Health Information and Quality Authority
Regulation Directorate

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

Centre name:	Dunwiley & Cloghan
Centre ID:	OSV-0005489
Centre county:	Donegal
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Jacinta Lyons
Lead inspector:	Stevan Orme
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	10
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

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

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

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

The inspection took place over the following dates and times

From:	To:
28 March 2017 09:00	28 March 2017 18:20

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 14: Governance and Management
Outcome 17: Workforce

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

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

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

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

Standards).

How we gathered our evidence:
During the inspection, the inspector spent time with seven residents living at the centre and met with three staff member and the person in charge. In addition, the inspector reviewed documents such as personal plans, risk assessments, safeguarding plans, behaviour support plans, policies and procedures and staff personnel files.

Description of the service:
The provider had produced a document called the statement of purpose, as required by the regulations. The inspector found that the service was being provided as described. The centre was part of services provided by the Health Service Executive (HSE) in Donegal. The centre is located within a campus containing a further three designated centres. The centre itself comprised of two bungalows providing full-time residential services to adults with a disability. The centre was located in a local town with easy access to local shops and amenities.

Overall Findings:
The inspector found that although some improvements had been made towards regulatory compliance this was not consistent in nature across the entire designated centre leading to continued levels of non-compliance. In addition, the inspector found that the findings of the previous inspections at the centre in May and October 2016 had not been fully addressed, impacting on the delivery of care and support at the centre.

The inspector observed that residents appeared happy and comfortable throughout the inspection, and received support from staff in a dignified and timely manner. However, the inspector found that the centre's governance arrangements had not ensured that some practices at the centre were in-line with agreed interventions and that documentation was updated and regularly reviewed. Furthermore, the centre's staffing arrangements were dependent on the use of temporary workers and permanent staff had not received up-to-date training on all mandatory areas in-line with the provider's policies

Summary of regulatory compliance:
The centre was inspected against five outcomes. The inspector found major non-compliance in five outcome relating to residents' personal plans, risk management including fire safety, safeguarding of residents, the centre's governance and management arrangements and workforce. The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end of this report.

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 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 residents were not consistently supported, in-line with their assessed needs.

The inspector found that the structure of residents' personal plans were comprehensive in nature and included information on residents' support needs in areas such as 'being safe' eating and drinking, communication, mobility and behaviours of concern. However the inspector found that a resident's personal plan had not been updated to reflect a psychiatrist's recommendations on the management of behaviours of concern. Furthermore, an identified risk relating to a resident leaving the centre's grounds was not reflected in their personal plan. The inspector found that personal plans were not available to residents in an accessible format.

The inspector found that personal plans were annually reviewed with multi-disciplinary input; however, minutes from these meetings did not consistently show the participation of either the resident or their representatives. In addition these minutes showed that although an assessment of healthcare interventions had occurred, a review into whether residents' personal goals had been achieved did not consistently happen for all residents. Where annual goals had been identified for residents, the inspector found that records did not identify named staff support and agreed timeframes for achievement.

The inspector sampled residents' activity records and found that residents did not all have access to activities in-line with their assessed needs and preferences. Records showed that while one resident accessed a range of activities such as swimming, music

classes and horse riding, another resident had only engaged in activities such as walks within the centre's grounds - due to access to resources such as vehicle drivers and gender specific workers.

Judgment:
Non Compliant - Major

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

Findings:
The inspector found that practices at the centre were not in-line with risk assessments. In addition, fire safety concerns identified in the centre's previous inspection had not been addressed.

The centre's two bungalows had separate risk registers with associated risk assessments which showed both resident and premises related risks. However, the inspector observed that staffing arrangements were not in-line with a resident's risk assessment, on the day of inspection, which required two male staff members to be present at all times in the centre. In addition, an identified risk, which related to a resident leaving the centre's grounds, was not reflected in the individual's primary risk screening assessment. Furthermore, a resident's risk assessment on the use of behaviour management medication had not been updated following the recommendations of a psychiatrist.

The inspector found that risk assessments did not consistently include timeframes for the review of the effectiveness of introduced risk control measures and the person responsible for implementing said controls.

The centre was equipped with fire safety equipment including fire extinguishers, fire alarms, fire call points, smoke detectors and emergency lighting. However, although fire doors were in place in bungalow one, the inspector found that fire doors had still not been installed in all of the buildings, following the centre's previous inspection in October 2016.

