

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Iona House
Centre ID:	OSV-0003415
Centre county:	Monaghan
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Praxis Care
Provider Nominee:	Carol Breen
Lead inspector:	Stevan Orme
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	8
Number of vacancies on the date of inspection:	1

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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 05 July 2016 09:00 To: 05 July 2016 18:40

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

Summary of findings from this inspection

Background to the inspection

This was an unannounced monitoring inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision. The provider had applied to register this centre. As part of the inspection, the inspector reviewed the actions the provider had undertaken since the previous inspection.

How we gathered our evidence

As part of the inspection, the inspector met with seven residents at the centre. Where residents were able to tell the inspector about the centre they told them that they were happy at the centre and the staff were supportive of their needs. Some residents were unable to tell the inspector about their views on the quality of the service they received, but the inspector observed residents being supported in a respectful and dignified manner by staff throughout the inspection. The inspector observed residents making choices regarding activities, and staff were knowledgeable on the likes and preferences of residents.

The inspector met with staff members and spoke with them about the management and operation of the centre, as well as observing care practices during the inspection. The inspector reviewed documentation such as personal care plans, medical records, risk assessments, medical records, policies and procedures, and staff files.

Interviews were carried out with the person in charge who had been recently appointed to the centre on the management and operation of the centre.

Description of the service

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. This was not reflective of the service at the time of inspection as it stated the service was available to both adult men and women with intellectual and physical disabilities. Although at time of inspection, residents were all male. The centre is a purpose built bungalow close a nearby town, with easy access to all local amenities and shops. The centre comprised of eight single bedrooms including five with en-suite facilities. In addition to the main body of the centre there was a one bedded self contained apartment. The centre had two communal bathrooms with walk-in shower or bath facilities, as well as communal sitting rooms and a kitchen/dining room for the use of residents.

Overall findings

Overall, the inspector found that residents had a good quality of life in the centre and were supported by staff to access the local community and work towards their personal goals. The inspector was satisfied that the provider had put systems in place to address the actions identified in the previous inspection, however the inspection found areas which needed further action to improve the experience of residents at the centre. The inspector found that opportunities were limited for residents to access a wider range of recreational, educational and employment opportunities, which resulted in mixed experiences for residents, the details of which are described in the report.

The inspector found that the governance and management arrangements at the centre resulted in failings in addressing of health and safety risks at the centre; risk assessments not reflective of care practices; fire equipment testing arrangements were not reflective of centre's requirements; weight management records were not reflective of residents' personal care plans and staff had not all received training specific to the needs of residents.

Summary of regulatory compliance

The centre was inspected against 12 outcomes. The inspectors found compliance in three out of the 12 outcomes inspected, with a particular positive focus on medication management, safeguarding and governance and management. Five outcomes were found to be substantially compliant, and four were found to be moderate non-compliance. Improvements were required in relation to the general welfare and development and social care needs of residents. Other areas for improvement included the premises and staff training on the needs of residents. The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

Although the centre promoted the rights of residents, opportunities for developmental and social activities were limited at the centre and not reflective of resident's interests.

The inspector reviewed the centre's user-friendly complaints policy which was displayed on the communal notice board and clearly showed the procedure to make a complaint. The notice board contained pictorial information on the nominated complaints persons both at the centre and for the organisation. Information was displayed on advocacy services. The centre maintained a log of all complaints received which included the outcome of the complaint and whether this was to the satisfaction of the person. Staff knowledge was reflective of the provider's complaint policy. Staff told the inspector about how they would know that a non-verbal resident was unhappy with any aspect of the service received.

The inspector reviewed weekly residents' meeting minutes. Meetings covered activity choices, centre decor, menu planning and the promotion of resident rights. Staff told the inspector that residents were encouraged to attend the meeting. However, some will not, which was reflected in the meeting minutes.

Residents regular monthly key worker meetings showed that their goals were discussed and views on the centre gained by staff.

Residents had access to three communal sitting rooms to receive visitors, and staff confirmed that the centre had no restrictions on visitors.

The previous inspection required action on the confidential storage of residents' medication records. The inspector reviewed current arrangements, and observed that records were now located in a locked cupboard in the centre's office. Additionally, the previous inspection found residents' personal inventories were not reflective of their personal possessions, inventories sampled were found to be reflective of resident's belongings.

