

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Ford Services
<b>Centre ID:</b>	OSV-0004940
<b>Centre county:</b>	Galway
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Brothers of Charity Services Ireland
<b>Provider Nominee:</b>	Anne Geraghty
<b>Lead inspector:</b>	Stevan Orme
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	3
<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 following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

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

From: 17 January 2017 09:35 To: 17 January 2017 18:00

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

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 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

Background to the inspection:

This announced monitoring inspection was carried out to monitor the centre's ongoing regulatory compliance. In addition the monitoring inspection was carried out to inform a decision on an application by the provider to vary the centre's conditions of registration. The provider had applied to increase its registered bed spaces at the centre from three to four bed spaces.

As part of the inspection, the inspector reviewed actions the provider had undertaken to address the findings of the previous inspection conducted on 30 June and 01 July 2015. The designated centre is part of the service provided by the Brothers of Charity Ireland in Galway. The designated centre provided a full-time seven day residential services to adults with disabilities.

How we gathered our evidence:

During the inspection the inspector met with three residents individually. Residents told the inspector that they were supported to access a range of activities in the local community and liked living at the centre, which comprised of individual self-contained apartments. Resident told the inspector that they liked the staff at the

centre. The inspector observed residents being supported in a timely manner by staff, which was reflective of residents' needs, throughout the inspection.

Residents were involved in decisions relating to their support and their apartments including weekly activities, apartment decor and menu planning. In addition residents told the inspector that if they were not happy with any part of the centre, they would raise their concerns with the centre's management team. The inspector met with two staff members and found them to be suitably qualified and knowledgeable on the needs of residents at the centre. In addition the inspector observed practices and reviewed documentation such as personal plans, medical records, risk assessments, policies and procedures and staff files.

The inspector interviewed the person in charge and found them to be suitably qualified and knowledgeable on the needs of residents, the operational management of the centre and their responsibilities under the regulations.

#### Description of the service:

The centre comprised of four self-contained apartments in county Galway. At the time of inspection, the designated centre was registered for three bed spaces. The provider had submitted an application to vary the conditions of registration to the Health Information and Quality Authority, which proposed the inclusion of a fourth apartment, within the designated centre. The apartments were located close to local shops and amenities. The provider had produced a document called the statement of purpose, as required by the regulations, which described the service provided. Overall the inspector found that the service was being provided as it was described in that document, although the Health Information and Quality Authority had not been notified of changes to the management structure as described in the document at the time of inspection.

#### Overall Findings:

The inspector found that residents had a good quality of life in the centre, and were supported to access supports and activities in line with their needs. Where residents had been supported to move into the centre, the inspector found that this had occurred in line with residents' needs and the provider's admission policy. Residents were supported to make choices about their support and their apartment by the centre. The care and support provided at the centre resulted in positive experiences for residents, the details of which are described in the report.

The layout and design of apartments within the centre were reflective of residents' needs, although the inspector found that they did not have emergency lighting installed. Furthermore, the inspector identified actions required to the exterior of the apartment building to ensure it was in a good state of repair.

The inspector found that actions identified in the previous inspection had been addressed as described in the main body of this report.

#### Summary of regulatory compliance:

The centre was inspected against 11 outcomes. The inspectors found compliance in three out of the eleven outcomes inspected, with a particular positive focus on

supports provided to residents to both move in to and live in their own apartments. One outcome was found to be in major non-compliance due to the absence of emergency lighting in the apartments. Two outcomes were found to be in moderate non-compliance due to the exterior of the apartments and the centre's statement of purpose. Substantial compliance was found in five outcomes relating to accessibility of personal plans, food records, medication management and staff training.

These findings are further detailed under each Outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

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

**Outcome 04: Admissions and Contract for the Provision of Services**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that residents were supported to move to the centre in line with their needs and written agreements with the provider were in place.

The inspector reviewed past and current transitional plans to support residents to move to the centre. Transitional plans were developed in conjunction with residents, their representatives and multi-disciplinary input. Plans clearly identified the positive and negative outcomes of the move, as well as identified risks for the resident, and actions to address them. The inspector found that transitional plans were reviewed regularly throughout the moving in period with the resident, their representatives and multi-disciplinary input. Transitional plans reviewed by the inspector were reflective of both staff and residents' knowledge and were in line with the provider's admission policy.

