Health Information and Quality Authority
Regulation Directorate

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

Centre name:	Carrow House
Centre ID:	OSV-0002654
Centre county:	Tipperary
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Provider Nominee:	Rachael Thurlby
Lead inspector:	Mary Moore
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	1
Number of vacancies on the date of inspection:	3

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:	To:
03 May 2017 09:45	03 May 2017 19:00

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

Outcome
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 inspection was the second inspection of this centre by the Health Information and Quality Authority (HIQA); the last inspection was undertaken in March 2016. This current inspection was carried out to follow-up on the findings and action plan from that last inspection and to monitor ongoing regulatory compliance so as to inform a registration decision.

How we gathered our evidence:
Prior to the inspection the inspector reviewed the previous inspection findings and the provider’s response to the action plan. The inspector also reviewed any information received by HIQA from the provider since the last inspection, for example any notice received of incidents, accidents or adverse events that had occurred in the designated centre.

The inspection was facilitated by the person in charge and the recently appointed team leader. The inspector also met with the recently appointed integrated services manager; the incoming provider representative attended verbal feedback at the

conclusion of the inspection.

Respite is provided in this designated centre to a maximum of four residents at any one time; occupancy fluctuates from one to four residents dependent on the individual needs of residents. The inspector met and spent time with the one resident availing of respite at the time of inspection. The resident welcomed the inspector having been advised by staff of the inspector's presence in the house. There was discussion on general well-being, interests and the plans for the evening. The inspector noted that the resident was familiar and relaxed with the staff on duty; the observed interactions were positive and reflected the resident's required supports.

Description of the service:
In this designated centre the provider provides accommodation, support and care on a respite basis.

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. However, as discussed in the body of this report, further review and amendment of this document was required to ensure that it accurately reflected the cohort of residents that could avail of respite in the designated centre; given the limitations of the design and layout of the building and the facilities provided therein.

Overall judgment of our findings:
Improvement was noted on the previous inspection findings. The provider had taken action as committed to in the response to the action plan to ensure that residents were accommodated only when it was clear that their needs could be adequately and safely met in the premises. However, this matter was not fully resolved and further action was required of the provider. The statement of purpose required further amendment to provide assurance to the Chief Inspector that going forward, there was clarity on the specific care and support needs that the designated centre intended to meet.

Improvement was noted in the standard of documentation maintained in relation to residents, that is the assessment of their needs and the plan of support that was devised, based on the findings of that assessment. Multidisciplinary reviews of the support plan had been convened and records maintained.

Improvement was noted in the identification and assessment of risks.

However, failings were identified and improvement was required in the compilation and review of plans to support the management of behaviours of concern and risk; failings in this regard had issued from the previous inspection. A robust review was required of the programme for educating staff on safeguarding including how learning was evaluated and the frequency at which training was delivered.

Improvement was required so as to adequately demonstrate the robust reporting, management of and any required learning from accident and incidents; this failing was informed by both these inspection findings and the findings of a recent investigation undertaken by the provider of an incident that occurred in the centre.

While no risks were identified and improvement was found by the inspector, the inspection findings overall indicated that governance systems had not at all times ensured the timely, effective monitoring of the quality of the supports and services provided to residents in the designated centre.

Of the 11 Outcomes reviewed, the provider was judged to be compliant in five and in substantial compliance with one; the remaining five Outcomes were judged to be at the level of moderate non-compliance.

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

Findings:
Residents were seen to have communication plans that detailed communication ability verbal and non verbal, and the required response form staff to support effective communication with residents; the plans seen were more comprehensive than those evidenced at the time of the last inspection.

Residents had access to a computer; the communal area and each bedroom had a television; an Ipad and internet access had been sourced for resident use since the last inspection.

One resident had a PECS (Picture Exchange Communication Systems) programme. The person in charge said that the success of this programme was dynamic and dependent on factors such as the resident's response to it.

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

implemented.

Findings:
The person in charge told the inspector that since the last inspection a full review of each resident accessing the service, their needs and the suitability or not of the available facilities to adequately and appropriately meet these needs, had been undertaken. Based on the findings of this review decisions were made to discharge residents from the service in consultation with residents, families and the statutory body so as to ensure that where required, residents were provided with suitable alternative services. The person in charge confirmed that there had been no new admissions to the designated centre since the last inspection. The person in charge confirmed that any new admission to the designated centre would be consistent with the assessment of needs and the statement of purpose as required by Regulation 24.

