

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Pine Grove
Centre ID:	OSV-0002605
Centre county:	Sligo
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Joanna McMorrow
Lead inspector:	Stevan Orme
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	11
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 04 May 2017 08:45 To: 04 May 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 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 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

Following a review of compliance across the Health Service Executive (HSE) CHO Area 1, the Health Information and Quality Authority (HIQA) raised concerns with the HSE National Director, in relation to the significant and on-going levels of non-compliance in centres operated by the HSE in CHO Area 1.

The Chief Inspector of Social Services required the HSE to submit a plan to the Authority which described the actions the HSE would take, in order to improve the quality of life for residents living in the services in CHO Area 1, the overall safety of the services operated by the HSE in that area and to improve and sustain a satisfactory level of compliance across the five core outcomes of concern.

In December 2016 the HSE submitted a governance plan to HIQA. The plan described the enhanced governance and leadership arrangements and actions that the HSE intended to take by 13 June 2017, in order to improve the overall levels of compliance and quality of life for residents in CHO Area 1.

In response to this plan, HIQA has developed a regulatory programme of inspections to verify the effectiveness of this plan in improving the quality of life for resident and to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for persons (Children and Adults) with Disabilities Regulations 2013) (hereafter called the Regulations) and the National Standards for Residential Services for Children and Adults with Disabilities 2013 (hereafter called the Standards).

How we gathered our evidence:

During the inspection, the inspector met seven residents living at the centre. Residents were unable to tell the inspector about the quality of service they received at the centre, but the inspector observed that residents appeared happy and relaxed throughout the inspection. Furthermore, residents appeared comfortable with the support they received from staff.

The inspector spoke with two staff members and the centre's person in charge during the inspection. The inspector found staff were knowledgeable on the needs of residents and observed residents being supported in a timely and sensitive manner throughout the inspection. In addition, the inspector reviewed documents such as residents' personal plans, risk assessments, policies and procedures and staff personnel 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 although the service was provided as described the centre's statement of purpose did not contain all information required under Schedule 1 of the regulations.

The designated centre was part of the service provided by the Health Service Executive in Sligo. The centre was located within a larger premise in a campus setting which also comprised of two further designated centres. The centre was located close to a local town and amenities.

The centre comprised of two separate units which had their own communal sitting rooms and kitchen dining areas. Due to the layout of the campus building, the inspector observed that the centre's communal areas were located on the ground floor, with residents' bedrooms apart from one being on the first floor and accessed by either a lift or stairs. In addition, one residents' bedroom was located within a separate designated centre in the campus building.

Overall Findings:

The inspection did not look at all aspects of the centre and focused on actions the provider had put in place to address the findings from the previous inspection of the centre on the 6 and 7 December 2016.

The inspector found since the previous inspection, the provider had made improvements to the centre to meet residents needs. Furthermore, the centre had continued to build upon opportunities available to residents to access activities of

choice both within the campus grounds and local community. The inspector observed that residents appeared comfortable with supports provided and supported in-line with their assessed needs.

However, the inspector found that the provider had not addressed findings within agreed timeframes from the previous inspection which related to planned building improvements and staff training. In addition, the inspector found the centre's records did not consistently comply with regulatory requirements in areas such as fire safety, risk management and staff were updated and complaint with regulatory requirements. However, the inspector was assured that the centre had undertaken actions towards regulatory compliance, as described in the main body of the report since the previous inspection.

Summary of regulatory compliance:

The centre was inspected against twelve outcomes. The inspector found major non-compliance in two outcomes in relation to the centre's premise and workforce. Moderate non-compliance was found in three outcomes which related resident internet access , social care needs, risk management and fire safety arrangements at the centre. Compliance was found in two outcomes which related to residents' right to privacy and healthcare needs , with a further five outcomes found to be substantially compliant in relation to residents' written agreements, staff training , adherence to agreed timeframes for completion of inspection findings and the maintenance of the centre's statement of purpose, directory of residents and policies in-line with regulation .

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 found that all findings from the previous inspection had been addressed by the centre.

The inspector did not look at all aspects of this outcome. The inspector found that, the centre had completed all agreed actions in-line with the previously submitted provider action plan response to the Health Information and Quality Authority (HIQA).

- Privacy screening had been installed in all shared residents' bedrooms
- A connecting door between residents' bedrooms had been removed and the wall rebuilt
- Thumb turn locks had been fitted to all bedrooms to enable residents to lock them from the inside for privacy

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):

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

Findings:

The inspector found that the agreed action from the previous inspection had not been addressed by the centre.

The inspector did not look at all aspects of this outcome and focused on the availability of internet access to residents at the centre which was not evident at the previous inspection. The inspector found that internet was still not available to residents at the centre on the day of inspection.

