

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Group E - Community Residential Service Limerick
Centre ID:	OSV-0003943
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Provider Nominee:	Geraldine Galvin
Lead inspector:	Cora McCarthy
Support inspector(s):	Geraldine Ryan
Type of inspection	Announced
Number of residents on the date of inspection:	8
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 12 July 2017 08:30 To: 12 July 2017 17:30

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

Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection

This inspection was undertaken to inform a registration decision. The previous inspection was on 28 June 2016 and, as part of this inspection, the inspectors reviewed the actions the provider had undertaken since the previous inspection.

How we gathered our evidence

As part of the inspection, the inspectors met with residents who reported that they were happy with life in the centre and their choices were promoted at all times; the support they received was respectful and they were facilitated to access activities and services in the community. The inspectors reviewed documentation such as policies, procedures and risk assessment. The inspectors met four residents, staff members, the person in charge, the provider representative, the clinical nurse manager (CNM) and other members of the management team.

Description of the service

The provider must produce a document called the statement of purpose that explains the service they provide. The inspector found that the service was being provided as it was described in that document. The centre comprised two domestic style houses located in a suburban area close to large city. The service was available to adult men and women who have mild to moderate intellectual disabilities. At the time of the

inspection, the residents were all female and many had reached retirement age.

Overall findings

The inspectors found a major non-compliance in Outcome 07: Health and Safety and Risk Management. A report by a qualified professional in August 2014 stated that there were inadequate fire containment measures in the centre; these measure had not been addressed.

The inspectors were satisfied that the provider had put systems in place to ensure that the regulations were being met in a number of areas. Good practice was identified in the following:

- evidence of multidisciplinary team involvement and review (outcome 5)
- the premises met residents' needs in a homely and comfortable way (outcome 6)
- residents stated that they felt safe (outcome 8).

However, the following were noted

- inadequate fire safety precautions (outcome 7)
- a robust system for reviewing and monitoring safe medication management practices was not in place.

These findings are further detailed under each outcome in the report and the regulations that are not being met are included in the action plan at the end.

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

Outcome 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):

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

Findings:

Overall, residents' wellbeing and social care needs were being maintained by a high standard of evidenced-based care and support. There was clear evidence of multidisciplinary team review for all residents, in line with their needs, including psychiatry, speech and language therapy, general practitioner (GP), optical, audiology and psychology services.

A sample of residents' plans was reviewed. An assessment of the health, personal, social care and support needs of the resident was completed annually and the information recorded as part of the assessment was individualised and person centred. The assessment formed the basis of an individual plan of care. A plan of care had been developed for each resident and this plan outlined residents' needs in many areas including communication and sensory, eating and drinking, intimate care and relationships. Residents with whom the inspector spoke confirmed that they were consulted with and participated in the development of the plan of care. Personal plans were made available to residents in an accessible format.

Goals and objectives were clearly outlined. Goals were specific; the person responsible for supporting the resident in pursuing the goal and the timeframe were clearly outlined. There was evidence of resident involvement in agreeing and setting individual goals. There was also evidence that goals were achieved for example one resident had set a goal of completing a 5 km charity walk and was facilitated to do so. Residents described their goals for the coming year which included setting up a post office account in order to save for a trip away. It was clear that the goals developed for residents would maximise each resident's personal development and independence.

The person in charge outlined that the plan of care was subject to a review on an annual basis or more frequently if circumstances change. The inspector saw evidence that the review was carried out with the maximum participation of the resident. The review assessed the effectiveness of the care plan and whether the goals identified had been achieved.

A hospital passport was available in the event of a resident being transferred to hospital. The passport contained comprehensive information in relation to the needs of the resident including communication, personal care and healthcare.

The inspector reviewed residents' records and found information was personal and meaningful to each resident. This included information about friends and family, the residents' activity programme, consent forms, holiday details, photographs, voting preferences and information about how choice may be facilitated.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

Findings:

The design and layout of the centre was in line with the centre's statement of purpose and met residents' individual and collective needs in a homely and comfortable way. Each resident had her own bedroom.

The centre comprised two domestic detached houses located within a short drive of each other. The centre was located in the suburbs of a large city close to local amenities and transport links.

