

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.
Centre ID:	ORG-0003203
Centre county:	Tipperary
Email address:	marie.grimesmcgrath@stannes.ie
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd.
Provider Nominee:	Denis Cronin
Person in charge:	Marie Grimes McGrath
Lead inspector:	Conor Brady
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	6
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 monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
04 March 2014 10:00	04 March 2014 17:30
11 March 2014 12:00	11 March 2014 13:00

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
Outcome 18: Records and documentation

Summary of findings from this inspection

The provider is Daughters of Charity (hereafter called the provider) which is a large organisation providing residential care services to people with intellectual disabilities. This was an inspection of a nominated designated centre, the purpose of which was to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013) (hereafter called the Regulations).

The inspector met with management, residents, staff members and reviewed relevant documentation over a two day inspection period. The inspector observed practice and reviewed documentation such as personal care plans, assessments, health plans, medical records, accident and incident records, medication policy and records, meeting minutes, policies and procedures, governance and management documentation, financial documentation, supervision records and staff files and training records. Six residents resided in this designated centre which was a large detached dormer bungalow.

The inspector found that there was evidence of good practice in this designated centre with a good culture of care observed. However, there were also areas that require improvement in order to be compliant with the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities 2013.

Some of the areas requiring improvement to meet the Regulations that were identified by this inspection included:

- governance and management monitoring systems
- individual assessment and personal plans
- staff files
- mandatory training was not fully completed and/or fully up to date for all staff
- risk management policy
- residents healthcare needs and the maintenance of residents healthcare information.

These areas for improvement are discussed in more detail later in 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 - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Overall the inspector found that residents were supported in achieving their needs, wishes and interests and found that residents participated in meaningful activities. However, the inspector noted that significant improvement was required in the areas of individualised assessments and personal planning.

The inspector found that residents presented as very content and well cared for. Staff members spoken to clearly knew the residents very well and demonstrated a good rapport with residents and a good understanding of residents' needs and wishes. The inspector saw evidence of one resident who was retired and was facilitated to enjoy a variety of activities such as shopping, mass, coffee mornings and drives. Residents had active social routines and inspectors saw evidence of this over the course of inspection. For example, one resident was preparing for the Special Olympics and had targeted staffing provided to help with her training. Throughout the inspection the inspector found there was a good social atmosphere in the designated centre with residents demonstrating a lot of choice, involvement and contentment in their service.

Each resident had a personal plan and inspectors reviewed a number of these plans. The personal plans contained some relevant information about the residents' backgrounds, profile, interests, goals and aspirations. However, the inspector found that personal plans were not comprehensive and plans did not meet regulatory requirements. For example, the inspector found a lack of, updated resident information, reviewed plans, assessments, health plans/information, referral information and meeting minutes. The inspector found that one plan predominantly contained 2012 information and lacked any appropriate review and updating. Furthermore, there was a lack of evidence of

consistency in personal planning as the inspector found one resident's personal plan that was relatively detailed while another plan that contained very little information. The inspector did not see sufficient evidence to demonstrate that residents had been actively involved in the planning process. For example, residents' personal plans had no evidence of up to date personal planning meeting information or reviews. The inspector found one resident who had no knowledge of her plan and while staff stated that she chose not to partake in the plan this was not formally recorded.

The inspector found that multi-disciplinary assessment and review was not apparent in the resident plans that were reviewed. The inspector found that the person in charge had no robust system in place to review the quality or effectiveness of residents' personal plans.

The inspector found that while good practices were observed and discussed with both staff and residents there was a lack of a formal system to ensure all residents were consistently meeting their goals as plans were not being appropriately or comprehensively reviewed.

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:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Overall the inspector observed a spacious and suitable premises that was suitable in design and layout and appeared very well maintained. However, the inspector found an overpowering smell of fuel coming from an internal boiler in the utility room.

