

**Health Information and Quality Authority
Regulation Directorate**

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



**Health
Information
and Quality
Authority**

An tÚdarás Um Phaisnéis
agus Cáilíocht Sláinte

Centre name:	Ardbrae
Centre ID:	OSV-0001700
Centre county:	Wicklow
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Sunbeam House Services Company Limited by Guarantee
Lead inspector:	Raymond Lynch
Support inspector(s):	Gary Kiernan
Type of inspection	Announced
Number of residents on the date of inspection:	5
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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From: To:
05 December 2017 08:30 05 December 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 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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to inspection:

This was an announced inspection to inform a renewal of registration decision after an application to the Health Information and Quality Authority (HIQA) by Sunbeam House Services (the provider) to continue the operation of this centre.

The centre was last inspected in January 2017 where a number of non compliances were found in Residents Rights, Social Care Needs, Health, Safety and Risk Management, Healthcare Needs, Medication Management, Statement of Purpose, Governance and Management and Workforce.

This inspection (for the renewal of registration of the centre) found that the person in charge and deputy team leader had addressed a number of the non-compliances as identified above however, some issues and areas for improvement were identified.

This inspection found that the care being provided to the residents was adequate and feedback from residents and family members was positive. However, the governance and management arrangements in place at senior organisational level

required urgent review as they were not effective in providing adequate support or resources to the person in charge so as she could carry out her role in line with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (The Regulations).

How we gathered our evidence:

The inspectors met with and interviewed one staff member about the service being provided. The person in charge and the deputy team leader were also spoken with at length over the course of this inspection.

The inspectors also met with the three residents and spent some time chatting with two of them over the course of the inspection process. Residents reported that they were happy living in the centre.

Feedback via questionnaires from both residents and family members was also complimentary about the centre and staff working there. A sample of documentation was also viewed such as health and social care plans, risk assessments, contracts of care and positive behavioural support plans. Inspectors also spoke with the provider nominee and a senior management representative at the feedback provided at the end of the inspection process.

Description of the Service:

The centre comprised of a six bedroom dwelling providing accommodation to five residents. While residents appeared content in their home it was observed that parts of it were in need of some modernisation, updating, cleaning and refurbishment.

The centre was in close proximity to a large nearby town and transport arrangements were in place for residents to avail of. Residents could also use local transport services and taxis so as to access amenities such as restaurants, shopping centres, pubs, cinema and cafes.

Overall Findings

Of the eleven outcomes assessed five were found to be compliant including Residents Rights, Medication Management, Healthcare Needs, Social Care Needs and Safeguarding. However, major non compliances were found in Admissions and Contracts for the Provision of Services, Health, Safety & Risk Management and Governance and Management. The Statement of Purpose, Notification of Incidents and Workforce were each assessed with a moderate non compliance.

Overall it was found that the person in charge and deputy team leader were utilising the resources available to them so as to provide adequate care and support to the residents. Residents appeared content living in the centre and feedback from family members about the service being provided was positive.

However, the senior governance and management arrangements in place required urgent review as there was inadequate oversight of the centre at provider level. It was also found that some concerns regarding the quality and safety of care as raised by person in charge over the last six months had not been acted upon or addressed.

These are further discussed in the main body of the report and 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):

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

Findings:

The inspectors reviewed this outcome only in relation to the non-compliance identified on the previous inspection (management of complaints) and found that the person in charge had addressed the issue satisfactorily and complaints were now being appropriately dealt with.

Previously, residents were not being informed or consulted with regarding the outcome of any complaints being made. However, by the time of this inspection the inspectors found that complaints were being responded to promptly and residents were consulted with and kept informed of how complaints were being managed and reviewed.

It was also observed that the residents' level of satisfaction regarding how complaints were resolved was taken into account and recorded.

One of the residents spoken with informed the inspectors that they would have no concerns in making a complaint or speaking with the person in charge should they have any concerns about any aspect of the service.

It was also found that information was publically available in the centre on how to make a complaint and who to make contact with regarding any level of dissatisfaction with the service.

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):

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

Findings:

There were policies and procedures in place for admitting residents to the centre, including transfers, transitions, discharges and the temporary absence of residents.

However, and as found in the previous inspection, the breakdown of costs to be incurred for services (to include additional costs) was not explicitly stated in residents contracts of care. It was also observed that an assessment of need for a resident had not been undertaken prior to their recent admission to the centre.

Documentation was available in the centre which outlined the terms and conditions of services to be provided. From a sample of files viewed, each resident had a written agreement of the terms of their stay in the centre. However, while the fees to be charged to each resident were stated in some of their contracts, the services provided for these fees were not documented.