The centre's fire evacuation plan was prominently displayed in the centre and reflected staff knowledge, although records showed that not all staff had received up-to-date fire safety training. Fire safety equipment records showed that fire equipment was regularly serviced by an external contractor to ensure it was in good working order. An accessible version of the centre's fire plan was available to residents. The inspector further

reviewed the centre's emergency contingency plan for events such as loss of power and adverse weather, which was up-to-date and reflected staff knowledge.

The inspector found that regular fire evacuation drills were conducted at the centre at suitable intervals. In addition, residents' 'Personal Emergency Evacuation Plans' (PEEPs) were up-to-date and reflected staff knowledge.

The centre conducted in-house audits on fire safety equipment, physical interventions and medication management; however, records examined by the inspector showed that these were not carried out regularly in-line with the provider's policies.

The inspector observed that hand hygiene information was displayed in kitchens and communal bathrooms along with the availability of hand santisers and segregated waste disposal facilities. However, the inspector reviewed training records and found that not all staff had completed up-to-date hand hygiene training.

The inspector further found that not all staff at the centre had up-to-date manual handling training in-line with the provider's policy.

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 observed that residents were treated with respect and dignity by throughout the inspection. However safeguarding and behaviour management plans had not been reviewed following incidents and agreed support actions had not been implemented.

The inspector reviewed residents’ safeguarding plans, which reflected staff knowledge. Although the inspector found that agreed supports were robust, agreed actions such as resident compatibility assessments had not been completed. Furthermore, safeguarding

plans did not include updates on the effectiveness of safeguarding measures in-line with agreed review dates.

The inspector found that residents' behaviour support plans included a description of the behaviour of concern, proactive and reactive support strategies and reflected staff knowledge. However, plans which were not consistently developed in partnership with a behavioural specialist. Furthermore, behaviour support plans had not been reviewed following incidents of concern.

Restrictive practices such as the use of physical and environmental restraints were regularly reviewed with multidisciplinary input. However, the inspector found that one resident's bedroom cupboards were locked, which was not reflected in either the resident's personal plan, risk assessments or behaviour support plan.

The inspector reviewed training records and found that all staff had received up-to-date positive behaviour training. However, not all staff had received training in breakaway techniques, as required in residents' risk assessments and behaviour support plans and, identified in the last inspection of the centre.

Information on the centre's designated safeguarding officer and safeguarding policy was prominently displayed on the communal notice boards. The inspector found that staff were aware of what might constitute abuse and the actions they would take if suspected, and all staff had received safeguarding of vulnerable adults training.

The inspector observed that residents were supported with dignity and at their own pace during the inspection. Furthermore, residents were supported by staff to speak to the inspector about their experiences of living at the centre. Where able to, residents told the inspector that they liked the centre, the staff and the activities they participated in. Furthermore, the inspector observed that residents were comfortable with all the supports received from staff.

Judgment:
Non Compliant - Major

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:
An up-to-date annual review on the care and support provided at the centre was not available on the day of inspection. In addition the inspector found that governance and management arrangements did not ensure the quality of care and support provided at the centre and, had not addressed findings from the previous inspection and the provider's own internal quality improvement plan.

The inspector reviewed management audits conducted by the person in charge which included the monitoring of medication and fire safety. However, audits were not carried out frequently and in-line with the provider's policies. For example, the inspector found evidence of only one medication management audit for 2016 - 2017. Furthermore, audit systems in place at the centre had not identified issues found by the inspector and referenced in the main body of the report.

The inspector found that the centre’s governance arrangements had not ensured that previous inspection findings were addressed such as up-to-date staff training and the installation of fire doors. In addition, the inspector reviewed the centre’s internal quality improvement plan and found that actions had not been addressed in-line with agreed timeframes in areas such as ensuring staff personnel files were in compliance with schedule 2 of the regulations.

The inspector was told by staff they attended regular team meetings, which was reflected in meeting minutes examined. Minutes reviewed showed discussion on residents' needs and the operational management of the centre. However, the introduction of personal development plans for staff; as identified by the provider in the previous inspection, had not commenced.

The inspector found that the centre's management structure reflected the statement of purpose and staff knowledge. The person in charge was full-time and a qualified nurse with many years experience in working with adults with disabilities.

