### Compliance Monitoring Inspection report

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Centre A1</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005386</td>
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<tr>
<td>Centre county:</td>
<td>Co. Dublin</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>Peamount Healthcare</td>
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<tr>
<td>Provider Nominee:</td>
<td>Suzanne Corcoran</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Anna Doyle</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>22</td>
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<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
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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 3 day(s).

The inspection took place over the following dates and times

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<th>From</th>
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<tbody>
<tr>
<td>25 January 2017 09:30</td>
<td>25 January 2017 19:40</td>
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<td>26 January 2017 09:30</td>
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<tr>
<td>27 January 2017 10:30</td>
<td>27 January 2017 13:50</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 12: Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 16: Use of Resources</td>
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<td>Outcome 17: Workforce</td>
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<td>Outcome 18: Records and documentation</td>
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Summary of findings from this inspection

Background to the inspection.
This was the third inspection of this designated centre. The last inspection was completed in July 2016. Following this inspection the provider attended a meeting in HIQA’s Dublin office to discuss the findings of the inspection and provide reassurances to HIQA that the actions identified would be implemented. The purpose of this inspection was to follow up on those actions and to inform a registration decision.

Description of the Service
This centre is operated by Peamount Healthcare and is situated on a campus based setting in County Dublin. It comprised of five units and provides care to male residents with intellectual disabilities who require additional supports in areas such
as: mobility, dementia care and medical needs. Nursing supports are available on a twenty four hour basis to residents in the centre.

How we gathered evidence.
Over the course of this inspection, the inspector met all of the residents living in the centre. The inspector spent time with a number of residents in the centre. Some of the residents were unable to express their views on the quality of services in the centre but the inspector observed practices, reviewed personal plans and observed interactions between staff and residents. The person in charge was available throughout the inspection. A number of staff were met and documents were reviewed including risk assessments, staff rosters and financial records. A new provider had been appointed since the last inspection. They were interviewed as part of this inspection and attended the feedback meeting along with a person participating in the management of the centre.

Overall judgment of our findings.
The inspector found that a significant number of the actions from the last inspection had not been implemented to a satisfactory level as highlighted in the report. While improvements were observed in some areas, significant failings remained in five of the outcomes inspected against.

Major non compliances were found in five of the 14 outcomes inspected. These included: outcome 5, social care needs; outcome 7, health and safety and risk management; outcome 8, safe guarding; outcome 14, governance and management and outcome 17, workforce.

The inspector found that while community based activities for residents had improved, some residents’ social care needs were not being met in the centre. There were insufficient staffing levels in areas of the centre to meet residents’ needs, and to ensure that residents were appropriately supported. The provider was contacted on the first and second day of the inspection around issues identified during the inspection regarding inadequate staffing levels in the centre and assurances were provided to the inspector that the issues were addressed as additional staffing was put in place by the end of the inspection.

While improvements were noted in risk management and fire safety, the inspector found that potential risks identified on the risk register had not been reviewed so as to ensure that the control measures outlined had been implemented in order to mitigate risks. The provider was requested to submit additional information after the inspection in relation to one specific risk identified and the records submitted to HIQA demonstrated that the risk had been mitigated.

Three of the units in the centre required renovation works and the inspector acknowledges that this is being completed on a phased basis and the renovations will include the installation of fire doors in each unit.

The inspector found that the governance and management of the centre did not ensure that the services provided met the identified needs of the residents in a safe and consistent manner. The person in charge was not involved in the operational
management of the centre on an ongoing and consistent basis due to other responsibilities in the service. The details of which are outlined in this report.

Moderate non compliances were found in three of the outcomes inspected against. These included outcome 1; resident’s rights, outcome 6; safe and suitable premises; and outcome 9; notification of incidents. The inspector found that while the provider had reviewed the practice of some residents paying for additional paid supports from an external provider in the centre, that this was infringing on residents rights in the centre as discussed in the report. Some restrictive practices and safeguarding concerns had not been notified to HIQA.

Improvements were also found in the contracts of care for residents and the admission policy in the centre. The statement of purpose contained most of the details required under the regulations with some minor improvements still required.

Good practice was identified in the provision of healthcare and residents' healthcare needs were appropriately met in a timely manner. However, some improvements were required to some health care plans as discussed under outcome 5 of this report. Staff were also observed to treat residents with dignity and respect and were very caring in their approach.