However, the issue of unsuitable placement was not fully resolved and while there was evidence that the provider was actively seeking to resolve this matter, there was one resident still in receipt of support and care when it was clear and accepted that the premises and the facilities that it provided were not appropriate to the resident's needs.

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

Findings:
Improvement was noted in both the assessment of residents' needs and the planning of their required supports based on the findings of that assessment.

The person in charge said that since the last inspection, time and resources had been invested in the plans including their peer-review.

Each of the plans reviewed by the inspector contained a current assessment of needs;

the person in charge said that these had been completed once a resident had re-attended for respite (some residents had infrequent attendance).

The completed assessments had informed the development of the support plan and the plans seen reflected the findings of the completed assessment; the sample of plans reviewed by the inspector were detailed and provided good guidance for staff.

Evidence of consultation with and the participation of the resident in their plan was presented in the format of key-worker meetings.

In the context of ensuring that the arrangements in place were suited to meeting the needs of each resident (as discussed in Outcome 4) a multidisciplinary case review for each resident had been completed. Links had also been established with other services and providers so that respite staff were informed and included in the continuum of support. The plans reviewed included the minutes of these reviews; the minutes indicated that the review was multidisciplinary as appropriate to each resident's needs.

Staff had also implemented a process of identifying for each resident their personal goals and priorities for their respite stays. Staff said that where similar goals were identified these were progressed for a group of residents. For example, residents were reported to have enjoyed a trip to Trinity College and Mondello Park; there were planned trips to the Arran islands and a reptile farm.

However, on a more individualised basis, and for residents who regularly attended respite, based on records seen, there was a need to review some identified goals, their on-going suitability and the failure to progress them; it was recorded by staff that the resident was choosing not to engage in them.

Judgment:
Substantially Compliant

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

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

Findings:
The design and layout of the premises and the facilities provided therein were suited only to meeting the needs of residents who were largely independently mobile (including

the ability to safely negotiate a stairwell), and, who had low support needs in personal care. The premises did not meet the requirements for universal access. There were three entrances/exits and all required the negotiation of two steps. While action has been taken by the provider to address failings in this regard, the matter was not fully resolved; this is addressed in Outcome's 4 and 13.

The premises was located on a spacious site in a rural but well-populated area and staff reported that the local community was welcoming and inclusive; transport was provided.

The premises was a domestic style two storey building. Each resident was provided with their own bedroom; bedrooms were of a suitable size and provided provision for personal storage. There was only one ground floor bedroom available to residents. There was one ground floor sanitary facility with toilet and wash-hand basin. At first floor level there was a main bathroom with toilet, wash-hand basin, bath and shower; a further en-suite sanitary facility was located off the staff office/sleepover room and staff said that residents had access to this.

However, the ground floor sanitary facility was compact and limited in its accessibility; the room did not have sufficient space to accommodate a shower, the access door width was less than standard width measuring only 59 centimetres.

Handrails and grab-rails were seen to have been fitted since the last inspection.

The kitchen was adequately equipped and incorporated the dining area; residents had access to a pleasant and welcoming communal area.

There was a spacious utility with laundering facilities.

The premises is deemed suited to the needs of residents on the basis that the provider produces a statement of purpose and function that clearly and accurately describes the specific care and support needs that the designated centre intends to meet.

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

Findings:
There were measures in place to protect and promote the health and safety of

residents, staff and other persons; however, the review and investigation of incidents and accidents and any learning from them was not sufficiently demonstrated.

The inspector saw up-to-date documents including a centre-specific safety statement, a fire evacuation procedure, an emergency plan and risk management policy and procedure.

The person in charge maintained a centre specific risk register that included a comprehensive range of workplace and work related risks and their assessment. Based on the sample reviewed, the controls identified were specific to the risk, the designated centre and the provider's policies and procedures. The risks, as specifically required by Regulation 26 (1) (c), for example, the unexpected absence of any resident were also included in the risk register. Risks, as they referred to individual residents, were contained in each resident's personal plan of support. Based on the sample reviewed, there was a risk assessment in place for the risks identified; the identified controls provided guidance to staff on the actions required of them to manage the risk: the risk assessments were signed off as read by staff.

