

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Homevale
Centre ID:	OSV-0002681
Centre county:	Galway
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Provider Nominee:	Rachael Thurlby
Lead inspector:	Thelma O'Neill
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

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

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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 2 day(s).

The inspection took place over the following dates and times

From:	To:
31 May 2017 09:30	31 May 2017 19:30
01 June 2017 09:30	01 June 2017 16:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This was the second inspection of this centre to monitor compliance with the regulations.

How we gathered our evidence:

As part of the inspection the inspector met with four residents and three staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

During the inspection residents told the inspector that they were happy living in this centre and that staff were good to them. However, three of the residents told inspectors that their concerns or complaints were not addressed in a timely manner and some complaints had been outstanding for a long time; for example, their televisions were not working and had not been fixed.

Description of the service:

This centre provided residential support services for four residents in a large city in the west of Ireland. The house was a two storey house situated in a housing estate,

located near community facilities; such as, shops, a church and a local shopping centre. The centre provided supported accommodation to four residents and each resident had their own bedroom.

Staff supported residents with their evening meals, medication, and social outings. However, some residents assessed needs were not being met due to their changing health and social care needs, and the provider had not implemented appropriate measures to support all of the residents needs in the centre.

Overall judgment of our findings:

Since the last inspection this centre had moved from being a substantially compliant centre to a significantly non-compliant centre.

There were nine outcomes inspected on this inspection; one outcome was found compliant, one substantially compliant, three non-compliant moderate, and four non-compliant major. The major non-compliances related to residents rights, dignity and consultation, health and safety and risk management, governance and management and workforce.

The inspector issued three immediate actions to the provider, one of these immediate actions related to fire safety management and two further immediate actions related to infection control and the health and safety and risk management in the centre. The provider responded to the immediate actions with a robust action plan response and provided assurances to the chief inspectors office that these breaches of the regulations were being addressed immediately. These actions are discussed in detail under outcome seven.

Findings from the inspection and actions required are outlined in the body of the report.

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents participated in decision-making about their care and were independent in making decisions about activities they wished to participate in. However additional supports were required to assist two residents to access and attend meaningful activities or work during the day were not in place. In addition, the inspector found that residents' complaints were not addressed and residents expressed wishes were not always exercised due to the lack of staff supports in this centre.

The centre had a local complaints policy to guide staff in the management of any complaints against the service. However, there was no contact details provided for the complainants officer or the complaints appeals officer. In addition, the inspector found that complaints were not managed in line with the centre's policy as complaints had not been addressed. For example there were six complaints received since January and four of these complaints had not been addressed.

Residents' privacy and dignity was respected, each resident had their own bedroom and shared communal rooms; such as, kitchen, sitting room and utility. However, there was no visitors' room available where residents could have some private space alone or spend time with their friends or families.

Residents' finances were usually managed by residents' themselves and they paid the organisation for the costs for their weekly household expenses. However, the inspector found that the practices and procedures around the payment of household bills and the storage of money in the house required review to ensure that these practices are managed in line with organisational policies and procedures.

The inspector reviewed minutes of residents meeting which demonstrated that residents were consulted about how the designated centre was planned and run. However the inspector found that residents' wishes, although expressed to staff, were not addressed. For example, two residents had made several requests to have their televisions fixed to get the access to the internet; however, their wishes were not resolved following these meetings.

The name of an independent advocate was included in the policy, which was also available in an accessible format for residents. There was no evidence that residents had used this service.

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

The inspector found that residents living in this centre had a variety of social opportunities available to them in the local area and residents confirmed this to the inspector. However, the inspector found that the assessments of residents health and social care needs had identified that they required more support to ensure the residents were able to achieve their personal plans and that the required supports are in place during the day.

The inspector also reviewed a sample of personal plans and found that the residents' social goals and care needs were clearly outlined in the plans. However, the inspector found in one resident's personal plan that three of the four goals identified had not been achieved and their personal plan had not been reviewed.

The inspector also found that three of the residents' health and social care needs had changed and they required additional supports. For example, the inspector found that one resident had experienced a number of falls which resulted in them requiring staff

support when mobilising. The inspector found that staff members were providing this support as required, but this was impacting on the time that staff had available to support the other residents' and their social activities.