The action plan at the end of this report addresses the improvements required.
Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:
Individualised Supports and Care

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

Findings:
The inspector found that the actions from the last inspection had been completed. However, improvements were required in upholding residents’ rights in the centre. No other aspects of this outcome were inspected against. The finance policy had recently been updated and amended to ensure that residents’ rights were being upheld in the centre. This had been an action from the last inspection.

A sample of residents’ financial records were viewed and the inspector found that there was an effective system in place to record residents’ finances. All financial transactions on behalf of residents were signed off by the staff member who had been involved in the transaction. All receipts were numbered so as to provide clear transparency. An audit had been completed by a member of personnel from the finance department. The inspector found that recommendations from this were being implemented into practice.

Staff were observed to treat residents with dignity and respect. However, the inspector found that the use of personal assistants paid for by some residents in order to meet some social care needs was not respecting residents rights in terms of equality as not all residents had to pay for this service.

In addition, the inspector was unable to determine whether this service was in addition to the provider’s obligation to meet residents’ needs, as a recent staff review commissioned by the provider found that staffing levels were not adequate in the centre in order to meet residents social care needs.

The inspector was informed that there were no new complaints logged since the last
inspection and found that a complaint from the last inspection had been followed up with the complainant. The records indicated that the nature of the complaint had been discussed with the resident and the complainant and they were satisfied with the outcome. This had been an action from the last inspection.

Judgment:
Non Compliant - Moderate

Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

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

Findings:
The inspector found that the actions from the last inspection had been implemented and one was still in progress.

Since the last inspection one unit in the centre had internet access for residents. The inspector was shown a record from the IT department that demonstrated that the other units were to have this installed as part of a phased plan. Therefore the inspector was satisfied that this action was still in progress but was part of a phased plan.

There was a communication policy in place. All residents had communication plans in place where appropriate. The inspector found that the actions from the last inspection had been implemented in relation to residents' communication plans.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
Findings:
There was an admission policy in place in the centre that had recently been reviewed. No new admissions were being accepted in the centre from external providers. The inspector was informed by the person in charge and the provider that the organisation was in the process of implementing a decongregation plan in the service. This process had begun a number of years ago and some residents had successfully completed a transition to a community based setting.

Each resident had a contract of care in place. There were records to demonstrate that the residents’ representative had been contacted in order to sign the contract where appropriate and the person in charge was still awaiting responses from some representatives. The contracts of care set out the services and the fees to be charged. This had been an action form the last inspection.

The person in charge informed the inspector that the service was now paying transport costs for two residents. This was reducing the financial burden for them and had been an action from the last inspection.

However, some residents continued to pay for staff supports from an external provider and while this was now recorded on their contract of care, there was no policy in place to guide practice in this area. This had been an action from the last inspection.

In addition, the inspector was not satisfied that this arrangement was respecting residents rights as discussed in Outcome 1 of this report.

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:
The inspector found that improvements had been made in this area since the last inspection. However, some of the actions from the last inspection had not been fully implemented and improvements were required so as to ensure that all residents social care needs were being met in the centre.

A sample of personal plans was reviewed. A new personal and social assessment of need had been implemented since the last inspection. The assessment was broken down into six specific themes. From this goals were identified with the resident. However, the inspector found that the assessment of need required more detail so as to accurately reflect residents' current assessed needs as the assessment focused on developing future personal and social care goals.

In addition, while some of the identified goals had been completed and some were in progress, others had not progressed. Some of the goals which included teaching new skills had not been progressed and there was no review process in place to assess the effectiveness of the plan.

An annual review was now in place for residents. The records of which demonstrated that the resident and their representative, where appropriate, were involved in the review. However, the inspector found that the annual review did not review the effectiveness of the personal plan.

Multidisciplinary team meetings occurred in the centre for residents every four months or sooner if required. However, from a review of these minutes the inspector found that this review was not always effective as the information recorded was not informing how this review was improving outcomes for residents. This was discussed with the person in charge and at the feedback meeting.

The inspector found from a review of some residents activity schedules that improvements had been made to include more community activities. However, some residents were observed on the first day of the inspection to have very little activities scheduled for that day. On review of some residents’ activity schedules for the week, the inspector found that some were limited to one activity during the day and some had no activities scheduled on some days.

