

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Adult Services Palmerstown Designated Centre 9
Centre ID:	OSV-0003906
Centre county:	Dublin 20
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Stewarts Care Limited
Provider Nominee:	Gerry Mulholland
Lead inspector:	Caroline Vahey
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	13
Number of vacancies on the date of inspection:	1

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:
05 October 2016 10:15	05 October 2016 19:00
06 October 2016 08:30	06 October 2016 16:40

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

Outcome 01: Residents Rights, Dignity and Consultation
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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection

This was the second inspection of the designated centre. The purpose of the inspection was to monitor ongoing regulatory compliance. Eleven outcomes were inspected against on this inspection. The centre was previously inspected in July 2014.

How the inspector gathered evidence

The inspection took place over two days and was facilitated by the person in charge and a clinical nurse manager (person participating in management). The inspector spoke to four residents and met with three staff. Residents attended day services and practice was observed on the evening of the first day of inspection and the morning of the second day of inspection. Documentation was also reviewed including personal plans, financial records, risk assessments, incident reports, audits and policies and procedures.

Description of the service

The centre comprised of four units located in the community, all of which were close to local amenities and public transport. The centre had produced a statement of purpose which outlined the aims of the centre was to provide residents with a comfortable and safe home, with individualised supports and care to enable residents to live a life of their choice with dignity and respect as a equal and valued citizen. The inspector found the service provided in the centre met the aims of the centre as outlined in the statement of purpose. The centre could accommodate both males and females. There were thirteen residents residing in the centre on the day of inspection and one vacancy.

Overall judgement of findings

The inspector found residents were supported to enjoy a good quality of life and were enabled to make choices. Residents were engaged in meaningful activities, occupation and participated in community life on an ongoing basis. Good practice was identified in social care needs, medication management and health and safety and risk management. The provider had employed sufficient and suitable qualified staff to meet the needs of the residents. The management system in place ensured the effective delivery of services in line with residents needs and there was ongoing monitoring of these services.

Moderate non-compliances were identified in the following outcomes.

- Outcome 1 - residents could not freely access their own money and personal information pertaining to residents was not secure.
- Outcome 6 - parts of the premises were not maintained to a satisfactory standard.
- Outcome 8 - improvements were required in the therapeutic supports in place to guide practice.
- Outcome 11 - timely access to allied health care required improvement.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end of this report.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Not all of the aspects of this outcome were inspected against.

The inspector found that safe and appropriate practices were in place to support residents in managing their finances however, improvement was required to ensure residents' could freely access their own money. Improvement was also required to ensure personal information pertaining to residents was securely stored.

The inspector reviewed records and practices pertaining to the management of residents' finances and found the system in place for recording and safekeeping of residents' money to be appropriate. The provider managed accounts on behalf of the residents and each resident had an individual account with the provider. The resident was given a set amount of money on a fortnightly basis however, this was the maximum amount the resident could spend in that fortnight period without prior approval from the person in charge. Additional spending was required to be approved by the person in charge prior to funds being released from the residents' accounts. The person in charge told the inspector that the timeframe for this procedure was four days. There were no arrangements in place should the resident require additional funds outside of this timeframe and residents could not freely access their own money.

The inspector found personal information pertaining to residents was inappropriately stored on open shelving or on kitchen counters in all units in the centre.

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:

The inspector found that most of the components of the action from the previous inspection had been implemented. Each resident had a written agreement which set out the services to be provided and the fees to be charged. Most additional fees were outlined in the written agreement however, one additional charge for a resident was not detailed. The inspector spoke with the resident who outlined they were aware of the charges and were happy to pay this charge for the additional service.

Judgment:

Substantially Compliant

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):

No actions were required from the previous inspection.

Findings:

The inspector found each resident's wellbeing and welfare was maintained by a good standard of care and support. Residents participated in a range of activities consistent

with their wishes and needs. Some improvement was required to ensure residents' families were part personal plan reviews.

Each resident had an assessment of need completed incorporating health, social and personal needs. Assessments of need were developed in consultation with relevant multidisciplinary team members and were subject to a review a minimum of annually or as needs changed.

Personal plans were developed for identified needs such as community integration, healthcare, behavioural support and social needs. Personal plan reviews included relevant multidisciplinary team member and recommendations by team members formed part of personal plans. Plans outlined the support to be provided to meet these needs and the inspector found these plans were fully implemented. Personal plans had been developed into an accessible format for residents.

There was evidence that plans were reviewed and residents had been involved in the review of plans. Three residents spent time with the inspector outlining their plans in relation to social goals and the progress to date. However, while some families had been involved in personal plan reviews this was not consistent across the centre.

