

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Waterside
Centre ID:	OSV-0002972
Centre county:	Dublin 24
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Company Limited By Guarantee
Provider Nominee:	Philomena Gray
Lead inspector:	Jillian Connolly
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	14
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
16 May 2017 16:30	16 May 2017 20:30
17 May 2017 09:30	17 May 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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This was the third inspection of the centre. The inspection, prior to this, was conducted in June 2016 following an application by the provider to register the centre under the Health Act 2007. At this time, significant failings were identified with the premises. This inspection was conducted to ensure the planned actions were addressing the identified issues and having a positive impact for the residents.

How we gathered our evidence:

As part of this inspection, the inspector met 11 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 three houses which are located in Co. Dublin. 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 and staff spoke positively regarding the impact this had on the service provided to residents. 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.

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:

There were systems in place for the receipt and management of complaints. Residents were familiar with the process and told the inspector that they felt comfortable making a complaint if required. The complaints policy had been amended following the last inspection. It met the requirements of regulation 34. However, the inspector found that the records of complaints still did not record the outcome of the action taken by the provider or if the complainant was satisfied.

Staff were observed to engage in a dignified and respectful manner with residents. Residents reported that they were happy with the staff supporting them and were observed to be comfortable in their presence. With the exception of two residents, each resident had their own bedroom. The inspector confirmed that it was the choice of the two residents to share a room. Personal documentation was stored in a secure location. However, due to the location of the accessible shower in one of the houses, the privacy of residents was not upheld. Although staff endeavoured to ensure the privacy of residents was maintained, residents had to cross through the kitchen to have a shower. One resident was also required to use the en suite of another resident due to the unsuitability of the bathing facilities.

Residents were supported to manage their own finances where appropriate. Each resident had a financial management plan. There were systems in place to safeguard the residents' finances if support was required.

Residents stated that they were happy with the activities they were supported to take

part in. The inspector observed residents to be out in the evening attending social activities.

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):

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

Findings:

There had been no new admissions to the centre since the last inspection. Management informed the inspector that there would be no new admissions to the centre until the occupancy had reduced to 13 residents. Management further stated that in the event of a resident moving out of the twin room, another resident would not be admitted to the centre.

Of the sample of written agreements reviewed, the inspector confirmed that they had been signed by the relevant stakeholders.

Judgment:

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:

Of the sample of personal plans reviewed, a comprehensive assessment had been completed of residents' health and social care needs. If a need was identified, there was a plan of care/goal in place to meet that need. If an associated risk had been identified with a need, a risk assessment had been completed. However, the inspector observed inconsistencies in the quality of personal plans.

There was a goal planning system in place for meeting residents' social care needs. Key workers developed goals with the resident. Residents were familiar with their key worker. The system for reviewing the effectiveness of the goals and the overall wellbeing of the resident involved a monthly report being completed by the key worker. However, the inspector observed one instance in which this appeared to be a paperwork exercise as the information was not reflective of what had occurred in the previous month. In another instance the inspector observed the goal planning system to be static. Therefore if a goal was achieved or no longer applicable, a review was not conducted until the set timeframe was reached.

The inspector also observed that there were inconsistencies in the quality of the health care plans in place. For some residents, they clearly identified the supports to be provided on a day to day basis and the action to be taken if abnormalities were to be observed. However, in other instances conflicting information was provided on the action to be taken if the health of a resident was to be noted to deteriorate.

Residents were supported to attend formal day services and engage in active retirement with the support of residential staff.

Residents were supported to access allied health professionals if a need arose.

There was a plan to discharge a resident in the coming months. However, the personal plan of the resident did not identify that this was occurring and the supports required to ensure that the discharge was safe and in line with the needs of the resident involved.

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 centre consisted of three houses located in a suburban estate in Co. Dublin. The standard of premises between the three houses varied considerably. The inspector observed that minimal improvement had occurred to the centre since the last inspection to address this. Overall, the inspector observed areas of the centre to be in a state of disrepair and not appropriately adapted to meet the needs of some of the residents.

Communal space was limited in one of the houses with insufficient seating for all five residents. The bathrooms in one of the house were in a considerable state of disrepair, with broken tiles, inadequate floor space, a narrow shower, visibly tarnished flooring, rusty and staining in the bath and uneven flooring. There were adequate facilities for preparing and cooking food and for the laundering of clothes. Residents' bedrooms were decorated to an acceptable standard.

The inspector acknowledged that staff had endeavoured to keep the houses clean, however there was considerable staining on the paintwork in one house and due to the general standard of maintenance areas of the centre were observed to be unclean. There were external grounds for each of the houses which was generally well maintained and the inspector observed residents using them during the inspection.