There were support plans in place for residents assessed healthcare needs. However, two plans viewed by the inspector required improvements in relation to residents changing needs. One support plan was discussed at the feedback meeting as the inspector found that the resident had not been included in a treatment plan agreed with their family and general practitioner. There was no evidence to confirm why this decision had been made without the input of the resident. This was discussed at the feedback meeting to maintain anonymity for the resident.

Judgment:
Non Compliant - Major
### 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 some improvements had been made in one unit in the centre. However, the action from the last inspection had not been fully implemented and improvements were required to ensure that the cleanliness in one unit in the centre was at an acceptable standard.

One unit in the centre had been updated since the last inspection. The inspector found that all areas in this unit had been painted and floor coverings had been replaced as needed. The provider had a plan in place to update all of the other units in the centre.

All of the units in the centre were found to be clean with the exception of one which required improvements. When this was pointed out to the person in charge the inspector was informed that an infection control audit had recently been completed in this unit. While the report was not finalised at the time of the inspection, the person in charge told the inspector, the audit found that the cleanliness of the unit required attention. The audit would include an action plan which would outline how these improvements would be addressed.

**Judgment:**
Non Compliant - Moderate

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

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

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The inspector found that some improvements had been made in fire safety and risk management in the centre. Since the last inspection incidents were now being reviewed in the centre and some learning from these were being implemented into practice. However, most of the actions from the last inspection had not been implemented to ensure full compliance with the regulations.

On the first day of the inspection, the inspector found that residents remained unsupervised for some parts of the day in some of the units in the centre. For example, the inspector was informed residents in three of the units would be left unsupervised to facilitate staff breaks and other residents' appointments. In addition, the inspector was also shown records whereby a senior manager had found residents unsupervised in a unit during the day. While the provider had made recommendations around this, these had not been implemented into practice and this practice had not been risk assessed so as to ensure that appropriate measures were in place to mitigate any potential risks to residents.

The inspector was not satisfied that appropriate measures were in place in the absence of risk assessments and in response contacted the provider to get assurances, that additional staffing would be put in place the following day until the potential risks had been appropriately assessed. The person in charge informed the inspector that the risk assessments would be completed by the staff on night duty that night.

On the second day of the inspection, the inspector was informed by the person in charge that the risk assessments had been completed and that it was found that residents could not be left unsupervised in the units at any time due to their assessed needs. The inspector was assured at feedback that the additional staffing assigned on the second day of the inspection would remain in place to mitigate this risk.

Individual risk assessments were in place for some residents' assessed needs. However, some of them were not observed in practice by the inspector. For example one transport risk assessment stated that a resident required two staff. However, on the first day of the inspection one staff member had accompanied the resident on their own on the transport. In addition, some individual risk assessments had not been reviewed since 2015.

A risk register was in place in the centre. Some of the information included in this had not been updated and appropriately reviewed. This was discussed at the feedback meeting and the provider was requested to submit additional information pertaining to one identified risk that had not been reviewed to ensure that the risks had been mitigated. This information was submitted after the inspection and the records viewed indicated that the provider had sought advice from an external consultant in order to mitigate the risk.

The inspector found that the actions in relation to fire safety in the centre had been implemented with the exception of two. One was still in progress and related to four of the units in the centre which had no fire doors. The inspector found that one unit had fire doors installed since the last inspection and that there was a plan in place for the remaining units to have fire doors installed when the units were being updated.
The other action related to fire safety training and risk assessment training for all staff. From a review of the training records made available, the inspector found that two staff had not completed fire safety training and only some staff had completed training in risk assessments.

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

Findings:
The inspector found that some of the actions from the last inspection had not been completed to a satisfactory level and significant improvements were still required in this area.

The inspector found that staff were knowledgeable about what constitutes abuse and the procedures to follow in the event of an allegation of abuse. Residents spoken with felt safe. The inspector found that appropriate reporting procedures had been implemented when safeguarding issues had been raised.

The inspector met with the designated liaison officer of the centre and found that preliminary screening had taken place for all reported safeguarding concerns and safeguarding plans were formulated in response to these. However, the inspector found that a safeguarding plan in response to one concern could not be implemented due to inadequate staffing levels in one unit of the centre.

