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 Clann Mor Residential and Respite Ltd
Centre ID:	OSV-0002099
Centre county:	Meath
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Clann Mor Residential and Respite Ltd
Provider Nominee:	Martine Healy
Lead inspector:	Ciara McShane
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
13 October 2015 09:15	13 October 2015 18:30
14 October 2015 09:00	14 October 2015 14:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the centres first inspection as a designated centre and was in response to the provider's application to register the centre.

The centre was a two storey house nearby a busy town and was availed of by residents, both male and female, for the purpose of respite. The inspector found the centre was, for the most part, safe and effective and residents enjoyed their time whilst at the centre. Areas of non compliance were found during the inspection and improvements are highlighted in the report as a result.

The inspector found the premises were fit for purpose and in good state of repair. It was homely and nicely decorated and residents had sufficient space in their bedroom. Staff spoke with were found to be knowledgeable and were seen to interact respectfully and positively with residents. The residents told the inspector they enjoyed coming to respite. Residents were permitted to bring their belongings with them and they could avail of the facilities whilst at respite such as the laundry.

Governance and management the centre was found to be sufficient. The person in charge was knowledgeable and suitably skilled to fulfill her role. Persons participating in management also demonstrated competence. Improvement was required regarding the auditing to ensure the centre was monitored to assess, evaluate and improve the provision of services in a systemic way in order to achieve better outcomes for people attending for respite.

Each resident was found to have a personal plan in place although improvements were required. For example where an assessed need had been identified the support care plan was insufficient in detailing the care and support required for the individual including any preventative measures.

Residents engaged in activities of their choosing while at respite and the inspector found the system in which activity options were shared amongst residents while on respite was sufficient and respectful.

The centre had a complaints policy and complaints were logged. However the inspector found that the outcome was not at all times communicated to the resident nor was their satisfaction level captured. From a review of medication management significant improvements were required to ensure practice was safe with full oversight of same. These findings along with others are found in the body of the report and the action plan at the end.

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

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

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

Findings:
The inspector found, that for the most part, the centre was operated in a manner that respected the rights, privacy and dignity of residents. Residents, who attended the centre, for respite, were permitted to bring their own items with them to personalise their room during their stay. The twin room had privacy screens which residents could avail of and there was space for residents to have visitors. There were also no limitations regarding visits. They were able to tell the staff what activities they wished to participate in while on respite and these were regularly accommodated. Staff were seen interacting with residents in a respectful manner and also seen and heard knocking on doors. The inspector read in questionnaires, completed by residents, that they were satisfied with the service and were treated well by staff. Residents had choice regarding meals and were consulted with regard to their stay both, formally at residents meetings but also informally at meal times. Residents on respite were facilitated where possible to attend voting stations if it coincided with their stay and the provider sought information in a reader-friendly version around the time of elections or referenda. An area for improvement was identified regarding residents' choice. Residents on respite did not all, have the option for their own room as there was a twin room in the centre. Although staff were aware of most preferences for residents regarding room type and who they preferred to share with, it was not communicated to residents whom they would share with until they arrived at respite for their stay. The allocations team were aware in advance of whom they would be sharing therefore this information should be shared with residents prior to their admission.

The designated centre had recently reviewed its complaints policy. There was also a version available in an accessible version for residents. The centre maintained a log of

complaints as part of the incidents and accidents. The inspector reviewed the most recent complaint, dated 7 October 2015. The inspector found that as a result of the complaint been made, interviews with residents and staff members had taken place. The inspector, from a review of the complaints form and the associated interviews, found that the outcome of the complaint had not been recorded, nor had the satisfaction level of the complainant been sought. The complaints policy outlined the need to document the outcome and find out the satisfaction level of the complainant regarding the outcome.

Judgment:
Non Compliant - Moderate

Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

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

Findings:
The centre had a policy on communication with residents. The inspector saw a folder maintained in the living room regarding aspects of the service that residents could read. Information such as the residents' guide and the complaints procedure were maintained within. The residents had access to television, radio, wireless internet and magazines, such as the television guide.

Some information at the centre was in a format accessible to all residents, for example, there was a staff roster completed with photographs of staff. Improvements were required in this area as not all documentation relevant to residents was in an accessible format such as the contract of care and the resident's guide.

