

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Shanlis
Centre ID:	OSV-0003648
Centre county:	Louth
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Company Limited By Guarantee
Provider Nominee:	Declan Moore
Lead inspector:	Jillian Connolly
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
09 November 2017 09:30	09 November 2017 17:30
10 November 2017 10:00	10 November 2017 14:30

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

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

Summary of findings from this inspection

Background to the inspection:

This was the third inspection of the centre. The last inspection was conducted in October 2015 following an application by the provider to register the centre under the Health Act 2007. At this time, HIQA could not recommend the centre for registration due to the failings identified and the impact that these deficits had on the quality of life of the residents. This inspection was conducted to assess if the provider had taken the appropriate action which resulted in a positive impact to residents' lives and to determine if the centre could be registered under the Health Act 2007.

How we gathered our evidence:

As part of this inspection, the inspector met four residents. The inspector also met with staff, observed practices and reviewed documentation such as residents' personal plans, health and safety documentation and audits. Residents, management and staff facilitated the inspection.

Description of the service:

The designated centre consists of one house located in Co. Louth. Services were provided to male residents over the age of 18. The centre is operated by St. John of God Community Services Limited.

Overall findings:

The findings of this inspection demonstrated that the provider had appropriately responded to failings identified on previous inspections. The governance and management structure in the centre had been strengthened which in turn resulted in an improvement in the quality and safety of care provided to residents. This was evident through the reduction in adverse events in the centre and the opportunities residents had to engage in activities.

Additional improvement was identified in the assessment of social care needs and implementation of social care plans.

Within this report, the inspection findings are presented under the relevant outcome. The action plan at the end of the report sets out the failings identified during the inspection and the actions required by the provider to comply with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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):

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

Findings:

The provider had policies and procedures in place for individuals to make a complaint. The inspector reviewed the records of complaints within the centre and found that residents were supported to make complaints to the provider by staff. However, while complaints were acknowledged and resolved, this was not done in the timeframe identified in the policy. Once a complaint was resolved, this was not formally communicated to the complainant and their satisfaction with the outcome was not identified.

The inspector observed the centre to be a homely environment, with staff engaging with residents in a dignified and respectful manner. Each resident had their own bedroom and skill teaching programmes had been introduced to ensure that the privacy of all residents was respected. The inspector observed locked cupboards for the storage of personal information. Residents took part in weekly meetings which were used as a forum for providing information to residents about the operation of the centre and consulting with residents on their wishes. Residents were also supported to execute their legal right to vote. There was an advocacy service available for residents.

Residents were supported by staff to manage their personal finances and possessions. There were regular checks conducted to ensure that monies were used appropriately.

Residents were supported to take part in a variety of activities. This included going for meals, coffee, walks, drives and day trips.

Judgment:

Substantially Compliant

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):

No actions were required from the previous inspection.

Findings:

The inspector observed that staff were aware of the individual communication needs of each resident. Some residents had been referred to the relevant allied health professionals and recommendations had been implemented by staff. The centre had information displayed in accessible forms. For example, the staff on duty was displayed via pictures on a notice board in the kitchen.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

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

Findings:

Visitors were welcome in the centre. There was a policy in place to ensure that this practice was in line with the needs and wants of residents. There was a separate sitting room for residents to meet visitors in private, if they wished.

Maintaining relationships with families was a focus in the centre. Residents were supported to send cards to family members and staff were exploring the option of video calling for some residents whose family members were abroad.

Residents accessed a variety of activities within the wider community, such as weekly tasks of grocery shopping or taking part in community events such as charity walks.

Initiatives had also commenced to support residents to meet with residents from other centres run by the same provider.

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):

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

Findings:

There had been no new admissions to the centre since the last inspection. However, there was a vacancy on the day of inspection. The inspector had the opportunity to meet the individual identified as moving into the centre as they were visiting on the day of inspection. There was a plan in place to support this admission. However, the inspector found that the admissions' policy of the provider did not provide sufficient information on the process for ensuring that all admissions to the centre considered the needs of all residents residing in the centre and the supports that may be required to accommodate an additional resident.

The inspector reviewed a sample of written agreements between the resident and/or their representative and the provider and found that they were signed by both parties. They also included the fees to be paid by residents including additional charges.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

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

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

Findings:

Residents were supported by residential staff to ensure that their health and social care needs were met. The inspector was informed at the commencement of the inspection that the provider had identified improvement was required in the assessment of residents' social care needs to ensure that they were adequately identified and the appropriate supports were in place. A review of personal plans confirmed that this was necessary.