From the training records viewed the inspector found that two staff had not completed training in safeguarding vulnerable adults and there were no records to indicate whether relief staff had received training in this area.

The inspector found that there had been some improvements in the use of restrictive practices in the centre. For example, the use of one environmental restrictive practice in the centre had reduced significantly since the last inspection and another restrictive
practice had been stopped since the last inspection as it was no longer required.

However, the protocol for the environmental restriction mentioned above stated that one of the reasons for the practice being put in place was due to insufficient staffing levels in the unit. The inspector found that this practice had also been highlighted by a senior member of staff during a walk around of the campus in December 2016 as a safeguarding concern. And while it had been reported to relevant personnel including the designated liaison officer, the recommendations from this could not be implemented into practice due to insufficient staffing levels in the centre. For example, there were no measures in place when staff had breaks in the centre to ensure that appropriate staffing levels were in place.

The inspector also found that there was no systems in place in the centre to review restrictive practices so as to ensure the least restrictive measure was being used. For example, the inspector was informed that restrictive practices were reviewed at multidisciplinary review meetings. However, the records of these meetings did not include an appropriate review to ensure that the least restrictive practice was being used. The minutes viewed stated that a restrictive practice was in place but they did not minute details of a review being completed. This was discussed with the person in charge and at the feedback meeting.

Behaviour support plans were in place for residents where appropriate. However, one of the actions from the last inspection had not been implemented. This related to the details of one intervention not being recorded in a personal plan. The intervention in question was discussed both with the person in charge and at the feedback meeting.

In addition the inspector found that while behaviour support plans had been reviewed since the last inspection some of them still did not fully guide practice. These included:

- Some protocols in place in residents’ plans in response to behaviours of concern were not referenced on the behaviour support plan.
- Protocols on the use of as required medication in response to behaviours of concern had not been updated to reflect current practices in the centre.
- Staff were not familiar with the rationale for two protocols recorded on one resident’s personal plan.

From a review of training records the inspector found that nine of the staff in the centre had not completed training in the management of behaviours that challenge. This had been an action from the last inspection.

Intimate care plans in place were not detailed enough to guide practice. This had been an action from the last inspection and had not been addressed.

The action from the last inspection in relation to the visitors policy had been completed

**Judgment:**
Non Compliant - Major
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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The inspector found that from a review of incidents, personal plans and observations on the days of the inspection that some incidents in the centre had not been notified to HIQA. This included some restrictive practices in the centre and one safeguarding concern.

The inspector acknowledges that the safeguarding concern was notified subsequent to the inspection.

Judgment:
Non Compliant - Moderate

Outcome 12. Medication Management
Each resident is protected by the designated centre's 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:
The inspector found that the actions from the last inspection had been implemented. No other aspects of this outcome were inspected.

A new medication policy was available in the centre.

From a review of a sample of medication prescription sheets the inspector found that the actions from the last inspection had been implemented.

Judgment:
### Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The inspector found that significant improvements had been made to the Statement of Purpose since the last inspection. However, some improvements were still required. These included:

- Some identifiable information was still contained in the Statement of purpose that was not upholding residents rights to privacy.
- The floor plans for one area of the centre was not correct.
- The whole time equivalents in the centre were not correct.
- The arrangements in place to deal with residents’ social activities, interests and hobbies were not included.
- The provision of day services was not reflected of the practice of the centre.

**Judgment:**
Substantially Compliant

### Outcome 14: Governance and Management

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

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.
**Findings:**
The inspector found that the management systems in place were not effective so as to ensure that the services provided were safe, appropriate to the residents' needs, consistent and effectively monitored. There was insufficient staffing levels available in the centre in order to meet residents' assessed needs and to safeguard residents in the centre. In addition, the action plan from the last inspection had not been implemented to a satisfactory level.

Since the last inspection the provider had allocated protected time to the person in charge in order to ensure effective management systems were in place in the centre. At the opening meeting the person in charge informed the inspector that they had been allocated protected time of 16 hours per week since the last inspection. This was not reflected on the rosters for the centre and the person in charge stated that it was planned on an ad hoc basis depending on the constraints of their other responsibilities in the centre.