House A was a bungalow and comprised seven bedrooms. One of the bedrooms was for staff use and doubled up as office space. Another unoccupied room was used as an overflow office. Adequate sanitary facilities were provided with one en-suite bedroom, a shower room and bathroom.

House B was a two storey house and comprised five bedrooms. One bedroom on the

ground floor was occupied by a resident. Three of the four bedrooms located on the first floor accommodated residents; the fourth bedroom was for staff use and doubled up as office space. Adequate sanitary facilities were provided with one en-suite bedroom, downstairs toilet and shower room.

The provider was asked to ensure that there was adequate private space for all residents being cognisant of a new resident transitioning into the centre. Bedrooms were personalised with the resident's choice of soft furnishings, photographs and personal memorabilia. Adequate storage space was provided for residents' personal use. Apart from the residents' own bedrooms, there were options for residents to spend time alone if they wished with a sitting room, kitchen and dining area provided in both premises. A pleasant sun room and garden was available for residents in house A.

The centre was clean and suitably decorated. The residents had input into the décor of the centre and each area reflected the residents choice. There was adequate heating, lighting and ventilation and the centre was free from major hazards. There were suitable and sufficient furnishings, fixtures and fittings. Suitable adaptations such as grab rails and shower chairs were provided.

Each premises had a kitchen fitted with appropriate cooking facilities and equipment. Adequate laundry facilities were provided and residents were supported to launder their own clothes if they so wish.

A contract was in place for the disposal of waste.

However, the maintenance of garden and paving in house B required attention. The side gate to the residents private garden was unlocked and the pump house was also unlocked and had paint stored inappropriately in it. The provider representative gave an undertaking to remedy this.

Judgment:

Substantially 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):

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

Findings:

Inspectors found that individual risks were identified, assessed, regularly reviewed and documented on residents' files. However, the provider representative confirmed that due

to lack of resources, fire containment measures, as recommended by an external consultant, had not been completed.

Residents living in the centre had a suite of comprehensive individual risk assessments completed. Risk assessments were reviewed regularly and recommended supports from the multidisciplinary team put in place. At the time of inspection, inspectors found that staff and management were aware of the potential risks in the centre and the control measures in place to reduce or manage these risks.

Inspectors found adequate interim fire safety systems in place in the designated centre. For example, there was a fire detection and alarm system, fire fighting equipment and emergency lighting system. Documentation evidenced that routine servicing of fire equipment was carried out in the centre. However, the provider confirmed that due to lack of resources, fire containment measures, as recommended by an external consultant, had not been completed. The provider representative stated that the provider had applied to their funding body for the installation of measures to address fire containment. To date, this funding had not been approved.

Inspectors found that there was a written fire procedure on display and fire drills were been carried out and recorded on a routine basis. There was evidence of who participated (residents and staff) in the fire drills and the timeframes for the fire drills were recorded.

There was a detailed emergency plan outlining how to deal with certain events such as the loss of power or flooding.

Staff informed inspectors that they had received training in fire safety and evacuation; training records reviewed supported this.

Inspectors reviewed records of accidents and incidents and found that each recorded incident was reviewed and addressed.

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):

Findings:

Measures were in place to protect residents from being harmed or suffering abuse. A restraint-free environment was promoted. Supports were in place to ensure that residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges.

There was a policy and procedure in place in relation to the safeguarding of vulnerable adults. The policy identified the designated safeguarding officer and their deputy. The policy and procedure were comprehensive, evidence based and would effectively guide staff in the reporting and investigation of incidents, allegations or suspicions of abuse.

Training records confirmed that all staff had received training in understanding and responding to incidents, suspicions or allegations of abuse. Staff with whom the inspector spoke, were knowledgeable of what constitutes abuse and the steps to take in the event of an incident, suspicion or allegation of abuse. Residents confirmed to the inspectors that they felt safe in the centre and that they knew who to talk to if they needed to report any concerns.

The provider representative and person in charge monitored the systems in place to protect residents and ensure that there were no barriers to staff or residents disclosing concerns.

The inspector noted that all incidents, allegations and suspicions of abuse since the last inspection were appropriately recorded, investigated and responded to in line with the centre's policy, national guidance and legislation.

There was an intimate care policy in place which outlined how residents and staff were protected. Each resident had an intimate care plan which was reviewed on a regular basis.

