

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Meadowview
Centre ID:	OSV-0005508
Centre county:	Sligo
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Bernadette Donaghy
Lead inspector:	Catherine Glynn
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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: 16 August 2017 09:30 To: 16 August 2017 17:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to inspection:

This was the second inspection carried out to monitor compliance with the regulations and standards to inform a registration decision. As the centre had been inspected in January 2017 against eight outcomes, the remaining 10 outcomes were inspected. In addition, a review of the actions the provider had undertaken to address the findings which related to the eight outcomes from the previous inspection.

The designated centre was part of the service provided by the Health Service Executive (HSE) in Sligo and provided full time residential services to adults with a disability.

How we gathered our evidence:

During the inspection, the inspector met with three residents and two staff at the centre. In addition, the inspector also met with the provider's representative and the person in charge as part of the inspection. The inspector further observed practices at the centre and reviewed documents such as personal care plans, medical records, policies and staff files.

Description of the service:

The provider had produced a document called the statement of purpose, as required by the regulations, which described the service provided. The inspector found that the service was being provided as it was described in that document. The centre comprised of a four bedded bungalow and was located outside the town, close to local facilities.

Overall judgment of findings:

The inspector found that residents had a good quality of life at the centre and were supported to access a range of activities which reflected both their interests and annual personal goals. Residents were unable to tell the inspector about the quality of service they received; however, the inspector observed throughout the day of inspection that residents appeared comfortable, happy and relaxed with the support they received from staff. The inspector found that the centre promoted residents' rights and they were supported to play an active role in the running of the centre. The centre was well maintained and the layout and design reflected residents' assessed needs.

Summary of regulatory compliance:

Of the 16 outcomes inspected, nine were compliant, four were in substantial compliance, two were in moderate non-compliance relating to governance and management and health and safety and risk management. One outcome found to be in major non-compliance relating to workforce. These findings are further detailed under each outcome in the report and the regulations that are not being met are included in the action plan at the end.

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

Outcome 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):

No actions were required from the previous inspection.

Findings:

The inspector found that residents' rights were promoted and they were involved in the running of the centre.

The inspector found that the centre's complaints policy was comprehensive and reflected staff knowledge. Furthermore, the complaints policy was displayed in communal areas of the centre. Information and photographs about the person responsible for the management of complaints was displayed in the residents' living space. The inspector found that the provider had a well-maintained record of all complaints received in the centre. On the day of inspection, the inspector found that there were no active complaints in the centre.

Information on advocacy services was displayed in the centre and the inspector found that referrals were made to advocacy services, where required.

Residents were supported to access a range of activities in the centre and in their local community, which reflected their interests. For example, activity records and goal updates showed that residents accessed activities such as swimming groups, trips to places of interest, music events and local cafes.

The inspector reviewed weekly meetings held in the centre and found that residents were engaged in planning and decisions about the running of their centre. This included meal planning, shopping, activities and updates on their local services. In addition, residents were made aware of advocacy services, fire safety and personal safety guidance.

Judgment: Compliant

Outcome 02: Communication <i>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.</i>
Theme: Individualised Supports and Care
Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: Overall, the inspector found effective communication systems were in place to facilitate residents' communication needs. There was a communication policy in place and records available to reflected residents' communication needs. Some residents required minimal support with communicating their wishes, and staff spoken with were knowledgeable of these communication needs. Communication passports were in place for each resident and the inspector found these were regularly reviewed and updated. The inspector found that methods were in place to support residents to communicate such as pictures and objects of reference. Staff were observed to be familiar with communication needs for each resident.
Judgment: Compliant

Outcome 03: Family and personal relationships and links with the community <i>Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.</i>
Theme: Individualised Supports and Care
Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: The inspector found that residents had daily opportunities to engage in local community. Some residents were observed to go on day trips with staff to local attractions and events.

Residents were facilitated to receive visitors as they wished, and some residents were found to have regular planned overnight trips with family. The person in charge informed the inspector that residents' families were involved with residents and on-going communication between families and staff was documented in personal 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):

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

Findings:

The inspector found that the centre had up-to-date admissions and discharge policy which was reflected in their statement of purpose. Improvement was required regarding written agreements for residents in the centre.

