

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Drogheda Unit Sean O'Hare
Centre ID:	OSV-0002530
Centre county:	Donegal
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Health Service Executive
Provider Nominee:	Jacinta Lyons
Lead inspector:	Stevan Orme
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	6
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 inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 29 August 2017 09:00 To: 29 August 2017 17:10

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 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
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 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was an inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision. As the centre had been inspected on the 19 June 2017 against five outcomes, the remaining 13 outcomes were inspected against on this inspection. In addition, a review of the actions the provider had undertaken to address the findings which related to the five outcomes from the previous inspection was completed.

The designated centre was part of the service provided by the Health Service Executive (HSE) in Donegal and provided both full and part-time residential services to adults with a disability.

How we gathered our evidence:

During the inspection, the inspector met with five residents and four staff. In addition, the inspector interviewed the person in charge and provider's representative, observed practices and reviewed documents such as personal plans, medical records, policies and staff files.

Description of the service:

The provider had produced a document called the statement of purpose, as required by the regulations, which described the service provided. The inspector found that the service was being provided as it was described in that document. The centre was a congregated setting attached to a community hospital for older people located in a town and was close to local amenities.

Overall Findings:

The inspector found the centre's premise continued to not fully comply with the requirements of Schedule 6 of the regulations in relation to adequate private accommodation for residents, as found in previous inspections. However, the provider had previously submitted an action plan to address this area of non-compliance. During the inspection, the inspector was assured that the provider was progressing the agreed actions with the Health Information and Quality Authority (HIQA) in-line with accepted timeframes.

The inspector found that residents were supported in accordance with their assessed needs and participated in activities based on their interests both at the centre and local community. Staff at the centre were both suitably qualified and knowledgeable on the residents' needs, especially in healthcare and communication-related supports. Residents were unable to tell the inspector about the quality of care and support they received at the centre; however, they appeared relaxed, happy and comfortable with all observed supports provided by staff on the day of inspection.

The inspector interviewed the person in charge and found them to be suitably qualified and experienced. The person in charge demonstrated to the inspector that they were both knowledgeable on residents' needs as well as their responsibilities under regulation.

Summary of regulatory compliance:

The centre was inspected against 16 outcomes. The inspector found moderate non-compliance in two outcomes, which related to workforce and the centre's premises. Substantial compliance was found in one outcome which related to staff training. Compliance was found in thirteen outcomes with positive focus on supports provided to residents in the areas of healthcare and communication.

These findings are further detailed 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):

No actions were required from the previous inspection.

Findings:

The inspector found that residents were involved in the running of the centre and that complaints were being managed in accordance with the provider's policies.

The inspector found that the centre's complaints policy was comprehensive and reflected staff knowledge. The complaints policy was prominently displayed on the centre's notice board along with an accessible version for residents. Information on the centre's complaints officer was displayed on a notice board, which included their photograph and contact details. The provider maintained a complaints record which included information on actions taken following receipt of a complaint and the complainants' satisfaction with the outcome. Complaints information reviewed by the inspector reflected procedures described in the provider's policy.

The inspector observed that information on advocacy services was displayed on the centre's notice board and included the advocate's photograph, name and contact details.

Residents accessed a range of activities both at the centre and in the local community, which reflected their interests and personal plan goals. Documentation such as activity records and personal goal updates showed that residents were supported by staff to visit their families, have meals out in local cafes, go for walks and do personal shopping.

Staff told the inspector that residents participated in the centre's weekly residents' meetings. The inspector reviewed meeting minutes and found that residents were involved in decisions on the running of the centre such as menu planning and weekly activities. In addition, minutes showed that the meetings were also used as an opportunity to make residents aware of their right to access advocacy services, make a

complaint and keep safe, as well as the provider's procedures in the event of a fire.

The was an up-to-date visitors' policy and the centre had suitable facilities for residents to meet their family and friends in private. Staff told the inspector that there were no restrictions on visiting times and residents were regularly visited by their families.

Arrangements were in place to support residents with their personal finances, with all transactions being receipted and recorded in-line with the provider's policy.

Throughout the inspection, residents were supported with their needs in a dignified and respectful manner by staff. Residents appeared both relaxed and comfortable with the support received from staff which was provided in-line with individual personal plans reviewed by the inspector.