Furthermore, the inspector found that two residents were attending external service providers for day placements, but one of the day service providers had no memorandum of understanding agreed between them and the designated centre, regarding the care support and staff supervision required to be provided to the residents while in their service.

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):

No actions were required from the previous inspection.

Findings:

The inspector reviewed the management of risk in the centre and found that immediate improvements were required. The inspector found there was inadequate management of health and safety and risk management in the centre; such as, fire safety management, risk management and infection control management. The inspector found serious risks in all of these three areas as a result issued the provider with an immediate action to address the risks identified on inspection.

Fire safety management.

The provider had not ensured that there are adequate fire safety measures in place in this centre and as a result issued the provider an immediate action under three fire regulations.

Fire safety management – failings in three regulations.

28(3) (d) Failure to put in place, a fire evacuation procedure in the centre.

28(3) (a) Failure to make adequate arrangements for containing fires. For example, inadequate fire retardant glass panels in the kitchen door in the centre, which would reduce the containment of fire and impact on escape routes in the hallway in the event of a fire.

28 (4) (b) Failure to ensure that there were adequate fire safety drills over a 24 hr period and to ensure that residents were aware of the procedures to be followed in the case of a fire.

The provider responded to the immediate actions stating

1. Floor plans identifying escape routes and fire fighting equipment are now displayed by the fire panel.
2. Fire evacuation procedures are displayed by the fire panel identifying the action to be taken in the event of a fire. Additional fire evacuation procedures are displayed in the kitchen by the fire exit.
3. On site fire training for staff members and tenants will be provided by the 13/6/16 and additional safety measures are in place until that date.
4. All individual PEEPs have been reviewed (01/06/2017) following the night time fire drill.
5. An external company to review the glass in the kitchen door and confirmed that the glazing achieves 30 minutes integrity, but has boarded up the glass panel and has recommended a new fire door.

The inspector found that there had been two incidents logged regarding the activation of the fire alarms due to steam in a bathroom. Despite the fire alarm going off twice, when a resident was having a bath in this room, the sensor had not been changed and the person in charge had not addressed this issue in a timely manner.

Health and safety and risk Management

The inspector completed a walk around in the centre and found that there were loose wires at the fuse box which were a hazard and a risk to residents or staff. This hazard was not identified on a recent environmental audit by the provider. Furthermore, this risk was not included on the organisational risk register and, as a result, the inspector issued an immediate action under regulation 26 (2) for failing to ensure that there were adequate systems in place for the assessment and ongoing review of risks in the centre.

The provider responded to the immediate action by stated that the maintenance company will box in visible wires above the fuse box by the 02/06/2017.

The inspector also found additional health and safety issues in the house for; example, in the utility room the tumble dryer was positioned in a way that created accessibility issues for residents and staff and there was no worktop to support residents to fold their clothes when doing their laundry. Furthermore, there was a lack of storage facilities in the house, residents' files were stored in the utility, and the inspector observed boxes belonging to residents stored in the shower area also in the utility room. Furthermore, chemicals were not stored in a secure cupboard and there was no cleaning schedule in place to clean the utility room, which was observed to have cleaning products spilled on the floor and surrounding areas.

Infection control Management

The inspector reviewed infection control practices in the centre and found that there were inadequate practices and procedures in place in this centre to identify or manage hospital acquired infections, in particular from bodily fluids. For example, the inspector found that the centre was not clean and there stains and smells of urine on the carpets in two residents' bedrooms. However, despite one resident having made several complaints about this issue since March 2016 the issue had not been addressed. Furthermore, the inspector found that there was a significant amount of black mould on

the ceiling in one of the resident's bedroom en-suite.

The inspector issued an immediate action to the provider on the day of inspection under Regulation 27.

