<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Western Care Association</th>
</tr>
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<tr>
<td>Centre ID:</td>
<td>OSV-0004108</td>
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<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<td>Registered provider:</td>
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<tr>
<td>Provider Nominee:</td>
<td>Bernard O'Regan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Lorraine Egan</td>
</tr>
<tr>
<td>Support inspector(s):</td>
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<td>Type of inspection</td>
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</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
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</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
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About monitoring of compliance

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

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

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

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

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

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

The inspection took place over the following dates and times
From: 09 March 2016 09:10  To: 09 March 2016 18:10

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<tbody>
<tr>
<td>Outcome 03: Family and personal relationships and links with the community</td>
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<tr>
<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<tr>
<td>Outcome 05: Social Care Needs</td>
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<tr>
<td>Outcome 06: Safe and suitable premises</td>
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<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
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<tr>
<td>Outcome 08: Safeguarding and Safety</td>
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<tr>
<td>Outcome 11. Healthcare Needs</td>
</tr>
<tr>
<td>Outcome 12. Medication Management</td>
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<tr>
<td>Outcome 14: Governance and Management</td>
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<tr>
<td>Outcome 17: Workforce</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection
This was the third inspection of this centre. Previous inspections were carried out in April 2014 (when the centre was part of another designated centre) and August 2014 (as a standalone centre). The centre was registered with conditions on 16 November 2015.

As part of this inspection, the inspector met with a resident, four respite users, staff members and the person in charge. The inspector reviewed a variety of documents including residents’ and respite users' personal plans, medication documentation, risk management procedures, emergency plans and policies and procedures.

The resident and respite users who spoke to the inspector said they were happy in the centre, felt supported by staff and could speak with the person in charge and staff if they wanted to make a complaint or had any concerns.

A statement of purpose was in place that describes the service provided. The inspector found that the service provided was as described in that document.
The centre comprised of two houses located within walking distance of a town. One house was a detached single-storey building which was accessible for wheelchair users throughout. It provided a respite service for a maximum of five adults with mild to severe intellectual disabilities and varying support needs. The other house was a two-storey semi-detached building which provided a residential service for two adults with mild intellectual disabilities.

Overall, the inspector was satisfied that the provider had put systems in place to ensure that the regulations were being met.

18 of the 19 actions arising from the previous inspection had been addressed in line with the provider's response. One action had not been addressed satisfactorily. This related to the provision of training for staff working in the centre which had been identified as a required action on both previous inspections.

Good practice was identified in areas such as:
- Residents’ rights were promoted and the management of and response to complaints was appropriate (Outcome 1)
- Positive relationships with family and friends were promoted (Outcome 3)
- Residents’ and respite users’ healthcare needs were met (Outcome 11)
- Appropriate procedures for the handling and administration of medicines to residents and respite users were in place (Outcome 12)

Failings were identified in the governance and management of the centre. The inspector found that the lack of effective governance and management systems had resulted in:
- Some assistive equipment not maintained and safe to use (Outcome 7)
- No evidence that all respite users and staff had taken part in a fire drill (Outcome 7)
- Staff not receiving all required training (Outcome 17)

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

Findings:
The inspector did not inspect all aspects of this outcome. The inspector followed up on the actions which were required from the previous inspection.

Residents' Rights
The respite service emergency plan had been amended to outline the use of another building in the town should the centre require a full evacuation. Residents' homes were no longer detailed as the place respite users would be evacuated to.

The inspector viewed a sample of the forms used to identify and respond to rights restrictions on respite users' and residents' rights. The forms outlined the restrictions in place and the referral of these to the organisation's rights review committee for review. Restrictions on residents' rights were being responded to in line with the centre's procedures to ensure all restrictions were identified and were the least restrictive measure for the shortest possible duration.

Complaints
The complaints procedure was displayed in an easily accessible format in the centre.

The inspector reviewed the complaints received in the centre. Complaints were documented and the response to each complaint and the complainant's satisfaction was documented. Appropriate resolutions to complaints received were documented. This included some respite users not availing of the respite service on the same days and mediation between respite users and staff members where misunderstandings were identified.
The inspector spoke with a respite user who had made a complaint. The respite user told the inspector they were satisfied with the outcome of the complaint and felt comfortable making complaints when availing of respite in the centre.