Residents were consulted when moving between services and a planned transition process was progressing for a resident. The resident told the inspector they were happy with the arrangement to move accommodation.

Residents participated in a broad range of activities in line with their wishes, for example, accessing local community facilities, attending social clubs, swimming, attending the cinema, employment and shopping.

Judgment:
Substantially Compliant

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:

The inspector found some areas of the premises required improvement and maintenance works to be completed. The inspector reviewed four units as part of this inspection.

While there was adequate communal and private space for residents' use and the centre was homely, parts of the centre required maintenance. A build up of mould was observed in the main bathrooms of two units, and part of a hallway in one unit required painting. The units were all found to be clean.

Not all aspects of this outcome were inspected against.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The inspector found the health and safety of residents, visitors and staff was promoted and protected however, some improvement was required in the details outlined in the emergency plan.

An emergency plan was developed outlining the response in the event of emergencies such as flooding, adverse weather and chemical spills however, the plan did not outline the location of alternative accommodation should this be required.

There were policies and procedures for risk management which included the identification of risks in the centre and outlined the control measures to mitigate these risks. The risk management policy included the measures and actions in place to control the risks specified in Regulation 26(1)(c). Individual risk management plans were developed, for example, road safety, accidental injury, choking and burns. Site specific risk management plans were also developed for identified risks, for example, fire, manual handling, slips, trips or falls, lone workers and electrical.

The inspector reviewed a record of incidents occurring in the centre. There was a system in place to respond to an adverse incident and staff could contact a nurse manager on call for assistance if required. Incidents were reported to the person in charge and in their absence the clinical nurse manager. An incident form was completed and forwarded to the person in charge and follow up recommendations were made if

required. The inspector found appropriate follow up actions had been developed and there was evidence that actions arising from review of incidents were complete on the day of inspection.

There were policies and procedures relating to health and safety including food safety, waste management, manual handling, lone workers and infection control. A health and safety audit was completed on a monthly basis and included areas such as fire safety, hazardous substances, personal protective equipment, reporting defects and manual handling. There was an up to date health and safety statement, which detailed the responsibilities of personnel employed in the service and outlined risk management plans for common risks in the workplace, for example, accidents / incidents, fire, safe handling of substances and manual handling.

Satisfactory procedures were in place for the prevention and control of infection. Appropriate hand washing facilities with antibacterial soap and alcohol hand gel were available throughout the centre. Personal protective equipment such as disposable gloves were also available.

Suitable fire equipment was provided throughout the centre including a fire alarm, emergency lighting, fire extinguishers and fire blankets. The centre was fitted with fire doors. There were adequate means of escape in all units in the centre and exits were unobstructed on the day of inspection. The procedure for the evacuation of the centre was prominently displayed in each unit. The inspector reviewed a sample of four personal emergency evacuation plans, which outlined the support residents required in the event of a fire. Staff spoken to were knowledgeable on the evacuation procedure in the centre and the required response. Fire equipment had been serviced at approximately three monthly intervals. The inspector reviewed records of fire drills in one unit for the preceding year. Day time and a night time drills had been completed in a timely manner. Where an issue had been identified corrective action had been taken.

Judgment:
Substantially Compliant

Outcome 08: Safeguarding and Safety

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

Theme:
Safe Services

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

Findings:

Overall the inspector found measures were in place to safeguard residents and appropriate behavioural and therapeutic supports were in place however, improvement was required in behaviour support to ensure recommendations formed part of plans and were implemented.

There was a policy in the place on the provision of behavioural support. Where required behaviour support plans had been developed however, some plans had not been reviewed within the last year. Plans outlined the proactive strategies to minimise the likelihood of an incident of behaviour and in some cases the reactive strategy to respond to incidences. However, the inspector found the use of an environmental restrictive practice did not form part of a behaviour support plan. In addition, some recommendations from behaviour support plans were not implemented and in another case a proactive strategy had no clear guide on how it was to be implemented. Staff had received training in behavioural support.

Overall the inspector found a restraint free environment was promoted. There was a policy in place on restrictive practice including physical, environmental and chemical restraint. One environmental restrictive practice was in place and the least restrictive practice had been applied in this case. The practice was subject to a quarterly review by a service committee on restrictive practice. The resident's representative had been informed of the use of this restrictive practice. A risk assessment had been developed for the use of this practice.