For example, the person in charge was also the person in charge on a temporary basis for another centre on the campus, was a person participating in management of another designated centre, and provided administration cover for the rest of the campus and a designated centre in the community some days.

From a review of the person in charges’ rosters, the inspector found that some weeks the person in charge was providing this administrative cover three to four days a week. In addition to this they were also the person in charge for this centre and another designated centre. The inspector was not assured from the findings on this inspection that this arrangement was adequate so as to ensure effective governance of the designated centre.

Staff meetings were being held in the centre and supervision meetings had begun for staff. These had been actions from the last inspection.

An annual review had been completed for the centre, however, it did not include the views of the residents and their representatives.

The provider had nominated a staff member to conduct six monthly unannounced quality and safety reviews of the centre. This report was dated for the 25th Jan 2017. However, it did not detail which units in the centre were visited as part of this review.

**Judgment:**
Non Compliant - Major

**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 action from the last inspection regarding the use of external staff had not been fully addressed. This is discussed under outcome 1 of this report. In addition there was evidence that additional transport had been provided in the centre and the provider was now paying for this.

**Judgment:**
Compliant

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### 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

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**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The inspector found that there were insufficient staffing levels in the centre in order to meet residents' assessed needs and some of the actions from the last inspection had not been implemented to a satisfactory level.

The inspector found that were insufficient staffing levels in one unit in the centre so as to effectively implement a safeguarding plan. The plan stated that one resident required one to one supervision in certain areas of the unit they lived in. This was not observed in practice and the inspector had to call staff on two occasions in this unit in order to ensure that the resident was adequately supervised. There were also insufficient staffing levels in the units during the day when residents were unsupervised. In response the inspector had to seek written assurances from the provider on the first and second day of the inspection to ensure appropriate staffing levels were in the centre.

In addition, the inspector found that while improvements had been made in residents access to community facilities. Some residents social care needs were not been met in
the centre. A recent staffing review had been completed in the centre by an external provider and the inspector was informed that this review, which had identified staff shortages in the centre, had been discussed with the board of management and the HSE.

Training records given to the inspector at the inspection were reviewed subsequent to the inspection. The inspector found from this review that training records for relief staff employed in the centre were not submitted. A number of training needs identified from the last inspection had not been completed. 9 staff had not completed any training in the management of challenging behaviour, no staff had received training in the management of diabetes, and no staff had completed training in dementia care. Two staff had not completed training in fire safety. Two staff had not completed training in safeguarding vulnerable adults. Only three staff had been trained in stoma care.

Two personnel files viewed by the inspector found that some of the information required under Schedule 2 of the regulations were not in place. This included a reference from the most recent employer for one staff member and there were gaps in the employment history for another staff. This had also been an action from the last inspection.

**Judgment:**
Non Compliant - Major

**Outcome 18: Records and documentation**
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Theme:**
Use of Information

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The inspector found that the actions from the last inspection had been implemented with the exception of one and improvements were required in the medication policy in the centre in order to guide practice.

At the last inspection a copy of the records of when a resident was discharged, transferred or was not residing in the centre was not available in the centre. The
The provider was requested to submit this post inspection to HIQA. However, the records did not indicate when a resident was not residing in the centre.

The policies as required under schedule 5 of the regulations were available in the centre. The medication policy had been reviewed, and while it did not guide practice in all areas for example, the management of controlled drugs. The staff informed the inspector that they had access to another policy that was developed for the hospital campus to guide practice.

On review, the inspector found that this policy was not reflective of the practice in the centre in relation to ordering medications. However, the inspector was assured from talking to staff that they were following best practice guidelines on the management of controlled drugs in the centre.

Judgment:
Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Anna Doyle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Peamount Healthcare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005386</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>25, 26 and 27 January 2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>03 April 2017</td>
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</tbody>
</table>

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 rationale of using some residents' finances to pay for personal assistants was not clear; and the practice was not applied equally for all residents.

1. **Action Required:**

Under Regulation 09 (1) you are required to: Ensure that the designated centre is

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.

Please state the actions you have taken or are planning to take:
1. These arrangements have been assessed individually. The current practice of contracting in personal assistants for the residents concerned has now stopped. Additional Peamount Healthcare staff employed since this inspection are assuring the residents continue to avail of the same number of social outings and that there has been no disruption in the service to them.