On review of four residents' files the inspector found that the written agreements had been update; however, the address for all residents did not reflect the current centre they lived in this was brought to the attention of the provider on the day of inspection. The written agreements included the fees and any additional charges such as community activities costs to be met by the residents. In addition, written agreements were signed by both the provider and the resident or their representative.

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):

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

Findings:

There were no actions required from the previous inspection; however, the inspector found that improvement was required to ensure that the personal plans were provided in an accessible format, where required. In addition, there was no evidence of consultation or engagement with residents' representative or family members in the development of the personal plans.

The inspector reviewed a sample of two personal plans. Overall, the plans included a detailed assessment and outlined the support required for the residents. There was evidence of consultation with multidisciplinary staff; for example, speech and language therapists, behaviour support nurses and consultants where required. Personal goals were set for all residents, which identified short and long term goals. The inspector found that residents goals were social outcomes based, with learning and skill building identified following the move into the community. Staff spoken with, discussed the engagement with local community services to enhance the quality of residents lives, such as, participating in local events, accessing classes and courses locally.

On review of the personal plans and goal setting, the inspector found that there was no evidence of engagement or consultation with residents' families or their representatives. Staff spoken with, informed the inspector that residents families' were actively engaged and consulted with, regarding care needs; however, this had not been recorded within the plans.

The inspector found that personal plans were not provided in an accessible format for residents.

Judgment:

Substantially Compliant

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):

No actions were required from the previous inspection.

Findings:

The inspector found that the centre had an up-to-date safety statement. Improvement was required regarding training in manual handling and hand hygiene in the centre.

The inspector did not look at all aspects of this outcome on this inspection. Overall, the inspector found that the residents were actively involved in fire safety and engaged in the drills completed in the centre. As part of the fire records kept, learning was evident from the drills completed. The inspector found that evacuation plans were in place for all residents in the centre, detailing support required and how they responded to alarms. In addition, records were maintained regarding checks completed on a quarterly, weekly or daily basis. The inspector observed that any faults identified were dealt with in a timely manner. On review of training records, the inspector found that not all staff had completed fire training.

The centre had a policy on the management and prevention of infection control. This included training provided to guide staff in their daily practice. On review of training records, the inspector found that staff had not completed hand hygiene training.

Risk management was in place and records reviewed had not been updated to reflect the centre. The inspector found that the risk register in place was dated January 2017. This had not been subject to regular review. In addition, the inspector found that not all staff had completed all aspects of manual handling and this had not been addressed by the person in charge or provider.

The issues relating to gaps in training were brought to the attention of the registered provider following the inspection. The provider submitted a detailed training matrix which set out the time-limited training schedule for all staff to achieve their training.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The centre had policies in place for the prevention, detection and investigation of abuse and provided personalised support in the management of behaviour. However, further improvement was required to ensure that all staff received training in management and responding to behaviours that challenge and in safeguarding, in line with the organisations policies.

The inspector observed residents being supported in a respectful and dignified manner by staff throughout the inspection. Residents appeared comfortable with staff and the support they received.

The centre had a policy and procedure in place on the prevention, detection and investigation of abuse. Safeguarding information was displayed in the residents living space which also displayed the designated safeguarding officer. The inspector found that staff treated residents with respect during their interaction. On review of training records, the inspector found that not all staff were trained in all aspects of safeguarding, in line with the organisations policy. Staff spoken with knew what constituted abuse and knew the procedure for reporting any concerns.

Policies at the centre included the management of behaviours that challenge and the use of restrictive practices. The inspector found that staff were familiar with residents behaviours; however, the inspector found that all staff had not completed training on the management of behaviours that challenge in the centre. The inspector reviewed risk assessments and personal plans and found these to reflect residents' needs, this had not been accessed by all staff from training records reviewed.

The issues relating to gaps in training were brought to the attention of the registered provider following the inspection. The provider submitted a detailed training matrix which set out the time-limited training schedule for all staff to achieve their training.

