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 Fhaisnéis agus Cáilíocht Sláinte

Centre name:	A designated centre for people with disabilities operated by Praxis Care
Centre ID:	ORG-0008124
Centre county:	Louth
Email address:	Kieranmcgrenaghan@praxiscare.org.uk
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Praxis Care
Provider Nominee:	Carol Breen
Person in charge:	Kieran McGrenaghan
Lead inspector:	Ciara McShane
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 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

The inspection took place over the following dates and times

From:	To:
11 April 2014 09:30	11 April 2014 17:00

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

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 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This was an unannounced inspection carried out by one inspector over one day. This was the first inspection of the centre. The centre, which operates seven days a week and provides a service to male residents, is part of Praxis Care. The centre, as per their Statement of Purpose, provides quality care and support to individuals experiencing a learning disability with a diagnosis of autistic spectrum disorder who are assessed as requiring input to enable them to live as independently as possible in their own community.

As part of the visit, the inspector engaged with staff and residents, reviewed relevant documentation including personal plans, medical files, incident and accident logs, policies and procedures and staff files. The person in charge was present throughout the day and the provider attended the service in the morning and returned in the evening to receive the feedback. The provider, person in charge and staff facilitated the inspection well.

Overall it was evident that residents lived a life of their choosing, as far as practicable, and that staff provided sufficient and respectful support to the residents so this could be achieved. There were systems in place to enable staff support the residents appropriately and safely and assist those who displayed occasional behaviours that challenged.

The provider, person in charge and staff were knowledgeable of the residents and their needs. The inspector observed respectful and engaging interactions with the residents.

The personal plans for the most part were compliant and sufficiently described the wishes, needs and aspirations of the services users. The inspector found there were aspects of the service that required improvement. Deficiencies were identified in areas such as, but not limited to, the recording of information in the untoward events, not all elements of their healthcare needs were appropriately followed up and staff files were not in compliance with the information as detailed in Schedule 2 of the Regulations. These are further discussed in the body of the report and in the action plan at the end of the report.

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

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Judgement:
Non Compliant - Minor

Findings:
In general, the inspector found that each resident's well being and welfare was supported and developed in line with the wishes and aspirations of each resident. There were good systems in place to ensure that their social needs were met and staff supported them to achieve this. However some improvements were required to ensure that residents were actively involved in the review of their plans and the format of the personal plans required attention.

The inspector met with residents on the day of inspection and viewed a selection of personal plans. Personal plans identified seven outcome measures that residents, along with the support of staff, worked towards. The outcomes included, but were not limited to, quality of life, making a positive contribution, exercise of choice and control and improved health. This element, as with most other elements of the plan, was reviewed regularly. Personal plans were reviewed at a minimum annually but there was evidence showing that elements were reviewed more frequently than that as changes arose or

goals were attained. One personal plan, viewed by the inspector, had been reviewed on 7 March 2014.

It was evident from planning boards on the wall, resident's daily notes and their personal plans that residents lived a life of their choosing and were actively involved in their family life and their community. Residents frequently visited their family members and in some instances stayed over and families also visited them in their home. Staff, where necessary, supported residents to do this and stayed with them while they visited their families during the day. The centre also held annual barbeques where family, friends and neighbours were invited this was also true for Christmas parties. One resident was an active member of their local residents committee and was supported by the person in charge to attend these meetings. Residents also attended sporting events, both at home and abroad, attended the cinema, attended concerts, availed of their local amenities such as restaurants, coffee shops and the library.

The residents were involved in making their home a home. Along with members of their staff team they planned and completed the building of a rockery in their back garden. Individualised risk assessments were being used to ensure that residents could participate in activities with appropriate levels of risk management in place. For example, one resident wanted to take care of the garden and mow the lawn. Staff had completed an individualised risk assessment which included measures to reduce and manage the risk of using the lawn mower. The residents were also involved in the weekly and monthly shopping trips and had input into the menu planning. Their choices were facilitated by a menu book completed with photographs of meal options.

The personal plans also outlined resident's application to reside in the service along with their admissions plan which focused on a gentle introduction to the service supported by staff. Details of their health care needs, behaviour support plans and their family relationships and friendships were also outlined in their file. The files, although person centred, lacked evidence that residents were involved in the review process and they were not in a format that was accessible to residents. However, it was evident from speaking to some residents that their lives reflected their personal plans. The person in charge said they would address this in line with other accessible documentation they had developed.

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

Judgement:
Non Compliant - Minor

Findings:
In general the premises met the requirements of the Regulations, however, some improvements were required. The centre was well maintained, clean and fit for its intended purpose. The inspector observed residents mobilising independently and residents had access to all areas of the house. There was space for residents to relax and spend time by themselves.