Staff spoken with were aware of resident's individual communication needs however this information was not sufficiently detailed in residents personal plans. For example a resident whose personal plan was reviewed had speech difficulties. From a review of their personal plan it was unclear what their communication needs were or how staff were to support them with these needs.

Judgment:
Non Compliant - Moderate

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

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

Findings:
The inspector found there were good links with family, friends and their local community. Staff working at the centre were in frequent contact with families regarding the arranging of respite stays and family members were permitted to visit residents should they wish while they were on respite. Friends also visited the respite centre and this was facilitated by staff. Residents had access to a phone and could also contact family should they wish during their stay.

Residents availed of services in their local community and attended the local pubs and restaurants, for example, as seen documented in their personal plans. Residents, depending on their abilities, frequented these places unaccompanied by staff. During the inspection, the residents told the inspector of their plans to go out for the evenings while in respite.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

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

Findings:
The centre had policies and procedures in place to oversee admissions, transfers and discharges. The centre also had a contract for the provision of services in place.

The inspector reviewed the admissions policy and found that improvements were required to ensure it was specific to respite provision. For example procedures were not outlined regarding emergency admissions and whether the centre did or did not facilitate this. The admissions policy also referred to a review of residents' placements

after three months. However, it was unclear what the process was for respite residents as some may avail of respite less frequently throughout the year.

The inspector reviewed the residents' contact for provision of services. The centre had three documents relating to the provision of services. However, from a review of said document it was not specific to respite and also all aspects of their care and service provision were outlined. In addition, the charge that respite residents paid and the breakdown of same was not outlined.

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 services and between childhood and adulthood.

Theme:
Effective Services

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

Findings:
The inspector found that each resident availing of respite had a personal plan in place, which was safely secured in the centre. The inspector reviewed a sample of these personal plans. The inspector found that variances existed regarding the completeness of the personal plans. For example, some were fully completed while others were partially completed. To ensure that residents' needs were being consistently met, the personal plans should be sufficiently detailed to guide staff.

From a review of personal plans it was evident residents had been identified as having a need, however there was no corresponding plan of care in place. For example, one resident had been identified as requiring an inhaler but there was no corresponding care plan or detail to outline what the need was and why the inhaler was being used. Another resident had been assessed by a speech and language therapist and required a soft diet. The resident did not have an eating, drinking and swallowing care plan completed.

Where care plans had been identified, such as an epilepsy management plan, further detail was required, such as when the last seizure occurred, the care administered and the type of seizure. The inspector also reviewed a diabetic care plan. From a review of

this care plan it was unclear what type of diabetes the resident had and details regarding the controls in place were found to be ambiguous. For example, it stated the diet required by the resident was a 'healthy diet' but did not further elaborate on how to achieve this. The inspector found that not all care plans were reviewed at a minimum annually. For example, an epilepsy care plan was last reviewed in May 2014. The inspector found that some elements of the personal plans were reviewed quarterly using a newly developed template. However the template was not entirely effective at identifying the change or relating it back to the corresponding need. Therefore there was a risk that where a need had changed that it may not have been implemented by staff.

The inspector found evidence that aspects of residents' personal development were met while availing of respite. However, their short term goals or aspects of their personal development they may wish to progress had not been assessed, identified or documented. This area required further development.

Personal plans were also found not to be available in a format accessible to residents, although each resident had signed their personal plan stating they were aware it contained information relating to them.

Judgment:
Non Compliant - Moderate

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):

Findings:
The centre accommodated five residents who availed of three single occupancy bedrooms and one twin bedroom. At the time of inspection one of the bedrooms was also a twin, however the provider revised their statement of purpose to accommodate five as opposed to six whom the previously catered for. The bedrooms were found to be nicely decorated and well maintained. At the request of residents new beds had been purchased. There was sufficient storage in each bedroom comprising of a locker and a wardrobe. Residents had shared access to two bathrooms. One of the bathrooms downstairs was complete with a shower and a separate bath, wash hand basin and a toilet. Grab rails were also in place for residents who required further assistance. The upstairs bathroom was equipped with a shower, wash hand basin and a toilet. The

residents told the inspector they enjoyed staying at the centre and that it was comfortable. From a review of the questionnaires, completed by residents prior to the inspection, they too commented favourably of the premises.