Residents were supported to engage in recreational activities and the inspector observed residents being supported in a respectful manner to do personal laundry, bake cakes and go on a bus drive during the inspection. However, a review of personal care plans and daily notes showed that activities were limited and not reflective of the specific interests of residents. The person in charge when interviewed had made referrals for residents to attend formal day services, however only three attended services of their choice, with the remaining six residents being supported by centre staff.

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):

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

Findings:

The inspector did not examine all aspects of this outcome, reviewing only progress since the last inspection on assessing residents' communication needs.

Although personal plans did identify residents' communication needs the staff were knowledgeable on residents' individual needs. There were no professional assessments in place, the person in charge told the inspector that referrals had been completed for speech and language assessments, but assessments had not commenced.

The inspector observed staff communicating with residents in a respectful manner which showed awareness of both verbal and non-verbal communication needs. The inspector observed staff using pictures to help residents make choices on activities and staff knowledge reflected an awareness of communication methods. However, although identified in residents' personal plans and a training request had been submitted, to date staff had not undertaken 'Picture Exchange Communications' (PEC) training.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

All residents had contracts of care which showed the total charge for the service received as well as additional charges to be met such as transport costs. The previous inspection had identified that not all contracts were signed, the person in charge had sent contracts to representatives for signing, but these had not been returned for all residents.

Judgment:

Substantially Compliant

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):

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

Findings:

The inspector found that residents' social care needs were addressed; however goals were not all developmental or aspirational in nature. The inspector also found that the

outcomes of reviews were not reflected in personal plans.

The inspector reviewed a sample of personal plans which were available to residents' in an accessible format. The plans were comprehensive and outlined health and social care needs of residents. Risk assessments had been completed on aspects including residents' everyday living such as communication, daily living skills and activities showing the support needed by each resident.

Resident goals were evident in personal plans and were both short and long term in nature. Short-term goals related to the development of independent living skills and were reflective of resident's abilities. However, long-term goals were not aspirational or developmental in nature, and centred on routine and daily living activities such as going for lunch and personal shopping. Residents were not consistently supported to achieve their goals from the frequency of activities recorded in records reviewed. Furthermore, the effectiveness of resident goals were not assessed in sufficient detail, and only stated whether the goal had been achieved or not.

The inspector looked at annual reviews of personal plans which showed that residents were encouraged to participate to the fullness of their abilities and where they choose not to this was recorded. Reviews also occurred more frequently when residents' needs changed. Apart from the absence of communication-related specialists, reviews showed that other associated healthcare professional were involved in the resident's support.

Although risk assessments and behavioural support plans showed where amendments had been made following reviews to ensure they were up to date, this was not consistent with all assessments and plans examined on the day. However, staff were able to tell the inspector clearly what the support plan was for residents, which reflected the current interventions.

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):

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

Findings:

The inspector found that although redecoration had occurred internally at the centre, general maintenance of the external building still needed to be addressed.

The centre was a bungalow and had an adjoining apartment. The bungalow comprised of eight bedrooms, five with en-suite facilities. There was also one sitting room, one activity/living room, one kitchen/dining room, a utility room, outside storage area and a staff office. The adjoining apartment comprised of a bedroom, bathroom and kitchen /dining room.

Residents' bedrooms were personalised, and the centre was in a good state of decoration internally, having been recently painted. Resident meeting minutes showed that residents had been assisted to choice bedroom paint colours. The inspector found in one bathroom, tiles had been removed by a resident in a manner which presented a possible risk of injury.

The external grounds were available to residents. The inspector observed garden furniture was broken and the area in front of the adjoining apartment was littered with cigarette waste although a metal bucket was provided. Rubbish bags were observed on the other side of the fence next to the centre.

Emergency lighting which was an action from the last inspection had not been installed, although the inspector reviewed emails confirming this was planned to occur.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

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

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

Findings:

The centre addressed health and safety and fire prevention requirements, although the inspector found the centre did not consistently follow its own risk assessments in regards to fire equipment.

Health and safety systems were in place to ensure the safety of residents, staff and visitors, and were reflective of the centre's safety statement and risk register. Assessments covered both collective and individual resident risks.