The centre was a bungalow within a housing estate. It had spacious grounds both front and back and for the most part the external grounds were safe. There were five bedrooms, four of which were occupied by the residents and the fifth was used by staff for the purpose of sleepovers and administration duties. Each bedroom had an en suite and there was sufficient storage available. The inspector noted that bedrooms were personalised and residents had picked the colour of their walls. The inspector was told that the bedrooms were frequently painted. Two bedrooms required some repairs. One of the bedrooms had a crack and a leak in the ceiling. Another bedroom had mould on the ceiling due to the poor ventilation in the en suite. There was a large kitchen and residents navigated freely around it preparing themselves snacks and beverages on return from their day service. The kitchen also had a dining area. There was a large lounge room with sufficient seating and an additional room that was smaller and intended for residents who wished to have their own space where they watched television and movies. There was a large hallway with a boiler press off it. The inspector noted that there were items stored in this press, a vacuum cleaner and clothes horse amongst other items that should be removed to minimise any risk of fire. The gardens were well maintained and spacious. There was a shed that was kept locked but there was rubble beside the shed that could cause harm, the person in charge stated that he would address this. There was outdoor seating and a barbecue in addition to adequate car parking.

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

Theme:
Effective Services

Judgement:
Non Compliant - Minor

Findings:
While there were satisfactory arrangements in place to manage risks, non compliances were identified in the health, safety and risk management arrangements.

There was a risk assessment and management policy in place which had been reviewed on 11 February 2013. There was evidence that risk assessments had been completed, a recent fire risk assessment had been completed on 3 February 2014. Fire drills were completed at least twice yearly with the most recent carried out December 2013. However, the evacuation times of the fire drills were not always recorded and night time fire drills were not simulated, the person in charge stated that this would be addressed.

A health and safety officer had recently carried out a complete health and safety audit. There was a fire certificate which was dated 10 December 2008 and would requiring updating for the registration process. Equipment was maintained, the fire extinguishers were last serviced 16 November 2013 and the quarterly service of fire equipment was completed January 2014. All exits were clear and emergency lighting was in place. There was an evacuation procedure positioned clearly on the wall and staff told the inspector what they would do in the event of a fire. Staff were also able to identify the assembly point. The inspector viewed training records and staff had up to date training in fire safety which was received every six months. The inspector observed colour coded mops and buckets and staff had received training in infection control.

Individual risk assessments for residents were contained within their support plans and reflected all areas of risk ranging from mowing the lawn to positive behaviour supports. There were also environmental and staff risk assessments completed and risks identified were proportionately managed. Although there were good systems in place to assess and manage risk the centre had no risk register so it was difficult to ascertain at a glance where the risk lay and what the category of risk was. The provider stated that this was something the organisation was working on.

There was a system in place to record accidents and incidents which also included instances where there were escalations in behaviours that challenged. This will be further discussed in Outcome 8.

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

Judgement:
Non Compliant - Minor

Findings:
Generally, the inspector found there were arrangements in place to safeguard residents and protect them from the risk of abuse. The inspector viewed the safeguarding adults policy and procedure last reviewed February 2013. It was a robust document outlining the types of abuse and the role staff should take if they were alerted to an alleged incident of abuse. It also contained useful information for staff on recognising abuse and how they should respond to any suspicions of abuse. Staff spoken with by the inspector, for the most part, were able to tell inspectors what the procedure was should they receive an allegation of abuse. Training records viewed by the inspector demonstrated that all staff working at the centre had up to date training in relation to vulnerable

adults. The safeguarding adults policy identified a designated nominated officer but these details were not displayed in an accessible format in the centre informing residents of who this person was. Staff spoken to also failed to identify the designated nominated officer as outlined in the policy. Staff stated they would link directly with their line manager.

The inspector viewed the organisation's policy and procedure for the management of behaviour that challenged and the supporting debriefing policy. The policy, reviewed 26 July 2103, was detailed and applicable to some of the residents living in the centre. The approach to supporting residents with behavioural difficulties was one based on prevention that minimised aggressive behaviour and maximised a person centred approach to the care and services being provided. The inspector viewed the behavioural support plan for one resident which clearly demonstrated a multi disciplinary team (MDT) approach that was inclusive of all relevant stakeholders. Reactive strategies, including environmental and physical restraint where necessary, were clearly outlined in this plan and the rationale for its use. The inspector reviewed an untoward event form that had been completed by staff subsequent to a recent escalation in behaviour. The inspector noted that this was reflective of the practice prescribed by the MDT. The inspector observed that not all elements of the incident had been robustly recorded and further detail was required such all types of restraint used, the length of time it was used for, what other methods of behaviour support were trialled prior to engaging in restrictive practices and what was the outcome for the resident. The inspector also noted from the resident's behavioural support plan that a full review had taken place after the event.