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 written agreements had not been signed by all residents or their representatives.

The inspector did not look at all aspects of this outcome. Following the previous inspection, the inspector sampled residents' written agreements and found that they had been updated and reflected all charges to be paid by residents associated with the support and services provided at the centre.

However, the inspector found that although the majority of written agreements had been signed by the provider, resident or their representative, this was still not the case for one resident at the centre.

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):

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

Findings:

Residents participated in the development of their personal plans; however, the inspector found that accessible versions of personal plans did not include the residents' annual goals.

The inspector sampled residents' personal plans, which were comprehensive and provided information on residents' assessed needs in areas such as communication, safety, mobility, behaviours of concern and daily activities. Although residents' personal plans were up-to-date, the inspector found that associated assessments such as intimate personal care plans and epilepsy assessments had not been reviewed annually for some residents.

The centre had, following the previous inspection, developed accessible resident personal plans; however, although the inspector found that the accessible version included information on residents' like and preferences, it did not include their personal goals.

The inspector found staff knowledge and observed practices, on the day of inspection, reflected residents' personal plans sampled.

Following the previous inspection the inspector found that residents' personal plan were reviewed annually and meeting minutes showed the participation of residents or their representatives, as well as multi disciplinary professionals such as behaviour and speech and language therapists.

The inspector sampled residents' weekly activity records and daily progress notes, due to the findings of the previous inspection, and found that they reflected both residents' agreed weekly activity schedules and their assessed needs.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

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

Findings:

The inspector found that improvements had been made to the centre since the last inspection, although agreed actions which related to bathroom facilities were still outstanding on the day of inspection.

The inspector did not look at all aspects of this outcome. The inspector observed that one of the centre's dining rooms had been redecorated and was now more reflective of residents assessed needs. Furthermore, previously observed damage to radiator covers, missing ceiling tiles and general paint work at the centre had been addressed.

However, although the inspector observed that work had commenced to increase the availability of bath and shower facilities at the centre, improvements had not been fully completed. The inspector found that delays in the completion of planned improvements to the bathroom facilities continued to result in ten residents, whose bedrooms were on the middle floor of the building, only having access to one shower and bath, although a further adapted bath was available on the ground floor of the campus building.

Judgment:

Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

implemented.

Findings:

The inspector found that residents were kept safe from harm, although improvements were required in the centre's fire safety arrangements and staff training.

The inspector did not review all aspects of this outcome. The inspector looked at the centre's fire safety arrangements and found that suitable fire equipment was in place, which was regularly serviced by an external contractor. The inspector further reviewed internal fire safety records and found that following the previous inspection, weekly fire equipment checks were conducted in-line with the provider's policy.

In addition, the inspector found that regular simulated drills had been carried out at the centre which included both compartmentalised and full evacuations. However, fire drill records sampled did not include the names of both staff and residents who participated in simulated drills at the centre.

Furthermore, although the inspector observed that an accessible version of the centre's fire plan was available to residents, it was not reflective of arrangements currently in place, such as compartmentalised evacuations and the location of fire assembly points.

The inspector reviewed the centre's risk register and found that following the previous inspection it included all risks present at the centre including associated risk control actions. However, the inspector found that the risk register had not been updated in-line with agreed review dates.

Furthermore, the inspector reviewed staff training records following the previous inspection's findings and found that the centre had still not ensured that all staff had received hand hygiene training in-line with the provider's policy.

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):

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

implemented.

Findings:

The inspector found that residents were protected from harm and supported with their assessed needs, although not all staff had received up-to-date positive behaviour management training.

The inspector looked at resident's behaviour support plans which were up-to-date, regularly reviewed and included both proactive and reactive supports for the resident. Plans were developed and reviewed with a behavioural therapist and reflected staff knowledge. However, the inspector reviewed training records following the findings of the previous inspection and found that one staff member at the centre had still not received up-to-date positive behaviour management training in-line with agreed timeframes.

The centre had a policy on the prevention, detection and response to abuse. In addition, information on the provider's safeguarding of vulnerable adults policy including photographs of the designated safeguarding officer was prominently displayed and reflected staff knowledge. Training records reviewed by the inspector showed that all staff had received up-to-date safeguarding of vulnerable adults training and staff at the centre were able to tell the inspector what might constitute abuse and the actions they would take if suspected.

Judgment:

Substantially Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

The inspector found that the finding from the previous inspection had been fully addressed by the centre.

The inspector did not look at all aspects of the outcome. The inspector found that protocols for the administration of emergency epilepsy medication were now in place and reflected staff knowledge.

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):

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

Findings:

The inspector found that the centre's statement of purpose did not contain all information required under Schedule 1 of the regulations.