There were procedures in place for the prevention, detection and evacuation of the centre in the event of fire, and regular simulated fire evacuation drills were conducted at the centre involving all residents and minimal staff levels. Staff had received training in fire safety, as well as the use of specialised fire evacuation aids identified for residents. The inspector found drill records did not reflect the use of the specialised fire evacuation aids.

Records were reviewed which showed that all emergency equipment was serviced at appropriate intervals. However, internal fire audits showed inconsistency in checking the ongoing working condition of fire equipment in accordance with the centre's risk assessments.

The inspector found the centre to be clean, and observed arrangements in place at the centre for the prevention and management of infection including cleaning schedules.

Judgment:
Substantially Compliant

Outcome 08: Safeguarding and Safety

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

Theme:
Safe Services

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

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

Findings:

The centre had policies on the prevention, detection and management of abuse, and positive behaviour management. Staff were familiar with these policies and their knowledge was reflective of same. However, the inspector found behaviour support plans were not reflective of care practices at the centre.

There were policies in place for the prevention, detection and response to suspected abuse, and staff had received training on the protection of vulnerable adults. Staff were knowledgeable when interviewed on what constitutes abuse and the centre's arrangements for responding to suspected abuse. Allegations of suspected abuse were recorded and notified to the Health Information and Quality Authority (HIQA) and investigated in accordance with centre policy.

The inspector reviewed a sample of positive behaviour plans, which identified the support practices to meet the identified needs of residents. The inspector found that staff practice and knowledge was reflective of current support recommendations however amendments had not been made to residents' risk assessments and personal plans, for example the use of recommended equipment. Restrictive practices were assessed and regularly reviewed to ensure they were used for the shortest duration and used as the last resort.

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):

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

Findings:

The centre supported residents with their healthcare needs in a timely manner, however the inspector found inconsistencies in the recording of actions agreed in residents' personal plans.

Personal plans reflected the healthcare needs of residents, and showed access to a general practitioner (GP) as well as a range of allied healthcare professionals such as chiropody and psychiatry. Documentation showed regular reviews of residents' healthcare needs as and when required, and the recommended action were reflected in personal plans and risk assessments.

A review of daily care notes showed actions undertaken by staff were reflective of residents' healthcare needs as identified in their personal plans. Also healthcare records and discussions with staff showed how staff had supported residents with dignity and respect, especially where there had been previous reservations by residents to access healthcare professionals.

Protocols were in place on the administration of emergency epilepsy medication, clearly showing when medication should be given, including calling of emergency services and maximum dosage to be administered.

The inspector reviewed residents' food diaries which showed a range of meal choices were available, and meals were healthy and nutritious in nature. However, review of residents' personal plans identified that certain residents as part of their weight

management plan should have their weight recorded monthly, records reviewed showed this had not occurred consistently.

The inspector observed meal times at the centre, and staff practices were respectful and reflective of the needs of residents.

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):
No actions were required from the previous inspection.

Findings:
The inspector found staff knowledge and care practices were reflective of the centre's medication management policy.

The inspector reviewed residents' prescriptions and administration records. Records reflected the centre's policy including residents' personal details and information on the administration of prescribed medication.

Staff had received training on medication and were knowledgeable on medication management practices. The inspector saw arrangements for the storage of out of date medication prior to its return to a local pharmacy. Incidents of medication errors were recorded and investigated by the person in charge, indicating the actions to be undertaken to reduce further reoccurrence. Arrangements were in place for the management of controlled medication, which was stored separately from other medication.

Judgment:
Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspector reviewed the most recent Statement of Purpose for the centre. The inspector found it was not reflective of the most up-to-date governance and management arrangements at the centre.

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:

At the time of the previous inspection in February 2016, HIQA had not been notified that the person in charge had changed from the original application to register submitted. Prior to this inspection, HIQA was further notified that the person in charge had changed again at the centre. Although the inspection was facilitated by the new full-time person in charge, due to the recentness of the change in management, the inspector was not able to ascertain fitness of the person in charge at the time on inspection. The inspector will assess prior to a decision being made on the registration of the centre.

Staff knowledge of the centre's management structure was reflective of the centre's Statement of Purpose. The person in charge was supported organisationally by an

Assistant Director, and at the centre by a compliment of team leaders and support workers. The person in charge had systems in place to monitor the effectiveness of service delivery; for example, in medication administration and residents' financial records

The provider conducted regular unannounced visits to the service with the outcome being summarised in a report available in the centre to staff, residents and their representatives. Furthermore, the provider conducted an annual review of care and support at the centre which was reviewed by the inspector. The reviewed report identified both positive practice at the centre and action was identified for areas of improvement.