Proposed Timescale: 10/04/2017

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The review of residents' personal plans did not assess the effectiveness of the plans.

2. Action Required:
Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

Please state the actions you have taken or are planning to take:
1. Residents' plans will be reviewed, if there is a change in needs or circumstance

2. There is 4 MDTs scheduled per year for each resident

3. There is a full Annual Review with key worker, named nurse and family members annually. There is a resident plan effectiveness document at the rear of the new Personal & Social Care Needs Assessment document which acts as an audit tool to determine the effectiveness of the plans per resident.

Proposed Timescale: 30/04/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
One resident had not been included in a treatment plan agreed by their family and general practitioner. There was no evidence to confirm why this decision had been made without the input of the resident.

3. Action Required:
Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

Please state the actions you have taken or are planning to take:
1. The treatment plan for this resident is for full MDT review March 6th.
2. The team will link in with resident, family & GP to ascertain if there are changes needed to the current plan.

Proposed Timescale: 13/03/2017
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The personal and social assessment of need required more detail so as to accurately reflect residents' assessed needs.

4. Action Required:
Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

Please state the actions you have taken or are planning to take:
1. The personal and social needs of the residents are now being assessed comprehensively using a multi disciplinary team (MDT) approach, an additional sheet has been added to the Personal and Social Needs Assessment Booklet to incorporate the MDT input on how to achieve these needs/goals.
2. All personal plans will reflect these identified needs and required supports in more detail.

Proposed Timescale: 30/04/2017
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some goals identified for residents through their annual review had not been progressed.

Teaching programmes developed for residents were not broken down into steps and there were no records to assess the effectiveness of the programme.
5. **Action Required:**  
Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

**Please state the actions you have taken or are planning to take:**  
1. Teaching programmes have undergone a review by the Occupational Therapist who set the programme up, and the goals has been achieved.

2. One further ongoing training programme, the resident has opted not to partake in it currently. This will be revisited by the Trainer.

**Proposed Timescale:** 1. Complete 2. 16/04/2017

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**Proposed Timescale:** 16/04/2017  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Some residents' social care needs were not being met in the centre as residents were observed to have some days where there were no activities scheduled or activities were scheduled to occur once a day.

6. **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:**  
1. All the residents' social care needs schedules have been reviewed and additional activities added as requested by resident.

2. Additional Staff 9-6.30pm Mon – Sun. x 2, have been employed in the Centre to facilitate more outings and address this deficit.

**Proposed Timescale:** 10/04/2017

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**Outcome 06: Safe and suitable premises**  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Units in the centre still required renovation work.

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:**
1. There are two of the bungalows in the Centre with fire doors installed. There are four of the bungalows in the Centre to have refurbishment work completed pending HSE funding. This remains a live issue between the Organisation and the HSE.

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

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
One unit in the centre required cleaning to ensure that it was at an acceptable standard.

**8. 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:**
1. New cleaning schedules have been put in place for Staff in Centre A1 bungalows.

2. A further Hygiene Audit to take place in four weeks.

3. A review of Household Hours is taking place by the PIC & Household Manager.

**Proposed Timescale:** 30/04/2017

**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 were no risk assessments in place around residents who were left unsupervised in the centre for periods of time during the day.

Individual risk assessments in place for residents were not reflected in practice.

Risks identified on the risk register had not been appropriately reviewed or followed up.

Staff had not completed training in risk assessments.

**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:
1. Risk assessments are in place for all residents, to ascertain whether they can be left unsupervised

2. The Individual Risk Assessments are now reflective in practice.

3. All risks on the risk register are being currently reviewed by PIC & Quality and Risk Manager.

4. One third of the staff have attended Risk Assessment Training.

Proposed Timescale: 1. & 2. Complete 3. 13/03/2017 4. 31/05/2017

Proposed Timescale: 31/05/2017
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Two staff had not completed fire training in the centre.

10. Action Required:
Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

Please state the actions you have taken or are planning to take:
1. One of these relief Staff has completed both her fire training and fire extinguisher training.

2. Second relief Staff member has his fire training completed and will complete his fire extinguisher training on March 8th.

Proposed Timescale: 08/03/2017
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were no fire doors in four units in the designated centre.

