

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Bird Hill
Centre ID:	OSV-0005660
Centre county:	Wicklow
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Sunbeam House Services Company Limited by Guarantee
Provider Nominee:	Leona Doyle
Lead inspector:	Ann-Marie O'Neill
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	2

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 31 October 2017 10:30 To: 31 October 2017 15:40

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

Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This inspection was carried out in response to the provider's application to register this new designated centre. The purpose for opening this new designated centre was to support the transition of a resident from a children's service to an adult service provider, Sunbeam House Services.

This inspection assessed the provider's compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and thereafter to make a decision to register the centre.

How we gathered our evidence:

As part of the inspection, the inspector visited the designated centre and met with the newly appointed person in charge. One Sunbeam House Services staff member intending to work in the centre visited the centre and spoke briefly to the inspector. A representative of the provider attended the feedback meeting.

The inspector reviewed documentation, for example, resident personal planning, statement of purpose, contracts of care, risk register and risk management systems, training records, restraint management systems, behaviour support planning and fire

safety systems in the centre. The inspector also carried out a visual inspection of the premises both inside and outside.

As no residents had moved into the centre the inspector did not meet with any residents during the inspection.

Description of the Service:

This designated centre is operated by Sunbeam House Services (SHS) Limited and is located just outside a town in County Wicklow. The centre is a two storey property which presents with a unique design from the outside and exceptional views of the rural landscape from inside the premises. The centre can accommodate a maximum of two adult residents. The inspector noted the premises were maintained to a good standard both inside and out.

Overall Judgments of our findings:

Ten outcomes were inspected. Six outcomes inspected met with compliance or substantial compliance. The newly appointed person in charge presented as a competent and knowledgeable person with a good understanding of her roles and responsibilities regarding the regulations.

The person in charge had created a number of operational level assurances systems to provide her with adequate oversight of the centre and ensure compliance with the regulations. Evidence of good management systems at an operational level and initiative taken by the person in charge.

The designated centre presented as a pleasant and homely environment with modern fixtures and fittings and beautiful views of the local landscape.

The person in charge had also implemented a person centred transition plan for a resident intending to move into the centre which was working well and supportive of the resident and their family.

Three outcomes were found to be moderately non compliant with the regulations, including governance and management, statement of purpose and contracts of care. The provider was required to create a contract of care that accurately reflected the service and care residents would receive when admitted to the centre and set out in a clear and transparent way any fees payable by residents when they moved to the centre. The statement of purpose required improvement to ensure it reflected the services provided in the centre and met schedule 1 of the regulations. A number of non compliances in this inspection were the responsibility of the provider.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities.

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

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

The contract of care for potential residents transitioning to the centre was not compliant.

The contract of care did not accurately set out a detailed breakdown of the services and care the provider, Sunbeam House Services, would provide residents.

It did not adequately outline the service provided in the designated centre as outlined in the statement of purpose.

The contract of care also did not set out the fees payable by the residents or fees they may incur when they transitioned to the service, this included payment for allied health professional assessments, complementary therapies and rent and contributions towards utility bills, for example.

The provider is responsible for creating a contract of care to meet the regulations.

Judgment:

Non Compliant - Moderate

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

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

Personal planning for residents intended to transition to the service were available to review on inspection. Transition planning was in place and found to be person centred in its approach to supporting a resident transitioning to the designated centre from another service provider. However, personal planning did not contain adequate allied health professional assessments and recommendations to ensure continuity of supports to meet the residents' identified needs following their transition.

The inspector reviewed transition plans devised to support residents identified to transition to the designated centre. The resident identified to transition to the centre had visited the centre regularly in the previous weeks and had spent time in the centre to become familiar with the centre and the surroundings.

There was evidence to indicate this was a positive experience for the resident and they had spent longer periods and presented as more relaxed on each visit. They had also been encouraged to decorate their new bedroom and enjoy a meal in the centre.

As part of the transition planning process information and assessments from the resident's current service provider were available to review. A comprehensive behaviour support plan was in place which set out detailed guidance and recommendations to guide staff in evidence based practice how to support the resident. This was evidence of a comprehensive assessment of the resident's behaviour support needs as part of their personal planning.

However, transition planning did require some improvement to ensure continuity and sustained support provision for the resident once they transitioned to the designated centre and new service provider, Sunbeam House Services.

The resident would maintain a number of allied health professional supports when they transitioned to Sunbeam House Services provider. However, assessments and recommendations from those involved allied health professionals, other than positive behaviour support, had not been included as part of the transition planning and comprehensive assessment of needs for the resident.