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):

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

Findings:

The centre's roster was reflective of the needs of residents and staff were supported, although the inspector found that staff had not received training reflective of the assessed needs of residents.

The inspector reviewed staff records and found these to contain all items required under Schedule 2 of the regulations. The person in charge and staff confirmed that they received monthly formal supervision, and annual performance management assessments, which were reflective of staff supervision records reviewed by the inspector.

Staff training records showed access to mandatory training such as fire safety and manual handling as well as training specific to the needs of residents for example epilepsy awareness and behaviour management. Training records however showed that not all staff had received training on the administration of emergency epilepsy medication. The person in charge confirmed to the inspector untrained staff would work alongside qualified staff until they had undertaken training. In addition as referenced in Outcome 2, although identified in personal plans as a communication need for residents,

staff had not received training in 'Picture Exchange Communications system' (PECs).

The person in charge and staff had access to the regulations and standards at the centre, as well as previous inspection reports on the centre. Staff were knowledgeable about the regulations and reportable events to HIQA.

The centre had both a planned and actual roster in place, with the actual roster being reflective of the staffing at the centre on the day of inspection. The roster ensured that four staff members were available during the day to meet the needs of residents, as well as two staff at night time, which was reflective of the needs identified in personal plans and risk assessments reviewed. The inspector observed care practices during the inspection and residents' needs were addressed in a timely manner.

Judgment:
Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Stevan Orme
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:	Iona House
Centre ID:	OSV-0003415
Date of Inspection:	05 July 2016
Date of response:	05 August 2016

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:

Residents had limited opportunities to participate in activities reflective of their interests and developmental needs.

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

1. Action Required:

Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

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

- 1) The Registered Provider will ensure that residents will have increased opportunities to participate in activities that reflect their interests and developmental needs. The registered provider will ensure each care plan is reviewed in partnership with residents to ensure activities and developmental needs specific to each resident are clearly documented and all programmes are linked to these.

- 2) Activities will be set in line with individual residents' interest and their developmental need. Their activities will be reviewed and updated regularly through monthly key-working meetings, weekly residents meetings, and individual multi-disciplinary review meetings in a manner that is person centred. This process will be audited by the Registered Provider and the Person in Charge.

Proposed Timescale: 30/09/2016

Outcome 02: Communication

Theme: Individualised Supports and Care

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

Appropriate assessments had not been completed on the communication needs of residents.

2. 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:

- 1) The Registered Provider will ensure appropriate professional assessments are completed to identify and specify the supports residents require to communicate by 31/10/2016

Referral to Speech and Language Therapist on 29/04/2016, update requested on 03/08/2016.

Proposed Timescale: 31/10/2016

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:

Contracts of care were not signed by the resident or their representatives.

3. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

1) The Registered Provider will ensure that all written agreements are signed by each resident and/or their representative as deemed appropriate.

Written agreement disseminated to the three outstanding residents and their representatives for signing on the 20/07/16.

Proposed Timescale: 30/09/2016

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:

Residents' goals effectiveness was not assessed

4. 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:

- 1) The Person in Charge will review all individual plans to ensure all personal goals are captured are in line with residents individual wants, needs and aspirations.
- 2) The Person in Charge will implement a system to ensure all goals are overseen, monitoring effectiveness of the set goals, and a specified timeframes documented within the plan for achieving and reviewing same.
- 3) The resident's wishes will be obtained and evidenced through monthly key-working meetings, weekly residents meetings, and individual multi-disciplinary review meetings.

Proposed Timescale: 30/09/2016

Theme: Effective Services

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

Personal Plans were not updated following review.

5. Action Required:

Under Regulation 05 (8) you are required to: Ensure that each personal plan is amended in accordance with any changes recommended following a review.

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

1) The Person in Charge will ensure that each personal plan is amended in accordance with any changes following all reviews with 2 weeks of the review occurring.

2) The Person in Charge updated the identified Risk Assessments and Support Plan in line with MDT review recommendations. Completed on 06/07/16

Proposed Timescale: 06/07/2016

Theme: Effective Services

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

Residents were not consistently supported with their goals.