The inspector viewed the financial management policy and a selection of the financial records belonging to the residents. Financial records were maintained in line with the policy, staff assisted residents to manage their budgeting and spending. Each resident was supported to complete a financial capability assessment. Where the resident was unable to safely manage their own bank accounts their next of kin assisted them and maintained the bank statements for the resident which were then sent into the centre and reconciled by staff. Two staff signed off on all transactions and financial records. The inspector checked records for two residents, the receipts matched the information recorded and the balances were correct as per the balance sheet. Service users had access to pocket money at their request and were supported by staff to go shopping, purchase clothes and gifts etc. The contribution, towards the centre, was clearly outlined in their service agreement and in their service user guide. Contributions made by residents, as outlined in the service user guide and service agreement, covered light, heat, energy and food. Monies required by staff to assist residents on social events was allocated through head office. Weekly audits were also carried out by staff to track and highlight any unusual spending activity.

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

Judgement:
Non Compliant - Moderate

Findings:
The inspector saw that each resident had a file outlining their healthcare needs however, not all aspects of their healthcare were addressed.

Staff at the centre assisted residents attend appointments. From the healthcare files the inspector saw that residents had frequent visits to the dentist and GP (general practitioner). The inspector viewed notes from medical appointments however, not all recommendations or concerns of the GP had been addressed and thoroughly followed up on. One resident was advised by their GP to lose weight but also stated that they had concerns that the resident may develop diabetes. However, there was no dietetic plan, exercise plan or links made with a dietician and the resident as a result had not lost weight, in fact there was an increase in weight. This resident had also not received a follow up appointment regarding their propensity to develop diabetes.

The menu plans, observed by the inspector, required some additional healthy options to assist residents reach and maintain a healthy weight. The person in charge did state that residents were now involved in more exercise with weight loss for one resident as a result.

Although residents had regular GP and dental appointments all residents had not attended an audiologist or an ophthalmologist. The provider stated this would be addressed. All records as laid out it the healthcare plans were not maintained and required updating, this was reflected in the vaccination records.

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

Judgement:
Compliant

Findings:
The inspector found that there were robust and well maintained procedures to ensure the safe handling and administration of medications. The inspector viewed the medication management policy which was detailed and informative. There were no controlled drugs in the centre and all medication was stored away in a locked press. Medication was supplied by the local pharmacy that also carried out monthly audits of the medications. All staff had undertaken administration of medication training which was up to date.

The contents of the prescription sheet complied with the Regulations as too the medication administration sheet. A staff member, on duty on the day of inspection, competently showed the inspector the blister pack medication, the weekly stock checks carried out by the staff and the returns book which was audited monthly and any unused or refused medication was sent back to the pharmacist. The pharmacist and returning staff member signed off on this. Staff were knowledgeable about the procedure for the administration of medication and about checking the prescription, the medication description and that the correct medication was being administered. Staff knew about the procedures for reporting medication errors. The centre had an information leaflet for all medicines administered. The inspector noted that a recently prescribed antibiotic had an information leaflet in the folder.

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

Judgement:
Compliant

Findings:
The inspector found that the person in charge of the centre was suitably qualified and experienced for the role. The person in charge had worked with the organisation for nineteen years and had an education background in social work. The person in charge was knowledgeable of the residents, was in the centre weekly and did weekly sleep over shifts as seen by the inspector on the duty roster. The person in charge was clear about his roles and responsibilities, the reporting structure within the organisation and had a working knowledge of the Standards and an understanding of the Regulations. The person in charge told the inspector that he was supported as necessary by his line manager and that she was readily available. There was a formal performance management system in place. The inspector viewed staff files and saw that there was evidence that performance management took place frequently for all members of staff working at the centre. Staff informed the inspector of their interactions with the person in charge and said they felt supported and had good access to him. The three team leaders that worked at the centre supervised the support workers who also received regular supervisory support and were performance managed.

Staff told the inspector they had formal monthly team meetings with the person in charge. The most recent occurred in March 2014, there were no minutes typed for these available at the time of inspection but the inspector viewed previous minutes as recent as February 2014.

There was an on-call system in the organisation, where managers rotated the weekly responsibility of being available after hours, on a nine week rotation, to support the residential services. In addition to this on-call system there was a further layer in place with the support of assistant director available. Documentation was well maintained however, some improvements were required regarding the removal of redundant information that was no longer relevant to the resident's support plan.

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

Judgement:
Non Compliant - Minor

Findings:
The inspector reviewed the recruitment and selection policy, most recently reviewed in September 2013, and formed the view that it was detailed and robust. The person in charge told the inspector about the robust procedure that was followed once a vacancy was identified and the recruitment process commenced. The inspector was satisfied that the procedures and steps taken to recruit individuals were sound and transparent. The turnover of staff in the centre was low and most of the staff were employed at the centre for at least two years.

The inspector also viewed a selection of staff files, not all files complied with the requirements as laid out in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons with Disabilities) Regulations 2013. Not all files viewed had a full employment history along with gaps, two references and details of the position the person in the organisation.