This information was required to ensure a comprehensive assessment of need informed by allied health professional assessment was completed within 28 days of the resident's admission to the designated centre, as required by the regulations.

This was also important to ensure the provider, Sunbeam House Services, had made necessary provisions to ensure allied health professional recommendations could be

implemented when the resident moved in, for example, if staff identified to work in the centre had the necessary skills and training to implement support planning for the resident.

While the necessity for behaviour support planning had been identified as a need for the resident transitioning to the designated centre, the provider did not have allied health provisions in place within their service to continuously review, assess and monitor this need for the resident. This required review and planning by the provider to ensure the resident's specific needs could be met when they were admitted to the service.

As residents had not yet been admitted to the centre this outcome was deemed substantially compliant.

Judgment:

Substantially Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

The centre comprised of a detached house located on the outskirts of Newtownmountkennedy, County Wicklow. The premises and facilities within the centre would provide for residents in line with the statement of purpose to a good standard. The layout of the property was unique and modern.

The centre contained bathing/showering and toileting facilities all of which were of an adequate size with modern fixtures. Both resident bedrooms would provide ensuite toilet/shower facilities.

The inspector viewed intended residents' bedrooms during the inspection. Residents would each have their own bedrooms each fitted out with room for storage of personal items and space to engage in personal activities.

Bedrooms would be decorated to the taste and personal preference of each resident. One bedroom had already been decorated in line with a resident's personal preferences and taste.

The centre also had a well equipped and spacious kitchen and dining space. Laundry facilities were available within the centre. There would also be suitable arrangements in place for the safe disposal of general waste for the centre.

The external premises were adequately maintained with parking space available and electronically operated gates to enter the property.

Maintenance records would be maintained in the centre detailing servicing of equipment in the centre and ongoing maintenance works where necessary.

This unique property had very good views of the local rural landscape from within and lots of light throughout.

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):

This was the centre's first inspection by the Authority.

Findings:

The health and safety of residents, visitors and staff would be promoted in the centre.

The risk management policy met the requirements of the Regulations and would be implemented throughout the centre and cover the matters set out in Regulation 26 including identification and management of risks, the measures in place to control identified risks and arrangements for identification, recording, investigation and learning from serious incidents.

A risk register for the centre was in place, however, at the time of inspection it only contained personal risk assessments for potential residents transitioning to the centre and risks related to behaviours that challenge. It required inclusion of environmental hazards and documentation of current risk control measures. During the course of the inspection, the person in charge updated the risk register and indicated this would be maintained as a 'live' document and updated as required going forward.

As referred to in the previous paragraph, personal risks for a residents moving into the centre had been identified and were analysed with control measures in place to mitigate risks. These risk assessments would also be maintained in the resident's personal plan.

Fire policies and procedures available in the centre on the day of inspection. Fire safety

plans were reviewed by the inspector and found to be adequate. Regular fire drills would take place.

Individual personal evacuation management plans were documented for the resident intending to transition and would be further reviewed on their move to the centre to reflect centre specific guidelines for staff and residents.

Fire evacuation doors would be fitted with a thumb turn mechanism and the inspector noted this was the case for fire exit doors that had been installed. This would ensure residents, staff and visitors could evacuate from the premises without the necessity of a key but still ensuring that the premises was secure.

The premises had been fitted with emergency lighting and a new fire alarm with connected smoke and fire detectors at key locations in the building. Fire extinguishers were also placed at strategic points in the premises.

The inspector noted the presence of smoke seals on all doors in the centre. All doors in the premises also appeared to be heavy set fire compliant doors. This promoted good fire containment measures in the centre.

There was a policy on infection control available. Cleaning schedules were in place and would be completed by staff on an on-going basis. Hand washing facilities in the centre were adequate. Hand wash and drying facilities would be available to promote good hand hygiene. Colour coded mops and buckets were designated to clean specific areas in the centre to prevent cross contamination of surfaces.

Safe and appropriate practices in relation to manual handling were in place. All staff had attended up to date training.

Judgment:

Compliant

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):

This was the centre's first inspection by the Authority.

Findings:

There were adequate arrangements in place that if implemented in a robust and consistent manner would adequately safeguard residents and manage behaviours that challenge.

Behaviour supporting planning set out information with regards to potential triggers which may cause a resident to engage in behaviours that challenge. As referred to in outcome 5; a comprehensive behaviour support plan was in place to support a resident identified to transition to the centre. This would provide evidence based recommendations to support the resident and provide a positive behaviour framework for staff to support the resident.