There were adequate facilities for the disposal of waste.

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 policies and procedures in place to promote the health and safety of residents, staff and visitors. This included an organisational and centre safety statement and a risk management policy which met the requirements of regulation 26. However, the inspector found that while there had been improvements since the last inspection, there remained an inconsistent approach to risk management within the centre.

The inspector found that risk management did not account for all of the operational, clinical and environmental risks within each of the houses. The inspector observed clear challenges within the current environment which resulted in adverse outcomes for residents. The assessment for medication management did not reflect the actual practices and associated risks with the centre. Overall the control measures for the identified risks were at a high level and did not adequately identify the actual measures in place and the effectiveness of these measures.

However, there had been an improvement in the recording and review of adverse events. The person in charge completed quarterly reviews to identify trends and patterns.

There were appropriate systems in place for the prevention and management of fire. The centre had a fire alarm, emergency lighting, fire extinguishers and fire blankets which were serviced at regular intervals. It was unclear if there was adequate fire containment measures in place considering the environment and the assessed needs of residents. Management stated that this was due to be assessed by an external expert in the coming weeks. Inspectors did observe where fire doors were present they were wedged open. There was a clear fire procedure which was displayed in a prominent area. Residents knew what to do in the event of an emergency. Fire drill records did not demonstrate that all residents could be evacuated to a place of safety with the minimum available staffing. Staff knew what the procedure to be followed was in the event of an emergency and the individual needs of residents.

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 protection of vulnerable adults. Residents told the inspector that they felt safe. Staff had received training in

safeguarding. Staff were also able to clearly state what constitutes abuse and the action to be taken in the event of an allegation or suspicion of abuse. The inspector found that appropriate action was taken if the policies required implementation.

The centre promoted a restraint free environment. However as of the day of inspection, the restrictions in place were not demonstrated as being the least restrictive option available. Management stated that this was being addressed.

Residents had been assessed and provided with positive behaviour support plans. However the inspector found that the strategies identified were not being implemented appropriately. For example, it was identified that a resident required support to improve their interpersonal engagement. However, the arrangements in place to do this were inadequate and not in line with the assessed needs of the resident.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Overall, the inspector found that health and wellbeing was promoted in the centre. However, improvements were required to ensure that residents were supported in line with their personal plan.

Residents had regular access to their General Practitioner (GP) if a need arose. The health assessments of residents had been conducted in consultation with residents' GP. However, the quality of care plans varied. A wide range of assessments had also been completed using evidence based tools.

Inspectors found that records did not demonstrate that if an abnormality in the wellbeing of a resident was identified appropriate action was taken. For example, fluctuations in a resident's weight were not linked to an associated risk for the resident. Appropriate action was also not taken if variations in blood sugars were identified. The inspector also found that nutritional intake was not reviewed for some residents by the appropriate person to ensure that it was in line with their dietary needs. Fluid intake was also not recorded when a particular fluid intake was required.

Residents spoke positively about the food provided and stated that they were involved in

the preparation if they chose to be. Residents took it in turns to choose the daily menu. Residents stated that they had their favourite meals on a regular basis.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

There were policies and procedures in place for the ordering, storage and administration of medication. Staff had received training in the safe administration of medication. Medication was stored securely.

The inspector reviewed a sample of prescription and administration records and found that they contained all of the necessary information. The times medication was administered also correlated with the times prescribed. There was adequate guidance in place to support the administration of p.r.n (as required) medication. However the inspector observed a risk in the times recorded on a sample of prescription sheets. They were recorded in the twelve hour clock; therefore there was a risk that evening medication could be administered in the morning.

The inspector found that residents were assessed and supported to self administer medication. Residents demonstrated to the inspector that they were aware of the medication they were prescribed.

There was a system in place for the receipt and disposal of medication.

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

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:

Overall the inspector found that the governance and management systems in the centre had strengthened. However improvements were still required to ensure that the impact of these improvements was applied to all three houses.

The designated centre had a clear management structure in place. The management team of the centre had changed since the last inspection and the initial application to register the centre was submitted.

The person in charge commenced their role in August 2016. The person in charge met the requirements of regulation 14 and demonstrated sufficient knowledge of their statutory responsibility. The person in charge held the post of residential coordinator and held this role for three designated centres. Staff spoke positively regarding the support they had received from the person in charge since they had commenced their post and the positive changes which have occurred to the service provided.

