

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Oldcourt
<b>Centre ID:</b>	OSV-0002878
<b>Centre county:</b>	Wicklow
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St John of God Community Services Company Limited By Guarantee
<b>Provider Nominee:</b>	Pauline Bergin
<b>Lead inspector:</b>	Jillian Connolly
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	8
<b>Number of vacancies on the date of inspection:</b>	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 un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 14 June 2017 10:00 To: 14 June 2017 18:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
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 the second inspection of the centre. The first inspection was conducted in March 2016 following an application by the provider to register the centre under the Health Act 2007. At this time, failings were identified with the premises. This inspection was conducted to ensure the provider was taking the appropriate action to address the failings.

How we gathered our evidence:

As part of this inspection, the inspector met 3 residents. The inspector also met with staff, observed practices and reviewed documentation such as residents' personal plans, health and safety documentation and audits. Residents, management and staff facilitated the inspection.

Description of the service:

The designated centre consists of two houses located in Co. Wicklow. Services were provided to male and female residents over the age of 18. The centre is operated by St. John of God Community Services Limited.

Overall findings:

The findings of this inspection demonstrated that improvement had occurred in the practice of the centre. There had been changes to the management structure. Residents were observed to be comfortable within their home and staff were observed to engage with residents in a respectful and dignified manner. The inspector determined that additional work was required to ensure compliance with the regulations.

Overall the provider had taken insufficient action to address the sub standard premises in one house which impacted on the quality of life of the residents.

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

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

**Outcome 01: Residents Rights, Dignity and Consultation**

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

The inspector found that the support provided to residents by staff promoted their privacy and dignity and that staff supporting the residents regularly advocated on behalf of residents to ensure that their voices were heard. However, improvements were required to ensure that the dignity of all residents was consistently upheld and that appropriate environmental supports were in place.

There were policies and procedures in place for the receipt and management of complaints. They had been reviewed in April 2016 and met the requirements of regulation 34. There had been one complaint in the centre since the last inspection. While the complainant had received a response, there was a delay of 5 months. This was not in line with the internal policies of the centre.

Staff were observed to engage in a dignified and respectful manner with residents. There were multiple examples of incidents in which staff advocated on behalf of residents to management to ensure that the service provided to residents was in line with their assessed needs. Residents' communication needs were respected and there were a variety of tools in place to assist staff in identifying the wishes of residents. Residents were also supported to maintain their right to vote. Residents' personal documentation was stored in a secure location. Each resident had their own bedroom which enabled personal activities to be undertaken in private. Notwithstanding this, the premises in one house did not meet the assessed needs of residents and as a result the dignity of residents was impinged upon.

Residents were supported to engage in a variety of activities which appeared to be in line with their interests and capabilities. Residents were supported to dine out, walk dogs and to visit family members.

**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:**

There had been no new admissions to the centre since the last inspection. The provider had policies and procedures in place to support this process.

There were written agreements between residents and/or their representatives and the provider. However, at the time of the last inspection they did not adequately outline the fees paid by residents. This remained outstanding. The inspector was informed that the delay was due to recent changes in national policy and was due to be addressed in the coming weeks.

**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):**

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

**Findings:**

Although residents were supported to engage in a variety of activities, the inspector found that improvements were required to ensure that residents were fully supported to maximise their personal development.

Residents had an assessment completed of their individual health and social care needs. There were also personal plans in place which identified the supports residents required. Overall, the quality and effectiveness of the personal plans varied. In some instances, the plans clearly identified the supports residents required. However, in other instances, it was challenging to navigate the information contained in the plans.

The organisation was evolving their personal planning system to meet the social care needs of residents. The system in place, on the day of inspection, involved the identification of annual goals. The inspector found that the goals were short term activities and were resource based as opposed to based on the needs of residents. For example, one goal identified was for a resident to have one to one support from staff on a more regular basis. The inspector determined that this was a resource issue as opposed to a goal for the resident to achieve. Staff were very familiar of the needs of residents and told the inspector of their wishes and aspirations for residents. This was not evident in the personal plans of residents.