There were policies and procedures for identifying, recording and reviewing incidents, accidents and adverse events. The person in charge said that incidents were reviewed by her, the relevant senior personnel and by local management. However, with the exception of the minutes of one such review in August 2016, the review of any investigation and learning from more recent incidents were not sufficiently evidenced. For example, in response to an incident in March 2017, staff had recorded that they had failed to make telephone contact with two different on-call persons; there was no evidence that this had been followed up on.

Fire related records were maintained in the fire fact file. The inspector saw records confirming that the fire detection system, fire fighting equipment and the emergency lighting were inspected and tested at the prescribed intervals to the relevant fire safety standard and most recently in January 2017, March 2017 and February 2017 respectively. Staff maintained records of the in-house inspection on a daily, weekly and monthly basis of escape routes and fire safety equipment.

The most recent simulated evacuation drill had been undertaken on 20 April 2017; two staff and three residents participated and there were no recorded difficulties.

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

Findings:
There were measures in place to protect residents from harm and abuse; these included organisational and national policies and procedures, designated persons, risk assessments, staff training, safeguarding plans and behaviour support plans. However, in the context of the previous inspection findings, these inspection findings and the findings of a provider's investigation of an incident, the report of which was requested by the inspector, there were failings in preventative and protective measures.

The inspector noted that while the majority of staff had received safeguarding training in 2015 and 2016, two staff had last received safeguarding training in August 2014; one staff confirmed that that training was not referenced to current national safeguarding policy. The provider's own investigation had found that staff spoken with had demonstrated a varied understanding of safeguarding reporting procedures. While the provider's investigation of the incident had concluded that an abusive interaction had not occurred, the incident and the identified failings required a robust response to ensure that the training that was provided to staff was effective, that knowledge and learning were evaluated and that training was repeated and evaluated in a timely manner.

In the context of the previous HIQA inspection findings, the incident referenced above, and the providers own investigation of that incident, it was of concern to the inspector that two of three support plans for behaviours of concern and risk seen by the inspector had been compiled and reviewed by frontline staff rather than a clinician with the relevant expertise; of note this was also an identified failing and action from the providers own review of the service in November 2016. The inspector did see that one set of behaviour management guidelines had been devised by frontline staff on the direction of the behaviour therapist. However, the remaining two plans for residents who did, based on recent incident reports seen, present with behaviours of concern and risk to others, were signed as compiled by frontline staff; one plan included unspecified MAPA techniques (Management of Actual and Potential Aggression) as a reactive strategy. There was one reported referral for input from the behaviour therapist but records seen indicated that this referral was active since at least January 2017.

There was one reported restrictive practice and a clear rationale for its use, resident and staff safety while in the transport vehicle. There was evidence of the trial of less restrictive interventions and why they had been unsuccessful. The restrictive intervention was supported by a risk assessment and the providers own record of authorisation for its use dated March 2017.

Staff had completed MAPA training in 2016.

Judgment:
Non Compliant - Moderate

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

Findings:
Based on the sample of records seen improvement was noted in both the assessment of and planning for supporting resident's healthcare needs. The person in charge confirmed that residents with higher needs were now supported in services more suited to their needs (as discussed in Outcome 4).

Because residents were not ordinarily resident in the centre but in the community, residents themselves or their family took responsibility for any healthcare related matters. This was evidenced in the records seen by the inspector. Likewise, staff said that family generally co-ordinated services received from other healthcare professionals such as psychiatry and neurology.

Updated information was requested on each admission and, in the event of illness during a period of respite, the person in charge confirmed that residents were supported as necessary in consultation with the resident and or their family, for example, seeking and facilitating medical review and treatment.

The assessments of resident needs seen by the inspector incorporated the assessment of healthcare needs. Where there were identified healthcare needs, there was a corresponding plan of support. The plans seen contained improved and sufficient detail to guide care, for example the management of seizure activity, the management of diabetes and healthy eating including the provision of adequate fluid intake.

Judgment:
Compliant

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

Theme:
Health and Development

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

Findings:
The review of medicines management was somewhat limited in its scope as medicines were only brought to the centre by each resident on admission. However, the inspector saw policies and procedures including local procedures that guided medicines management practice.