11. Action Required:
Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

**Please state the actions you have taken or are planning to take:**
1. There is a plan in place to install all fire doors in each of the Centre’s bungalows pending HSE funding same. This remains a live issue in negotiation with the HSE.

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

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**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 review in place for the use of restrictive practices for some residents was not effective so as to ensure that the least restrictive practice was being used.

**12. Action Required:**
Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

**Please state the actions you have taken or are planning to take:**
1. All restrictive practices throughout the Centre has been reviewed, with the least restrictive practice now in place.

2. Restrictive Practices are documented on a weekly service user monitoring form and reviewed monthly by the MDT.

3. The Locked Door protocol is on hold and we are trialling not having such a restriction in place for one month.

**Proposed Timescale:** 1. 2. Complete 3. Ongoing

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**Proposed Timescale:**

**Theme:** Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The details of one intervention for a resident had not being recorded in their personal plan.

Some behaviour support plans did not guide practice. Example included:
- Some protocols in place in residents plans in response to behaviours of concern were not referenced on the behaviour support plan.
- Protocols on the use of as required medication in response to behaviours of concern had not been updated to reflect current practices in the centre.
- Staff were not familiar with the rationale for two protocols recorded on one residents personal plan.

13. **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 the Behaviour Support Plans have been reviewed and updated
2. The medication protocols to respond to behaviours of concern have been reviewed and updated
3. The two protocols in relation to use of the bus were reviewed and one comprehensive plan is now in place and staff are familiar with this new protocol.
4. The protocol in relation to one resident remains in place, and a reminder for forensic psychology assessment has been forwarded to the HSE.

**Proposed Timescale:** 1.2.&3. Complete 4. Ongoing

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**Proposed Timescale:**

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The protocol in place for one restrictive practice stated that one of the reasons for the practice being put in place was due to insufficient staffing levels in the unit.

14. **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:**
1. This locked door protocol was reviewed by the MDT in February and the decision was made to uphold the protocol, but to be used at absolute minimum, length and duration, residents affected to be recorded and PIC to be informed. A full MDT follow up next working day to determine why the intervention was needed.
2. Additional Staffing are now in place Mon. – Sun. 9-6.30pm to ensure no one staff
member is left alone in the unit and this has allowed the removal of the locked door protocol for a trial of one month.

Proposed Timescale: 1. Complete 2. Ongoing

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**Proposed Timescale:**

**Theme:** Safe Services

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

Nine staff had not completed training in the management of behaviours that challenge.

**15. 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:**

1. All new Staff are attending Positive Management of Violence & Aggression, (PMVA) 2 days training on March 9th & 10th 2017.

2. A number of regular Staff requiring update are attending the PMVA refresher training day on March 23rd 2017.

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**Proposed Timescale:** 23/03/2017

**Theme:** Safe Services

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

Two staff had not completed training in safeguarding vulnerable adults and there were no records to indicate whether relief staff had received training in this area.

**16. Action Required:**

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

1. Both Staff completed Safeguarding Training on February 14th, 2017.

---

**Proposed Timescale:** 10/04/2017

**Theme:** Safe Services
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Intimate care plans were not detailed enough to guide practice.

17. Action Required:
Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

Please state the actions you have taken or are planning to take:
Intimate Care plans are under review, with additional space been added for more details to the Intimate Care Template.

Proposed Timescale: 31/03/2017
Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A safeguarding plan could not be fully implemented as there were insufficient staffing levels in the centre during the day.

18. Action Required:
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

Please state the actions you have taken or are planning to take:
1. Additional Staffing was put in place immediately following Inspection. Mon. – Sun. 9-6.30pm to ensure all safeguarding issues per resident’s care plans are addressed.

Proposed Timescale: 10/04/2017

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:
Some environmental restrictive practices had not been notified to HIQA.

19. Action Required:
Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

Please state the actions you have taken or are planning to take:
1. All these environmental restrictions are now on the Restrictive Practice register, reviewed weekly by Centre Staff and three monthly by MDT.

**Proposed Timescale:** 10/04/2017  
**Theme:** Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:  
One safeguarding concern had not been notified to HIQA.

**20. 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:**  
1. Retrospective Notification forwarded on re peer to peer abuse, February 2017.

**Proposed Timescale:** 10/04/2017

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**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 for the centre required the following improvements.