A resident spoken with said they would speak with staff if they had any complaints and said they had ‘nothing to complain about’.

judgment:
Compliant

<table>
<thead>
<tr>
<th>Outcome 03: Family and personal relationships and links with the community</th>
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</thead>
<tbody>
<tr>
<td><strong>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.</strong></td>
</tr>
</tbody>
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| Theme: |
| Individualised Supports and Care |

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

| Findings: |
| The inspector did not inspect all aspects of this outcome. The inspector followed up on the actions which were required from the previous inspection. |

It was evident that residents' and respite users' were being supported to develop and maintain relationships and links with the wider community. For example, a resident had been supported to reconnect with people from their past and was being encouraged to maintain those relationships and build new relationships in line with their wishes.

| Judgment: |
| Compliant |

<table>
<thead>
<tr>
<th>Outcome 04: Admissions and Contract for the Provision of Services</th>
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<tbody>
<tr>
<td><strong>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.</strong></td>
</tr>
</tbody>
</table>

| Theme: |
| Effective Services |

| Outstanding requirement(s) from previous inspection(s): |
| The action(s) required from the previous inspection were satisfactorily implemented. |
Findings:
The inspector did not inspect all aspects of this outcome. The inspector followed up on the actions which were required from the previous inspection.

A sample of contracts for the provision of services were viewed. The contracts had been amended to include details of all fees payable by residents and an outline of what the fee included. Contracts were signed by the resident/respite user and/or their representative and a person nominated by the provider. However, improvement was required to the contracts issued to residents and respite users. The provision of a specified allocation of heating oil for residents and food/meals in the centre for respite users was not included in the contracts.

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:
Residents and respite users had individual personal plans which outlined their assessed health, personal and social care and support needs. Improvement was required to ensure residents and respite users were supported to achieve all assessed goals and residents’ transitioning to other centres had documented transition plans in place.

Residents’ and respite users’ plans outlined the supports required and included an outline of the input of multidisciplinary professionals where relevant. For example, residents and respite users had been supported to attend speech and language therapy and psychology services.

‘Circle of support’ meetings took place and these meetings were attended by all relevant people with clearly documented minutes of discussions and actions agreed. These meetings included a review of residents’ and respite users’ goals and the actions required to support residents and respite users to achieve goals.
There was evidence that residents and respite users had been supported to identify and achieve goals. However, not all residents and respite users were being fully supported to achieve all identified goals. A respite user had identified the same goal for two consecutive years. The reason the respite user had not been supported to achieve the goal was documented as their family being unable to support the person to achieve the goal and the centre unable to support the achievement of the goal due to ‘funding issues’.

Residents' transitioning between services
A resident had transitioned to another designated centre due to a change in the support required for a specified period of time. The inspector had previously inspected the centre the resident had transitioned to and, from speaking with the person in charge, reviewing documentation, and knowledge of the designated centre the resident transitioned to, was satisfied the centre would meet the needs of the resident.

Improvement was required to ensure a documented transition plan was in place to identify all support needs in advance of the resident returning to live in the centre. Although a discharge meeting was documented between the persons in charge of the centres there was no transition plan in place to address the supports required and ensure that all needs were assessed and appropriate support provided where required.

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

**Findings:**
The inspector did not inspect all aspects of this outcome.

The inspector followed up on the actions which were required from the previous inspection. There was evidence the centre's boilers had been serviced. A new boiler had been purchased for one part of the centre.
Improvement was required to the upkeep of the centre. The inspector noted that although both houses were cleaned by staff and residents/respite users on a day to day basis there was no allocation for a 'deep clean' periodically to ensure the centre was maintained to an adequate standard. For example, skirting boards and bins required cleaning on the day of the inspection.

In addition, the centre required some internal painting on walls and ceilings in both houses. Paint was flaking and missing and a ceiling had significant watermarks from a fixed leak.

There was no system for ensuring these items were identified and responded to in a timely manner. The person in charge told the inspector there was no identified timeline for the internal or external painting of the houses or other routine upkeep of the centre. This needed to be reviewed to ensure that the centre was maintained to an adequate standard on an ongoing basis.

**Judgment:**
Substantially Compliant

**Outcome 07: Health and Safety and Risk Management**
*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**
Effective Services

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

**Findings:**
There were systems in place to promote and protect the health and safety of residents, respite users, visitors and staff. However, improvement was required to ensure all assistive equipment is maintained and parts fixed when necessary; and that respite users and staff had taken part in a fire drill in the centre.

