will take place at the end of June. Implementation of this process will take place at the end of July 2016. Findings will inform skill mix at the end of quarter 3. A review of the PIC's roles and responsibilities will be undertaken within the designated centre. The PIC reconfiguration plan will be submitted to the authority by 5th May 2016
Staffing levels will be allocated based on the needs of the resident personal plan needs.

Proposed Timescale: 30/09/2016

Theme: Responsive Workforce

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

The system in place to monitor the training provided to staff did not demonstrate that the provider was aware of the training needs of staff. Furthermore, mandatory training was not provided to all staff.

39. 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:

A system will be developed to identify the training needs of staff. Individual training cards will be put in place to monitor the mandatory training. A training database will be maintained with all records of staff training completed.
A training schedule will be developed for each unit to meet the training needs of staff

Proposed Timescale: 31/07/2016