Notwithstanding this, the inspector noted that the governance structure was fragmented and the three houses had been identified as one centre due to their proximity as opposed to the governance structures and practices. There were two team leaders. However, neither of the team leaders were involved or responsible for each other's areas of remit. An unannounced visit had been completed in two of the houses however not the third. The team leaders contractually had the responsibility for the day to day management of each of the houses and in practice carried out the role associated with the person in charge. The provider acknowledged and agreed with this finding. Following the inspection the provider applied to restructure the centre and resubmitted the application to register. The inspector was informed that the plan going forward was for each of the team leaders to take the post of person in charge.

The person in charge reported to the programme manager. The programme manager reported to the regional director who reported to the Chief Executive Officer. The regional director was the person nominated on behalf of the provider for the purposes of engaging with HIQA. There were additional governance structures in place including Human Resources and allied health professionals inclusive of physiotherapy and occupational therapy.

There had been an unannounced visit completed by the provider in two of the three houses. A report, inclusive of an action plan, had been generated from the visit.

There had been an annual review of the quality and safety of care in the centre

completed for 2016. The review was presented in an accessible format and facilitated the views of residents and/or their representatives. The annual review identified areas for improvement identified by the inspector such as personal planning. However, other areas such as risk management had not been adequately reviewed.

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:

The inspector found that there was sufficient staff to meet the needs of the residents.

The inspector observed the individual staffing levels in each house and a sample of rosters confirmed that this was the standard staffing levels.

Residents told inspectors that they were happy with staff. They also told the inspector that staff would support them to do anything they wanted.

The inspector observed staff to know the needs of residents and to be respectful of residents' rights.

Staff were provided with the appropriate training.

There were also systems in place for formal and informal supervision.

The inspector did not review staff files on this inspection.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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 report¹

Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Company Limited By Guarantee
Centre ID:	OSV-0002972
Date of Inspection:	16 and 17 May 2017
Date of response:	17 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:

Due to the location of the accessible shower in one of the houses, the privacy of residents was not upheld.

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 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:

A resident is due to be discharged from the centre which will eliminate the issue and promote dignity and privacy.

1.The upstairs bathroom in the house contains a bath which is used by residents as per their preferences. Residents have the choice of either a bath or shower and are facilitated with their choice.

2.If residents choose to shower downstairs the bathroom is of an ample size to facilitate dressing and ensures to protect privacy and dignity if residents choose to use this bathroom.

3.A request has been put through to the maintenance team to install a shower in the upstairs bathroom.

Proposed Timescale:

2. 12/07/2017

3. 12/07/2017

4. 30/10/2017

Proposed Timescale: 30/10/2017

Theme: Individualised Supports and Care

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

The records of complaints still did not record the outcome of the action taken by the provider or if the complainant was satisfied.

2. Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

1.The correct complaints documentation has been updated in the house in question. This includes ensuring to document outcomes and satisfaction.

2.Any open complaints will be dealt with in line with the regulations and order policies.

Proposed Timescale:

1.13.06.17

2.14.07.17

Proposed Timescale: 14/07/2017

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:

There were inconsistencies in the quality of the health care plans.

3. Action Required:

Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

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

- 1.The health care sections of the residents files have recently been audited. Feedback was provided to keyworkers to ensure a consistent approach.
- 2.A team meeting will be arranged to review HIQA feedback and discuss the importance of a triangular approach and ensuring that health care plans guide practice in an effective and consistent manner.

Proposed Timescale:

- 1.Audits complete: 13.06.17
- 2.Team meeting: 14.07.17

Proposed Timescale: 14/07/2017

Theme: Effective Services

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

Personal plans were not reviewed in response to a changing need.

4. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

- 1.All personal plans have been audited and recommendations and guidance is provided to keyworkers after audits are completed. Key worker tracking and supervision is in place, this requires Social Care Leaders to support key workers in knowing their role and assists to monitor and review progress.
- 2.Another round of audits will be completed by the residential coordinator, this will review all aspects of the plan including adapting to changing needs.

Proposed Timescale:
1.12/07/2017 - Complete
2.30/08/2017 – In progress

Proposed Timescale: 30/08/2017

Theme: Effective Services

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

The personal plan of a resident did not identify the supports required to ensure that their discharge was safe and in line with the needs of the resident involved.

5. Action Required:

Under Regulation 25 (4) (b) you are required to: Discharge residents from the designated centre in a planned and safe manner.

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

The resident in question is currently being supported to develop a transition plan for his discharge from the service. This will be completed and implemented when the location and dates for the move have been finalised.

Proposed Timescale: 31/10/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Areas of the centre were observed to be in a state of disrepair.

6. 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:

1. One bathroom has been assessed by an Occupational Therapist, we are currently awaiting the report.

2. Upon receipt of this report, recommendations will be costed and put forward to the Finance Committee for approval.

3. A request has been put forward to put a shower into the bathroom in the other house.

4.The works will then be completed on the bathrooms.