It was also observed that additional charges to residents for some services provided were not identified in their contracts of care. For example, where a resident wished to go on a holiday with staff support, the resident may be required to pay for that staff members costs to include staff transport, staff accommodation, staff meals and at times the staff members salary (to include basic pay, unsocial hours and Sunday rates). These additional costs were not identified in the residents' contracts of care.

The inspectors also noted that a comprehensive assessment of need had not been undertaken prior to a recent admission of a resident to the centre. This was not in line with the centres admissions policy and it was found that the person in charge, with the support of the staff team had undertaken the assessment after the resident had transitioned into the centre.

Judgment:

Non Compliant - Major

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based practice.

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:

Overall the inspectors found that the social care needs of each resident was being supported and facilitated in the centre and the issues regarding the review of care plans found in the last inspection had been addressed. Daily activities and social care goals were also found to be meaningful and relevant to the assessed needs of the residents.

The inspectors found that each resident had a 'Personal Plan' in place and from a sample of documentation viewed they had been reviewed, updated and reassessed in July 2017.

Plans were informative of each resident's likes, dislikes and interests and provided key information related to the resident to include, their meaningful day, safety issues, support requirements, health needs, important people in their lives and communication needs.

The plans identified social goals that were relevant to each resident and from the sample viewed by the inspectors, it was observed that social goals were being identified and a plan of action put in place to support their achievement, to include a circle of support.

As part of their goals residents were being supported to go on holidays abroad, short holiday breaks in Ireland, join social clubs and it was also observed that some residents had been supported to organise a hotel break away of the upcoming Christmas period.

Residents also attended a range of day services where they had the option to engage in a range of meaningful activities and various social outings.

While some residents were independent and accessed the local community by themselves, staff of the centre also provided support to the residents as required to frequent local amenities such as pubs, shops, cinema and restaurants.

Judgment:

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):

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

Findings:

The inspectors observed that while the health and safety of residents and staff was being promoted in the centre, the systems in place with regard to the management and documentation of risk required review.

There was a policy available on risk management and the centre had a risk register which was made available to the inspectors on the day of inspection. It was observed that where some risks were being identified they were being addressed and actions put in place to mitigate them.

However, some areas with regard to the documentation and management of risk required review. For example, It was observed that there was a risk with regard to the water temperature in the centre as at times the water would get too hot for showering and bathing purposes. Water was also observed to be very hot at some wash hand basins. While the person in charge had escalated this risk to management and the maintenance department of the organisation, it had not been addressed at the time of this inspection.

The way in which the centre was managing this risk was to provide staff supervision when residents were availing of showering facilities so as to ensure the water temperature was appropriate. However, inspectors remained concerned as the response to this risk at organisational level was inadequate and inappropriate. For example, some of the residents did not require staff supervision to use the shower however, in order to mitigate the risk some staff supervision was required.

Another resident was identified as being at risk of choking. The way in which this was being managed was that staff would ensure the resident's food was cut into bite size pieces and remind them to eat slowly. However, it was observed that this resident could be on their own in the centre for up to four hours and may have a snack during this time such as a sandwich.

While the resident had been reviewed by the Speech and Language Therapist, who had not identified increased risk , the information contained in the risk assessment did not inform the inspectors as to how resident, who had a past history of choking, was kept safe during periods when alone in the centre with access to multiple food sources.

The inspectors found that that a fire register had been compiled for the centre which

was up to date. Fire equipment such as fire blankets and fire extinguishers had been serviced by an external fire consultancy company. There was also emergency lighting, smoke detectors and fire doors installed.

Fire drills were carried out regularly and all residents had individual personal emergency evacuation plans in place. Staff also undertook routine checks on all fire fighting such as fire extinguishers, fire panel, emergency lighting and escape routes.

It was also observed that there was adequate hand sanitizing gels and hand washing facilities available throughout the centre and adequate arrangements were in place for the disposal of waste.

Of a small sample of files viewed all staff had the required training in fire safety. .

Judgment:

Non Compliant - Major

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

The inspectors found that there were adequate arrangements in place to protect the residents from harm and abuse in the centre and the issue found on the previous inspection with regard to the reporting structures had been adequately addressed.

There was a policy on and procedures in place for the safeguarding of residents and of the one staff member spoken with during the inspection, they were able to demonstrate their knowledge on how to manage an allegation or concern and the appropriate reporting procedures.

The inspectors checked a sample of residents' finances and found that there were appropriate arrangements in place to support residents to manage their monies as required. For example, each resident had undertaken a financial assessment and this determined the level of support they required from staff in managing their finances.

It was observed that for one resident there was some restrictions in place with regard to their finances however, this restriction was only in place to support the resident, ensure their safety and was kept under regular review by the organisations rights review committee.