The inspector noted a carbon monoxide alarm fitted in the utility room that was working (the inspector pressed the test button). However, the fuel smell was so overpowering the inspector could not stand in the room. The inspector noted residents' clothes were washed and aired in this room and were affected by the smell. The provider stated this boiler was regularly serviced and maintained yet, as the smell was so strong the inspector requested immediate action be taken. The provider acted on this request and informed the inspector that a new oil burner and exhaust system was fitted the following day.

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 - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found that while the provider had taken precautions to promote the health and safety of residents, visitors and staff, this area needed some improvements to meet the requirements of the Regulations.

The inspector found a 2014 safety statement in place. The inspector was satisfied that there was evidence of a provider commitment to risk management and health and safety. The provider had a Risk Management Policy (2012) in place, however, this required further improvements as the risk management policy did not include the specific risks outlined within the Regulations. For example, the risk of self harm, aggression and violence, accidental injury and unexpected absence.

The inspector reviewed:

- Incident Reporting Guidelines (2012)
- Occupational Injury Policy (2008)
- Missing Person Policy (2011)
- Infection Control Folder (2011)
- Fire Safety Folder (2014)

The inspector found some good practice in the area of risk management with evidence of a risk rating matrix guiding practice. For example, the inspector found completed risk assessments for residents smoking, hot water temperatures, management of challenging behaviours, transportation of residents and residents' use of the stairs.

The inspector found that policy outlined procedural steps for the management of accidents, incidents, clinical incidents and near misses.

The inspector noted evidence of an 'Action Learning Set', that demonstrated a provider commitment to learning from serious incidents.

The inspector found documentation supporting a risk checking system was in place in the designated centre. The inspector noted alarm tests were being completed and an accessible assembly point was in use. However, the inspector found that some systems were newly implemented and not always recorded and up to date. For example, the inspector found a lot of fire checks were dated the day prior to inspection when

inspection was announced. The inspector was informed by staff of a fire drill that took place that was not recorded in the fire folder. Staff informed the inspector that the fire folder was relatively new and it was evident that staff were not fully aware of the contents of same. Regarding fire safety equipment staff spoken to were knowledgeable of whereabouts of equipment, equipment service records were up to date and some fire drills had taken place. The inspector was informed that fire door, evacuation and back up lighting checks were completed however the recording system in place did not reflect these events. For example, checks marked as completed that were unsigned and undated in the logging records.

While some fire marshal training was provided to certain staff members there was not sufficient/current fire safety training provided to all staff according to training schedules viewed on staff files. The provider stated that this issue was in the process of being organised.

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:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found that the provider had satisfactory measures in place to protect residents from harm and the risk of abuse.

The provider and staff were knowledgeable about the different forms of abuse and how to respond to allegations of abuse. The inspector found a clear protocol was in place regarding the responding to and reporting of allegations of abuse. Inspectors found a Policy on Management and Reporting Abuse (2009) and the inspector was informed that this policy was currently being updated to reflect a protecting vulnerable adults training programme that was provided to all staff. The inspector found evidence of this training on the staff training schedule and on staff files reviewed. The inspector was informed that an Abuse Management Sub-Committee was operational in the organisation and this was overseen by a Quality & Risk Officer.

The inspector found transparent arrangements in place regarding the protection of

resident finances and checked the balance and signed records for resident finances which were all as recorded.

The inspector found evidence of an 'Action Learning Set' regarding 'Missing Persons' and the person in charge spoke in detail as to the providers continuous commitment to safeguarding and protecting residents.

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

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

While there was some evidence that residents were supported on an individual basis to achieve best possible health, the inspector was not satisfied that the provider was meeting the requirements of the Regulations.

The inspector found some evidence of resident access to GP, psychiatry, psychology, neurology and dietician, however, there was inconsistent evidence to demonstrate this for all residents. The inspector found that residents all presented as well cared for and while one resident was ill at inspection time the provider informed the inspector they were making the necessary arrangements for this resident from a healthcare perspective. For example, organising a full medical assessment for this resident. However, the inspector reviewed a number of healthcare folders and personal plans whereby residents' information was largely out of date. For example, one resident's information was mainly 2007-2010. The person in charge and staff could not locate basic health information on residents' files. For example, assessments, referrals, last appointments, reports and evidence of multi-disciplinary involvement. In some instances staff could recall certain assessments having taken place from memory but could not locate the actual assessment (See Outcome 18: Records and Documentation).