Staff told the inspector, that the person in charge was regularly present in the centre, which was reflected in the centre's visitor’s book and rosters. Staff told the inspector that they found the person in charge to be approachable and available, as and when required, and would have no reservations in bringing concerns to the person in charge's attention.

Copies of six monthly unannounced provider visits to the centre were available on the day of inspection.

Judgment:
Non Compliant - Major

Outcome 17: Workforce

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

Theme:
Responsive Workforce

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

Findings:
The inspector found that rosters were not accurate and staffing arrangements did not meet the assessed needs of residents. Furthermore, the inspector found that staff personnel records did not comply with the requirements of Schedule 2 of the regulations.

The inspector found that the centre had both a planned and actual roster. However, the inspector found that rosters did not accurately reflect arrangements at the centre as one staff member's roster included working arrangements at a nearby day service. In addition, rosters did not reflect support provided to a resident in a self-contained apartment within the designated centre.

Although residents' needs in the main were being met, the inspector found a high reliance on temporary staff; for example, over one 14 day period in March 2017, 10 temporary staff were used on 19 separate occasions.

The inspector reviewed a sample of four staff personnel files and found that they did not contain all documents required under Schedule 2 of the regulations including;

- evidence of date of birth for staff
- copies of qualifications
- photographic identification
- employment histories

Judgment:
Non Compliant - Major

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[1]

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0005489
Date of Inspection:	28 March 2017
Date of response:	19 April 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:** The inspector found that multidisciplinary recommendations were not reflected in a resident's personal plan. **1. Action Required:** Under Regulation 05 (7) you are required to: Ensure that recommendations arising out

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

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:
The Person in Charge in conjunction with the Named Nurse will conduct a review of each resident's personal plan to ensure it accurately records recommendations arising out of each personal plan review, the rationale for proposed changes, the names of persons responsible for completion of actions and the agreed timeframes for completion.

Proposed Timescale: 10/05/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Annual reviews did not assess the effectiveness of the personal plan to meet all residents' needs.

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:
The Person in Charge has implemented a new format for annual reviews which includes a section where the effectiveness of plans are documented, and changes in circumstances and new developments are recorded.
Following the annual review the person in charge will ensure all recommendations arising and the rationale for same are recorded and the personal plan is updated accordingly.

Proposed Timescale: 13/04/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents' annual goals did not identify named staff supports and agreed timeframes for achievement.

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:
The Person in Charge in conjunction with the Named Nurse will conduct a review of each resident’s personal plan to ensure it accurately records recommendations arising out of each personal plan review, the rationale for proposed changes, the names of persons responsible for completion of actions and the agreed timeframes for completion.

Proposed Timescale: 10/05/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The inspector found that a resident's personal plan did not reflect their assessed needs.

4. Action Required:
Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

Please state the actions you have taken or are planning to take:
The Person in Charge in conjunction with the Named Nurses will conduct a review of each resident’s personal plan and associated assessments to ensure the personal plan accurately reflects the assessed needs of each resident.

Proposed Timescale: 10/05/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The inspector found that review meeting minutes did not consistently show either the resident or their representatives' participation.

5. Action Required:
Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

Please state the actions you have taken or are planning to take:
The Person in Charge has introduced a new format for annual reviews to ensure that evidence of resident’s and representatives attendance and participation at review meetings is recorded.

Proposed Timescale: 13/04/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Personal plans were not available in an accessible format to residents.

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

Please state the actions you have taken or are planning to take:
The Person in Charge will ensure residents person centred plans are reviewed to ensure they are in an accessible format.

Proposed Timescale: 10/05/2017

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:
Not all staff at the centre had received up-to-date manual handling training.

7. Action Required:
Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

Please state the actions you have taken or are planning to take:
The Person in Charge has completed an audit to identify staff who require training in manual handling, a training schedule has been developed for staff who require same.