The centre had one lounge room which could seat eight people and a kitchen that also had a dining room table and a breakfast bar with capacity to accommodate eight persons. There was a staff sleepover room, come office, downstairs and additional administration offices were upstairs. The inspector found, at the time of the inspection, these did not negatively impact on the respite attendees.

The centre was warm, nicely decorated and well maintained on the day of inspection. There were photographs of residents on the walls. The centre had a large outdoor area at the back of the centre was equipped with garden furniture. There was also an outdoor laundry room equipped with a washing machine and a tumble dryer.

Both sides of the centre were protected by a gate and the centre was equipped with a security alarm that was linked to a remote monitoring centre.

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):

Findings:
The inspector found there were policies and procedures in place to oversee health and safety and risk management. Although elements of these were effective improvements were required to ensure compliance with the Health Act 2007 as amended.

The centre had a risk management policy in place in addition to a site specific risk register and a corporate risk register. Residents also had individual risk assessments completed and maintained in their personal plans. The risk policy, reviewed by the inspector, did not fully comply with the requirements of the Regulations. It failed to outline the measure and actions in place to control specified risks such as aggression and violence and self harm as outlined in Regulation 26 (c) (I-iv).

The inspector reviewed the risk register.Subsequent to a review of the premises, documentation and speaking with staff it was found that all risks, at the centre, had not been included in the centre specific risk register. For example, infection control which was a potential risk due to the transient nature of respite care. Other risks included but

were not limited to fire were also not outlined. From a review of residents' individual risk assessments further information was necessary as it was unclear what the actual risk was. Staff had identified the activity as the risk as oppose to the actual risk being highlighted. For example for one resident the risk was injury or harm as a result of potential absconding behaviour. However, this was not clearly outlined in the risk assessment. The controls that were also put in place were insufficient. The risk rating was not reflective of the actual risk as the resident had obsconded recently. It was also evident that not all risks pertaining to residents had been identified and recorded. For example, a resident was at risk of choking, resulting from vomiting post seizure, but this was not outlined in their risk assessment. For all risks reviewed, the inspector found, the residual risk had not been outlined. The centres' policy stated that determining the residual risk was part of their procedures. Staff at the centre had received training on risk management.

Systems were in place to protect residents from fire however non-compliances of the Regulations were identified. The centre had a suitable evacuation plan which staff and residents spoken with were aware off. This plan was also visible in the centre. There was a clearly marked assembly point should the need to evacuate arise. Evacuation routes were also clear of clutter. There was adequate emergency lighting in place. Equipment such as fire extinguishers, fire doors, fire blankets, break glass units and a fire detection system were found to be in place. The fire equipment and systems were all within their service period. Each residents had a personal emergency evacuation plan. However, the plans were not sufficiently detailed and failed to outline pertinent information about the resident such as their abilities and detail regarding limitations they may be affected by such as speech. There was an emergency exit within one of the bedrooms, leading downstairs to the side of the house, the doors of which were operated by a key that was kept in the door at all times. There was also a break glass unit, equipped with a key, beside it. The provider could not confirm if all residents, whom availed of that bedroom, could open the door should they require to do so in an emergency.

Residents had participated in fire drills as outlined in the log of fire drills. The inspector was unable to determine when all residents had participated in fire drills or when their next fire drill was required. The person in charge stated a new system would be developed to capture this. Simulated night-time drills had occurred at the centre. Staff had received training in health and safety which included the discharging of fire extinguishers. Staff spoke competently about the steps to take should there be a fire. The inspector, found on the day of inspection, a number of fire doors were wedged open making the door redundant should there be a fire. This practice required immediate review which the person in charge agreed to action.

The provider had a health and safety committee with robust procedures in place to govern same. An external consultant attended each meeting and had the responsibility of generating the minutes and actions. The centre also maintained a log of accidents and incidents. From a review of accidents and incidents, the inspector found that staff were inconsistent in their response to medication errors.