6. Action Required:

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

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

1) The Registered Provider will ensure that each resident is supported to achieve aspirational and developmental goals, ascertaining their wishes, hopes, aspiration and development needs through care/support assessment and planning process.

2) The Registered Provider has solicited the Person in Charge to implement a system to ensure all goals are overseen and achieved within the specified timeframes documented within the plan.

3) Auditing will take place during monthly, six monthly and annual service reviews to ensure the residents are consistently supported to achieve their personal goals including both long and short term goals. Personal outcomes will be captured through the care planning process.

4) The resident's wishes will be obtained and evidenced through monthly key-working meetings, weekly residents meetings, and individual multi-disciplinary review meetings.

Proposed Timescale: 30/09/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The lighting in the external grounds was not adequate.

7. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

1) The Registered Provider has ensured that additional external lighting on pathway is in place. The external lighting is in place since 12/07/16

Proposed Timescale: 12/07/2016

Theme: Effective Services

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

Broken garden furniture and litter including cigarette waste and rubbish bags were present in the garden area.

8. Action Required:

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

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

1) The Registered Provider has ensured that garden furniture was fixed, completed on 29/07/16.

2) The Registered Provider requested that the Person in Charge ensured all litter including cigarette waste and rubbish bags were cleared away from the back garden, completed on 05/07/16. The importance of vigilance in maintaining same was communicated to staff, communication book entry 07/09/16 and through daily handover book. The Registered Provider will review monthly feedback through the Monthly Service Visit report as to the cleanliness of the property and grounds.

Proposed Timescale: 07/09/2016

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:

Weekly Fire equipment checks were not in accordance with centre policy.

9. Action Required:

Under Regulation 28 (2) (b)(iii) you are required to: Make adequate arrangements for testing fire equipment.

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

- 1) The Registered Provider will ensure that weekly fire equipment checks are completed in line with Praxis Care Policy.
- 2) The Registered Provider and the H&S Officer receive a monthly H&S Monthly Management Report from the Person in Charge, through this process weekly fire check compliance will be reported upon.
- 3) It was reiterated to staff the importance of adhering to Praxis Care Policy and Procedures regarding weekly fire checks during the staff meeting chaired by the Person in Charge on date 19/07/16
- 4) Registered Provider has requested that the Person in Charge completes weekly audits of the fire systems to ensure that internal fire audits are consistently complete. The Person in Charge has placed reminders in the scheme diary and handover book to alert staff to complete the weekly checks.
- 5) Auditing will take place during monthly, six monthly and annual service reviews to assess consistently.

Proposed Timescale: 19/07/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Weight management records were not consistent with resident personal plans.

10. 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:

- 1) The Registered Provider will ensure weight management records are consistently maintained for all residents in line with their personal plan.

2) The Registered Provider has assigned the Person in Charge the responsibility of auditing individual records to ensure all resident's body weights recorded monthly.

3) All weights will be recorded on a monthly basis within individual plans for residents, should a resident decline this support this will be reflected in their plan, with an agreed alternative management plan in place.

Proposed Timescale: 30/09/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The Statement of Purpose did not accurately reflect management and governance arrangements at the centre.

11. Action Required:

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

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

1) The Registered Provider has updated the Statement of Purpose reflecting the governance arrangements and the Person in Charge on 07/07/2016.

Updated Statement of Purpose submitted to HIQA on 04/08/2016

Proposed Timescale: 07/07/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

All staff had not received training in the administration of emergency epilepsy medication.

12. 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:

1) The Person in Charge will ensure all staff that have not yet received training in the administration of emergency epilepsy medication will attend same 18/08/2016.

2) Epilepsy training booked for 18/08/2016

Proposed Timescale: 18/08/2016

Theme: Responsive Workforce

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

Staff had not received resident-specific communication training.

13. 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:

1) The Person in Charge will arrange specific communication training for staff to support them in working with residents with communication difficulties. The specific training requirements will be assessed and documented in respect of each resident. Request submitted on 05/08/2016.

Request was submitted to Speech and Language Therapist on 29/04/2016, update requested on 03/08/2016.

2) Resident specific communication training as required will take place prior to 30.10.16

Proposed Timescale: 30/10/2016