The inspector joined residents for a home-cooked meal and saw evidence of residents partaking in the buying, preparing and choosing their food. Residents had access to the kitchen and cooked, prepared and ate food for themselves as they wished. Staff presented good awareness of residents' dietary needs and the inspector observed staff supporting residents with this in a caring and respectful manner.

Outcome 12. Medication Management

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

Theme:

Health and Development

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Overall the inspector was satisfied that residents were protected by the designated centre's policies and procedures for medication management.

The inspector found a designated centre-specific Medication Management folder and a Medication Management Policy (2012) that the inspector was informed was in the process of being updated further inline with best practice. The inspector saw evidence of medication training for all staff and clear guidelines to safe medication practices were readily available. The inspector found a system whereby a medication management coordinator was in place who conducted checks and reviews of medication administration protocols. The inspector saw a checking system in place to reduce the occurrence of drug errors. This system involved monthly counts and reviewing of all medication records. The inspector was informed that a Drugs and Therapeutic Committee was also in place which assisted in guiding safe medication practices. All administration records reviewed were appropriately signed by GP or transcribed and a safety system was in place regarding 'as required' medication. The inspector found medication was stored in a suitable, secure and safe location.

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:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

While the inspector found some elements of effective management systems in place and a clearly defined management structure there were some improvements necessary to meet the requirements of the Regulations.

The inspector found a suitably qualified and experienced nominated person in charge who was appropriately involved in the governance, operational management and administration of the designated centre. The nominated person in charge holds the position of Administrator of Residential Services within the organisation and has relevant qualifications in both Nursing and Management. The person in charge informed the inspector that the provider intends on nominating her as a nominated provider for future inspections. The inspector found the person in charge to be very knowledgeable in the required areas and met the requirements of the Regulations.

The inspector found some disparity and inconsistency regarding the management systems in place within the designated centre. For example, there was a lack of an appropriate review system at management level to ensure residents' needs were consistently and effectively monitored. This can be clearly seen in the areas of personal planning, individualised assessments and resident healthcare (as discussed in Outcome 5 and Outcome 11). The inspector found a lack of managerial audits and reviews taking place at designated centre level. The inspector found that the person in charge and unit manager were not conducting unannounced visits to the designated centre to effectively ensure a consistent level of quality care and support as is a requirement of the Regulations. This was evidenced by the inconsistencies found by the inspector in residents' personal documentation, personal plans, goals and objectives and staffs implementation of same.

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 - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Overall the inspector found that there was appropriate numbers and skill mix of staff to meet the assessed needs of residents and the inspector found evidence of a good

continuity of care. However, there were some improvements required to meet the Regulations.

All staff members presented as caring and interested in their roles and the residents were clearly very comfortable with the staff members on duty. The inspector observed how familiar residents were with staff and how staff were very inclusive in their interactions with residents. The inspector noted the staffing roster reflected the personnel on duty at inspection time.

The inspector reviewed a number of staff files and found up to date training in a number of areas including First Aid, Medication Management, Manual Handling and Protecting Vulnerable Adults. The inspector found while there was evidence of Fire Marshall training with select staff not all staff were provided with appropriate fire safety training as is required in the Regulations. The inspector found that all but one staff file reviewed had evidence of An Garda Síochána Vetting Disclosure and the inspector saw evidence that this had been requested by the provider in March 2014.

The inspector viewed a Volunteer Policy (2013) and there were no volunteers active in the designated centre at the time of inspection.

The inspector saw evidence of house/staff meeting minutes, and some supervision records, however, most supervision records were not available to the inspector on inspection date. However the inspector was informed of appropriate supervision arrangements and staff interviewed stated they were very happy with their supervision arrangements.