Each resident had an assessment of their health and social care needs. The provider had an assessment tool in place for the assessment of both. Following the assessment, goals were identified, which aimed to meet residents' social care needs. The inspector found that the majority of goals were short, one off activities such as going on a holiday or to an event and were not consistently linked to the assessment. The assessment also consisted of statements of fact as opposed to identifying if a resident had a need in a particular area. For example, it was stated that a resident had no friends. It did not state if they required support in this area. However, residents were supported to achieve their goals. Work had commenced on developing this, and the inspector found examples of goals which were aimed at enhancing residents' skills and relationships such as participating in community events. Improvement was required to ensure that once goals were achieved, they were reviewed to assess the effectiveness of the goal. Staff informed the inspector that they were aware they required additional training in this area and had identified this to management. Management confirmed that they were in the process of sourcing training for the team.

Families were informed about the well being of their loved ones. They were also invited to attend annual reviews of the residents' personal plan. While these reviews identified residents' achievements in the previous year, they did not identify the impact of these achievements on the quality of lives of residents.

Residents had been referred to and assessed by allied health professionals. Recommendations from these reviews were incorporated in the personal plans. Staff were familiar with the strategies and told the inspector how they implemented them on a daily basis.

The inspector confirmed that if a resident was discharged from the centre, supports were put in place to ensure that continuity of care was provided.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The centre was a five bedroom house located in a rural setting. There was a town within a 5 minute drive of the centre and the inspector was told that this was the area in which residents sourced the majority of their services, such as their pharmacy and General Practitioner (GP).

The house was suitably decorated with well maintained external grounds. In the main, the house had been appropriately adapted to ensure accessibility of all residents. Work was underway to improve some areas, such as removing lips from external doors. There was a kitchen/dining room, sitting room, communal bathroom and utility room. One of the bedrooms had an en suite. The inspector observed residents' bedrooms to be suitably decorated and reflective of the individual living there. There was suitable heat and light on the day of inspection and arrangements in place for the disposal of waste. Residents told the inspector that they liked their home and were observed to be comfortable in their home.

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:

The provider had policies and procedures in place to promote the health and safety of residents, visitors and staff. This included a centre specific safety statement and risk management policy. The risk management policy contained all of the information as required by Regulation 26. Management had also developed a risk register which provided oversight of the clinical, operational and environmental risks in the centre.

There was a risk assessment in place for each hazard. Individual risk assessments had been completed to support residents to live their lives in the manner of their choosing. The inspector observed that if a risk was identified as being unacceptable, the risk management policy was implemented to ensure that control measures were identified to reduce the risk to residents without placing an undue restriction on the individual involved.

The inspector reviewed the record of all adverse events within the centre and found that appropriate action was taken to reduce the likelihood of a reoccurrence.

The provider had policies and procedures in place to promote appropriate hygiene practices and prevent the risk of health care associated infections. However, the inspector found that they did not provide adequate guidance on the centre specific practices which was required due to associated risks.

There were systems in place for the prevention and management of fire. This included the provision of a fire alarm, emergency lighting, fire extinguishers and measures in place for the containment of fire, if required. Staff completed regular checks of the equipment and escalated any identified concerns to the appropriate personnel. Staff had also received training in the policies and procedures and were aware of the procedure to be followed. Individual evacuation plans had been completed for residents and the local fire services had visited the centre to have oversight of the needs of residents and the potential hazards which may present themselves. Fire drills occurred in the centre at regular intervals and confirmed that residents could be evacuated to a place of safety in an appropriate timeframe.

Judgment:

Substantially Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

The inspector observed residents to be comfortable in their home and in the presence of

staff. There were policies and procedures in place for the protection of vulnerable adults and staff had received training in them. Staff understood what constituted abuse and the actions to be taken if a concern arose. The provider had identified an individual to manage all allegations or suspicions of abuse if a need arose.

Positive behaviour support was a requirement within the centre. Residents had been assessed by the appropriate professionals and plans had been developed to support residents. However, improvement was required to ensure that all efforts were made to identify and alleviate the cause of a resident's behaviour. For example, the inspector reviewed records which involved residents exhibiting behaviours that challenged. In some instances, it was stated that there was no reason for the incident occurring. However, there were environmental factors described which were linked to triggers identified in the plans. Some staff had not received training in positive behaviour support or break away techniques.