Residents were supported to engage in the personal planning process.

Residents had been referred and assessed by allied health professionals. The recommendations of allied health professionals, particularly speech and language therapy, were implemented in practice.

**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 the centres were homely and reflective of the individuals living there. Notwithstanding this, the size and layout of one of the houses did not meet the assessed needs of the residents. This had been previously identified by inspectors. The provider had stated that this would be addressed by September 2017. Work had commenced to address this failing, including the development of proposed plans. However, management confirmed that the work would not be completed within the identified time frame and considerable work still needed to be done.

The house did not have sufficient communal space to meet the needs of the four residents living there. Residents living together did not appear to be compatible. As a result not all residents were comfortable being in communal areas at the same time. Records indicated that self-injurious behaviour had occurred as a result of an absence of appropriate communal space. The bathrooms did not meet the needs of residents. This resulted in residents being exposed to other residents engaging in personal activities. Areas of the centre required upgrading and re-decoration. The inspector observed paint work to be visibly marked and radiator coverings to be broken.

The second house was of a higher standard. It was suitably decorated with sufficient space to meet the needs of the residents. The inspector observed that staff had made efforts to keep both houses clean. However, additional work was required to ensure that both houses were maintained to an appropriate standard. Skirting boards and bathrooms required additional cleaning and in one house the carpet was stained.

Both houses had sufficient external space for use by residents and suitable arrangements for the disposal of waste. However, access to the external space in one of the houses was via steps. There was no handrail in place to promote accessibility.

**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:**

There were systems in place for the assessment and management of risks. This included a safety statement and a risk management policy. There was a risk register in place which identified the clinical, operational and environmental risks in the centre. It also

identified the risks to individual residents. Control measures had been identified. Improvements were required to ensure that the systems were effectively used to reduce all the risks in the centre and that they were reviewed following specific incidents to ensure that the appropriate control measures were place.

The inspector reviewed an incident which had occurred in the centre. The risk assessment in place for the associated risk did not identify if all measures had been considered to reduce the reoccurrence of a similar incident. For example, staff had not provided with basic first aid training and the possible requirement for this had not been assessed. The incident record demonstrated that this would have been beneficial considering what had occurred. The risk rating also provided for this event was low. However, the actual risk was medium due to the frequency and severity of the known incident.

The inspector also found that risk assessments did not identify all of the control measures in place. In one instance, the inspector was informed that only specific staff were able to support a resident in the community. This was not identified in the associated risk assessment.

There were policies and procedures in place for the prevention of healthcare associated infections. The inspector found that they were not reflective of the practices of the centre and the needs of residents.

There were systems in place for the prevention and management of fire. This included a fire alarm, fire extinguishers and emergency lighting. Records demonstrated that they were serviced at regular intervals. There were procedures in place to be followed in the event of a fire and staff was familiar with them. Staff had also received training in fire safety. Fire drills had been conducted and where challenges arose, action was taken to reduce risks. A previous failing had been that the provider had not demonstrated that adequate measures had been put in place to contain fire. This had not been addressed. The inspector also observed that there could be delays in evacuation due to a fire exit being blocked by cleaning equipment and final exits being locked by a key. This had been identified as a restrictive practice but had not been considered as a fire safety issue.

**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:**

There were policies and procedures in place for the prevention and response to abuse. However, some staff had not received training in the time frames identified in the policies. Staff were familiar with what constitutes abuse and the procedures to be followed. This was also evidence by the safeguarding records. The inspector found that any suspicions or allegations had been responded to. Notwithstanding this, environmental constraints which were the cause of some of these allegations had not been addressed.

Intimate care plans had been developed which guided practice.

Positive behaviour support had been provided when required. Allied health professionals were actively involved in supporting residents. Positive behaviour support plans had been developed for residents. The inspector found that the centre promoted a restraint free environment. In instances where restrictive practice was used it was reviewed and reduced when appropriate. Staff had received or were in the process of receiving training in de-escalation techniques. However, as identified by allied health professionals and a review of records of incidents, additional support was required to ensure that all proactive strategies were implemented and reactive strategies were adhered to.