The inspector sampled written agreements between residents and the provider. The inspector found that written agreements included information on rent and additional charges to be met by residents. In addition, agreements were reflective of the supports and facilities which residents accessed at the centre. The inspector found that all written agreements sampled were signed by both the provider and the resident or their representatives.

**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):**

No actions were required from the previous inspection.

**Findings:**

Personal plans supported residents to access home and community activities reflective of their needs.

Residents had up-to-date personal plans based on a comprehensive assessment of their needs. Personal plans clearly showed residents' support needs in areas such as independent living skills, diet and nutrition, communication, healthcare and leisure activities. The inspector noted that each support area had associated goals for the residents, which were reflective of their needs and staff knowledge. Furthermore progress made towards goals was updated every three months, in line with the provider's policy.

The inspector examined residents' annual personal outcomes. The inspector found that outcomes residents were supported with were meaningful and developmental in nature, and reflective of staff knowledge. Annual goals clearly showed the actions residents would undertake to achieve them. The inspector found each goal identified had nominated staff supports as well as expected timeframes for achievement.

The inspector found that residents' personal plans were reviewed annually. Annual reviews involved residents and their representatives as well as the input from staff and multi-disciplinary professionals.

Residents and staff told the inspector about the range of home and community activities they undertook at the centre. The inspector sampled residents' daily care notes and activity records. Residents had access to range of activities reflective of their needs such as support with personal shopping, access to local pubs and restaurants and developing independent living skills such as meal planning and preparation.

The inspector found that although personal plans were comprehensive in nature, they were not available in an accessible format to residents at the centre.

**Judgment:**

Substantially Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets*

*residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

The centre comprised of four apartments which were reflective of residents' need, although the inspector identified actions to ensure the exterior of the apartments was kept in a good state of repair.

The centre comprised of four self contained apartments, three of which were occupied at the time of the inspection. Three of the apartments were single storey and at ground level with the fourth being accessed by an external staircase. Facilities available to residents in the apartments included a bedroom, kitchen-dining room, bathroom with walk-in shower and sitting room. One apartment had a combined kitchen, dining and sitting room. In addition, each apartment had a spare bedroom which was available for visitors. The vacant apartment included a staff sleep in room, although this was separated from the apartment, which had its own front door.

The apartments were located in the centre of a town and close to all local shops and amenities.

Each apartment was suitably adapted to meet the needs of residents and was appropriately decorated internally. Residents had further personalised their apartments with family photos, art work and personal ornaments. The interior of the apartments was well maintained in the main, although the inspector observed damage to kitchen work surfaces and a missing kitchen cupboard drawer in one apartment.

The inspector observed that the apartments' external paint work showed the effects of general wear and tear and excessive moss was observed on the apartments' roofs. Furthermore, unused kitchen appliances were stored in the garden area of one apartment. In addition, the inspector observed a garden fence between two of the apartments had been taken down and not reinstalled.

**Judgment:**

Non Compliant - Moderate

**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**



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

No actions were required from the previous inspection.

**Findings:**

The centre had systems in place to ensure resident safety, although the inspector found that emergency lighting was not available in residents' apartments. Furthermore not all staff had participated in the centre's fire drills.

The inspector reviewed the centre's risk register which outlined all identified risks relating to both residents and the centre's premises. The register was regularly reviewed by the centre's management team and updated. Risks identified in the register had associated risk assessments which were regularly reviewed and reflective of staff knowledge.

The inspector reviewed the centre's accident and incident records. The inspector found that accidents and incidents were discussed with staff in team meetings and reflected in minutes examined. Furthermore it was found that learning from accidents and incidents was incorporated into the residents' personal plans and risk assessments sampled by the inspector.

Infection control measures observed by the inspector were in line with residents' needs and the centre's policy. The inspector observed that each apartment had its own laundry and waste disposal facilities.