A record was maintained of restrictive practice within the centre. The provider had a committee in place for the authorisation of restrictive practices and they were reviewed at three monthly intervals. All psychotropic medication for the management of behaviours in the centre had been discontinued.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

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

Findings:

The person in charge had informed HIQA of all adverse events as required by regulation 31.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

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

Findings:

Residents did not attend a formal day service and were supported by residential staff for all opportunities for training, education and employment. Initiatives had commenced in developing skills teaching programmes. However, the inspector found that these opportunities were limited. Residents' assessments stated if residents did or did not have opportunities in this area. However, did not identify if this was an area which they would like support.

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:

Residents' health and well being was promoted within the centre. Residents had regular access to their General Practitioner (GP) and additional services if a need arose.

Residents' health care needs were assessed and identified in their personal plans. Specific interventions were reviewed and agreed with the appropriate health care professional. Staff were clear on the care that residents required. Residents' health care plans were reviewed to evaluate if the plan of care was effective and met the needs of residents.

Residents stated that they liked the food in the centre. The weekly menu was decided at the residents' meetings. Residents were supported to monitor their weight. Assessments had been completed by allied health professionals for food modification, if required. Staff were clear on the supports that residents required and the inspector observed residents being provided with this support on the day of inspection.

The inspector found that residents' wishes in respect of their end of life care had been recorded, in consultation with their family.

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):

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

Findings:

There were policies and procedures in place which promoted safe medication management practices. The inspector observed medication to be stored in a secure location. Only staff who were authorised to administer medication had access to medications.

The inspector reviewed a sample of prescription records and found that they contained all of the necessary information. This included the name and date of birth of the resident, the name of medication, the dose to be administered and the times of administration. The administration record demonstrated that medications were administered at the time prescribed. The maximum dosage for PRN medicines (medicines only taken as the need arises) was stated. Prescriptions were reviewed by the prescriber at a minimum of a six monthly basis.

There were guidelines in place for the circumstances in which PRN medicines could be administered. Staff demonstrated that they were clear on the circumstances.

There was a system in place for the receipt and return of medication from the pharmacy.

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.

<p>Theme: Leadership, Governance and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: The provider had submitted a statement of purpose as part of the application to register the centre under the Health Act 2007. The inspector reviewed the document and found that it contained all of the information as required by Schedule 1.</p>
<p>Judgment: Compliant</p>

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.

<p>Theme: Leadership, Governance and Management</p>
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<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: There were systems in place for the oversight of the care and support provided to residents.</p> <p>There was a clear management structure in place. The frontline manager of the centre held the post of clinical nurse manager 1. They had the responsibility for 3 designated centres. They reported to the person in charge. The person in charge held the post of clinical manager 3 and had the responsibility for six designated centres. They had been interviewed during previous regulatory activity and were found to meet the requirements of the regulations at that time. The person in charge reported to the director of care and support who reported to the regional director. The regional director was the contact person for HIQA. There were clear reporting structures in place in which each of the pre mentioned met to review the operation of the centre.</p> <p>The inspector found that the provider had a variety of audits in place, which were conducted in the centre. The centre also had a quality enhancement plan in place. The purpose of this was to compile all of the actions arising from audits, the unannounced</p>
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visit by the provider and HIQA inspections. The inspector found that any actions arising from the audits were addressed in the appropriate time frame.

There had been an annual review of the quality and safety of care in the centre. This included the views of the resident's family.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The provider was aware of the responsibility to notify the Chief Inspector if the person in charge was absent for more than 28 days and had done so when required.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

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

Findings:

The inspector observed the centre to be adequately resourced to meet the needs of the residents on the day of inspection. There was sufficient food, heat and light. Staff stated that they were provided with additional resources, if required and there was flexibility to ensure that the needs of residents were met.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The inspector found that there was adequate staff available on the day of inspection to meet the needs of residents. A sample of rosters confirmed that this was the standard staffing levels. Staff stated that they felt the staffing levels were appropriate to meet the needs of residents and to provide continuity of care.

Staff had received mandatory training. However, refresher training had not been provided to all staff in manual handling. Not all staff had received training in the safe administration of medication. Additional training had been provided in basic first aid based on identified risks in the centre.