The policy and procedures on the prevention, detection and response to abuse had recently been updated. Staff spoken to were knowledgeable on what constitutes abuse and the measures to take in response to an allegation, suspicion or disclosure of abuse. The inspector reviewed a sample of four staff training records and staff had received training in safeguarding. The person in charge discussed with the inspector a plan to discuss safeguarding at part of each staff meeting. The inspector spoke to a number of residents who said they are happy living in the centre and feel safe. Appropriate actions had been taken following a safeguarding concern.

There was a policy in place on the provision of personal intimate care. Intimate care plans had been developed outlining the care residents required with personal care needs while ensuring dignity was maintained.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Overall the inspector found most healthcare needs for residents were met however, improvement was required to ensure timely access to allied healthcare professionals.

Most residents' had timely access to allied healthcare professional in line with their needs however, reviews of a healthcare need had not been completed for a number of years, in line with identified risks to the wellbeing of a resident. A review with the relevant healthcare professional had been completed by the end of the inspection and an updated healthcare plan was available.

Residents had access to a broad range of allied healthcare professionals including occupational therapist, physiotherapist, psychologist, psychiatrist and a speech and language therapist. Residents were also supported to attend external hospital appointments where required. Recommendations arising from reviews with allied healthcare professional formed part of healthcare plans, for example, epilepsy plans and nutritional plans and these plans were implemented.

Residents attended a general practitioner and also had an annual medical review completed. A health screen was also completed by a registered nurse working in the centre. Recommendations arising from these reviews had been implemented, for example, referrals to hospital consultants and blood monitoring.

The food offered was varied and nutritious and residents planned their meals on a weekly basis. A menu plan was available for the week. Some residents chose to buy and prepare their own food in the centre and other residents were supported to prepare food. There was sufficient fresh food in the centre and residents could avail of snacks if they so wished. The inspector observed a meal time in one unit, which was a sociable, relaxed and positive event.

The advice of a speech and language therapist formed part of nutritional plans as required.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

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

Findings:

The inspector found residents were protected by the policies and procedures in place for medication management.

There were written policies and procedures on the ordering, prescribing, storing and administration of medication to residents. Medications were appropriately stored in locked medications presses and keys were secure. Prescription records were complete and contained all the required detail. Administration records identified medication had been administered to the resident for whom it had been prescribed. PRN (as required) medications outlined the criteria for administration and stated the maximum dosage in 24 hours to be administered.

Individual medication management plans were implemented as part of residents support plan and were reviewed annually.

Suitable arrangements were in place for the disposal of medications and medications were returned to the pharmacy for disposal.

Medications stock audits were completed on a monthly basis on receipt of medication. A medication management audit was completed on a monthly basis and included audits of stock records, administration practices, labelling of medications, storage, medication errors and training needs. Medication errors had been appropriately responded to and follow up actions implemented to prevent reoccurrence.

Staff had been provided with training in the safe administration of medication and training was planned for newly employed staff. A registered nurse was made available to administer medication in the event a trained staff was not on duty.

The centre availed on the services of a community pharmacy.

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:

There was a written statement of purpose outlining the services and facilities in the centre.

The statement of purpose contained most of the required information as required by Schedule 1 of the regulations. However, the inspector found the staffing complement in whole time equivalent was not reflective of staffing in the centre. In addition, the statement of purpose had not been reviewed annually.

An updated statement of purpose was subsequently forwarded to the Health Information and Quality Authority (HIQA) post inspection, which accurately reflected staffing in whole time equivalent.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The inspector found the quality of care and the experience of residents was developed and monitored on an ongoing basis. Effective management systems were in place to support the delivery of safe and quality services.

There was a clearly defined management system which identified the lines of authority and accountability and staff spoken to were clear on the reporting structure. Staff reported to the person in charge and in her absence a clinical nurse manager was available. The person in charge reported to an adult services manager who in turn reported to the chief executive officer (provider nominee).

Staff meetings were scheduled on a quarterly basis with a plan in place to increase the frequency of meetings to monthly. Matters discussed at meetings included individual residents' care and support needs and progress of plan, risk management, policies and procedures, fire safety and rosters. Where required actions were developed to identified issues. The person in charge and the clinical nurse manager were also in attendance in

the centre a minimum of weekly. Communication was maintained through a managers log book in which required changes in practice were outlined and actions developed.

The person in charge and the clinical nurse manager met with the adult service manager on a weekly basis and discussed outstanding issues pertaining to the centre.

A six monthly unannounced visit had been completed and all units had been audited as part of this visit. The audit tool had recently been revised by the provider to incorporate a broader range of areas relating to the care and support of residents and had included areas such as incidents / accidents, residents' needs, risk management, staff knowledge, supervision of staff and house meetings. Actions had been developed for identified issues with a specified timeframe for completion of these actions.