It was also observed that this restriction was in place at the request of the resident and overall the inspectors found that there were appropriate systems in place to review, assess and minimise restrictive practices in the centre.

There was also written procedures in place for the provision of personal intimate care in each resident's personal plan. Personal intimate care guidelines were informative on how best to support each resident while at the same time supporting their independence and maintaining their dignity, privacy and respect.

It was observed that the way in which the centre was managing a risk related to the water temperature was not in line with residents assessed intimate care needs however, this issue was discussed and actioned under Outcome 7: Risk Management.

There was a policy in place for the provision of positive behavioural support and from a small sample of files viewed, staff were trained in the promotion of positive behaviour support. Where required residents had positive behavioural support guidelines in place.

There was a policy in place to guide staff in the event of a resident going missing from the centre.

Judgment:
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:
There were guidelines in place regarding the recording of notifiable incidents occurring in the centre however, the inspectors found that arrangements for reporting such incidents to the Chief Inspector required review.

A small number of peer to peer incidents of verbal aggression between residents had been on record in the centre however, these were not reported to the Health Information and Quality Authority (HIQA) as required.

When this was brought to the person in charge's attention, she assured the inspectors she would address the situation as a priority.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

The inspectors found that there were arrangements in place to ensure that resident's healthcare needs were supported and regularly reviewed with appropriate input from allied healthcare professionals as and when required. It was also found that the issue as identified in the previous inspection had been addressed.

From a sample of files viewed, the inspectors observed that residents had access to a GP, and a range of other allied healthcare professionals.

For example, appointments with dentists, speech and language therapists, physiotherapists, dieticians and audiologist were facilitated annually or sooner if required. Routine hospital appointments where required were also provided for.

Positive mental health was also provided for. In this instance where required residents had access to psychiatry supports, regular access to a mental health nurse and counselling sessions. It was also observed that residents had a medical review on an annual basis.

The inspectors observed that residents were supported to eat healthily and make healthy choices with regard to meals and diet. Residents also informed the inspectors that they had a range of meals to choose from each day

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):

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

Findings:

The inspectors found that the medication practices as demonstrated and described by person in charge were suitable and safe. The issue regarding p.r.n. protocols and guidance found in the previous inspection had been addressed.

A locked medicine press was in place in the staff room and medication prescription sheets were available that included sufficient detail to ensure safe prescription, administration and recording standards.

There were also appropriate procedures in place for the handling and disposal of unused medicines in the centre.

There was a system in place to record any medication errors. The inspectors observed that if an error were to occur it would be reported accordingly to the person in charge and in line with policy and procedure.

The person in charge would also discuss the error with the relevant staff member in order to ascertain how the mistake was made and how to prevent a reoccurrence going forward.

From a small sample of staff files viewed it was observed that staff had training in the safe administration of medication.

It was also observed that all as required (p.r.n.) medicines had strict protocols in place for their use and overall there were appropriate systems in place to provide for the safe medication management practices.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The inspectors observed that the statement of purpose required some review and updating.

The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

However, the criteria as set out in the statement of purpose for the admission of residents to the centre was inadequate and required review and updating.

As already identified in this report, a resident had been recently admitted to the centre however, no assessment of need had been undertaken in order to ascertain the supports the resident would require for a successful transition into the centre.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

Overall the inspectors found that there was a clearly defined management structure in place with clear lines of authority and responsibility for the provision of the service at centre level.

However, due to inadequate oversight, support, governance and management at organisational level, some major issues pertaining to the management of risk and contracts of care were not being managed or addressed appropriately in the centre.

The centre was being managed by a suitably qualified, skilled and experienced person in

charge who was being supported in her role by an experienced and qualified deputy team leader. Both were qualified professionals with significant experience of working in and managing services for people with disabilities.

From speaking with the person in charge and the deputy team leader it was evident that they had an in-depth knowledge of the individual needs and supports of the residents who lived in the centre.

They demonstrated throughout the inspection process that they were also aware of their statutory obligations and responsibilities with regard to the role of person in charge and person participating in management of the centre and to their remit to the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

The inspectors also found that appropriate management systems were in place for the absence of the person in charge. As said above a deputy team leader supported the person in charge and there was also an on call system in place, where staff could contact a manager 24/7 in the event of any unforeseen circumstance.

There were systems in place for the monitoring and auditing of the quality and safety of care provided to the residents. There was also an annual review completed for the centre. The inspectors observed that some of the actions arising from these audits were being implemented.

However, a number of issues pertaining to the management of risk and staffing arrangements had been raised by the person in charge and brought to the attention of senior management and the maintenance department. Despite this, the concerns as raised by the centre had not been addressed and some elements of risk remained or were being mitigated inappropriately.

It was also observed that staffing levels has not been reviewed appropriately to take into account a new admission to the centre six months ago.