The person in charge told the inspector that all regular staff and approximately 50% of relief staff had completed medicines management training and an assessment of competency. The person in charge assured the inspector that there was always staff on duty authorised to administer medicines including any prescribed rescue medicines. The training records seen by the inspector indicated that on the day of inspection this was correct.

Secure storage was available and the inspector saw that staff implemented and maintained records of the procedures designed to support the safety of medicines management practice. For example, the medicines received on admission were recorded, as was the manner in which they were supplied (medicines were accepted only when supplied by a pharmacist); the medicines received were reconciled with the prescription.

Staff had access to and support from a local community based pharmacy if required.

Resident capacity and desire to manage their own medicines was supported; practice was informed by a formal assessment of capacity and safety.

Staff maintained a record of medicines administered by them and a record of the medicines returned on completion of the period of respite.

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:
A revised statement of purpose was reviewed by the inspector on inspection; it contained all of the information required by Schedule 1 of the regulations.

However, it required further review to ensure that it accurately reflected the specific care and support needs that the premises and available facilities could adequately and safely meet; or conversely, the care and support needs that could not be met, that is, residents with high support needs in personal care or mobility.

Judgment:
Non Compliant - Moderate

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

Theme:
Leadership, Governance and Management

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

Findings:
There was a clearly defined management team; while some staff were recently recruited to their management roles, all had established experience of the provider's systems and procedures, of working with each other in previous roles, and all had experience of HIQA and the regulatory process.

The person in charge was appointed to the role in November 2015 and was person in charge for four designated centres (two centres each provide support to one resident). The person in charge was suitably qualified in the provision of social care services and management and was employed full-time. The person in charge had established experience with the provider, in the provision of supports to residents and in the supervision of staff having worked as a team leader. The person in charge was clear on the challenges in this service and of her overall responsibility for four designated centres and was confident that she had the capacity and the support required to effectively discharge her responsibilities.

On a day-to-day basis, the person in charge was supported in each designated centre by a team leader; the team leader in this centre was very recently recruited to the role. However, the person in charge and the team leader had previously worked together and the person in charge was confident in the capacity and ability of the team leader. The inspector saw that the team leader readily retrieved any required records and answered any queries.

The person in charge held monthly meetings with the team leaders to discuss each centre, current demands and her required presence in each centre in response to these. The person in charge said that she was in this centre at a minimum twice a week when both staff and residents were present. The inspector saw that the person in charge was known to the resident who jovially referred to the person in charge as "the boss".

The inspector met with the recently appointed integrated services manager who was the person in charge's line manager; she confirmed that she was available as required to the person in charge and that they would also meet formally on a monthly basis.

However, there was evidence that the governance arrangements did not always ensure that the quality and safety of the support and services provided to residents was effectively and consistently monitored. For example, the provider's internal unannounced review of November 2016 had followed up on the findings of the previous May 2016 review; the findings were not satisfactory. Ten actions were issued including an immediate action plan; the inspector saw that five of these action plans were unresolved actions from the HIQA inspection of March 2016. The failings, the lack of progress and the failure to identify this prior to the unannounced visit was of some concern to the inspector.

A further example was the failure by staff, including staff with a management role, to notify the person in charge of the incident referred to in Outcome 8, or indeed the fact that the incident evolved and escalated as it did, given that there were senior staff on duty. The provider's investigation of the incident had found that no accurate account, no contact and no report were made to any manager by staff of the occurrence of the incident.

Judgment:
Non Compliant - Moderate

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

Theme:
Responsive Workforce

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

Findings:
The inspector was satisfied that staffing levels and arrangements were managed to reflect occupancy and the individual needs of residents. Night-time staffing arrangements consisted of one "waking" and one sleepover staff. The person in charge said that when the maximum of four residents were accommodated in the centre, there was a minimum of three staff on duty, and four if any resident required 1:1 support, for example, for a social activity in the community.

There was some dependence of relief and agency staff but the person in charge said that there had been a recent successful recruitment initiative for relief staff. A core group of relief staff were utilised to maximise consistency for residents. The inspector saw that the resident was familiar with the relief staff that came on duty.