Judgment:

Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents were supported to communicate their needs.

Residents' personal plans included an assessment of their communication needs and indicated any communication aids required such as 'Alphabet Boards' and 'Objects of Reference'. The inspector found that staff knowledge and observed practices on the day of inspection reflected residents' personal plans.

There were easy-to-read versions of residents' personal plans and written agreements, as well as the provider's complaints policy and fire evacuation plan.

The inspector found that residents had access to radio, television and the internet at the centre.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were supported to maintain personal relationships and engage in activities in the local community.

The provider had an up-to-date visitor's policy and provided facilities for residents to meet their family and friends in private. Staff told the inspector that residents' families visited regularly and also attended annual personal plan review meetings. Furthermore, residents were supported to visit their families and friends which were reflected in documents reviewed.

Residents accessed a range of activities in the local community which reflected their assessed needs, interests and personal goals. Residents participated in activities such as going for walks, meals out, personal shopping, reflexology, reiki massage, beauty treatments and music sessions.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The provider had up-to-date admissions and discharge policy and residents had written agreements in place.

The provider had an up-to-date admissions and discharge policy which was reflected in the centre's statement of purpose. No new admissions had occurred at the centre prior

to the inspection.

Accessible written agreements were in place which included total fees and any additional charges such as community activity costs, to be met by the resident. Written agreements had been signed by both the provider and the resident or their representative.

Judgment:

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 centre's design and layout did not meet the requirements of Schedule 6 of the regulations; however, the inspector found that the findings from the previous inspection had been addressed, or were being progressed, in-line with agreed timeframes.

The inspector did not look at all aspects of this outcome, and focused on actions taken by the provider and the person in charge to address the previous inspection's findings.

The centre's previous inspection had found that bedrooms at the centre were of a dormitory, multi-occupancy design and did not provide adequate private accommodation for residents and did not comply with the requirements of Schedule 6 of the regulations. The provider had assured HIQA that by the 30 September 2018, they would have a more suitable premises, which would meet residents' assessed needs. The inspector spoke with the provider's representative and person in charge and reviewed documentation and found that actions had commenced in-line with previously agreed actions submitted to HIQA. The inspector found that an assessment of potential housing options had been completed, as well as a communication plan to be used for resident, families and staff consultation which was planned to commence in September 2017.

The previous inspection had identified wear and tear to the centre's premises such as uneven corridor floors and stained bathroom flooring. The inspector found on the day of inspection that the corridor floor had been repaired and attempts had been made to remove staining from bathroom flooring. The inspector observed that stains had been

removed from one bathroom floor, and was told by the person in charge that the flooring in second bathroom was to be replaced in the same week of the inspection, which was evidenced in documentation reviewed. Following the completion of the inspection, the inspector received confirmation that the stained bathroom flooring had been replaced.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Staff had not received training recommended in residents' risk assessments.

The inspector did not look at all aspects of this outcome and focused on actions taken by the person in charge to address the previous inspection's findings.

The previous inspection found that not all staff at the centre had received breakaway techniques training as required in residents' risk assessments.

The inspector reviewed staff training records and found that training had not been completed on the day of inspection. However evidence provided by the person in charge confirmed that the required training was scheduled for September 2017 and additional training had been requested to further ensure that all staff were trained in breakaway techniques.

Judgment:

Substantially Compliant

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:

The centre maintained a record of all notifications submitted to the Health Information and Quality Authority (HIQA).

A record of all notifications submitted to the HIQA under the requirements of Schedule 4 of the regulations was maintained at the centre. The inspector found that all notifications had been submitted in accordance with regulatory timeframes.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Residents were supported at the centre to access social activities which reflected their assessed needs, preferences and interests.

The centre had an up-to-date policy on supporting residents to access education and training which was reflected in the statement of purpose. Residents' educational and training needs were assessed as part of their personal plan; however, on the day of inspection residents were not accessing education or training opportunities due to their current assessed needs.

Staff told the inspector that residents were supported to access a range of activities at the centre and local community which was reflected in personal plans and activity records. The inspector found that residents were supported by staff to visit their families, local shops and cafes and access therapeutic activities such as reflexology, reminiscence and reiki massage.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents were supported to manage their health in accordance with their personal plans.