Fire equipment was regularly checked by staff and serviced by an external contractor. Fire safety equipment at the centre included a fire alarm, fire doors, smoke alarms and fire extinguishers. The inspector observed that emergency lighting was available in the shared entrance hall of one apartment as well as the apartment's exterior staircase; however no emergency lighting was present in the apartments to illuminate fire escape routes in the event of an emergency evacuation.

An accessible evacuation plan was displayed prominently throughout the centre and was reflective of both residents and staff knowledge. In addition, the centre had an up-to-date and comprehensive emergency evacuation plan which provided information to staff on arrangements in the event of a fire, power loss or the effects of adverse weather conditions.

The inspector reviewed residents' 'Personal Emergency Evacuation Plans' (PEEPs), which were up-to-date and reflected residents' needs and staff knowledge.

All staff had completed fire safety training at the centre as reflected in training records examined. Fire drills were conducted regularly at the centre at a range of times and using minimal staffing conditions to ensure their effectiveness. Staff knowledge was reflective of arrangements in place in the event of a fire; however staff told the inspector that they had not participated in a fire drill while at the centre which was reflected in fire drill records examined.

Residents told the inspector that they had participated in a fire drill and what they would do in the event of a fire, which was reflective of the centre's evacuation plan.

**Judgment:**

Non Compliant - Major

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

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

**Findings:**

The provider ensured residents were safeguarded from abuse and support was in line with their needs.

The centre had an up-to-date policy of the prevention, detection and response to abuse and information. The inspector found that information on the policy and the centre's designated safeguarding officer was prominently displayed in residents' apartments. Staff demonstrated, to the inspector, an understanding of what constituted abuse and actions they would take if abuse was suspected, which was in line with the provider's policy. Training records reviewed by the inspector reflected that all staff had undertaken training on safeguarding vulnerable adults.

The inspector observed staff working in a timely and respectful manner with residents, in accordance with their needs throughout the inspection.

The centre had an up-to-date policy on positive behaviour management. The inspector found that, where appropriate to their needs, residents had up-to-date behaviour support plans. The behaviour support plans clearly described the behaviour of concern and proactive and reactive support strategies. Behaviour support plans sampled were reflective of practices observed and staff knowledge. Behaviour support plans were developed in conjunction with a named behavioural specialist and regularly reviewed and updated. The inspector found that although staff knowledge reflected behaviour support plans, not all staff had received positive behaviour management training.

The inspector reviewed the centre's restrictive practices records. Restrictive practices

operated at the centre, such as the use of a lock on the cooker in one resident's apartment, were agreed in consultation with the resident and their representatives and approved by the provider's Human Rights Committee. The inspector examined documentation and found that restrictive practices were regularly reviewed with multi-disciplinary input. Documentation reviewed by the inspector showed that restrictive practices were used only as a last resort and were the least restrictive option available to meet the needs of the resident. Staff knowledge was reflective of restrictive practices in use at the centre.

**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):**

No actions were required from the previous inspection.

**Findings:**

Residents had access to a range of allied healthcare services in line with their needs.

The inspector reviewed residents' healthcare records. Residents had access to a range of allied healthcare professionals including general practitioners, physiotherapists, psychiatrists, occupational therapists, opticians and chiropodists.

Each resident had a comprehensive health care plan which was regularly reviewed and updated, these clearly identified the residents' healthcare needs and supports provided. The inspector found that health care plans and equipment available at the centre were reflective of recommendations made by healthcare professional, such as occupational therapists. Staff knowledge and practices were reflective of health care plans reviewed by the inspector.

Residents told the inspector that they choose their own meals and were supported by staff to do their food shopping and prepare and cook meals, which was reflective of daily activity records and staff knowledge. Residents told the inspector that they were supported to eat a healthy diet; however no food records were available at the centre to review if residents had access to a nutritious diet, specifically where residents were supported with weight management programmes as recommended by a dietician reflected in their personal plan.

**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):**

No actions were required from the previous inspection.

**Findings:**

Medication arrangements were in the main reflective of the provider's policy, although the inspector found that arrangements were not in place for the segregated storage of out-of-date or discontinued medication.