The inspector reviewed the centre's most up-to-date statement of purpose and found that although it described the services provided in the centre, it still did not contain all information required under Schedule 1 of the regulations. The inspector found that the statement of purpose did not include the dimensions of all rooms within the centre. Furthermore, the statement of purpose did not contain all information on the centre's admission criteria.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspector found that although governance and management arrangements had

improved, they had not ensured that the findings of the previous inspection and the provider's own internal audits had been addressed within agreed timescales.

The inspector found that following the previous inspection, the provider had conducted an unannounced six monthly visit to the centre which was available on the day of inspection. In addition, the inspector found that an annual review into the care and support provided at the centre had been completed and was also available.

However, the centre's governance and management systems had not ensured that agreed actions from the previous inspection had been addressed within agreed timeframes such as;

- Improvements to the availability of bathroom facilities
- Completion of staff training in-line with the provider's policies
- Installation of internet access for residents

In addition, the inspector reviewed internal quality audits completed by the provider on the centre and found that identified actions such as the signing of residents' written agreements had not been achieved within agreed timeframes.

Judgment:

Substantially Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The inspector found that although staff were appropriately supervised at the centre, the governance and management arrangements in place had not ensured that staff received up-to-date training in-line with the provider's policies. Furthermore, the inspector found that the centre's rosters did not accurately reflect staffing arrangements and staff personnel records did not contain all information required under Schedule 2 of the regulations.

The inspector found that although the centre had an actual and planned roster for the

centre, it did not reflect the centre's night-time staffing arrangements. The inspector was told that between 24:00 and 08:00 residents at the centre and a neighbouring centre on the first floor of the campus building were supported by a shared staff nurse and care assistants, which was not reflected in the centre's roster. Furthermore, although a night-time roster was available for the entire campus, the inspector found that it did not show staff working times and employment position, e.g. whether a nurse or health care assistant.

The inspector reviewed staff supervision arrangements following the previous inspection and found that formal supervision had commenced for staff at the centre. Records showed that staff were supervised by the person in charge and discussions occurred on topics such as training, residents' needs and the operational management of the centre.

Furthermore, the inspector reviewed staff team meeting minutes, which showed that meeting occurred regularly and were chaired by either the person in charge or senior nurse on duty. Minutes showed that staff discussed residents' needs as well as the centre's policies and procedures. Staff told the inspector that the person in charge was regularly present in the centre which was reflected in the centre's roster.

In addition, staff told the inspector that they would have no reservations in raising concerns about the quality of care and support at the centre with the person in charge and found them to be both approachable and responsive.

The inspector reviewed staff training records in light of the findings of the previous inspection, and found that although staff had access to both mandatory and resident needs training, not all staff had received previously identified training in 'open disclosures' within agreed timeframes

In addition, the inspector sampled four staff personnel files and found that although the majority of documentation required under Schedule 2 of the regulations was present, the provider had still not ensured that proof of garda vetting for staff was available.

Judgment:

Non Compliant - Major

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):

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

Findings:

The inspector found that although policies required under Schedule 5 of the regulations were available at the centre, not all were up-to-date. Furthermore, the provider had not ensured that all information required in the directory of residents (regulation 19) was recorded.

The inspector did not look at all aspects of this outcome. The inspector found that all policies required under Schedule 5 of the regulations were available at the centre; however, the following policies had not been reviewed in-line with regulatory requirements and the provider's own agreed timeframes.

- Incidents where a resident goes missing policy
- Admissions, including transfers, discharge and the temporary absence of residents' policy

The inspector reviewed the centre's directory of residents and found that although in the main all information required under regulation was recorded, the directory did not include the name and address of the authority, organisation or other body which arranged the resident's admission to the centre.

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:

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-0002605
Date of Inspection:	04 May 2017
Date of response:	02 June 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 02: Communication

Theme: Individualised Supports and Care

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

The inspector found that residents did not have access to the internet at the centre.

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 10 (3) (a) you are required to: Ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.

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

Internet Access: The residents will have access to the internet in the centre. We have obtained three quotes from various external broadband providers and these have been submitted for selection

Residents have been referred to assistive technology to provide aids to effectively use the internet.

Person Responsible: PIC

Proposed Timescale: 31/07/2017

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:

The inspector found that one resident's written agreement had not been signed by either the resident or their representative.

2. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

The residents representative is engaging in discussions to reach an agreement on the contract of care. Third parties been contacted to progress this to a satisfactory solution

Person Responsible-PIC

Proposed Timescale: 31/07/2017

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:

The inspector found that the accessible version of residents' personal plans did not include information on current personal goals.

3. Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their

representatives.

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

The residents personal plans will be made available in accessible format to the residents. This will be done in conjunction with Speech and Language Therapist to find the most appropriate format. This can be done through social stories and picture reference books.