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 inspectors found that the staff team had the appropriate skill mix, qualifications and experience to support the residents however, the staffing arrangements required review to take into account the assessed needs a new admission to the centre six months ago.

There was a team that consisted of a person in charge, a deputy team leader and a small team of social care professionals working in the centre. The team leader was a qualified social care worker who was in her final year of a masters degree programme in social care management.

The deputy team leader was also a qualified social care professional, who was embarking on an a third level programme of study in a management discipline.

The inspectors spoke with one staff member and found they had a good knowledge of the residents needs. This staff member was also a qualified social care professional.

All staff were supervised on an appropriate basis, from a small sample of files viewed, were recruited, selected and vetted in accordance with best practice and schedule 2 of the Regulations.

A sample of supervision notes were viewed by the inspector. It was found that the supervision process was adequate and supported staff in improving their practice and to keep up to date with any changes happening in the centre.

The inspectors observed that residents received assistance in a dignified, timely and respectful manner and feedback from family members via questionnaires was positive about the centre.

From viewing a small sample of staff files the inspectors observed that they had up to date training in manual handling, safe administration of medication, safeguarding and positive behavioural support.

However, inspectors found that a recent admission of a resident to the centre had not been reviewed or assessed in a timely way in order to identify if any changes in the staffing arrangements were required. The resident in question was not assessed until they had transitioned into the centre.

While it was found the resident had some independence,, they did (and continued to) require input and on-going support from staff working in the centre. The person in charge had alerted senior management to the fact that since this person was admitted to the centre the staffing arrangements required review.

However, while there had been some changes to rostering and deployment of staff this request had not been acted upon or addressed by the time of this inspection and overall it was found that the assessed needs of the residents in relation to the required staffing

arrangements remained outstanding.

Judgment:

Non Compliant - Moderate

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:

Raymond Lynch
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 Sunbeam House Services Company Limited by Guarantee
Centre ID:	OSV-0001700
Date of Inspection:	05 December 2017
Date of response:	08 February 2018

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 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

An assessment of need had not been carried out prior to a recent admission of a resident to the centre therefore inspectors could not ascertain the criteria used to admit this resident

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

1. Action Required:

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

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

The provider will ensure that an assessment of need is completed for any resident for admission including transfers in accordance with the statement of purpose and function.

Proposed Timescale: 09/02/2018**Theme:** Effective Services**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**

Some contracts of care did not identify the fees to be incurred for services provided. It was also observed that some contracts of care did not identify some additional costs to be incurred by residents.

2. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

1. The provider will ensure that each resident has a written agreement of the terms of their provision of services setting out the supports to be provided and all fees and details of any additional charges will be included.

Proposed Timescale: 28/02/2018**Outcome 07: Health and Safety and Risk Management****Theme:** Effective Services**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**

The systems in place for the management and review of risk in the centre required urgent attention

3. 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. Temperature control thermostats have been fitted to all sink taps and showers to mitigate the risk of scalds. All residents have an intimate care plan in place which outlines the supports they require while showering.
2. The risk assessment has been updated to reflect the level of risk more accurately and supports required for one resident.

Proposed Timescale:

1. Completed
2. Completed

Proposed Timescale: 09/02/2018

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 incidents of peer to peer aggression were not reported to HIQA as required.

4. 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. Going forward the person in charge will ensure that all notification are provided to the authority within 3 days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident

Proposed Timescale: 01/02/2018

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose required review and updating.

5. Action Required:

Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

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

1. The statement of purpose and function has been reviewed and updated to amend the age profile of the residents and the WTE of staff.

Proposed Timescale: 09/02/2018

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The current systems of governance and management in place at a senior level required urgent review

6. 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. There will be an annual review of quality and safety conducted by the Registered provider.
2. A copy of the annual review is available to all residents.
3. The Registered provider will conduct a six-monthly report of safety and quality of support of this centre.
4. The management structure which identifies the lines of authority will be clearly displayed at the centre.
5. The registered provider will ensure the contracts of care for each resident are completed and include all fees and additional charges.
6. The registered provider has reviewed supervision and location visits arrangements to ensure effective oversight of this centre.

Proposed Timescale:

1. Due 30.06.2018
2. Completed
3. 31.03.2018
4. Completed.
5. 28.02.2018
6. In effective from 09.02.2018

Proposed Timescale: 30/06/2018

Outcome 17: Workforce

Theme: Responsive Workforce

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

The assessed needs of the residents in relation to the staffing arrangements in place required review

7. 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. The registered provider has reviewed the roster and budget requirements with the Person in charge, recruitment has commenced for additional staff, two additional permanent staff have been recruited.

Proposed Timescale: 09/02/2018