A policy was in place to support residents with behaviours of concern. The policy was comprehensive and efforts were made to identify and alleviate the underlying causes of behaviours of concern. Training records confirmed that training was provided to staff in the management of behaviours of concern including de-escalation and intervention techniques.

At the time of the inspection, residents did not require support with behaviours of concern. Staff with whom the inspector spoke were aware of the process of how to access specialist input if required.

A policy in relation to restrictive practices was in place. It was comprehensive and in line with evidence-based practice. Staff demonstrated that they were knowledgeable in relation to the policy and outlined that restrictive practices were not in use in the centre at the time of the inspection.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

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

Residents' overall healthcare needs were met; residents had access to appropriate medical and allied health professional services. Inspectors reviewed a sample of two residents' files and there was evidence of timely and frequent access to the general practitioner (GP). However, one resident's hospital passport required updating with correct information with regard to the resident's medication and another resident's personal plan had not been updated with recommendations from an allied health professional (a physiotherapist).

Inspectors were satisfied that residents had ongoing access to allied health professionals including speech and language, physiotherapy, specialist medical and surgical services, chiropody, dentistry, optical and dietetics. Records of referrals and reports of the consultations were maintained in residents' files. However, one resident's personal plan had not been updated with recommendations from an allied health professional (a physiotherapist). There was evidence that where treatment was recommended and agreed by residents, this treatment was facilitated.

There was evidence on documentation that residents and their representatives were consulted about and involved in their own healthcare requirements.

The centre had a protocol in place for the management of epilepsy and emergency medication. While nursing staff were not available fulltime in the centre which was appropriate to the assessed needs of the residents, nursing staff were available and an on-call nursing support was in place.

Staff and residents confirmed that residents had choices in relation to food and they also helped staff according to their capacity to prepare food. There was sufficient and a variety of food available and staff demonstrated that they knew the residents' preferences in this area. While a menu was available the provider representative stated that it had not been reviewed and assessed by a dietician to ensure that the menu available met the dietary requirements of all residents; for example; residents with high cholesterol. In addition, residents whose food intake was monitored and recorded, these records had not been reviewed by a dietician.

Judgment:

Substantially Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The medicines management policy detailed the procedures for safe ordering, prescribing, storing administration and disposal of medicines. Medications for residents were supplied by a local pharmacy. However, in one house, documentation pertaining to residents' medication was not maintained in an organised manner and was not easy to retrieve. Medication administration times did not match the times as outlined in the residents' prescription sheet. A robust system for reviewing and monitoring safe medication management practices was not in place.

Staff demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. Residents' medication was stored and secured in a locked cabinet, within a locked office in each premises and there was a key holding procedure in place. Staff confirmed that medicines requiring additional controls were not in use at the time of inspection nor were medicines that required refrigeration.

A sample of medication prescription and administration records was reviewed by an inspector. Medication administration sheets identified the medications on the prescription sheet and allowed space to record comments on withholding or refusing medications. However, staff recording of medication administration required review; for example; staff were not individually signing that medicines were administered at the times prescribed or that residents were gone on holiday.

An inspector reviewed a sample of medication related incident forms and saw that incidents were identified, reported on an incident form and there were arrangements in place for investigating incidents.

There was evidence that residents were offered the opportunity to take responsibility for their own medicines. Staff with whom inspectors spoke confirmed that no residents were self-administering medication at the time of inspection. The centre policy stated that residents assessment to self administer medication was to be carried out by a registered nurse. However, one assessment had not been carried out by a registered nurse and it was not dated.

Staff outlined how out-of-date medications were stored; in a secure manner and segregated from other medicinal products and returned to the pharmacy for disposal.

Training had been provided to staff on medication management and the administration of a rescue medication.

The clinical nurse manager showed an inspector an audit of medication that had been undertaken. However, it did not review or monitor safe management practices in that the audit identified the name of the resident, the medication and dosage, and no other information was available. This is actioned under outcome 14: Governance and Management.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

Overall, reassurances were required to ensure that there were effective management systems in place to support and promote the delivery of safe, quality care in the centre.

There was a management structure in place, however, it did not clearly identify the lines of authority and accountability and details of responsibilities for the areas of service provision.