**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):**

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

**Findings:**

HIQA had received notifications of incidents as required by regulation 31. However, not all allegations and suspicions of abuse which had been reported to the designated officer had been reported to HIQA.

**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):**

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

**Findings:**

Residents were supported to attend healthcare professionals such as their General Practitioner (GP) if a need arose. They were also supported to attend appointments with a wide range of health professionals including opticians, dentists and chiropodists. The inspector found that residents' healthcare needs were monitored in line with recommendations for allied health professionals. For example, residents' weight was monitored at regular intervals.

Appropriate supports were provided if a resident became unwell.

Residents required support to meet their nutritional needs. This was provided and informed by the appropriate assessments by an allied health professional. Staff were clear on the individual requirements for each resident. The inspector found that improvements were required to ensure the appropriate guidance was available for staff on the circumstances in which a re-referral to an allied health professional may be required.

The inspector observed a mealtime in the house and found that it was a social experience. A resident told the inspector that they liked the food and often got their favourite meal. Various communication aids and food sampling occurred to find out the foods residents enjoyed.

**Judgment:**

Substantially 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 policies and procedures in place for the administration and storage of medication. Staff had received training in the safe administration of medication and were clear on the medications residents were prescribed and the reasons why. There had been no medication errors in the centre since the last inspection. Medication was stored in a secure location.

A review of a sample of prescription and administration records demonstrated that they contained all of the information as required. The signature of the prescriber was present for each individual medication and for discontinued medication. The times medication was administered matched the times prescribed. The inspector observed staff administering medication and found appropriate practices were in place. There was also a space for staff to record comments available on the administration sheets.

There was guidance in place for PRN medication (medicines as required) and the maximum dosage to be administered in a 24 hour period was stated on the prescription sheets.

The date of opening was documented on all topical medications.

**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):**

No actions were required from the previous inspection.

**Findings:**

The provider submitted a Statement of Purpose as part of the application to register the centre under the Health Act 2007. The inspector reviewed the document following the inspection and found that it was in line with the requirements of Schedule 1 of the regulations.

**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 inspector determined that the provider had implemented systems to monitor the quality and safety of the service provided.

There had been a change in the management structure of the service since the last inspection. A person in charge had been appointed in August 2016. They were interviewed in October 2016 by HIQA and found to meet the requirements of the regulations and have satisfactory knowledge of their statutory responsibility. A social care leader had also been appointed and they were the frontline manager of the centre. They reported to the person in charge. The inspector met with them on inspection and found that they were actively involved in the management of the centre and aware of their statutory responsibility. The person in charge reported to the program manager, who in turn reported to the regional director. Both were persons participating in management of the centre under the Health Act 2007.

The provider had recently implemented a new system of auditing. The inspector reviewed a sample of audits and found that they adequately reviewed the care and support provided to residents. Actions arising from audits were addressed or in the process of being addressed on the day of inspection.

Unannounced visits were also occurring in the centre at six monthly intervals. The most recent visit was the week prior to this inspection. A report was generated and the inspector found that the findings were in line with the findings of the inspection. The unannounced visits also monitored actions which were generated from previous visits.

There had been no annual review of the quality and safety of care completed since the last inspection in March 2016.

**Judgment:**

Substantially 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):**

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

**Findings:**

The inspector found that the centre was not adequately resourced. The Statement of Purpose identified that 14 whole time equivalent staff were required to meet the needs of the residents. On the day of inspection there were 12 on the roster. Management and staff stated that they endeavoured to ensure that regular relief staff were used to address this while they were awaiting the posts to be filled. However, on the day of inspection a staff member was required to cancel their annual leave as relief staff could not be sourced.

**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):**

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

**Findings:**

Inspector found that staff present during the inspection was knowledgeable of the needs of the residents. The residents were observed to be comfortable in the presence of staff and familiar with staff. Residents were also familiar with who their key worker was. The inspector confirmed that there was a planned and actual roster available in the centre. The staffing levels in the centre were consistent and in line with the needs of the

residents.