The inspector found that medication prescription records examined were reflective of administration records maintained at the centre. Records examined included residents' personal details and their photograph, as well as the medication's dosage and time and method of administration.

Medications were administered to resident by staff that had completed 'Safe Administration of Medication' training, which was reflective of training records examined and staff knowledge. The names of all staff administering medication were recorded in a signature bank included in residents' individual medication records stored in their own apartments.

Medications were regularly reviewed by the residents' General Practitioner and Psychiatrist and reflected in documentation reviewed and discussions with staff.

The inspector observed that medication was securely stored in each resident's apartment. Protocols were in place for the disposal of out-of- date or discontinued medication with a local pharmacy, although no arrangements were in place for the segregated storage of these medications from current medications prior to disposal.

**Judgment:**

Substantially 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):**

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

**Findings:**

The statement of purpose did not include all requirements under schedule 1 of the regulations and furthermore notification of management changes at the centre had not been forwarded to the Health Information and Quality Authority (HIQA).

The centre's statement of purpose was in the main reflective of the services and facilities available to residents at the centre, however the inspector found it did not include information on supports available to residents to access education, training and employment.

The inspector found that information on the centre's management structure was up-to-date; however the provider had not informed HIQA of changes to persons participating management at the centre.

An accessible version of the statement of purpose was available to residents at the centre.

**Judgment:**

Non Compliant - Moderate

**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):**

No actions were required from the previous inspection.

**Findings:**

Governance and management arrangements at the centre ensured residents were supported in line with their assessed needs.

The centre had a clear management structure with the person in charge being supported in the management of the centre by a team leader. Management

arrangements were reflective of both staff and residents' knowledge.

The person in charge was full-time and responsible for the centre along with a further two designated centre in the local area. In addition the person in charge is a person participating in management for a further three designated centres operated by the provider organisation. The inspector interviewed the person in charge and found them to be suitably qualified and knowledgeable of residents' needs and their regulatory responsibilities. Furthermore, the person in charge had accessed recent management and investigation training and showed a clear commitment to their continued professional development.

The person in charge was known to residents and their representatives from documents reviewed and discussions with residents. Staff told the inspector that the person in charge had a regular presence in the centre and was available as and when required, which was reflected in documentation reviewed.

Regular team meetings occurred at the centre facilitated by both the person in charge and the team leader. Staff told the inspector that they would have no reservations in raising concerns with the centre's management, which was reflected in meeting minutes. Staff told the inspector that they found the person in charge to be both approachable and responsive to their needs.

The inspector reviewed systems used by the person in charge to ensure the effective governance and management of the centre, which included health and safety audits, fire safety records and financial reconciliations. Areas for improvement identified through audits were discussed with staff in team meetings and formal supervision meetings.

The inspector reviewed six monthly unannounced visits carried out at the centre. Records showed that during the visits the provider reviewed the care and support provided to residents, as well as risk management arrangements at the centre. Copies of unannounced visit reports were available at the centre.

Annual reviews of the care and support provided at the centre were carried out by the person in charge. Reviews included analysis of complaints received, effectiveness of care and support provided and consultation with residents and their representatives. Copies of annual reviews were available at the centre.

**Judgment:**  
Compliant

### **Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

No actions were required from the previous inspection.

**Findings:**

Appropriate staff numbers and skill mix was available at the centre to meet residents' needs.

The centre had both a planned and actual roster which was reflective of staffing during the inspection.

The inspector reviewed staff training records and found that staff had access to both mandatory and centre-specific training, although not all staff had attended training on residents' personal outcomes as required by the provider.

Staff informed the inspector that they attended regular team meetings, chaired by the team leader and attended by the person in charge, which was reflected in records reviewed. The inspector reviewed minutes of team meetings, which included discussions on residents' needs, staff training and the operational management of the centre. In addition, staff told the inspector that they received regular formal supervision from the centre's team leader, which was reflected in documentation reviewed.

Staff told the inspector that they enjoyed working at the centre and felt supported by the management team.

Staff had access to previous HIQA inspections reports on the centre and their knowledge of the regulations was proportionate to their roles and responsibilities.