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector reviewed components of this outcome specific to records and

documentation pertaining to residents' personal plans, individual assessments and healthcare information. While the provider evidenced good quality care in many regards, the inspector was not satisfied that residents' documentation was maintained in a manner that ensured completeness, accuracy and ease of retrieval. Improvements are necessary in this area to meet the requirements of the Regulations.

The inspector found some residents' information largely out of date (2007-2010). The person in charge and staff could not locate basic health information and assessments on residents' files and personal plans. The inspector could not review assessments, referrals, last appointments, reports and evidence of multi-disciplinary involvement due to poor maintenance of documentation (See Outcome 11: Healthcare Needs). In addition to this, the inspector found an inconsistent approach to record keeping with some residents' records well maintained and other residents' information not maintained at all. This does not meet the requirements of the Regulations.

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:

Conor Brady
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 Daughters of Charity Disability Support Services Ltd.
Centre ID:	ORG-0003203
Date of Inspection:	04 March 2014
Date of response:	25/06/2014

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:

There was not comprehensive up to date resident plans in place.

Action Required:

Under Regulation 05 (1) (b) 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 as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

All Plans of Care for each of the 6 service users will be reviewed to ensure that all aspects of their health and social care in consultation with the Assistant Director of

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

Nursing to ensure that all aspects of their health and social care addressed and monitored and reviewed on a 6 monthly basis or more frequently if required by Person In Charge.

Proposed Timescale: 30/05/2014

Theme: Effective Services

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

There was insufficient evidence of appropriate reviews taking place.

Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

All Plans of Care for each of the 6 service users will be reviewed to ensure that all aspects of their health and social care in consultation with the Assistant Director of Nursing to ensure that all aspects of their health and social care addressed and monitored and reviewed on a 6 monthly basis or more frequently if required by Person In Charge.

Each service user will also have a review of their Person Centred Plan which will be completed by the 30.5.2014.

Proposed Timescale: 30/05/2014

Theme: Effective Services

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

The inspector found a lack of multi-disciplinary input in personal plans.

Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

As part of the review of each service users Plan of Care, there will be multidisciplinary input which will be completed by the 30.5.2014.

Proposed Timescale: 30/05/2014

Theme: Effective Services

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

The inspector found insufficient evidence of measures to ensure maximum participation of residents in personal plans.

Action Required:

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

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

Whilst we have a checklist of service users participation in the Person Centred Plan in place, we acknowledge that this checklist should be in all 6 service users files inclusive of those service users who do not wish to have a formal PCP meeting.

Attached please find Individual Participation Review Form.

Proposed Timescale: 30/05/2014

Theme: Effective Services

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

The inspector found a lack of a system to assess the effectiveness of personal plans.

Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

Whilst we have a six monthly and annual audits of the service users Person Centred Plans, we now need to include the service users who do not wish to have a formal PCP meeting.

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:

The risk management policy did not include measures and actions regarding unexpected absence of residents.

Action Required:

Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

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

- Policy on Missing Persons DOC049 available in the designated centre.
- Risk Management Policy reviewed to reflect the HIQA regulations 2013 and completed on 19.06.2014.
- Risk Assessment for all service users in the designated centre on Missing Persons were completed on 30.5.2014. No evidence of unexplained absence for the service users in this designated centre to date.

Proposed Timescale: 19/06/2014**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The risk management policy did not include measures and actions regarding accidental injury to residents, visitors and staff.

Action Required:

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

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

- Risk Management Policy reviewed to reflect the HIQA regulations 2013 and completed on 19.06.2014 and is supported by DOC 010 accident/clinical incident reporting.
- Risk assessment completed in the designated centre regarding accidental injury to residents, visitors or staff as per Risk Management Policy DOC052 completed 23.06.2014.

Proposed Timescale: 23/06/2014**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The risk management policy did not include measures and actions regarding aggression and violence.