Some restrictive practices would be required to support a resident moving in to the centre. Low level physical restraint measures were recommended as part of an overall positive behaviour support planning for the identified resident moving to the centre. The person in charge provided evidence to the inspector following the inspection to verify that all staff identified to work in the centre had received training in order to carry out the prescribed restraint.

All staff identified to work in the centre had received training in safeguarding vulnerable adults and management of behaviours that challenge.

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):

This was the centre's first inspection by the Authority.

Findings:

There were measures in place to support residents transitioning into the service to maintain links with their healthcare practitioners.

The inspector reviewed systems in place to support residents to achieve their best possible health when they transitioned to the centre. The resident identified to transition at the time of inspection was linked to a number of allied health professionals and would maintain these supports when they transitioned to the designated centre. These included general practitioner, psychiatrist and speech and language therapist.

The centre was supplied and fitted with a fully operational kitchen and pleasant dining

space to ensure residents could help prepare and cook home cooked meals in the centre and enjoy a pleasant dining experience with family and peers as they wished.

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):

This was the centre's first inspection by the Authority.

Findings:

There were appropriate systems in place to ensure safe medication management practices if implemented and audited as per the systems reviewed by the inspector.

Policies and procedures were in place to guide staff in safe administration of medication practices. Only staff trained in safe medication management would administer medications to residents living in the centre and from the sample of training records reviewed staff identified to work in the centre had undergone such training. Refresher training was available also within the organisation.

Provisions were also in place for the safe storage of medication in the centre including controlled medications. A register for controlled medications was available in the centre and would be used to document and log its administration. The person in charge informed the inspector the identifying dispensing pharmacist would review medication systems for the centre, including the controlled drug register system prior to residents transferring to the centre as an added assurance mechanism.

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):

This was the centre's first inspection by the Authority.

Findings:

The provider is required to produce a document known as a statement of purpose which accurately describes the services and care provided in the centre in line with Schedule 1 of the regulations.

The inspector reviewed the statement of purpose and while it contained most information required some improvement was required.

The statement of purpose had not been signed by the provider and/or a representative of the provider. The person in charge had drafted the statement of purpose and signed it.

The whole-time equivalent staffing numbers for the centre were not clearly identified for each staffing grade in the centre, including the person in charge.

The governance and management arrangements required review to reflect information relating to the provider and lines of accountability and reporting within that structure.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector reviewed governance and management systems in the centre. While there were assurances provided that the centre would be operated to a good level of compliance operationally by the person in charge there were a number of non compliances found on this inspection that were the responsibility of the provider.

The inspector met and spoke with the person in charge throughout the course of the

inspection and found them to be a fit and competent person to carry out the role of person in charge.

The person in charge demonstrated a good understanding of their roles and responsibilities with regards to the regulations and had addressed all areas within their remit to ensure a number of compliances found on inspection. The person in charge also met the requirements of regulation 14. They had management experience in excess of three years as required in the regulations. They had also completed a management course and had enrolled in a further management course demonstrating a commitment to continuous professional development which also met the requirements of regulation 14.

There were assurance systems which, if implemented and overseen by the provider, could ensure oversight from the provider of the quality of service provision in the centre. These included provider led audits and an annual report, all of which are responsibilities of the provider as set out in the regulations.

The person in charge had also developed a suite of operational management audits which she would implement to ensure oversight of the quality of service provision in the centre. These required some enhancement to ensure they covered a wider range of key quality indicators which would ensure that the quality and safety of care would be monitored.

The inspector did acknowledge however, that the person in charge had taken the initiative to develop the operational auditing system for her own assurance and quality management of the centre.

At the time of inspection the provider had not submitted a complete application to register. Shortly following the inspection the outstanding information was received.

While local management systems were found to be overall in compliance, a number of non compliances found on this inspection were the responsibility of the provider. The provider had not ensured compliance for regulations they were directly responsible for.

Judgment:

Non Compliant - Moderate

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):

This was the centre's first inspection by the Authority.

Findings:

Overall, the inspector found adequate systems in place to ensure an appropriate skill mix of staff to meet the needs of residents intended to live in the centre. Training records indicated staff had received training to meet the behaviour support needs of residents intending to transition to the centre. The provider was in a process of acquiring all required Schedule 2 records for staff identified to work in the centre.

Nine staff had been identified to work in the centre. Of those nine staff, seven staff currently worked with the resident with another service provider and would transition to the centre. This would provide good continuity of care for the resident and ensure the resident's transition to the designated centre would occur as smoothly as possible.

Two staff from with Sunbeam House Services would also transition to work in the centre. From review of training records the inspector noted both Sunbeam House Staff had received all mandatory training required, including management of challenging behaviour and safeguarding vulnerable adults.