Staff had received mandatory training such as manual handling. Staff were engaged in a formal supervision programme and stated that it was beneficial. The social care leader also worked in the houses when the need arose allowing for informal supervision to also take place.

Team meetings also took place at regular intervals and were a forum of communication and learning.

The inspector did not review staff files on this inspection.

**Judgment:**

Compliant

**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):**

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

**Findings:**

The inspector found that records to be maintained in respect of residents as required by Schedule 3 were available in the centre. Additional records as required by Schedule 4 were also available. The policies and procedures as required by Schedule 5 were also available. However the policy available for medication had not been reviewed since October 2013. The policy for visitors had also not been reviewed since May 2013.

**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:***

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

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by St John of God Community Services Company Limited By Guarantee
<b>Centre ID:</b>	OSV-0002878
<b>Date of Inspection:</b>	14 June 2017
<b>Date of response:</b>	03 August 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 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

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

The premises in one house did not meet the assessed needs of residents and as a result the dignity of residents was impinged upon.

**1. Action Required:**

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

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

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

The following improvements will be made to ensure that the dignity of all residents is consistently upheld and that appropriate environmental supports are in place:

- The existing plan for the redevelopment of one location in the Designated Centre has been reviewed to consider recommendations from the Inspection.
- A Business Case has been submitted to the HSE for funding for the proposed remodelling plan.
- Secondary plans for a smaller scale renovation to bring the premises into compliance have been drawn up in order to ensure that the timeline can be met.
- Details of these plans are recorded in the Designated Centre Development Plan and noted on the Quality Enhancement Plan.

**Proposed Timescale:** 01/11/2017

**Theme:** Individualised Supports and Care

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

There was a delay of 5 months in the complaint of a resident being addressed.

**2. Action Required:**

Under Regulation 34 (2) (b) you are required to: Ensure that all complaints are investigated promptly.

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

- A new policy for Managing Complaint is in place in the location.
- Complaints have a clear time frame and escalation process.
- A Complaints log is maintained in the location.

**Proposed Timescale:** 14/06/2017

**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 written agreements between residents and/or their representatives and the

provider did not adequately outline the fees paid by residents.

**3. 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:**

Contracts of Care have been put in place for all residents in the Designated Centre

**Proposed Timescale:** 27/06/2017

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

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

Personal plans did not consistently identify the arrangements in place to meet residents' assessed needs.

**4. 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:**

- An audit of Personal Plans will take place by the Supervisor.
- A consistent approach will be adopted to ensure the assessed needs of the residents are met across the Designated Centre.
- Residents goals will be reviewed and developed in line with the resident's wishes.
- A Person Directed Planning Programme is taking place in one location that will be shared across the Designated Centre.

**Proposed Timescale:** 30/11/2017

**Theme:** Effective Services

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

Personal plans did not identify the supports residents required to ensure skill building and development to enable residents to reach their potential.

**5. Action Required:**

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with

his or her wishes.

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

- Appropriate assessments will be carried out to ensure the supports needed for skills building can be identified.
- Once complete, these supports will be evidenced in the residents personal plans.

**Proposed Timescale:** 31/12/2017

**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 premises in one house did not meet the needs of the residents living there.

**6. Action Required:**

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

- The existing plan for the redevelopment of one location in the Designated Centre has been reviewed to consider recommendations from the Inspection.
- A Business Case has been submitted to the HSE for funding for the proposed remodelling plan.
- Secondary plans for a smaller scale renovation to bring the premises into compliance have been drawn up in order to ensure that the timeline can be met.
- Details of these plans are recorded in the Designated Centre Development Plan and noted on the Quality Enhancement Plan.

**Proposed Timescale:** 01/11/2017

**Theme:** Effective Services

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

Areas of the centre were not clean and in a good state of repair.

**7. 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:**

- A daily cleaning schedule is in place for staff on duty in both houses.
- A deep clean will be carried out in both houses of the Designated Centre by the

Household Department at a minimum of every 6 weeks.

**Proposed Timescale:** 31/07/2017

**Theme:** Effective Services

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

There was an absence of a handrail to ensure accessible access to the back garden in one house.