The provider has responded on the second day of the inspection stating that:

1. All staff team members to read Rehab Group Infection, Prevention Control Policy and Procedure to ensure awareness and understanding 09/06/2017
2. Deep clean throughout the property commenced on 01/06/2017 and would be completed 02/06/2017
3. Cleaning rotas to be reviewed with the staff team, to include necessary supports to be provided to the tenants. This will be completed in consultation with the tenants by 02/06/2017
4. Tenants will be facilitated to choose new flooring for their bedrooms
5. Maintenance company contacted and dampness to be investigated mould removed and ceiling painted by the 9/6/17

The inspector also found not all staff or the person in charge had completed training in infection control. There was evidence that cleaning routines within the centre were not sufficient or effective.

- In one bedroom ensuite within the centre, the sinks were not clean and there was evidence of a noticeable build up of residue which had not been removed.
- Kitchen cupboards, kitchen walls and skirting boards were dirty, kitchen doors were missing.
- There was poor maintenance and general upkeep of the house internally and externally. There were fallen leaves that were not cleaned up, around the the back and side of the house.
- The lawn was not maintained and there was mould build up on the pathway in the back garden, which residents used to access to smoke.

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

Residents told the inspector that they felt safe in this centre and that staff working in the centre were kind to them. The inspector found the residents were safeguarded in this centre and that staff were experienced in supporting residents to manage their behaviour that challenges. However, not all staff had up to date training in managing behaviour that challenges.

There was a policy on the prevention, detection and response to abuse, which guided staff on how to respond and manage allegations or concerns of abuse. Staff members who spoke with the inspector were aware of the policy and procedure. .

Residents had access to a behaviour support specialist, where required. There were detailed behaviour support plans in place, with guidance from specialised therapists, to guide staff on the care and support needs of residents. The inspector found training was provided in the management and support of residents with behaviour that challenges. However, the person in charge did not have up to date training in managing behaviours that challenge.

There was a policy and procedure in relation to restrictive practices in place at the centre. At the time of inspection, there were no restrictive practices in place.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

This service was set up to provide semi-independent supported accommodation to residents who required only minimum supports. However, the inspector found that residents' health and social support needs had increased over the past few years and residents were not meeting their full general welfare and developments goals in this service.

The inspector found that three residents did not have a comprehensive developmental, educational or employment assessments completed to identify the changing needs of the residents in this centre. It was not clear in the residents files viewed what individual daily activity opportunities were available to them or the activities that each of them

would like to participate in during the day. Furthermore, there was not a consistent staff support assessment completed for each of these residents to ensure that the supports required were made available to the residents to promote their general welfare and development.

The inspector found that two residents did not attend regular employment or day placements, and as a result they had no meaningful daily or weekly routines. This was having a negative impact on one of the resident's mental health and had resulted in staying up late at night drinking alcohol and sleeping more during the day. The inspector observed one resident going back to bed during the day as they had no activities planned for the day and there was no staff rostered on duty during the day to consult with them and to support the residents to participate in employment or educational activities.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that residents' health care needs were well met and they had access to appropriate general practitioner (GP) and other health care services as required.

All residents had access to GP services as required. However, some residents healthcare needs had deteriorated since the last inspection, requiring daily medical treatment for pain relief and staff support in intimate care. Furthermore, residents required support in eating and drinking and cooking meals. Two residents had experienced falls, requiring additional supervision and falls risks assessments. However, one resident who fell frequently did not have a falls management plan in place.

Residents had access to a range of health professionals including physiotherapy, speech and language therapy, psychology and psychiatry and referrals were made when required.

Some residents had recently been referred to allied health professionals as staff were of the opinion that residents health had deteriorated. The inspector reviewed recommendations made by one allied health professional, and found that their

recommendations had not been implemented. For example, in 2016 managers were advised to purchase a reclining sit to stand chair to support one resident with their independence. However, to date they have not received this aid and several other aids that were recommended for the residents. For example, in January 2017 a resident requested a suction plate to assist them with eating their meals, but the resident told the inspector that they did not yet receive their requested aid.

Residents had access to the kitchen to prepare drinks and snacks at any time, had a daily schedule of the menu and knew who would cook the meal each evening. Individualised support plans were also developed for residents who required support around their food and nutritional needs; however, in one plan viewed the support required to support an individual with their mobility and to prevent falls in the centre was not clear and their plan did not contain a falls prevention and management plan.

Judgment:

Non Compliant - Moderate

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:

On this inspection the inspector found that the designated centre had policies and procedures in place for ordering, prescribing, storing and administration of medication and that residents' were actively supported to take responsibility for their own medication.