The inspector reviewed residents' healthcare records and found that they had access to a range of allied healthcare professionals such as general practitioners (GP), psychiatrists, occupational therapists, speech and language therapists and dieticians. In addition, a GP visited the centre twice a week as well as residents having a choice of GPs at the local medical practice.

Residents' personal plans included 'end of life' plans which were discussed with residents and their representatives as part of the annual personal plan review meetings.

Meals were provided at the centre through a centralised kitchen on the hospital's grounds. The inspector found that residents had access to a range of healthy and nutritious meals from food records maintained at the centre. Furthermore, discussions with staff; and food records showed, that residents had a choice of meals for lunch and dinner as well as access to snacks throughout the day.

Where residents had dietary needs, the inspector found that they had been assessed by dietitian's and speech and language therapists, with recommendations reflected in personal plans reviewed, the meals provided and staff knowledge.

The inspector observed that residents who required assistance with eating and drinking were supported in a dignified and timely manner by staff on the day of inspection. Furthermore, the inspector observed the centre's lunchtime meal and found that it was positive and social in nature.

Judgment:

Compliant

Outcome 12. Medication Management

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

<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Medication arrangements and observed practices reflected the organisation's policies and procedures.</p> <p>The inspector reviewed residents' medication administration records and found that they reflected prescription records and included residents' personal details as well as information on prescribed medications such as administration times, route and dosage. The centre maintained an up-to-date signature bank of all staff trained to administer medication.</p> <p>Medication was securely stored at the centre, with out of date medication being segregated from current medications. Out of date or discontinued medication was collected by a local pharmacy and reflected staff knowledge and records reviewed during the inspection.</p> <p>Regular medication audits were carried out by the person in charge and nursing staff to ensure that practices at the centre were in accordance with the provider's policies.</p>
<p>Judgment: Compliant</p>

<p>Outcome 13: Statement of Purpose <i>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.</i></p>
<p>Theme: Leadership, Governance and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector found that the centre's statement of purpose reflected the services and facilities provided.</p> <p>The centre's statement of purpose contained all information required under Schedule 1 of the regulations and reflected the services and facilities provided by the centre on the day of inspection.</p>

Furthermore, the inspector found that the statement of purpose was reviewed annually and available in an accessible version to residents.

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 suitably qualified person in charge and staff received formal supervision.

The inspector did not look at all aspects of this outcome and focused on actions taken by the provider and person in charge to address the findings of the centre's previous inspection.

The previous inspection had found that a suitably experienced and qualified person in charge in accordance with the regulations was not in post at the centre. Following the previous inspection, the provider had reviewed management arrangements and appointed a suitably qualified person in charge at the centre. The person in charge was a qualified nurse with over 20 year's experiences working with adults with disabilities. The person in charge also held an appropriate qualification in health or social care management. The inspector further found from discussions with the person in charge that they were aware of both residents' needs and their role and responsibilities under the regulations.

The previous inspection had found that not all staff had completed 'personal development plans' (PDPs) under the provider's formal supervision arrangements, The inspector reviewed staff documentation and found that following the previous inspection all staff had completed a PDP with either the person in charge or a clinical nurse manager.

Judgment:

Compliant

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 centre had suitable arrangements in place in the event of the person in charge being absent for over 28 days.

The person in charge confirmed their understanding of the requirement under regulation to inform the Health Information and Quality Authority (HIQA) of absences over 28 days.

The inspector found that there had been no instances to date of the person in charge being absent for over 28 days. However staff were aware of management arrangements in the event of the person in charge's absence which was further reflected in the centre's statement of purpose.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

The inspector found the services and facilities provided at the centre reflected the statement of purpose and residents' assessed needs.

The inspector found that staffing levels and resources at the centre were sufficient to meet residents' needs, and reflected personal plans and risk assessments examined as part of the inspection, as well as staff knowledge.

In addition, a vehicle was available at the centre to support residents to access local amenities such as shops, cafes and places of interest.

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):

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

Findings:

The inspector found that the skill mix of staff at the centre did not facilitate both residents' access to community activities and healthcare needs. In addition, actions from the previous inspection which related to staff personnel records being required to contain all information required under Schedule 2 of the regulations had not been addressed.