**Risk Management**
There was a safety statement and risk register which set out the risks in the centre and the associated control measures. The risk management policy identified the procedures for the identification and management of risk in the centre.

The identification of the person responsible for controlling risks had been reviewed. All risks were identified as being the responsibility of an appropriate person or persons.

Paper towel dispensers had been put in communal bathrooms and kitchens.
A significant risk in regard to the tracking hoist in the centre had been identified. However, it had not been responded to in a timely manner to ensure respite users using this piece of equipment were safeguarded against the risk of injury. The person in charge responded immediately when asked by the inspector to place a sign on the tracking hoist alerting staff to the danger in utilising that part of the hoist. She also said she would carry out a risk assessment. The person in charge told the inspector she had referred the need for this part to be replaced to her line manager as the amount which needed to be sanctioned was outside of her authority to sanction. The inspector was concerned that the replacement of this part had not been attended to in a timely manner. Servicing documentation showed that this had been identified on 11 November 2014, 25 May 2015 and 10 November 2015.

There were thermostatic controls in place to regulate the temperature of the water to ensure residents and respite users were protected from risk of scalding. There were individual risk assessments which outlined the risks individual to each resident and respite user and the measures in place to control the risks.

Individual plans were in place which outlined respite users’ support needs in regard to moving and handling.

There were arrangements in place for investigating and learning from accidents and incidents. An inspector read a number of accident and incident records. Incidents were reported in detail, the corrective action was documented and all records were maintained.

Systems were in place for health and safety audits to be carried out on a routine basis which included for example, daily, weekly and monthly checks carried out by the person in charge and staff.

Fire Safety
The inspector reviewed the maintenance and servicing records for the fire alarm, emergency lighting and fire equipment and found that they had been serviced appropriately.

The provision of emergency lighting in one house had been improved and was provided on the landing, in the stairwell and outside the exit doors. Fire drill records showed that this had had a significantly positive impact on assisting residents to evacuate that house.

Fire doors in the centre had cold smoke seals in place.

There was an emergency plan which guided staff regarding the evacuation of the centre in the event of a fire or other emergency. Staff had received training in fire safety. Improvement was required to the system in place to ensure the centre could be evacuated in an emergency. The documentation did not show that all respite users and staff had taken part in a fire drill in the centre.

Individual personal evacuation plans outlined the support residents and respite users required in the event an evacuation of the centre was necessary. The sample of these reviewed indicated that adequate guidance was in place for staff in regard to supporting
residents and respite users to evacuate the centre if necessary.

Judgment:
Non Compliant - Moderate

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

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

Findings:
The centre had implemented measures to protect residents and respite users being harmed or suffering abuse. There was a policy and procedures in place for responding to allegations of abuse. Staff had received training in the prevention, detection and response to abuse.

There was a designated person in the organisation with responsibility for responding to allegations of abuse. The person in charge was aware of this person and knew how and when to contact them.

The system for supporting residents and respite users to manage their finances had improved since the previous inspection.

There was a policy in place for the provision of behavioural support. Staff had received training in managing behaviour that is challenging including de-escalation and intervention techniques.

There were policies and procedures in place on the use of restrictive procedures and physical, chemical and environmental restraint. There were no physical or chemical restrictive practices used in the centre. Some respite users were prescribed environmental restrictive measures. Where these were in place it was evident this was to promote the safety of the respite user and was signed as agreed to by the respite user. Such measures included for example, the use of bedrails.

Respite users who required support with behaviours that challenge had risk management support plans in place. The inspector viewed two of these support plans and found the plans included a clear outline of the factors which may contribute to the
behaviour, proactive strategies and reactive strategies. However, the plans did not include all behaviours which the respite users required support with and although there was a strategy in place for supporting respite users with some of these behaviours the strategies were not included in the support plans.

**Judgment:**
Substantially Compliant

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

**Theme:**
Health and Development

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

**Findings:**
Residents and respite users were supported to achieve and enjoy the best possible health. The inspector viewed a sample of residents and respite users’ personal plans which showed that their health needs were being identified and responded to.

Residents received support to attend preventative healthcare, including attending consultants and undergoing examinations, to ensure all healthcare needs were identified and responded to in an appropriate timeframe. Appropriate support, which included alternative residential support, had been provided for a resident who had significant healthcare needs.