**8. Action Required:**

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

- The access to the back garden in one of the houses will be reviewed to ascertain an alternative accessible exit to the garden for the residents.
- Once the review has taken place, arrangements will be made for the exit to be altered.

**Proposed Timescale:** 31/12/2017

**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 systems in place for the assessment and management of risk did not adequately reduce all of the risks in the centre.

**9. 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:**

- Risk Assessments in the Designated Centre will be reviewed in an effort to reduce risks in the centre.
- Risk Assessments will be reviewed to ensure they contain all of the control measures that are in place.
- Relevant Risk Assessments will be reviewed following specific incidents as part of the Team Meeting and form part of the incident review process.

Emergency First Aid Training will be provided to staff in the Designated Centre

**Proposed Timescale:** 31/12/2017

**Theme:** Effective Services

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

Infection control procedures were not reflective of the centre.

**10. Action Required:**

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

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

- The Infection Control Procedure will be reviewed with all staff in the Designated Centre.
- Staff will sign to confirm they have read and understood the Procedure.
- An audit of Infection Control practices will take place in the centre to ensure that practice is in line with the procedure.

**Proposed Timescale:** 30/09/2017

**Theme:** Effective Services

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

An emergency exit was blocked and final fire exits were key operated.

**11. Action Required:**

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

- Obstructions to Emergency exits were removed at time of inspection.
- Emergency exits will be kept free from obstruction at all times.
- A check list will ensure that these routes are checked daily.
- A review of the locking of the final exits in both houses will take place to plan for easier access.
- Once the review has taken place and alternatives sourced, installation will take place.

**Proposed Timescale:** 30/09/2017

**Theme:** Effective Services

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

The provider did not demonstrate that there was adequate means of fire containment in the centre.

**12. Action Required:**

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

- Fire doors will be installed in one location.
- Further Fire doors will be installed with renovation to take place in the other location within the Designated Centre.

**Proposed Timescale:** 31/12/2017

**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:**

Staff had not received training in positive behavior support.

**13. 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 receive training in positive behaviour support
- Proactive and reactive strategies provided by allied health professionals will be implemented and adhered to by staff on duty.

**Proposed Timescale:** 31/12/2017

**Outcome 09: Notification of Incidents**

**Theme:** Safe Services

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

Not all allegations and suspicions of abuse which had been reported to the designated officer had been reported to HIQA.

**14. Action Required:**

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector

within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

- All allegations and suspicions of abuse which have been reported to the Designated Officer will be reported to HIQA.

**Proposed Timescale:** 14/06/2017

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

There was an absence of appropriate guidance available for staff on the circumstances in which a re-referral to an allied health professional may be required.

**15. Action Required:**

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

- Guidance will be provided for staff on the circumstances where a re-referral to an allied health professional is required.
- This will be discussed at the Team Meetings in the Designated Centre.

**Proposed Timescale:** 30/09/2017

**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:**

There had been no annual review of the quality and safety of care completed since the last inspection in March 2016.

**16. Action Required:**

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

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

- An Annual report will be developed for the Designated Centre

**Proposed Timescale:** 31/08/2017

### **Outcome 16: Use of Resources**

**Theme:** Use of Resources

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

The Statement of Purpose identified that 14 whole time equivalent staff were required to meet the needs of the residents. On the day of inspection there were 12 on the roster.

**17. Action Required:**

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

- On-going recruitment is under way in the service.
- Staffing in the Designated Centre will be reviewed in an effort to fill the compliment of both locations and provide consistency to residents.
- Moves are planned for staff in the month of August to address these gaps.

**Proposed Timescale:** 31/08/2017

### **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 policy available for medication had not been reviewed since October 2013. The policy for visitors had also not been reviewed since May 2013.

**18. 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:**

- There is a new Policy on Person Directed Medication Management dated September 2016.
- There is a Procedure for Visitors to the Centre dated April 2107.
- These will be discussed at the Team Meetings in the Designated Centre.
- Any obsolete policies will be removed from the locations.