There were adequate systems in place to prevent infection. Colour coded chopping boards were used, sufficient hand-washing facilities were available including appropriate

instructional signage. Mops were stored separately and were also colour coded. Chemicals were locked away in a press therefore minimising any adverse effects.

Judgment:
Non Compliant - Moderate

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

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

Findings:
The inspector found for the most part there were policies and procedures in place to safeguard and protect residents.

As told to the inspector no residents availing of respite had behaviours that challenge nor was there any use of restrictive practices. However there were policies and procedures in place should the need arise. Staff were also trained in this area.

Staff at the centre had received training in the protecting of vulnerable adults. Staff knew who the designated officer was. Residents told the inspector they felt safe and would speak with a staff member if they were worried or had concerns.

The centre had a policy on safeguarding residents in addition to the revised national policy on safeguarding vulnerable adults.

Judgment:
Compliant

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

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

Findings:
At the time of the inspection it was found that the provider had notified the Authority in accordance with the requirements of the Regulations.

The provider was also aware of their responsibility to do so under the Health Act 2007 as amended.

Judgment:
Compliant

Outcome 10. General Welfare and Development
Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

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

Findings:
Residents attended external day services and were supported by staff to attend same while at respite.

Residents while at respite were active and involved in social events of their choosing such as attending the local shopping centre, cinema or the Arch Club nearby. These activities were also seen documented in their daily notes. The inspector heard the residents, with the support of staff, make plans for their stay at respite.

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):

Findings:
From a review of residents' personal plans and from speaking with staff the inspector found that residents' healthcare needs, for the most part, were being met. However, the inspector found the information recorded and maintained within personal plans was insufficiently robust or the most up-to-date to reflect same. For example, the staff were unaware of when residents were last seen by health-care specialists such as their general practitioner or when they were last weighed or had bloods taken.

Judgment:
Substantially 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):

Findings:
The inspector reviewed the centres' medication management system and found significant improvements were required to comply with the Health Act 2007 as amended.

The inspector reviewed medication storage and found there was a locked press for the safe storage of medication. Medications which required refrigeration were appropriately stored using a locked facility. The inspector found the temperature of the fridge was regularly checked.

Due to the transient nature of respite services the medication was submitted to the centre in multiple formats. The inspector found the lack of a clear system posed a significant risk in determining if the right medication was being administered, as prescribed, to the residents. Some medications came into the centre in a blister pack while others, as told by the staff, came in loosely in separate containers or bags.

The system to administer medication was found to be insufficient and not robust. At the time of inspection the provider acknowledged the deficits of the system they were using and were trying to source a more effective one. Reported and known medication errors at the centre were low. However, from a review of the medication management system,

the inspector was not assured there was total oversight on what medication was actually prescribed or administered to residents as prescribed.

Staff at the centre had also not been trained in the Safe Administration of Medication although they had received 'basic' training from a pharmacy. This is further outlined under Outcome 17. A pharmacy had been to the centre, October 2015, and completed an audit identifying areas for improvement.

The inspector found that residents were self-administering however, a risk assessment or self assessment had not been completed to ensure their competency regarding same.

By the end of the inspection the provider had sourced training for all staff and had also made contact with healthcare providers regarding a revised kardex system.

Judgment:
Non Compliant - Major

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):

Findings:
The inspector reviewed the statement of purpose which was recently reviewed October 2015. The statement of purpose was not entirely centre specific and required further detail to reflect the exact nature of the service provided. For example it refered to residents' experience in long term residential as oppose to respite. It was unclear if there were any exclusion criterion and what the procedure was regarding emergency admissions. In order to comply with the Regulations a review was required.

Judgment:
Substantially Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a

suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found there were management systems in place with effective arrangements for the governance and management of the centre.

The management team were linked in with the Board and participated in monthly meetings. The inspector reviewed sample Board minutes and found that they were involved in the operations of the centre and kept informed by the person in charge and the service manager. The person in charge and the service manager were knowledgeable of the centre and informed of and involved in the operations of same. They met informally multiple times during each day however, formally they met every fortnight with all persons participating in management also attending. The respite team met every four weeks minutes for which were reviewed by the inspector. Set agendas were in place, for both the management and the team meetings, covering all aspects of relevant service delivery.