The inspector reviewed a sample of prescription and administration charts and noted that they generally contained the information required, to enable staff to safely administer medications. Names of medications, times and routes of administration and signatures of the staff members administering the medication were clearly recorded. There was a colour photograph of the resident available to verify identity if required

The inspector viewed risk assessments which supported residents to manage their own medication. In some instances, residents were fully independent in managing their own medications, while some residents required staff support with aspects of their medication administration. All plans were detailed in the medication files.

The inspector found that staff were trained in the organisations medication administration, which all staff were required to have completed before being authorised

to administer medication. Staff spoken with were knowledgeable and were observed to complete the medication process in line with the policy.

Judgment:

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:

There was an ineffective management structure in place to support the delivery of safe care and services.

The inspector found the governance and management systems in place in this centre were ineffective. The management structure in place did not ensure that the service provided was safe and appropriate to the residents needs, and was effectively managed. The inspector found that there was no comprehensive oversight of the service being provided. This was demonstrated by the poor fire safety arrangements, health and safety and risk management in the centre, lack of implementing the assessed health and social care needs of residents, internal and external management of the premises, complaints management and ineffective auditing of the service.

The inspector found that although the provider had completed several audits; such as, an annual review, the six monthly provider unannounced visit, and other internal audits including; fire safety management, risk management and infection control. They didn't identify the risks in the centre and the risk that were identified had not been addressed by the person in charge.

The inspector found that the person in charge met the requirements of the regulations and was familiar with the residents. However, they did not have an active presence in this centre and did not demonstrate to the inspector that they had good oversight of this service. The person in charge told the inspector that although they worked full-time they were only allocated eight hours per week to manage this centre. However, the person in charge confirmed that this time was not spent in the centre and that they only visited the centre once a month.

The centre also had a team leader, who worked full time in another designated centre, but was allocated four hours a week to support the staff and manage this centre. While the team leader demonstrated during the inspection that they were aware of some of the issues in the centre and had attempted to address them, they had not been successful in completing these tasks, due to the organisational and management systems in place in the organisation.

The inspector found that staff had generally been recruited, selected and vetted in accordance with the requirements of the Regulations. The inspector reviewed a sample of staff files and noted that they contained the required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 such as suitable references and photographic identification. However, two staff members' professional qualifications certificates were not available in two files viewed.

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

The inspector met with three of the staff members in the centre and found that they were very kind and helpful to the residents and residents spoke kindly of them. However, the inspector found that the centre was not allocated sufficient staffing hours to support residents assessed needs. The inspector found that residents staffing support needs had increased and the service had not responded to the residents changing needs.

The person in charge maintained a staff roster which the inspector viewed and found did not reflect the times when staff were working in the centre. For example, the inspector found that staff were reassigned every Sunday morning for a number of hours to support a resident that had been discharged into a individualised service. However, the person in charge and the staff told the inspector that this additional responsibility was taking allocated time from the residents in this centre.

Staff were rostered to work in the centre in the evenings and as a sleepover, time during the week, but only night time and a few hours in the morning at the weekend. However, residents required assistance with cooking and personal care and during these times staff provided this support as required. However, the inspector found that two residents required additional support during the day and at the weekends to meet residents' needs. For example, the inspector was told that one resident had expressed a wish to stay at home from day service some days, but they could not, due to their health care needs and the need for a staff presence in the house when they are in the centre.

Two residents were independent to do things in the local community for short periods of time; such as, going for coffee, or visiting the hairdresser, or doing some shopping. However, they enjoyed staff support and companionship to attend outings with them, such as concerts, trips away and appointments. However, the inspector found that although these residents were not supported by staff during the day and they stayed at home independently, they did not have ability to participate in active and meaningful activities during the day without staff support and this was having an impact on their mental health.

A range of staff training was organised and training records indicated that most staff had received training in fire safety, medication management, safeguarding, first aid and nutrition. However, the person in charge did not have up-to-date training in fire safety management, training in managing behaviours that challenge, and manual handling, infection control, or safeguarding of vulnerable adult training; however, this training was scheduled for the day of inspection.