At the time of inspection there were no restrictive practices in place, at the centre.

Judgment:

Substantially Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

Overall, the inspector found that the centre had a well maintained record of all

notifications submitted to the Health Information and Quality Authority, however, improvement as there were gaps in the notifications submitted.

A record of all notifications submitted to HIQA was kept at the centre including all notification submitted under schedule 4 of the regulations. The inspector found that all notifications were submitted to HIQA in line with regulatory timeframes; however, the inspector found that a notification had not been submitted within three days on review of personal plans.

Judgment:

Substantially Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents were supported to participate socially in activities suitable to their age, interests and needs.

Residents were engaged in social activities, internal and external to the centre. Residents were engaged in day services, shopping trips, day trips and were supported to have regular overnight visits home. Staff who spoke with the inspector told of how they were currently supporting some residents in positive risk taking to encourage their independence. Residents were involved in skill development which promoted independence in their home.

No residents were in employment at the time of inspection.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents were supported to manage their health.

The inspector reviewed residents' healthcare records and found that they had access to a range of allied healthcare professionals including general practitioners (GP), psychiatrists, consultants and dentists. The inspector found that residents health was regularly reviewed and, in the case of specific health issues, recommendations were included in residents' risk assessments and personal plans. Emergency protocols were in place for some residents who required support with epilepsy.

The inspector found that residents had access to a general practitioner (gp) of their choice.

Residents had access to a healthy and nutritious meals. Residents were observed to participate and engage in preparing and cooking household meals and snacks during the course of the inspection. Their engagement was based on their abilities and choice. The inspector found that residents were consulted and involved in the weekly meal planning during regular house meetings.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The provider had clear written operational policies in place relating to the ordering, prescribing, storage and administering of medications. However improvement was required in relation to assessments for self-administration of medication.

On review of medication records, the inspector found that residents did not have assessments in place regarding self-administration of medication, at the time of inspection. All staff were found to have up-to-date training in the administration of

medication.

A locked storage area was available in the centre for the safe storage of residents' medications. Prescription records were found to be clearly written and signed by the prescribing practitioner. Medication administration records were in place to evidence the administration of medications in accordance with prescription records.

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:

Overall the inspector found that the centre's governance and management systems had not ensured that actions identified in the Health Information and Quality Authority (HIQA) inspection reports and provider audits were addressed in line with agreed timeframes. There was a clearly defined management structure in place in the centre. The inspector did not look at all aspects of this outcome during the inspection.

The inspector found that actions had not been addressed from the inspection completed in January 2017 with four actions which had not been completed within the stated timeframes. The provider was required to submit information to provide assurance that these actions would be addressed appropriately, as agreed with HIQA.

The inspector found that a plan was in place for the completion of the annual review of the quality and safety of care. Six month unannounced visits were also scheduled by the quality team for the monitoring of the centre.

Judgment:

Non Compliant - Moderate

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The provider had arrangements in place for the management of the centre in the absence of the person in charge. The person in charge informed the inspector that in her absence, the management of the centre would be overseen by the area manager for the service.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

The centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. The inspector found there was sufficient resources to support residents achieve their personal plans. The centre had access to a full-time vehicle and a shared vehicle to transport residents to various services.

There were no resource issues identified that impacted on the delivery of appropriate service or provision of suitable care to residents at the time of inspection.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The inspector found that actions required from the last inspection, in relation to training requirements for all staff and the roster showing the administrative hours of the person in charge, had not been completed.

There was a planned and actual rota in place at the centre. However, the person in charge had not completed an action from the previous inspection relating to displaying their administrative hours clearly on rosters. The inspector found that it was not clear when the person in charge completed their administrative hours, as found on the day of inspection.

Training records were not well maintained on the day of inspection. The inspector found that all staff were not listed in the records. In addition, the person in charge was unable to provide information of attendance at recent training. Staff had not attended refresher training in safeguarding, manual handling, hand hygiene, open disclosure, Children's First and fire training; in line with the organisations' policy. The issues relating to gaps in training were brought to the attention of the registered provider following the inspection. The provider submitted a detailed training matrix which set out the time-limited training schedule for all staff to achieve their training.