The centre had recently recruited a team leader who was familiarising themselves with the centre. They had plans to have further operational input into areas such as staff supervision, chairing team meetings and developing areas such as personal plans. The inspector found they were knowledgeable of the Regulations in addition to the operations and management of the designated centre.

The person in charge was found to be a competent person with significant experience in health care; they also held the role of Managing Director for the wider service and had qualifications in management. She was the person in charge for one centre. The inspector found her to be sufficiently involved as her office was based on the grounds of the centre and was present daily. Staff told the inspector they were supported by the person in charge and she, in addition to the service manager, were accessible and available if required.

Staff were appraised annually but this had not been completed since 2013. The person in charge stated that this would recommence. This is further outlined in Outcome 17. Staff also had the option to attend supervision if they wished, the service manager made himself available to staff for this purpose. There was an on-call system in place which was facilitated by a team of community facilitators. They also had the additional support of management on-call should they require it. There were guidelines in place for the use of on-call and each call that was received was logged.

The centre had completed an annual review of the quality and safety of care and support however, further detail was required to ensure that the review was linked with a

schedule of audits demonstrating that quality indicators were measured such as staff training, incident/accidents and complaints. The centre, at the time of inspection, had no evidence of six monthly visits by the registered provider or a person nominated by the registered provider. Other areas which were highlighted as requiring improvement, in order to comply with the requirements of the Regulations, included a robust audit schedule to ensure full oversight of all operational aspects of the centre. A limited number of audits were found on the day of inspection and included a medication audit which had been completed by a local pharmacist.

Judgment:
Non Compliant - Moderate

Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

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

Findings:
Arrangements were in place if the person in charge was absent for a period of 28 days or more. The person in charge was aware of their responsibility under the Health Act 2007 as amended to notify the Authority of any such absence.

Judgment:
Compliant

Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspectors from a review of staff rosters and resident's needs and wishes found at

the time of inspecting; they were sufficiently resourced and in line with their statement of purpose.

The centre also had shared access to three vehicles.

Judgment:
Compliant

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

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

Findings:
The inspector reviewed staffing at the centre and found that there were staff of sufficient number working at the centre, to meet the needs of the residents, as per their statement of purpose. There were two staff on in the evening, one staff on a sleepover shift and two staff worked in the morning to ensure residents were supported with activities of daily living.

Staff turnover at the centre was found to be low and there was a recently recruited team leader who worked a number of hours at the centre each week. Staff spoken with were knowledgeable and knew the residents' and their needs well. They were familiar with local policies and procedures and spoke competently on how to respond to scenarios such as fire or safeguarding concerns.

The inspector reviewed a sample of four staff files and found they complied with the requirements of Schedule 2. There was a supervision system in place should staff wish to avail off it. Staff also had the option of contacting an external employee assist programme should they wish. As outlined in Outcome 14 staff hadn't received recent annual appraisals.

From a review of staff training records and from speaking with staff, the inspector found that staff were not trained in the safe administration of medication. The person in charge, during the inspection had sourced training and forwarded on the planned training schedule to the inspector post inspection.

A staff roster was in place. Further information was required to ensure it was fully

maintained. For example, aspects of the roster were colour coded but there was no legend to describe same and full staff names were also not outlined.

Judgment:
Non Compliant - Moderate

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

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

Findings:
From a review of the centres documentation the inspector found they were in compliance with the Regulations.

The centre had a copy of the statement of purpose, the directory of residents and the resident's guide all of which were available to the inspector. Information relating to schedule three, four and five were also present where relevant.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Ciara McShane
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 report[1]

Centre name:	A designated centre for people with disabilities operated by Clann Mor Residential and Respite Ltd
Centre ID:	OSV-0002099
Date of Inspection:	13 October 2015
Date of response:	10 November 2015

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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Although residents expressed preferences regarding their accommodation arrangements at respite, they were not informed of their accommodation arrangements until they arrived at the centre.

1. Action Required:

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

Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

Please state the actions you have taken or are planning to take:
The staff member who allocates the respite bookings will let the resident/s know, who have not already been informed, with whom they will be sharing with and aim to accommodate any preferences and choices when the bookings are being made going forward. 2015 bookings complete and if there are any changes to same, the changes in room/sharing allocation will be communicated to the resident/s.