The inspector viewed training records for staff and noted that they were easily accessible and up to date. The recording system used by the centre to record training and identify future training needs was robust and ensured that training requirements were not overlooked. Staff had training in, but not limited to, fire safety, vulnerable adults, manual handling and management of violence and aggression.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

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Action Plan

Health Information and Quality Authority
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Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Praxis Care
Centre ID:	ORG-0008124
Date of Inspection:	11 April 2014
Date of response:	13 May 2014

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

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 personal plans were not in a format that was accessible to residents.

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

Please state the actions you have taken or are planning to take:
A new format for each service users support plan is currently being devised by manager and team leader. As our support plans are extensive documents there is a large volume of work to be completed. The service user accessible formats will highlight all areas of the personal plans with photographic and pictorial representations to ensure good levels of understanding.

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

Proposed Timescale: 03/06/2014

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Although the personal plans are person centred there is little evidence that residents are involved in the development and review of their plans.

Action Required:
Under Regulation 5 (4) (c) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which is developed through a person centred approach with the maximum participation of each resident, in accordance with the resident's wishes, age and the nature of his or her disability.

Please state the actions you have taken or are planning to take:
Service Users will be fully involved in the development and review of their plans and this will be evidenced and documented.

Proposed Timescale: 16/06/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The following areas need to be addressed:
The cracks in the ceiling
The leak in one of the bedrooms
The build up of mildew, as a result of poor ventilation, in the en-suite
The rubble beside the shed should be removed

Action Required:
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:
Cracks in ceiling and build up of mildew due to poor ventilation will be addressed with 2 weeks. The bedroom leak and removal of rubble has been actioned and completed.

Proposed Timescale: 30/05/2014

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:
Learning, from all untoward incidents, accidents and other identified risks, was not evident or used to inform practice.

Action Required:
Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

Please state the actions you have taken or are planning to take:
An Incident/Accident log will be kept on the scheme which will incorporate all actions taken following the occurrence of an untoward event. The organisation will amend the risk management policy. Following the occurrence of an untoward event a debriefing will occur with the staff team and in some cases members of the multi disciplinary team to identify areas of learning whereby this experience will inform staff of good methodology in managing future events of a similar nature.

Proposed Timescale: 01/07/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Although fire drills do occur at regular intervals staff have failed to log the length of time it took to evacuate therefore potential learning from the drills was not highlighted.

Action Required:
Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
Fire drills occur on the scheme at a six monthly interval. The next fire drill is due to occur prior to June 14th 2014. The length of time for evacuation will be clearly identified on the fire drill log Please find attached the current organisational fire drill pro forma which identifies evacuation time, manner of evacuation, observations and debriefing following fire drill.

Proposed Timescale: 26/05/2014

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:** All forms of restrictive practices used during an untoward event should be recorded as too the duration of the restrictive practice. **Action Required:** Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used. **Please state the actions you have taken or are planning to take:** All staff responsible for completion of untoward events have been informed of the need to record the duration of the restrictive practice. The two most recent untoward events reviewed by the inspector have been included in the quarterly returns with the duration of restrictive practice highlighted in both reports.
Proposed Timescale: 13/05/2014
Theme: Safe Services **The Registered Provider is failing to comply with a regulatory requirement in the following respect:** The centre has not provided the residents with adequate accessible information on who the designated nominated officer for adult abuse is. **Action Required:** Under Regulation 08 (1) you are required to: Ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. **Please state the actions you have taken or are planning to take:** There is now a photographic representation identifying the named officer within scheme for the reporting purposes.
Proposed Timescale: 14/06/2014

Outcome 11. Healthcare Needs
Theme: Health and Development **The Registered Provider is failing to comply with a regulatory requirement in the following respect:** All healthcare needs for all residents had not been adequately followed up on and realised. **Action Required:** Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan. **Please state the actions you have taken or are planning to take:** Service users have been referred to both an audiologist and a vision clinic. The requirements and time frames for each healthcare area have now been added to each individual service users support plan.
Proposed Timescale: 16/06/2014
Theme: Health and Development **The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:** Not all dietary needs of all residents had been addressed and appropriate supports put in place. **Action Required:** Under Regulation 18 (2) (d) you are required to: Provide each resident with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences. **Please state the actions you have taken or are planning to take:** Referral has been made for one identified service user to attend dietician. Awaiting appointment date from dietician following referral by G.P All menu plans have been reviewed.
Proposed Timescale: 16/06/2014

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 documents as per Schedule 2 of the Regulations were present in staff files. **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:** Application forms are now held on staff files. Staff files also contain two references and Garda Vetting. The organisation will review the policy to ensure all required information will be available locally at schemes and not centrally in our Human Resource Dept.
Proposed Timescale: 01/07/2014