Person responsible PIC

Proposed Timescale: 19/06/2017

Theme: Effective Services

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

The inspector found that not all residents' intimate care plans and epilepsy assessments had been reviewed annually.

4. Action Required:

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

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

All Intimate care plans and epilepsy care plans have been reviewed to reflect changes in need and circumstances.

Person responsible PIC

Proposed Timescale: 31/05/2017

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 found that planned improvement works to increase the availability of bathroom facilities at the centre had not been fully completed.

5. Action Required:

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

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

A plan of works have been commenced to increase the bathroom facilities on the first floor. This plan will go to tender through the HSE tendering process.

This will provide us with 3 additional shower facilities when completed. Presently the Maintenance Department is converting an existing toilet area into a wet room, which will provide 1 additional shower facility in the short term
Person Responsible: Registered Provider

Proposed Timescale: Short term 1 bathroom 30/06/2017
Long term 3 bathrooms 30/09/2017

Proposed Timescale: 30/09/2017

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 the centre's risk register was not up-to-date.

6. 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 risk register was reviewed and updated and a schedule put in to update monthly
Person responsible PIC

Proposed Timescale: 31/05/2017

Theme: Effective Services

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

The inspector found that not all staff had received had hygiene training in-line with the provider's policy.

7. Action Required:

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

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

A schedule is in place to ensure that all staff receive hand hygiene training

Person responsible PIC

Proposed Timescale: 30/06/2017

Theme: Effective Services

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

The inspector found that simulated fire drill records did not contain the names of both residents and staff participating. Furthermore, the centre's resident accessible version of the fire evacuation plan was not reflective of current arrangements in place.

8. 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:

All simulated fire drills will contain the names of both residents and staff participating. A check list has been devised to ensure compliance with this action.

Person responsible PIC

Proposed Timescale: 05/06/2017

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:

The inspector found that not all staff had received positive behaviour management training in-line with the provider's policy.

9. Action Required:

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

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

All staff will be trained in Studio 3 in line with Providers policy

Person responsible PIC

Proposed Timescale: 30/06/2017

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The inspector found that the centre's statement of purpose did not contain all information required under Schedule 1 of the regulations.

10. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The Statement of Purpose will be updated in line with Schedule 1 of the regulations
Person responsible PIC

Proposed Timescale: 05/06/2017

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 centre's governance and management arrangements had not ensured that agreed actions from the previous inspection as well as the provider's own internal quality audits were addressed within agreed timeframes.

11. 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:

Staff training: A schedule is in place for Hand Hygiene, Open Disclosure and Studio 3 and will be completed.

Internet Access: there are ongoing discussion and engagement with HSE IT Department and Assistive Technology Department to progress internet access for all residents.

Bathroom Facilities: A plan of works have been commenced to increase the bathroom facilities on the first floor. This plan will go to tender through the HSE tendering process.

This will provide us with 3 additional shower facilities when completed.

Presently the Maintenance Department is converting an existing toilet area into a wet room, which will provide 1 additional shower facility in the short term

Person Responsible: Registered Provider

Proposed Timescale: Staff Training:30/06/2017
Internet Access:31/07/2017
Bathroom Facilities:30/09/2017

Proposed Timescale: 30/09/2017

Outcome 17: Workforce

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 personnel files did not contain evidence of garda vetting as required under Schedule 2 of the regulations.

12. Action Required:

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

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

This has been escalated to a national level. There is a national meeting on the 31/05/2017 in Dublin, to determine how this requirement can be met more efficiently and in a standardised manner.

Person Responsible: Registered Provider

Proposed Timescale: 31/08/2017

Theme: Responsive Workforce

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

The centre's roster did not reflect the centre's night-time staffing arrangements. In addition, the campus' night-time staff roster did not include staff working times and designations.

13. 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 centres roster now reflects the day and night time staffing arrangements. This roster also includes working times and designations.

Person Responsible: PIC

Proposed Timescale: 31/05/2017

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 attended 'open disclosures' training in-line with agreed timescales.

14. Action Required:

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

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

A further date has been arranged to complete the Open Disclosure training on the 13th and 14th of June

Person Responsible: PIC

Proposed Timescale: 15/06/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

The inspector found that not all of the centre's policies required under Schedule 5 of the regulations were up-to-date.

15. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

All Schedule 5 policies are now in date

Person Responsible: PIC

Proposed Timescale: 31/05/2017

Theme: Use of Information

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

The centre's directory of residents did not include all information required under regulation.

16. Action Required:

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

All directory of residents will be reviewed to include all information under the regulation.
Person Responsible: PIC

Proposed Timescale: 05/06/2017