The person in charge had not commenced supervision with all staff working in the centre. The inspector found that one staff had completed supervision at the time of inspection. There was no schedule in place for supervision of all staff working in the centre.

The inspector reviewed four staff files on the day of inspection. The provider had failed to maintain the required schedule two documentation for all staff, as required by the regulations. In addition, three staff files did not include evidence of appropriate garda vetting. The provider was requested to submit evidence of this to the inspector following the inspection; however, the provider did not submit this information within the agreed timeframe.

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):

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

Findings:

Overall, the inspector found documentation records were accessible, legible and well maintained.

The inspector reviewed a sample of schedule 5 policies and procedures available at the centre during the inspection. These were found to be up-to-date, accessible to staff and meeting the requirements of schedule 5 of the regulations.

The directory of residents was in place and had been reviewed to ensure that it contained the information required by schedule 3 of the regulations.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Catherine Glynn
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0005508
Date of Inspection:	16 August 2017
Date of response:	07 September 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 person in charge had failed to ensure that residents personal plans were provided in an accessible format.

1. Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are

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

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 has ensured residents personal plans are all now in accessible format and available to residents in this community home.

Proposed Timescale: 05/09/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The provider had failed to ensure that risks identified in the centre were subject to review

2. 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:

The Provider has ensured all Risk Assessments within the new Health & Safety Management System has being reviewed and updated within this community home.

Proposed Timescale: 01/09/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The person in charge had failed to ensure that all staff were trained in positive behaviour support in line with the organisations' policies.

3. 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:

The person in charge will ensure all staff receive training in behaviours that challenge including de-escalation and Intervention techniques by below date.

Proposed Timescale: 27/09/2017

Theme: Safe Services

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

The person in charge had failed to ensure that all staff had completed training in safeguarding in line with national policy.

4. 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:

The person in charge has ensured that all staff within this designated centre have completed their training in safeguarding in line with the national policy.

Proposed Timescale: 07/09/2017

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:

The person in charge had failed to submit a notification regarding a concern about abuse as required by the regulations.

5. 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:

The person in charge has submitted this notification to HIQA on a NF06 form on the 16/08/2017

Proposed Timescale: 16/08/2017

Outcome 12. Medication Management

Theme: Health and Development

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

The person in charge had failed to ensure that assessments for self administration of medications was completed for all residents in the centre.

6. Action Required:

Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

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

The person in charge has ensured that Assessments for self-administration for all residents in the centre has being completed by the below date.

Proposed Timescale: 27/08/2017

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 provider had failed to ensure that management systems in place in the centre were effective.

7. 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 provider has ensured that effective managements systems are now in place in the centre and all actions outstanding form HIQA inspection in January 2017 have been addressed and completed.

Proposed Timescale: 05/09/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The person in charge had failed to ensure that their hours were clearly outlined on the roster, including administrative hours.

8. 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 person in charge has ensured that a planned roster and an actual roster are in place within the centre and the hours assigned to administrative duties by the Person in charge are clearly outlined on the roster. The Person in charge will have 11 hours and 10 minutes administrative hours per week.

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 person in charge had failed to ensure that documents were maintained for all staff as set out in schedule 2.

9. 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 ensured that Garda vetting has been completed for all staff working in this designated centre.

Proposed Timescale: 07/09/2017

Theme: Responsive Workforce

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

The person in charge had not ensured that all staff received supervision or that a schedule was in place for supervision of staff.

10. Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

The person in charge has completed supervision on all staff members within this designated centre and a schedule is now in place for supervision of staff and this will be carried out every 3 months going forward.

Proposed Timescale: 06/09/2017

Theme: Responsive Workforce

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

The person in charge had not ensured that all staff received training as set out in the regulations and in line with the organisations policy.

11. 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:

The person in charge has ensured that a schedule of training is now active for all staff within the centre. This schedule is updated accordingly. A training record for all staff is available in the centre.

Proposed Timescale: 05/07/2017