Judgment:

Non Compliant - Major

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:

Thelma O'Neill
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by RehabCare
Centre ID:	OSV-0002681
Date of Inspection:	31 May & 01 June 2017
Date of response:	04 July 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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

There was no visitors' room available where residents could have some private space alone, or spend time with their friends or families.

1. Action Required:

Under Regulation 11 (3) (a) you are required to: Provide suitable communal facilities for

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

each resident to receive visitors.

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

A room has been identified that will now become a visitors' room; this room is currently being renovated and will be available for tenants and their visitors by 31/08/2017.

At the house meeting on 11/07/17 tenants will discuss collectively and decide on their choice of décor for the visitor's room.

Proposed Timescale: 31/08/2017

Theme: Individualised Supports and Care

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

Residents were supported to manage their money; however, the arrangements in place for the residents to pay their household bills were not robust and the security measures in place for the safe storage the money were inadequate.

2. Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

All the money in the service is in stored in locked boxes which are stored in a locked cabinet. Completed on 02/06/2017.

All Contracts of Care have been updated to reflect the financial contribution of the tenants. All Contracts of Care have been discussed with the tenants and signed by the tenants. Completed 16/06/2017

Proposed Timescale: 16/06/17 - Complete

Proposed Timescale: 16/06/2017

Theme: Individualised Supports and Care

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

The provider did not ensure that residents were adequately supported to engage in daily activities in accordance with their interests, capacities and development needs.

3. 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:

An up to date needs assessment will be completed for all the tenants, which will be informed by relevant MDT input and will identify each tenants' educational, developmental, employment and leisure needs.

Action Plans will be developed based on the choices of tenants and key workers will be responsible for overseeing the implementation of the action plan with oversight from the PPIMs and the PIC.

Wi-Fi will be installed in the service and will be available to all tenants. As an interim measure mobile data has been provided.

At the key worker meetings on 19/06/2017 and 22/06/2017 staff spoke with tenants about the option of having individual TVs in their bedrooms. This will be facilitated in line with individual choice.

Rehab Group Advocacy Officer will attend the house meeting on the 26/7/17.

Proposed Timescale: 31/08/2017

Theme: Individualised Supports and Care

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

The inspector found that there was no contact details provided for the complainants officer or the appeals officer recorded in the complaints policy.

4. Action Required:

Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

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

The Complaint's Procedure is displayed with contact details for the Complaint's Officer in the service.

The Complaints Policy and Procedure will be discussed at a team meeting on 05/07/2017.

The Complaint's Policy and Procedure will be discussed with all tenants with the internal Advocacy Officer on 26/7/17 and Complain Officer on 10/8/17

Proposed Timescale: 10/08/2017

Theme: Individualised Supports and Care

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

Complaints in the centre were not properly investigated and addressed,

.

5. Action Required:

Under Regulation 34 (2) (b) you are required to: Ensure that all complaints are investigated promptly.

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

PIC and PPIM will review complaints on a weekly basis to ensure all complaints are addressed in a timely manner.

The Complaint's Policy and Procedure will be discussed with all staff members at the team meeting on the 05/07/2017

The Complaint's Officer will be invited to a team meeting to review the policy and procedure with all staff and Tenants

Proposed Timescale: 10/08/2017

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:

The person in charge did not ensure that the support arrangements in place reflected the assessed needs of the residents and that residents were adequately supported to achieve their personal 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:

An up to date needs assessment will be completed for all the tenants, which will be informed by relevant MDT input and will identify each tenants' educational, developmental, employment and leisure needs.

Personal support plans will be reviewed and action plans will be developed based on the choices of tenants and key workers will be responsible for overseeing the implementation of the action plan with oversight from the PPIMs and the PIC. This will include consultation with individuals' day service providers.

Guidelines and protocols will be agreed with day service providers and the individuals to ensure appropriate communication is achieved with the centre

The PIC will meet with the HSE in order to review the support needs of all individuals within the centre

Proposed Timescale: 31/08/2017

Theme: Effective Services

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

The person in charge did not ensure that residents' personal plans were subject to review, and did not assess the effectiveness of the plans in achieving residents personal goals.