Staff received supervision on a formal and informal basis. This was a forum for development.

Staff meetings occurred which was used as a forum of communication and learning.

The inspector reviewed a sample of staff files and found that they contained all of the information as required by Schedule 2.

Judgment:

Substantially Compliant

Outcome 18: Records and documentation

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

residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

The inspector confirmed that the provider had all of the policies as required by Schedule 5.

The records required in respect of each individual resident were also maintained. Additional records required by Schedule 4, such as the maintenance of equipment were also maintained.

There was a directory of residents maintained which contained the pertinent information.

The provider had submitted evidence of insurance as part of the application to register the centre under the Health Act 2007.

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:

Jillian Connolly
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 St John of God Community Services Company Limited By Guarantee
Centre ID:	OSV-0003648
Date of Inspection:	09 & 10 November 2017
Date of response:	01 December 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 Registered Provider is failing to comply with a regulatory requirement in the following respect:

Once a complaint was resolved, this was not formally communicated to the complainant and their satisfaction with the outcome was not identified.

1. Action Required:

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

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

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

- 1.All complaints which have been resolved have been communicated to the resident involved and there satisfaction level sought and documented.
- 2.Staff have been reminded of the timeframes to address complaints as per the service policy

Proposed Timescale:

- 1.1st Dec 2017
- 2.9th Dec 2017

Proposed Timescale: 09/12/2017

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 admissions' policy of the provider did not provide sufficient information on the process for ensuring that all admissions to the centre considered the needs of all residents residing in the centre and the supports that may be required to accommodate an additional resident.

2. 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:

- 1.The admissions policy will be reviewed to ensure that the service considers and documents the needs of all residents residing in the centre, and the supports that may be required to accommodate an additional resident, before an admission proceeds.

Proposed Timescale: 30/12/2017

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:

Reviews of personal plans did not take into account the effectiveness of the plan.

3. Action Required:

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

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

1.A documented review to measure the effectiveness of all residents' personal plans will take place, this will be audited quarterly, with modifications made and documented as required.

Proposed Timescale: 30/03/2018

Theme: Effective Services

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

Personal plans did not consistently identify the supports residents required to maximize their development.

4. Action Required:

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

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

1.All Social Goals will be checked to ensure that they identify the supports that the resident requires.

Proposed Timescale: 30/01/2018

Theme: Effective Services

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

Assessments contained statements as opposed to identifying if a resident had a need in a particular area

5. Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

1.All social goal assessments will be reviewed to ensure that they are addressing the resident's identified needs.

Proposed Timescale: 30/01/2018

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:

Infection control procedures did not provide adequate guidance on the centre specific practices which was required due to associated risks.

6. 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:

1.The infection control procedures within the centre will be reviewed and amended to address centre specific risks.

Proposed Timescale: 30/12/2017

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:

Not all staff had training in breakaway techniques.

7. 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:

1.All staff will receive breakaway techniques training via Management of Actual or Potential Aggression (MAPPA).

Proposed Timescale: 30/01/2018

Theme: Safe Services

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

Some staff had not received training in positive behavior support.

8. 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:

1.All staff will receive training in Positive Behaviour Support

Proposed Timescale: 30/01/2018

Theme: Safe Services

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

Not all efforts were made to identify and alleviate the cause of residents' behaviour.

9. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

1.All staff will be re-inducted into the recording, documentation and analysis of Behaviours of Concern (ABCs).

Proposed Timescale: 30/01/2018

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' opportunities for access to education, training and employment were limited.

10. 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:

1.A needs and interests analysis will take place for residents in the area of education, employment and training. Where a need and interest is identified, a plan will be put in place, reviewed and evaluated

2.A training session on New Directions will be organised and delivered to assist staff identify needs and interests in education, training and employment

Proposed Timescale:

1.30.04.18

2.28.02.18

Proposed Timescale: 30/04/2018

Outcome 17: Workforce

Theme: Responsive Workforce

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

Refresher training had not been provided to all staff in manual handling. Not all staff had received training in the safe administration of medication.

11. Action Required:

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

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

- 1.All staff who require Manual Handling will receive this training
- 2.All Staff who required Safe Administration of Medication training have received this training

Proposed Timescale:

1.30.02.17

2.24.11.17

Proposed Timescale: 24/11/2017