- Some identifiable information was still contained in the Statement of purpose that was not upholding residents rights to privacy.
- The floor plans for one area of the centre was not correct.
- The whole time equivalents in the centre were not correct.
- The arrangements in place to deal with residents’ social activities, interests and hobbies were not included.
- The provision of day services was not reflected of the practice of the centre.

**21. 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:**  
1. All changes as put forward by Inspector are now included in the Statement of Purpose, a copy of same is attached.
### Proposed Timescale: 10/04/2017

#### 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 person in charge was not engaged in the governance and management of the centre on a regular and consistent basis due to other responsibilities in the centre.

The protected time in place for the person in charge was provided on an ad hoc basis in the centre.

22. **Action Required:**

Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

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

1. The PIC has protected time per week to effectively manage and govern the Centre. She is allocated two full days of her roster per week for the PIC role.

#### Proposed Timescale: 10/04/2017

**Theme:** Leadership, Governance and Management

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

The management systems in place in the centre were not effective so as to ensure that the quality of care was consistently monitored to ensure that residents received a safe quality service in the centre.

23. **Action Required:**

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents’ needs, consistent and effectively monitored.

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

1. PIC now has protected time in the Centre to ensure effective management takes place and residents receive a safe and quality service.

2. Other management structures in place whilst PIC is not on duty are the CNM1 who works full time and 1.5 Senior Staff nurses to help manage the Centre effectively.
<table>
<thead>
<tr>
<th>Proposed Timescale: 10/04/2017</th>
<th>Theme: Leadership, Governance and Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</td>
<td>The annual review did not include the views of the residents and their representatives.</td>
</tr>
<tr>
<td>24. <strong>Action Required:</strong></td>
<td>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.</td>
</tr>
<tr>
<td>Please state the actions you have taken or are planning to take:</td>
<td>1. The Annual Review will include the views of the residents and their representatives going forward.</td>
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</table>

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<thead>
<tr>
<th>Proposed Timescale: 31/05/2017</th>
<th>Theme: Leadership, Governance and Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</td>
<td>The unannounced quality and safety review of the centre did not record whether all units in the centre had been part of this review.</td>
</tr>
<tr>
<td>25. <strong>Action Required:</strong></td>
<td>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.</td>
</tr>
<tr>
<td>Please state the actions you have taken or are planning to take:</td>
<td>1. This Quality and Safety Review will be reviewed and additional details added.</td>
</tr>
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<thead>
<tr>
<th>Proposed Timescale: 31/05/2017</th>
<th><strong>Outcome 17: Workforce</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</td>
<td>There were insufficient staffing levels in the centre in order to ensure that a safeguarding plan could be implemented, that adequate supervision levels were in place for residents and to ensure that residents' social care needs were met in the centre.</td>
</tr>
</tbody>
</table>
26. **Action Required:**
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
1. Staffing has been reviewed and additional staffing have been employed to address the requirement and to meet the assessed needs and safety of the residents. A risk assessment for the Centre is attached to verify this.

**Proposed Timescale:** 10/04/2017

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some of the information required under Schedule 2 of the regulations was not in place on personnel files.

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

**Please state the actions you have taken or are planning to take:**
All of this information is now in place in the personal files as per Schedule 2.

**Proposed Timescale:** 10/04/2017

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Staff had not received training in diabetes management, dementia care and stoma care.

28. **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:**
1. There is a plan to roll out a Healthcare Assistants education training day on all care issues for the residents of Centre A1.

**Proposed Timescale:** 30/06/2017
Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The policy on medication management in the centre did reflect the practice in the centre.

29. Action Required:
Under Regulation 04 (2) you are required to: Make the written policies and procedures as set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 available to staff.

Please state the actions you have taken or are planning to take:
1. The medication policy has been updated and includes all MDA information to guide the practice of nurses in medication management.

Proposed Timescale: 10/04/2017

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no record in place in the centre of when a resident was discharged, transferred, or was not residing in the centre.

30. Action Required:
Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 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:
1. A new weekly bed occupancy chart is available per Centre to track any residents who are absent from centre for any reason

2. In the case of resident who had transferred from Community Services to Centre A1, a comprehensive summary of the transition has been formulated.

Proposed Timescale: 10/04/2017