The inspector did not look at all aspects of the outcome, and focused on actions taken to address the findings of the centre's previous inspection.

The previous inspection had found that staff personnel files did not contain a copy of staff vetting disclosure forms as required under Schedule 2 of the regulations. The inspector reviewed staff files and found that copies of vetting disclosures continued to be not available for review by the inspector. However, following the inspection's completion the provider forwarded copies of staff garda vetting disclosures to the inspector for review.

As part of the inspection, the inspector reviewed the centre's staffing rosters, residents' personal plans and risk assessments. The inspector found that although sufficient numbers of staff were rostered to meet residents' needs, the skill mix did not ensure that appropriately qualified staff were in place to facilitate both residents' healthcare needs and access to community activities at all times. Due to residents' healthcare needs, medication trained staff were required both in the centre and to support residents when

participating in community activities. The inspector found that over a 42 day period from the 17 July to 27 August 2017, two medication trained staff were only available at the centre on 11 occasions which was reflected in rosters and discussions with staff and the person in charge.

The inspector reviewed training records and found that although staff were knowledgeable on residents' needs which related to percutaneous endoscopic gastrostomy, they had not received full training required in this area.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

Findings:

The inspector found that the provider maintained all records required under the regulations.

The inspector found that the provider maintained up-to-date records which related to residents as required under Schedule 3 of the regulations such as a directory of residents, restrictive practices log, healthcare records and incidents and accident reports.

The provider further ensured that a copy of the statement of purpose and all notifications submitted to the Health Information and Quality Authority were available. Residents' written agreements and records of food provided to residents were also being maintained as required under Schedule 4 of the regulations.

The inspector reviewed the provider's policies and procedures and found that all policies required under Schedule 5 of the regulations were in place and reviewed in-line with regulatory timeframes.

The provider had an up-to-date insurance policy against accidents or injury to residents, staff and visitors.

Judgment:

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:

Stevan Orme
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:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0002530
Date of Inspection:	29 August 2017
Date of response:	22 September 2017

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 06: Safe and suitable premises

Theme: Effective Services

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

The inspector was assured that the provider had progressed agreed plans to address the design and layout of the centre. However, the premise continued to not provide adequate private accommodation for residents in accordance with Schedule 6 of the regulations.

1. Action Required:

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

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

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

Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met

- (1) Option Appraisal has completed preferred option, enter into service level agreement with a Section 39 provider.
- (2) Consultation period beginning September 2017
- (3) Identify issues raised from meeting and agree action to address any issues raised
- (4) Link with business manager to cost preferred option
- (5) Create De – congregation Plan for the service.
- (6) Develop Proposal and escalate to GM, include in estimates for 2018 to ensure funding is secured.
- (7) Commence Transition Planning in conjunction with residents and their representatives, staff and the MDT

Proposed Timescale: 30/09/2018

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 inspector found that although scheduled , not all staff had completed breakaway techniques training as required in residents" risk assessments.

2. 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:

Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

- (1) All staff will be trained in Breakaway Technique for hand, wrist and clothing grab. This training will met the needs of the service users.

Proposed Timescale: 30/11/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

The inspector found that the skill mix of staff at the centre did not facilitate both residents' healthcare needs and participation in community activities.

3. Action Required:

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

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

(A) The Person In Charge will undertake a review of all activities. The HUB staff will support the staff on site for specific periods of time during the week to ensure that the social care needs of the service users are met as per personal plans.

(B) A PSA (public service agreement) is ready to be delivered to the unions for consideration within the next two weeks. The agreement should be finalised within 6-8 weeks. A new roster will be ready for roll out in the New Year.

Proposed Timescale: (A) 31-10-17 (B) 31-01-2018

Proposed Timescale: 31/01/2018

Theme: Responsive Workforce

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

The inspector found that staff had not received full training on residents' needs relating to percutaneous endoscopic gastrostomy .

4. 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:

Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development. This training will be pertaining to percutaneous endoscopic gastrostomy

Staff will receive training pertaining to percutaneous endoscopic gastrostomy. This training will be delivered by the endoscopic unit Letterkenny University Hospital in conjunction with the Centre For Nurse & Midwifery Letterkenny.

Proposed Timescale: 15/12/2017