Proposed Timescale:
All new bookings going forward.

Proposed Timescale: 10/11/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Complainants were not informed of the outcomes of complaints.

2. Action Required:
Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed promptly of the outcome of their complaints and details of the appeals process.

Please state the actions you have taken or are planning to take:
To comply with Regulation 34 (2) (d) the outcome of complaints going forward or currently not closed will be communicated to the complainant by the Service Manager or delegated person. This will be documented. The appeal process will also be notified to the complainant.

Proposed Timescale: 10/11/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Although there was a record of complaints the outcome was not documented and the satisfaction level of the complainant was also not sought.

3. Action Required:
Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

To comply with Regulation 34 (2) (f) the outcome of complaints going forward or any complaints currently not closed, will detail whether or not the resident was satisfied and to what level. This will be documented by the Service Manager or other.

Proposed Timescale: 10/11/2015

Outcome 02: Communication

Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
From a review of personal plans it was found that residents' individual communication needs were not clearly outlined.

4. Action Required:
Under Regulation 10 (2) you are required to: Make staff aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.

Please state the actions you have taken or are planning to take:
To comply with Regulation 10 (2) a review of resident's individual communication needs will ensue and will documented in the resident/s personal care plans to include to what extent the resident/s communication needs require support and what the protocol will be for staff to follow going forward. This will be done on an individual basis and with the support of Team Leader and keyworkers.

Proposed Timescale: 31/03/2016

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Documentation relevant to residents, such as the contract of care, was not in a format accessible to all residents.

5. Action Required:
Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

Please state the actions you have taken or are planning to take:
Documentation relevant to residents will be enhanced to include increased accessibility formats, with pictures and graphics, as appropriate, to include the contract of care and the resident's guide. These documents will also be communicated to the residents at Service User meetings in language/words/pictures. The Team Leader will lead this process and will include frontline staff.

Proposed Timescale: 31/03/2016

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:
As outlined in the body of the report further detail was required in the contract of care.

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

Please state the actions you have taken or are planning to take:
To comply with Regulation 24 (4) (a) the Admissions policy will be reviewed to ensure it has specifics related to respite provision. It will include the protocol re Emergency Admissions. This will be reviewed by the Service Manager. A review of respite placements will happen at minimum annually.

The contract for provision of services will be reviewed to be specific to respite service provision and the breakdown of voluntary contribution will outline what it includes and excludes. Person in Charge will lead on this.

Proposed Timescale: 31/01/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The admissions policy required a review to ensure it was specific to the centre and in line with the statement of purpose.

7. 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 Admissions policy will be reviewed to ensure it was specific to the respite centre and in line with the revised statement of purpose. Person in Charge and Service Manager will complete.

Proposed Timescale: 31/01/2016

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:
Personal plans were not were not available to residents in a format accessible to them.

8. 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:
To comply with Regulation 05 (5) the format of the residents' personal plans (Case load 60+) will be reviewed and developed and designed to enhance the accessible format to the residents and, where appropriate, their representatives/family. The Team Leader will lead this process.

Proposed Timescale: 31/03/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Personal plans were not reviewed at a minimum annually.

9. 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:
To comply with Regulation 05 (6) residents' personal plans will be reviewed annually or more frequently if there is a change in needs or circumstances. This will be led by the Person in Charge with Team Leader and keyworker involvement.

Proposed Timescale: 31/01/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
It was not evidenced that residents' personal development needs were assessed, identified or a plan put in place to meet these needs.

10. Action Required:

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

Please state the actions you have taken or are planning to take:
To comply with Regulation 5 (4) (b) Clann Mór prepares a personal plan for all residents. Clann Mór normally prepare those plans prior to admission. There will be enhancement of those plans going forward with a newly developed care plan template for any new admissions. They will be sufficiently detailed and complete to include health related corresponding care plan detail. These plans will be reviewed annually and include goal planning in the area of personal development, as appropriate.

Proposed Timescale: 31/03/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
As outlined in the body of the report personal plans did not at all times reflect the assessed needs of residents.