7. 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:

Tenants' personal support plans will be reviewed at the team meeting 05/07/17 and at key working meetings in July 2017.

Following each review, action plans will be put in place to meet the goals of the tenants.

A formal person centred annual review will be scheduled with each of the tenants and their circle of support which will be completed by 31/08/2017.

Following an up to date assessment of needs, a review of resources will be completed.

The PIC and PPIM will meet with the HSE in order to review the support needs of all individuals within the centre

Proposed Timescale: 31/08/2017

Theme: Effective Services

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

The services provided in this centre did not meet all of the residents' health and social care needs in this centre.

8. Action Required:

Under Regulation 05 (3) you are required to: Ensure that the designated centre is

suitable for the purposes of meeting the assessed needs of each resident.

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

Occupational Therapy Assessment was completed on 21/06/2017 to specifically assess risk of falling for one individual tenant. The Occupational Therapist will provide a falls prevention plan by 25/07/17.

PIC and PPIM will facilitate a meeting with resident and circle of support to explore options to address the assessed needs of the resident.

Following an up to date assessment of needs, a review of resources will be completed.

The PIC will meet with the HSE in order to review the support needs of all individuals within the centre

Proposed Timescale: 31/08/2017

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:

There were inadequate systems in place for the assessment and ongoing review of risks in the centre. For example, electrical wires were exposed at the electrical box.

9. 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:

The exposed wires at the fuse box have been secured and boarded in by a qualified electrician. Completed on 02/6/17.

Weekly and monthly hazard inspections are in place as per the organisation's Health and Safety Statement.

Health and Safety and Risk policy and procedures will be reviewed by the staff team as a standing agenda item at team meetings

Current maintenance contract arrangements will be reviewed to ensure there is an appropriate system in place to manage emergency requirements

Proposed Timescale: 31/08/2017

Theme: Effective Services

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

There arrangements in place for the management of healthcare associated infections were not effective. The centre was not clean, there was a strong smell of bodily fluids in two residents bedrooms, and mould was observed on the ceiling in a residents ensuite.

10. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

A comprehensive cleaning rota is in place - 21/06/17 and the PIC and PPIM will continue to carry out regular spot-checks of the premises.

A house meeting with all of the tenants took place to agree the support they required to maintain cleanness in their accommodation – 02/06/17. The agreed support required is reflected in the cleaning rota. - Complete

The carpets on the landing and in two bedrooms were immediately deep cleaned on the 1st and 2nd of June. The carpets will be replaced by 08/07/17.

The ceiling in the en-suite was cleaned and painted with anti mould paint on 02/06/17 - Complete

The source of the mould on the ceiling of the en-suite was traced to a leak. This leak was repaired on 20.6.17

Proposed Timescale: Completed

Proposed Timescale: 04/07/2017

Theme: Effective Services

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

The provider failed to ensure that there was a procedure in place to evacuate residents from the centre in the event of a fire.

11. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

Floor plans identifying escape routes and firefighting equipment are displayed by the

fire panel and in the staff bedroom.

Fire evacuation procedures are displayed by the fire panel in the main entrance and in the staff office, identifying the action to be taken in the event of a fire. Additional fire evacuation procedures are displayed in the kitchen by the fire exit. The evacuation plan was discussed with all staff members 13/6/17 and tenants on the 02/06/17

On site fire training for staff members and tenants took place on the 13/06/17.

The staff team will review the fire procedure and fire fact file at the team meeting on the 05/07/17 and will be a standing agenda item for all team meetings.

All individual PEEPs have been reviewed (01/06/2017) following the night time fire drill and will continue to be updated after each evacuation, as required.

The sensor in the bathroom has been changed to heat detector. Completed on 16/06/17

Proposed Timescale: Completed

Proposed Timescale: 04/07/2017

Theme: Effective Services

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

The provider failed to make adequate arrangements to contain fire in the centre.

12. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

A fire safety consultant was contracted to carry out a full inspection of the premises on 2nd, 10th, 13th of June 2017.

All recommendations will be completed by 15th July 2017 with the exception of the replacement kitchen door. A new fire door has been ordered and will be installed by 31st August 2017.