The inspector reviewed a sample of personnel files and found these to contain all information as required under Schedule 2 of the regulations.

**Judgment:**

Substantially 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:**

Medication prescription records contained all the required information.

The inspector did not inspect all aspects of this outcome and focussed on actions taken to address the previous inspection's findings relating to information contained in residents' medication prescription sheets.

The inspector reviewed medication prescription sheets and found that since the previous inspection, they contained clear information on times and route of administration for medication. In addition, records reviewed contained the residents' address and date of birth.

**Judgment:**

Compliant

**Closing the Visit**

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

**Acknowledgements**

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

***Report Compiled by:***

Stevan Orme  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority



# Health Information and Quality Authority Regulation Directorate

## Action Plan



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

<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Services Ireland
<b>Centre ID:</b>	OSV-0004940
<b>Date of Inspection:</b>	17 January 2017
<b>Date of response:</b>	07 February 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 05: Social Care Needs

**Theme:** Effective Services

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

Personal plans were not available in an accessible format to residents.

#### 1. Action Required:

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

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

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

A group within our Training Department are currently working on developing an accessible format for our Service users to read their Personal Outcomes Plans. This will be available in the coming weeks.

**Proposed Timescale:** 31/03/2017

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

The inspector identified the following issues relating to the condition of the premise:

- Damage to kitchen work surfaces
- Missing kitchen cupboard drawer
- Excessive moss to apartment roofs
- General wear and tear to exterior paint work
- Unused kitchen appliances stored in apartment gardens
- Garden fences not installed between the apartments

**2. 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 number of tradesman have been engaged to have the works listed resolved as quickly as possible.

**Proposed Timescale:** 31/03/2017

**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:**

Emergency lighting was not installed in the residents' apartments.

**3. 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:**

An electrician has examined the requirements in relation to emergency lighting and this

will be put in place as a matter of urgency.

**Proposed Timescale:** 28/02/2017

**Theme:** Effective Services

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

The inspector found that not all staff had participated in a fire drill at the centre.

**4. Action Required:**

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

While all staff have attended Fire Training some have not participated in a Fire drill in the Centre. A number of drills are now being organised and those staff who have not participated in one already will now do so.

**Proposed Timescale:** 28/02/2017

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

The inspector found that not all staff had received training in positive behaviour management.

**5. 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:**

One staff member did not have Studio 3 completed at the time of inspection but has since completed this.

**Proposed Timescale:** 26/01/2017

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

Food records were not maintained at the centre to enable the inspector to determine if residents had access to nutritional and wholesome foods reflective of their needs.

**6. Action Required:**

Under Regulation 18 (2) (b) you are required to: Provide each resident with adequate quantities of food and drink which are wholesome and nutritious.

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

As the service users choose their meals and prepare same it is not possible to have a daily menu as it is very likely to change.

It has been agreed that staff will now record details of the meals that Service users have when they are completing the daily notes each day. Receipts are kept for all purchases and this will augment information about the meals which the Service users have in the Centre.

**Proposed Timescale:** 13/02/2017

**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:**

Suitable arrangements were not in place at the centre for the segregated storage of out-of-date or discontinued medication.

**7. Action Required:**

Under Regulation 29 (4) (c) 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 out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

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

This matter has now been resolved and a dedicated quarantine area in each medication press is now in place so that medications can be stored prior to return to pharmacy should the need arise.

**Proposed Timescale:** 06/02/2017

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The Statement of Purpose did not contain all information required under schedule 1 of the regulations. Furthermore, the provider had not informed the Health Information and Quality Authority of changes to persons participating in the management of the centre reflected in the statement of purpose reviewed.

**8. Action Required:**

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

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

The necessary changes to the Statement of purpose as requested have been made. The changes to those participating in management are now reflected in the Statement of Purpose. The necessary paperwork and the updated Statement of Purpose will be forwarded to HIQA.

**Proposed Timescale:** 28/02/2017

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Staff had not all attended personal outcome training as required by the provider to meet the needs of residents.

**9. Action Required:**

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

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

All staff who have not completed Personal Outcomes Training have now been booked to complete same.

**Proposed Timescale:** 07/04/2017