11. Action Required:
Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

Please state the actions you have taken or are planning to take:
To comply with Regulation 05 (4) (a) Clann Mór will enhance care plans going forward to include all aspects of the identified needs of the residents and we will use a newly developed care plan template for any new admissions and for review of current residents on annual review.

Proposed Timescale: March 2016 ongoing

Proposed Timescale: 31/03/2016

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:
As outlined in the body of the report the measures and actions in place to control the risk of an unexpected absence of any resident was not outlined in the risk management policy.

12. 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:
To comply with Regulation 26 (1) (c) (i) Clann Mor has an Absconsion Policy SS-PP-6 and in the Risk Management Policy (Revison 1) 7.1.3 it states: Absconsionm- Clann Mór shall maintain an absconsion plan for service users to define roles and responsibilities in the event of a service user wandering or absconding. Please refer to policy document Absconsion SS-PP 6. (On the day of the inspection an "Out Of Date" version of the Risk Management Policy (Revision 0) was provided to the Inspector.

Proposed Timescale: 30/11/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
As outlined in the body of the report the measures and actions in place to control the risk of accidental injury to residents, visitors or staff were not outlined in the risk management policy.

13. 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:
To comply with Regulation 26 (1) (c) (ii) Clann Mór affirms its commitment to the health, safety and welfare of its service users, employees and visitors against any risks which could arise from any activities carried out at the facility and to employ the best known environmental practices. Clann Mór recognises the requirement to manage risks in order to achieve and maintain a safe place for service users, employees and visitors. This is clearly stated in the Risk Management Policy (Appendix 1) Safety Statement. (On the day of the inspection an "Out Of Date" version of the Risk Management Policy (Revision 0) was provided to the Inspector.)

Proposed Timescale: 30/11/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
As outlined in the body of the report the measures and actions in place to control the risk of aggression and violence was not outlined in the risk management policy.

14. 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:
To comply with Regulation 26 (1) (c) (iii) Clann Mor has a Managing the Needs of Service Users at Risk of Self-Harm Policy SS-PP-15 and in the Risk Management Policy (Revision 1) 7.1.1 Self-Harm states- Clann Mór shall endeavour to protect service users from self-harm through completing ongoing risk assessments to determine whether the service user is at risk. Sufficient control measures will be implemented on the basis of these assessments which will be recorded in the service user's personal care plan. Training will provided to relevant staff regarding management of service users at risk of self-harm. (On the day of the inspection an "Out Of Date" version of the Risk Management Policy (Revision 0) was provided to the Inspector.

Proposed Timescale: 30/11/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
As outlined in the body of the report the measures and actions in place to control the risk of self harm was not outlined in the risk management policy.

15. 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:
To comply with Regulation 26 (1) (c) (iv) Clann Mor has a Policy- Meeting the Needs of Service Users at Risk of Self-Harm SS-PP-15 and in the Risk Management Policy (Revison 1) 7.1.1 it states Clann Mór shall endeavour to protect service users from self-harm through completing ongoing risk assessments to determine whether the service user is at risk. Sufficient control measures will be implemented on the basis of these assessments which will be recorded in the service user's personal care plan. Please refer to policy document SS-PP-15. (On the day of the inspection an "Out Of Date" version of the Risk Management Policy (Revision 0) was provided to the Inspector.

Proposed Timescale: 30/11/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Although there was a risk register in place and risk assessments completed for residents, all risks were not identified.

The residual risks were also not recorded as outlined in the centre's risk management policy.

16. Action Required:
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:
To comply with Regulation 26 (2) Clann Mór will review the Respite Risk Register and add in the Residual Risk Ratings/controls and include any additional risks to include Infection Prevention Controls.
Individual Resident Risk Assessments will be reviewed to identify actual risks.
Residents Personal Evacuation Plans will be enhanced with additional detail.
Residents will be assessed as to their ability to use/open the emergency door in upstairs bedroom.
Clann Mór has a Policy in respect of Management of Internal Emergencies ES-PP-5.

Proposed Timescale: 31/03/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
It was unclear if learning was gained from incidents, for example, as two staff responded to a medication error differently. One of the responses posed a potential risk to the resident.