As respite users lived with family members and attended the centre for respite breaks. Healthcare needs were supported by their families and the centre had relevant information such as the results of appointments and any supports the respite users required.

Residents and respite users were supported to access their general practitioner (GP), dentist and allied health professionals such as speech and language therapists, occupational therapists and physiotherapists as required.

Food was available in adequate quantities and residents and respite users were supported to make healthy food choices. Respite users who required assistance with modified diets received appropriate support.

**Judgment:**
Compliant
### 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:**
There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and respite users.

The person in charge outlined the process in place for the handling of medicines, these were safe and in line with current guidelines and legislation.

Individual medication plans were appropriately reviewed and put in place. A sample of these were viewed by the inspector.

Audits were carried out on and corrective action was implemented where required.

There were appropriate procedures for handling and disposing of unused and out-of-date medicines.

The inspector viewed a sample of prescription sheets and found they contained all required information.

**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):**
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
The centre had a clearly defined management system in place with clearly defined roles of authority and accountability. However, improvement was required to the system in place to ensure staff were provided with all required training.

The person in charge was present on the day of inspection and responded to the inspector’s queries. This included providing all information requested in an open and transparent manner.

Arrangements were in place to ensure staff exercised their personal and professional responsibility for the quality and safety of the services that they were delivering. Staff were supported by the person in charge who worked in the centre and carried out individual supervision meetings with staff.

Audits had been carried out in relation to areas such as financial management and medication.

There was an emergency on call system in place.

The provision of training for staff working in the centre required improvement and this had been identified at the two previous inspections of this centre. The inspector was not assured that the provider had implemented an effective system to ensure that staff training needs were reviewed and responded to on an ongoing basis. The inspector’s findings and the actions required relating to training for staff are included in Outcome 17.

Unannounced visits to the centre had taken place in December 2014, March 2015 and December 2015. The timelines needed to be reviewed to ensure that visits take place at least once every six months as required by the regulations.

The persons carrying out the visits had prepared written reports of the findings and corrective actions were identified. The inspector found these items had been addressed by the person in charge. It was therefore evident the visits and findings were used to improve the service provided to residents and respite users.

An annual review of the quality and safety of care in the centre had been carried out by the person in charge.

Judgment:
Non Compliant - Moderate
**Outcome 17: Workforce**

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

**Theme:**
Responsive Workforce

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

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

**Findings:**

The staff rota was arranged around the assessed needs of residents and respite users. The person in charge showed the inspector the tool used to assess staffing levels in the respite house based on the assessed support needs of respite users.

Formal supervision and support meetings were taking place and minutes of meetings and actions agreed was maintained. The person in charge worked alongside staff providing informal support and supervision on an ongoing basis.

Staff had received training in a number of areas including fire prevention, the prevention, detection and response to suspected or confirmed allegations of abuse and the safe administration of medication. However, two staff members had not received training in minimal handling and some staff required updated training in minimal handling, responding to behaviour that is challenging including de-escalation and intervention techniques, fire prevention and first aid fire fighting equipment.

In addition, the inspector found that staff working in the respite house had not received training on using the hoist. The inspector was concerned that this aspect of minimal handling training was not provided to staff working in the respite house. Staff were therefore supporting residents to transfer using equipment for which they had not received specific training from a qualified professional.

A sample of staff files were viewed by the inspector. The staff files contained all information required by the regulations.

**Judgment:**
Non Compliant - Moderate
Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Lorraine Egan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider's response to inspection report

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<td>OSV-0004108</td>
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<tr>
<td>Date of Inspection:</td>
<td>09 March 2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>12 May 2016</td>
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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 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:
Respite users' agreements for the provision of services did not include details of a service which was provided for respite users.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
1. **Action Required:**
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

**Please state the actions you have taken or are planning to take:**
All Individual Service Agreements in the Respite service have been amended to reflect the specific charges incurred by each person and what that charge covers – for example the charge for food has been included. In addition the Individual Service Agreement for the individual in the residential service has also been amended to reflect a particular charge in that service pertaining to heating costs and charges in that service.

**Proposed Timescale:** 03/05/2016

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**Outcome 05: Social Care Needs**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Arrangements were not in place to meet all assessed needs of each resident.

2. **Action Required:**
Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

**Please state the actions you have taken or are planning to take:**
The PIC will ensure that the Individual plan for the individual in the Respite Service will be reviewed and updated to ensure that they will identify new goals and are supported to achieve these goals in a timely manner through their Circle of Support. The PIC will review all Individual Plans on a quarterly basis in supervisory support with the named staff.