5.The staff office in one of the houses is currently in a state of disrepair. There is a plan to move the office and renovate the space for use for residents. When the units have been removed from the room it will be washed and painted.

Proposed Timescale:

1. 30/09/17
2. 30/09/17
3. 31/10/17
4. 30/05/18
5. 31/10/17

Proposed Timescale: 30/05/2018

Theme: Effective Services

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

Area of the centre were not clean and suitably decorated.

7. Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

A review has occurred. One of the houses has been prioritised for painting, this is in progress at present. All maintenance issues have been highlighted as a matter of urgency.

Another house in the centre has also requested painting and is consulting with residents to decorate the space to their liking.

Proposed Timescale: 31/10/2017

Theme: Effective Services

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

There was insufficient communal space in one of the houses.

8. 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:

- 1.At present two residents live downstairs in the house in question. One of those

residents will have a transition plan to move out. This bedroom will be turned into a communal space.

2.The staff office is also being relocated to upstairs to make more space downstairs for the residents to utilise.

3.The number of residents in the house will also be reduced which will mean there will be more space for the remaining residents.

Proposed Timescale:

1. 30/11/17
2. 30/09/17
3. 31/10/17

Proposed Timescale: 30/11/2017

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:

There remained an inconsistent approach to risk management within 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:

A comprehensive review of risk management will occur in all 3 houses. All identified actions will be completed to ensure a consistent approach to risk management.

Proposed Timescale: 30/07/2017

Theme: Effective Services

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

It was unclear if there was adequate fire containment measures in place.

10. 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:

An assessment of fire procedures and containment has taken place on June 1st 2017.

The gaps identified including the location of fire doors will be fed through the Health and Safety Committee. The plan for additional fire containment measures has gone to tender. The containment measures will be implemented.

Proposed Timescale: 31/10/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Positive behaviour strategies identified were not being implemented appropriately.

11. Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

1.All behaviour support plans will be reviewed at staff team meetings and actions recommended will be completed. This will include exploring effective ways to implement the strategies identified.

2.More evidence based documents will be introduced to ensure assessed needs of residents are being met.

Proposed Timescale: 30/08/2017

Theme: Safe Services

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

The restrictions in place were not demonstrated as being the least restrictive option available.

12. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

A swipe system will be introduced onto the door in question to ensure all residents that are safe to do so will be able to open the door, making it the least restrictive option.

Proposed Timescale: 30/08/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Improvements were required to ensure that residents were supported in line with their personal plan.

13. 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:

1. Health Sections of the plans have recently been audited and recommendations have been given to keyworkers.

2. The HIQA feedback will be reviewed at team meetings to ensure all staff understand what is required to support residents in line with their personal plan.

Proposed Timescale:

1. 13/06/2017
2. 14/07/2017

Proposed Timescale: 14/07/2017

Theme: Health and Development

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

Nutritional intake was reviewed for some residents by the appropriate person to ensure that it was in line with their dietary needs. Fluid intake was also not recorded when a particular fluid intake was required.

14. Action Required:

Under Regulation 18 (2) (d) you are required to: Provide each resident with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.

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

All residents who require support with monitoring fluid intake will be supported to do so in line with their dietary needs.

Proposed Timescale: 19/06/2017

Outcome 12. Medication Management

Theme: Health and Development

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

There was a risk in the times recorded on a sample of prescription sheets

15. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

1. All prescribers that write on prescription sheets are requested to write in the 24 hour clock. This is also stated clearly on the Kardex.

2. A new Kardex system has been introduced which includes the pharmacy transcribing the Kardex electronically. This has eliminated issues with times recorded.

Proposed Timescale:

1. 13/06/2017

2. 30/07/2017

Proposed Timescale: 30/07/2017

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 annual review did not address all aspects of the care and support provided to residents.

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:

The template used to complete the Annual Review was adapted from the HIQA Annual Review example. All questions were answered however, upon completion of the next annual review more consideration will be put in to ensure an effective review of all aspects of care and support provided to residents.

Proposed Timescale: 28/02/2018

Theme: Leadership, Governance and Management

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

The provider had not completed an unannounced visit in one of the houses.

17. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

1.The importance of visiting all areas within the Designated Centre will be highlighted to the Quality Department who conduct the unannounced visits on behalf of the provider.

2.Upon next inspection, the Person in Charge will request the inspector covers all 3 houses.

Proposed Timescale:

1. 19/06/2017 - Complete
2. 30/12/2017

Proposed Timescale: 30/12/2017