Action Required:

Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

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

- Risk Management Policy reviewed to reflect the HIQA regulations 2013 and completed on 19.06.2014 and will be supported by DOC 011, guidelines to Support Persons with Behaviours that Challenge.
- Risk assessment in the designated centre to control aggression and violence completed 30.05.2014.

Proposed Timescale: 19/06/2014

Theme: Effective Services

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

The risk management policy did not include measures and actions regarding self harm.

Action Required:

Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

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

- Risk Management Policy reviewed to reflect the HIQA regulations 2013 and completed on 19.06.2014 and will be supported by DOC 011, guidelines to Support Persons with Behaviours that Challenge.
- Risk assessment in the designated centre completed for each service user to control self-harm completed 04.06.2014.

Proposed Timescale: 19/06/2014

Theme: Effective Services

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

There was not sufficiently updated checking systems in place regarding fire precautions.

Action Required:

Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

- Fire policy DOC's 060 is been implemented and monitored by the PIC and PIM on a monthly basis for compliance measures.
- Fire precautions checks are been implemented as per Fire Policy DOC's 060. This is been monitored by the PIC and PIM.
- Staff are completing the checks as per fire precaution systems and it is been monitored by PIC and PIM for compliance.

Proposed Timescale: 30/05/2014

Theme: Effective Services

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

Not all staff had appropriate and up to date fire safety training.

Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

- Fire training for staff commenced on 06.05.2014 and will be completed by 30.06.2014

Proposed Timescale: 30/06/2014

Outcome 11. Healthcare Needs

Theme: Health and Development

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

The inspector did not find sufficient evidence of residents' access to allied health professionals.

Action Required:

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

All Plans of Care for each of the 6 service users will be reviewed to ensure that all aspects of their health and social care in consultation with the Assistant Director of Nursing to ensure that all aspects of their health and social care addressed and monitored and reviewed on a 6 monthly basis or more frequently if required by Person In Charge.

Each service user will also have a review of their Person Centred Plan which will be completed by the 30.5.2014.

Proposed Timescale: 30/05/2014

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:

There was evidence of a lack of robust management systems that consistently and effectively monitored the service provided to ensure residents' needs were met.

Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

The Person in Charge will have a scheduled plan for communication meetings, team meetings, performance development reviews, various audits to be undertaken in the designated centre. Plan will be completed by the 19.5.2014. I attach Policy & Procedure on Performance Development Reviews and Draft Communication Policy.

Proposed Timescale: 19/05/2014

Theme: Leadership, Governance and Management

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

The inspector found a lack of sufficient evidence demonstrating unannounced visits by the provider to ensure the quality of care and support is taking place.

Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

The Nominee Provider will develop a plan for unannounced visits for the designated Centre as per regulation 23(2)(a). The Quality and Standards Committee have a scheduled meeting on April 28th 2014 to devise an audit tool and standard reporting template as per regulation 23(2)(a).

Proposed Timescale: 30/05/2014

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

The inspector noted that not all staff files reviewed contained An Garda Síochána Vetting Disclosure.

Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

The H.R. audit is ongoing and the process of regulations will identify any further issues to be actioned. The Human Resource Department have been notified of this outcome from the HIQA Monitoring Inspection.

Proposed Timescale: Ongoing

Proposed Timescale:

Theme: Responsive Workforce

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

The inspector noted a lack of core training (Fire) on all staff files reviewed.

Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

Of the three staff files reviewed, fire training is scheduled for them in April/May 2014.

The remainder of the staff team in the designated centre are also scheduled for this training during this period.

I attach the schedule for this training during this period.

Proposed Timescale: 30/06/2014

Outcome 18: Records and documentation

Theme: Use of Information

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

The inspector found insufficient maintenance of resident medical records and assessment documentation as outlined in Schedule 3.

Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

The Person in Charge has reviewed Schedule 3 and will audit the service users Plans of Care in line with Schedule 3 and address the deficits.

As part of this audit, we will devise a checklist for each service user's file in order to address any gaps.

Proposed Timescale: 30/05/2014