Staff files were made available for the purpose of inspection. The sample reviewed contained all of the documents and information specified in Schedule 2.

Records were maintained of training completed by staff. These records indicated that staff had completed the required mandatory training in fire safety, manual handling, safeguarding and responding to behaviours that challenged; refresher training in safeguarding was discussed in Outcome 8. Staff had also completed further relevant training in medication management, the provision of personal supports, food safety and the management of diabetes.

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:

Mary Moore
Inspector of Social Services
Regulation Directorate

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 RehabCare
Centre ID:	OSV-0002654
Date of Inspection:	03 May 2017
Date of response:	31 May 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The issue of unsuitable placement was not fully resolved; there was one resident still in

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

receipt of support and care when it was clear and accepted that the premises and the facilities that it provided were not appropriate to the resident's needs.

1. Action Required:
Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

Please state the actions you have taken or are planning to take:
• The plan to discharge the resident will be finalised by the HSE on or before 31st of May 2017.
• The agreed and confirmed discharge date is by the end of September 2017.

Proposed Timescale: 30/09/2017

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was a need to review some identified goals, their on-going suitability and the failure to progress them

2. Action Required:
Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

Please state the actions you have taken or are planning to take:
•As required identified goals and their on-going suitability in line with service users choices will be reviewed in consultation with service users.
•Support Plans and Action Plans will be updated as required, with persons responsible and agreed timelines documented appropriately.
•Keyworkers with supervision from PPIM and PIC will be responsible to oversee the implementation of the action plans.

Proposed Timescale: 30/06/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The review and investigation of incidents and accidents and any learning from them was not sufficiently demonstrated.

3. 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:
All incidents will be reviewed by a representative from the health and safety team and the management team on a quarterly basis.

All incidents will continue to be reviewed at team meetings and learning from incidents will be used to inform practice.

Proposed Times: 31st May 2017 - Complete

Proposed Timescale: 31/05/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Two of three support plans for behaviours of concern and risk seen by the inspector had been compiled and reviewed by frontline staff rather than a clinician with the relevant expertise; of note this was also an identified failing and action from the providers own review of the service in November 2016. One of these plans included unspecified MAPA techniques (Management of Actual and Potential Aggression) as a reactive strategy.

4. Action Required:
Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

Please state the actions you have taken or are planning to take:
Going forward the PIC will be responsible for reviewing and signing off Behaviour Management Guidelines in line with organisational policy.

Going forward based on service user needs support from Behaviour Therapist will be provided if and when required.

The use of MAPA techniques as a reactive strategy has been documented in greater detail to guide staff practice going forward.

Proposed Timescale: 31st May 2017 Complete

Proposed Timescale: 31/05/2017

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Two staff had last received safeguarding training in August 2014; one staff confirmed that that training was not referenced to current national safeguarding policy. The provider's own investigation had found that staff spoken with had demonstrated a varied understanding of safeguarding reporting procedures.

5. Action Required:
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

Please state the actions you have taken or are planning to take:
Three remaining staff requiring Safeguarding Training will attend training on 21st June 2017

Proposed Timescale: 21/06/2017

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 further review to ensure that it accurately reflected the specific care and support needs that the premises and available facilities could adequately and safely meet; or conversely, the care and support needs that could not be met.

6. 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:
The statement of purpose and function has been updated to ensure it accurately reflects the specific care and support needs that can and cannot be provided in the service.

Proposed Timescale: 26th May 2017 – Complete

Proposed Timescale: 26/05/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Evidence of planning compliance had not been submitted with the application for registration of the designated centre.

7. Action Required:
Under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. you are required to: Provide all documentation prescribed under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
The organisation is currently in the process of employing a contractor to complete upgrade works in order to secure the compliance certificate.

Proposed Timescale: 31/08/2017

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
As discussed in Outcome 14 there was evidence that the governance arrangements did not always ensure that the quality and safety of the support and services provided to residents was effectively and consistently monitored.

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

Please state the actions you have taken or are planning to take:
The governance arrangements moving forward will ensure that the quality and safety of the support and services provided to residents are effectively and consistently monitored.

Supervisions will take place regularly between the PIC and the PPIM to ensure the quality and safety of the service.

Proposed Timescale: 31/05/2017