The glazing in the kitchen door achieves 30 minutes integrity, however has been temporarily boarded with fire retardant material, as advised by the fire consultant

Proposed Timescale: 31/08/2017

Theme: Effective Services

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

The provider failed to complete adequate fire drills to ensure that residents were aware of the procedure to follow in the event of a fire.

13. 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:

A night time fire drill was completed on the 01/06/2017

All individual PEEPs were reviewed (01/06/2017) following the night time fire drill and will continue to be updated after each evacuation and as required.

Proposed Timescale: Complete

Proposed Timescale: 04/07/2017

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:

Some staff working in this centre had not received training in the management of behaviour that is challenging including de-escalation and intervention techniques.

14. Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

All staff will have completed MAPA training by 06/07/17

Proposed Timescale: 06/07/2017

Outcome 10. General Welfare and Development

Theme: Health and Development

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

Residents were not supported to access opportunities in training, education and employment.

15. Action Required:

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

Individual personal support plans will be reviewed in key worker meetings with tenants during July and at the staff team meeting on the 05/07/17

Action Plans will be developed based on the choices of tenants and key workers will be responsible for overseeing the implementation of the action plan with oversight from the PPPIMs and the PIC.

A formal person centred annual review will be scheduled with each of the residents and their circle of support. This will be completed by 31/08/2017.

Proposed Timescale: 31/08/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

The provider had not ensured that there was a falls prevention and management plan in place for people with mobility issues.

16. 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:

Occupational Therapy Assessment was completed on 21/06/2017 to specifically assess risk of falling for one individual tenant. The Occupational Therapist will provide a falls prevention plan by 25/07/17.

PIC and PPIM will facilitate a meeting with the individual and circle of support to explore options to address the assessed needs of the tenant.

Proposed Timescale: 31/08/2017

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:

All of the requirements of schedule 2 documents were not available on the staff files.

17. Action Required:

Under Regulation 14 (5) you are required to: Obtain the information and documents specified in Schedule 2 in respect of the person in charge.

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

The qualifications for two staff members are now in their staff files. This was completed on 02/06/2017

The information and documents specified in Schedule 2 in respect of the person in charge are now on the individual's staff file

Proposed Timescale: 02/06/2017

Theme: Leadership, Governance and Management

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

The management systems in place did not ensure that the services provided in the centre were safe, appropriate to the residents' needs, consistent and effectively monitored.

18. 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:

As of 06/06/17 the PIC is rostered in the service two days per week to ensure appropriate management oversight of the centre.

The PPIM's hours are recorded on the roster.

Proposed Timescale: 06/06/17 Completed

Proposed Timescale: 06/06/2017

Theme: Leadership, Governance and Management

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

The centre was not adequately resourced to provide the effective delivery of care and support required by the residents in this centre.

19. Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is

resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

Following an up dated needs assessment and MDT feedback, the PIC and PPIMs will meet with the HSE to review appropriate staffing resources to meet the assessed needs of the tenants

Proposed Timescale: 31/08/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The person in charge did not maintain an actual and planned roster that reflected the actual staff on duty in the centre.

20. 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:

A planned and actual rota is in place

The hours allocated to support an individual living in the community is no longer provided from the allocated staffing hours within the centre

Proposed Timescale: 05/07/17 Completed

Proposed Timescale: 05/07/2017

Theme: Responsive Workforce

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

There were insufficient staffing hours allocated to this centre to meet the assessed needs of the residents.

21. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

Following an up dated needs assessment and MDT feedback, the PIC and PPIMs will

meet with the HSE to review appropriate staffing resources to meet the assessed needs of the tenants

Proposed Timescale: 31/08/2017

Theme: Responsive Workforce

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

All staff did not have the required training in fire safety management, managing behaviours that challenge, safe moving and handling, safeguarding and safety.

22. 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:

PIC completed fire training on 13/06/17

PIC will complete Manual Handling training by 14/07/17

PIC is sourcing a place on the organisation's in-house Safeguarding programme in July. Should this not be available the PIC is booked to have completed this training by 23/08/17

All staff will have completed MAPA training by 06/07/17

All staff will have completed Infection Control training by 31/08/17

Proposed Timescale: 31/08/2017