17. 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:
Staff will be informed and policy updated as necessary to ensure that there is consistency in response to medication errors and this shall and be on the agenda of team meetings. Staff Medication Training will also assist this conformity.

Proposed Timescale: 31/12/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspector found that fire doors were wedged open.

18. Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

Please state the actions you have taken or are planning to take:
Fire doors will not be wedged open.

Proposed Timescale: 10/11/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
An emergency exit required a review to ensure safe and timely evacuation in the event of a fire.

19. Action Required:
Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

Please state the actions you have taken or are planning to take:
Service Users will be accessed and inducted in the use the room with the emergency door and its operation.
This will be effected as residents avail of respite and use the said room. Template spreadsheet will be set up. Frontline staff will document.

Proposed Timescale: This will be effected as residents avail of respite and use the said room.

Proposed Timescale:

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Personal emergency evacuation plans were insufficiently detailed.

It was not clear when respite residents had last participated in a fire drill.

20. 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:
The record of service users who attended or were present at fire drill and fire training will be enhanced to include individual fire drill/ evacuation planning with all 60 case load

of residents in respite in the event that they did not attend a group evacuation. Template spreadsheet will be set up. Frontline staff will document.

Proposed Timescale: 31/03/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Personal plans did not contain the most up-to-date information regarding residents' healthcare needs.

21. 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:
Residents and there family will be asked to provide more regular updates to Clann Mór in respect of general health information in respect of the residents who avail of respite. Team Leader will lead on this with the support of the keyworker. Monthly Care Plan review document will assist in this matter.

Proposed Timescale: 31/12/2015

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents were self-administering in the absence of a risk assessment or self assessment being completed regarding same.

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

Please state the actions you have taken or are planning to take:
To comply with Regulation 29 (5) a risk assessment and assessment of capacity will be templated to encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability. This will be carried out for any self-administering residents. Assessment framework and template to be developed. Person in Charge will lead on

this. Keyworkers will document.

Proposed Timescale: 31/01/2016

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Due to the poor medication management system it was unclear if residents were receiving all medication as prescribed.

23. Action Required:
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:
Medication Training Plan (Responsible Safe Medication Administration) submitted to HIQA on Monday 19th October 2015 and all staff will be training by November 27th 2015. Competency testing will take place also. Refresher training will take place on a 2-yearly basis with a 1 day theory programme and clinical assessments.
Internal policies are being reviewed also. Person in Charge will lead on this.

Proposed Timescale: 03/11/2015

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 required revisions in line with the requirements of Schedule 1 as outlined in the body of the report.

24. 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:
Statement of Purpose will be revised (Revision 5) to be further specific to Clann Mór Respite and reflect the exact nature of that service. It will include exclusion criteria and the procedure was regarding emergency admissions. This will be led by the Person in Charge.

Proposed Timescale: 31/12/2015

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:
Although there were some management systems in place, further audits were required to ensure that the service provided was safe and effectively monitored.

25. 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:
To comply with Regulation 23 (1) (c) Clann Mór will complete a more enhanced annual review of the quality and safety of care and support. The review will link with a robust schedule of audits and quality indicators to ensure full oversight of all operational aspects of the centre. This will include staff training, incident/accidents, and complaints. This will be led by the registered provider.

Proposed Timescale: 30/04/2016

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Six monthly unannounced visits had not been completed for the centre.

26. 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:
To comply with Regulation 23 (2) (a) Clann Mór will carry out an unannounced 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.
This will be led by the Person in Charge and delegated as appropriate.

Proposed Timescale: 29/02/2016

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The roster required further detail as outlined in the body of the report.

27. Action Required:
Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

Please state the actions you have taken or are planning to take:
To comply with Regulation 15 (4) there is a colour coded key for the elements of the staff roster is now in place and both staff full first and surnames are also on the staff rosters.

Proposed Timescale: 30/11/2015

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff were not trained in the safe administration of medication.

28. 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:
Safe Administration of Medication Training will take place for 36 frontline staff in November 2015 as per training plan submitted to HIQA Inspector October 2015. This is a two day programme with an exam and competency testing. There will be a one day refresher every two years. Led by person in charge.

Proposed Timescale: 27/11/2015