**Proposed Timescale:** 30/05/2016

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
A documented transition plan outlining the support for a resident as they transitioned between residential services had not been compiled.

3. **Action Required:**
Under Regulation 25 (3) (a) you are required to: Provide support for residents as they transition between residential services or leave residential services through the provision of information on the services and supports available.
Please state the actions you have taken or are planning to take:
An assessment of need has been completed by the PIC of the designated centre to reflect the needs of an individual making the transition from one service to the other. This transition plan has outlined all relevant support needs for the individual in the transition process. This plan will be monitored by the PIC.

Proposed Timescale: 04/05/2016

### Outcome 06: Safe and suitable premises

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no system to ensure the premises were kept in a good state of repair externally and internally on an ongoing basis.

**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:
The PIC has developed a checking system to identify issues that require upkeep and repair for the designated centre to ensure that the centre is kept in a good state of repair. The PIC will meet the Regional Services Manager (RSM) to address any issues arising on a 3 monthly basis to agree how to proceed. The PIC will continue to address routine maintenance issues with the maintenance team to ensure they are addressed in a timely manner and that any issues or concern are highlighted to the RSM immediately.

Proposed Timescale: 06/05/2016

### 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 system in place in the designated centre for the assessment, management and ongoing review of risk was not effective in regard to ensuring that all assistive equipment was maintained and safe for use.

**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 PIC has developed a checklist to ensure that all assistive equipment within the centre is maintained and safe for use and any outstanding repair work will be followed up immediately. The PIC will follow up with Regional Services Manager (RSM) if there are resource implications for approval. The PIC will review this checklist on a monthly basis to ensure that no work is outstanding. The part for the hoist was ordered on the day of the inspection and work to complete the repair is in process as there has been delay with the part being available.

Proposed Timescale: 13/05/2016
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
It was not evident that all respite users and staff had taken part in a fire drill in the centre.

6. 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:
The PIC has designed a spreadsheet which will be completed quarterly basis to ensure that all staff and service users have taken part in a fire drill at least annually. Any issues of concern arising in these drills will be followed up by the PIC and any further drills that may be needed will be carried out. The PIC is focusing on the staff and service users who have not had a fire drill first.

Proposed Timescale: 27/05/2016

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:
Respite users' behaviour support plans did not detail all behaviours that challenge and the required strategies to be used by staff. It was therefore not evident that all behaviour that is challenging would be supported effectively and in line with respite users' assessed needs.

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:
Individual Personal Risk Management Plans (PRMP’s) and support plans have been updated and amended in response to identified behaviours which require clear and explicit guidance for staff in the support of each individual within the respite service. The PIC will ensure that all staff are familiar with any changes to these plans.

Proposed Timescale: 11/05/2016

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 unannounced visits to the designated centre had not taken place at least once every six months.

8. 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 organisation has set out an annual internal inspection schedule ensuring that inspections are carried out in the service twice yearly with no longer than six months between inspections.

Proposed Timescale: 09/05/2016
Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The management systems in the designated centre to ensure that the service provided was safe, appropriate to residents’ needs, consistent and effectively monitored did not include an adequate system for ensuring that all staff had received required training.

9. Action Required:
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents’ needs, consistent and effectively monitored.
Please state the actions you have taken or are planning to take:
The PIC has updated the Training Needs Analysis (TNA) of all staff training needs in the designated centre to ensure that no staff miss out on required training. This will be reviewed on a 3 monthly basis. The PIC has nominated all staff who required training for the current training calendar and this has been submitted to the Training Department on the 9/5/2016.

All staff have been booked for the necessary training, including refresher training, which will be completed by 30/6/2016

Proposed Timescale: 30/06/2016

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff did not have access to all required appropriate training, including refresher training, as part of a continuous professional development programme.

10. 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:
Two hoist training events have taken place on 06/05/2016 to offer staff the necessary hoist training and all staff except one staff, who was unavailable, attended this training. The PIC will ensure that this staff attends another event which will be delivered no later than 30 June 2016.

The PIC has booked staff as necessary on all other training and refresher training programmes in the current training calendar. The first event will be attended on 25th May and the final event will be attended on 24th June 2016, ensuring that all staff training will be current by 30/6/2016.

Proposed Timescale: 30/06/2016