An annual review of the quality and safety of care and support had been completed for 2015 and the review considered the views of residents and their representatives.

The person in charge had been appointed to the post in June 2015 in a full time capacity. The person in charge was a registered nurse in intellectual disability. The person in charge was interviewed by the inspector and was knowledgeable on the Regulations and her statutory responsibilities. Throughout the inspection, the person in charge demonstrated a clear knowledge of the needs of the residents and the supports in place to meet those needs. Staff spoken to stated they felt supported by the person in charge.

The person in charge had responsibility for four designated centres comprising of 14 units and the inspector found the overall governance and management of this centre to be effective.

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):
No actions were required from the previous inspection.

Findings:

The inspector found there were appropriate staffing levels and skills to meet the needs of the residents in the centre and residents received continuity of care and support. Some improvement was required in the details on rosters.

There were enough staff with the right skills, qualifications and experience to meet the assessed needs of residents. The centre was staffed with staff nurses and care staff. Sleepover staff were on duty in two units at night time and two units had a waking staff on duty, in line with the assessed needs of residents. There was an actual and planned roster in the centre however, the times some staff were on duty for sleepover shift was not documented on rosters.

Residents were observed to receive support in a respectful and timely manner. Staff spoken to were aware of the policies and procedures relating to the protection and welfare of residents and were knowledgeable on the supports in place to meet the needs of the residents.

The inspector reviewed a sample of training records for four staff. Staff had been provided with up to date mandatory training and additional training had been provided reflective of residents needs, for example, communication strategies, hand hygiene, food safety and infection control.

Staff were supervised appropriate to their role and the person in charge or clinical nurse manager facilitated supervision on a quarterly basis. The inspector reviewed sample of supervision records and found the support provided enabled a reflection of practices with changes in practice where required. The areas for which individual staff were responsible were also reviewed as part of supervision.

There were effective procedures in place for the recruitment of staff which included the checking and recording of all required information. Four staff files were reviewed as part of this inspection and the inspector found all the requirements of Schedule 2 had been met. Relevant staff members had up to date registration with a professional body as required.

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:

Caroline Vahey
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:	Adult Services Palmerstown Designated Centre 9
Centre ID:	OSV-0003906
Date of Inspection:	05 October 2016
Date of response:	03 November 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:

Personal information pertaining to residents was not securely stored.

1. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living

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

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:

Locks will be put on presses storing personal information for service users by 12/11/16.

Proposed Timescale: 12/11/2016

Theme: Individualised Supports and Care

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

The arrangements in place for residents to access their own money was not timely and not practical in order to maximise residents retaining control over their possessions.

2. Action Required:

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

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

Service users will now have access to their own money by developing a system using a debit/credit card.

Proposed Timescale: 31/03/2017

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:

Participation of residents' representatives in personal plan reviews required improvement.

3. Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

All families will be involved in a yearly review with personal support plans and same will be completed by 31/12/16.

Proposed Timescale: 31/12/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Parts of the premises required maintenance. A build up of mould was observed in two bathrooms and a hallway required painting.

4. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

PIC to meet with Technical Service manager and a plan has been drawn up to put vents in the bathrooms and painting the hallway which will be completed by 12/12/16

Proposed Timescale: 12/12/2016

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 emergency plan did not outline the arrangements for alternative accommodation should this be required.

5. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

The emergency plan now includes arrangements for alternative accommodation.

Proposed Timescale: 07/10/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Some recommendations detailed in a behaviour support plan were not implemented. A behaviour support plan had not been reviewed a minimum of annually.

6. 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:

Behaviour support plans for residents will be updated annually and all detailed implementations will be implemented by 31/12/16.

Proposed Timescale: 31/12/2016

Theme: Safe Services

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

The use of an environmental restrictive practice did not form part of a behaviour support plan.

The use of a proactive strategy had no clear guide on how it was to be implemented.

7. Action Required:

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

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

Behaviour support plans will be updated by the 31st Dec including the addition of environmental restrictive practice and guidelines will be developed on implementing 'Needs sheets' associated with the behaviour support plans.

Proposed Timescale: 31/12/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

A review with the relevant healthcare professional had not been completed for a number of years for a resident with a known healthcare risk.

8. Action Required:

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.

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

This will be completed on 6th October 2016.

Proposed Timescale: 06/10/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

The times some staff were on duty for sleepover shifts were not consistently documented on rosters.

9. Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

The times will be put on the rosters from the 16th October 2016.

Proposed Timescale: 16/10/2016