Proposed Timescale: 08/06/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Risk management systems did not ensure that :

- the centre's staffing arrangements were in-line with agreed risk assessments
- risk assessments were updated in line with multi-disciplinary recommendations
- identified risks were reflected in a resident's risk assessment documents

- risk assessments did not include review dates and the people responsible for the implementation of risk controls
- management audits were not conducted in-line with the provider's policies

8. 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.A Risk Assessment for Staffing shortages/Staffing inconsistencies will be completed and escalated to the Service Manager.
2.Each residents Individual Risk assessments will be updated.
3.Risk Assessments will be updated in line with Multidisciplinary Recommendations.
4.The centre's risk register will specify the person responsible for the implementation of risk controls and the review dates.
5.The centre's audit plan will be completed in line with the Provider's audit schedule.

Proposed Timescale:
1.21/04/2017
2.24/04/2017
3.24/04/2017
4.10/05/2017
5.10/05/2017

Proposed Timescale:

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspector found that not all staff had received up-to-date hand hygiene training.

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

Please state the actions you have taken or are planning to take:
The Person in Charge has completed an audit to identify staff who require training in hand hygiene, a training schedule has been developed for staff who require same.

Proposed Timescale: 30/05/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspector found that not all staff had received up-to-date fire safety training.

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:
The Person in Charge has completed an audit to identify staff who require training in fire safety, a training schedule has been developed for staff who require same. One staff requires training scheduled for next available training.

Proposed Timescale: 10/05/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Fire doors were not in place in bungalow two.

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

Please state the actions you have taken or are planning to take:
Fire Doors will be installed in Bungalow 2.

Proposed Timescale: 31/05/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents' behaviour support plans had not been:

- reviewed following incidents of concern
- developed consistently with a behavioural specialist

12. 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:
A Review of The individual's behaviour support plan has been completed.
The Person in Charge will ensure that Behaviour Support Plans are reviewed following incidents of concern.
The Person in Charge will ensure that all Behaviour Support Plans are developed in conjunction with a behavioural specialist or by a Clinical Psychologist.

Proposed Timescale: 31/05/2017

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all restrictive practices in use at the centre had been assessed.

13. 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:
The Person in Charge will conduct a review of restrictive practices in the centre to ensure that where restrictive procedures are used, that they are the least restrictive and are applied in accordance with national policy and evidence based practice.

The Person in Charge will conduct a monthly audit of restrictive practices.

Proposed Timescale: 24/04/2017

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all staff had received breakaway techniques training in-line with residents' behaviour support plans.

14. Action Required:
Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

Please state the actions you have taken or are planning to take:
The Person in Charge has completed an audit to identify staff who require training in breakaway techniques, a training schedule has been developed for staff who require

same.

Proposed Timescale: 31/05/2017

Theme: Safe Services

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

- agreed safeguarding plan actions had not been completed
- the effectiveness of safeguarding measures had not been assessed and updated in-line with agreed timeframes

15. 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:
The Person in charge will ensure that all agreed safeguarding plan actions are completed, that safeguarding plans are assessed and updated within agreed timeframes, and there is a defined person responsible for co-ordinating the reviews of safeguarding plans.

Proposed Timescale: 26/04/2017

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:
An up-to-date review of care and support provided at the centre was not available.

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

Please state the actions you have taken or are planning to take:
An annual review of the quality and safety of care and support in the designated centre has been completed.

Proposed Timescale: 06/04/2017

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Management audits and systems in place at the centre did not promote the delivery of safe , quality care services.

17. 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:
The centre's audit plan will be completed in line with the Provider's audit schedule.

Proposed Timescale: 10/05/2017

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Personal development plans for staff had not commenced.

18. Action Required:
Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

Please state the actions you have taken or are planning to take:
Personal development plans for staff have commenced the Person in Charge has a plan in place to complete for all 25 staff.

Proposed Timescale: 30/06/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff personnel files did not contain all documents required under Schedule 2 of the regulations.

19. 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:

The Person in Charge has completed an audit of staff files.
Staff have commenced the Garda vetting process and a letter has been placed in the relevant staff files to indicate same.

Proposed Timescale: 30/08/2017

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The centre's roster did not accurately reflect staff working arrangements and supported provided to residents.

20. Action Required:
Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

Please state the actions you have taken or are planning to take:
The Nurse in Charge will update the roster on a daily basis. All nurses have been informed of this and it was discussed at team meetings.

Proposed Timescale: 13/04/2017

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspector found that staffing arrangements at the centre did not meet residents' assessed needs.

21. 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:
The registered provider has identified all staff vacancies and these are being progressed through personnel department.

Proposed Timescale: 30/06/2017