The person in charge set out systems they would implement to ensure staff received supervision meetings and would also visit the centre regularly to ensure appropriate and safe work practices were implemented in the centre.

The inspector reviewed a sample of schedule 2 records. Of the records reviewed the inspector noted the provider was in the process of acquiring all schedule 2 records for staff transferring from another service provider. Not all schedule 2 documentation for those staff was in place at the time of inspection this was not compliant. However, as the centre was not in operation at the time of inspection, the inspector deemed this outcome to be substantially compliant.

The provider was responsible to ensure all staff working in the centre were suitable and had the necessary abilities and skills to work with residents moving to the centre.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Ann-Marie O'Neill
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-0005660
Date of Inspection:	31 October 2017
Date of response:	08 December 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 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The contract of care did not accurately set out a detailed breakdown of the services and care the provider, Sunbeam House Services, would provide to residents.

It did not adequately outline the service provided in the designated centre as outlined in

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

the statement of purpose.

The contract of care also did not set out the fees payable by the residents or fees they may incur when they transitioned to the service, for example payment for allied health professional assessments, complementary therapies, rent, and/or contributions towards utility bills.

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 contract of care will be updated to state additional charges payable by the clients to include additional services and complementary therapies.

The up dated contract of care will also show a breakdown of the services and care that will be provided by Sunbeam House Services as outlined in The Statement of Purpose and Function.

Proposed Timescale: 28/02/2018

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:

Assessments and recommendations from involved allied health professionals, other than positive behaviour support, had not been included as part of the transition planning and comprehensive of needs assessment.

2. Action Required:

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

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

The transition plan will be updated also to ensure continuity and support would be in place for the resident once they transition to Sunbeam House services. The updated transition plan will include recommendations from all involved health care professionals.

Proposed Timescale: 15/12/2017

Theme: Effective Services

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

While the necessity for behaviour support planning had been identified as a need for the resident transitioning to the designated centre, the provider did not have allied health provisions in place within their service to continuously review, assess and monitor this need for the resident. This required review and planning by the provider to ensure the resident's specific needs could be met when they were admitted to the service.

3. Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

1. The personal plan will be updated to include assessments and recommendations for this resident This work will be conducted with the professionals who already are working privately with the client and will continue to do so privately after the transition.

2.

An Organisational Psychological Expertise will be recruited to oversee behavioural support plan.

Proposed Timescale: 1. 31.12.2017

2. 28.02.2018

Proposed Timescale: 28/02/2018

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not adequately contain all information as required in Schedule 1 of the regulations.

It was not demonstrated that the provider had produced the statement of purpose for the centre or had oversight of the content of the document.

4. Action Required:

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

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

1.The statement of purpose and function will be updated to include the whole time equivalent staffing numbers for the centre to include the staffing grade and to include

the PIC

2.The governance and management arrangements will be reviewed to reflect information relating to the provider and lines of accountability and reporting within the structure.

3.The statement of purpose and function will be signed by the provider.

Proposed Timescale: 08/12/2017

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:

Some enhancement to the operational management audits was required to ensure they reviewed a comprehensive range of key quality indicators.

While the local management systems in place were found to be overall in compliance, a number of non compliances found on this inspection were the responsibility of the provider. The provider had not ensured compliance for regulations they were directly responsible for.

5. 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. An Annual Review of Quality will be undertaken by the Provider in conjunction with the PIC.
2. 6 monthly Provider reviews will be undertaken.
3. Unannounced visits will be conducted by the PIC min of twice per year.
4. Unannounced Monthly Targeted Audits will be conducted by the PIC
5. An Audit Tracker will be developed by the provider to support consistent monitoring of all Audit Actions.
6. Monthly catch ups will be held with PIC and provider Nominee which will review the findings of the audits.

Proposed Timescale:

1. in effect from 01.01.2018
2. 30.06.2017
3. in effect from 01.01.2018
4. in effect from 01.01.2018
5. 31.01.2018
6. in effect from 01.01.2018

Proposed Timescale: 31/01/2018

Outcome 17: Workforce

Theme: Responsive Workforce

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

Not all schedule 2 documentation was in place at the time of inspection.

6. 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:

1. The HR office will ensure that all schedule 2 files are in place and up to date before the admission of the client to designated centre. All staff will be Garda vetted prior to commencement of employment at this centre. Going forward all staff will receive refreshers in all required training as and when required

2. the PIC will retain a training schedule of when all training is due to be refreshed

Proposed Timescale:

1. 01/12/2017

2. 01/01/2018

Proposed Timescale: 01/01/2018