The social care leader was recently appointed as person in charge to houses A and B. She and was committed to her own professional development. The person in charge demonstrated sufficient knowledge of their statutory responsibility. The inspector spoke with the staff who confirmed that the person in charge was always accessible. The person in charge had many years' experience and was employed full time by the organisation and demonstrated an in-depth knowledge of the residents and residents were noted to be comfortable in her presence.

However, in addition to being the person in charge of the designated centre they were

also the social care leader over a third house. The person in charge oversaw the governance and operational management of three houses; this also included providing cover for sick leave. The provider representative was asked to review this arrangement to ensure the person charge met their regulatory responsibilities.

The provider representative had scheduled regular visits to the centre; this was also noted in the minutes of meetings.

There was a comprehensive annual review of the quality and safety of care in the designated centre which outlined areas for improvement with an associated action plan. The person in charge confirmed that progress was being made on actions.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

Findings:

The training matrix indicated that staff training was up-to-date and that staff demonstrated that they were competent to deliver care and support to residents; their learning and development needs were met.

There was a planned and actual staff roster in place which showed the staff on duty during the day and the sleepover staff on duty at night. Based on observations, a review of the roster and these inspection findings, the inspector was satisfied that the staff numbers, qualifications and skill-mix were appropriate to meeting the number and assessed needs of the residents. The person in charge and person nominated to act on behalf of the provider outlined that every effort was made to ensure a consistency and continuity in staffing.

Regular staff meetings were held every month and were attended by the person in charge. Items discussed included health and safety, complaints, audit findings, supervision, maintenance and residents' needs. A system of supervision had been implemented that was meaningful and impacted positively on the quality of care provided.

Staff were able to articulate clearly the management structure and reporting relationships. The inspector saw that copies of both the regulations and the standards had been made available to staff and staff spoken with demonstrated adequate knowledge of these documents.

Staff files were kept centrally at the organisation's head offices and were not examined as part of this inspection. However, there was evidence of staff recruitment and an induction process was in place.

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:

Cora McCarthy
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 Daughters of Charity Disability Support Services Company Limited by Guarantee
Centre ID:	OSV-0003943
Date of Inspection:	12 July 2017
Date of response:	11 August 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 06: Safe and suitable premises

Theme: Effective Services

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

The garden and paving area required maintenance and the pump house had paint inappropriately stored in it

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

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

A Gardener has been contracted to complete the maintenance of the garden and paving area and the paint tins have been removed from the centre.

Proposed Timescale: 18/08/2017

Theme: Effective Services

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

The provider must ensure that there is adequate private space for the residents including a new resident transitioning in.

2. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

The provider will meet with the residents, including the resident transiting in and discuss their individual preferences of private space. Each resident's choice for private space will be documented and reviewed at regular intervals to ensure that each resident is satisfied with the level of personal space afforded to them.

Proposed Timescale: 30/09/2017

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:

Fire containment measures, as recommended by an external consultant, had not been completed.

3. Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

We have reviewed the report by the fire consultant and confirm that of the nine risks identified six have been addressed in each of the residences including upgrading the fire alarm systems to L1 standard. The fire detection system and emergency lighting systems have been tested by a competent person for 2017. The Service is committed to

addressing the issues as outlined in the consultant's report. A costed plan in relation to the necessary works for each of the centres has been submitted to the HSE on 20/07/17 seeking additional resources with a view to completing the works. The HSE have indicated that they have forwarded this request to the Social Care National office and we are awaiting a response.

Proposed Timescale: 17/10/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

One resident's personal plan had not been updated with recommendations from an allied health professional (a physiotherapist).

4. 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:

The respective resident's personal plan has since been updated with the recommendations from the allied health professional. The service has committed to undertake a formal review of the roles of the Clinical Nurse Managers and PICs, which will incorporate the requirement to meet residents' health care needs. This review will be completed by 2/10/17.

Proposed Timescale: 27/10/2017

Theme: Health and Development

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

While a menu was available, the provider representative stated that it had not been reviewed and assessed by a dietician to ensure that the menu available met the dietary requirements of all residents; for example; residents with high cholesterol. In addition, residents whose food intake was monitored and recorded, these records had not been reviewed by a dietician.

5. Action Required:

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

The Provider has enlisted a Clinical Nurse Specialist in Nutrition who is presently

reviewing each resident's dietary plan and their records to ensure they are in accordance with nutritional best practice standards. The CNS in Nutrition will then refer any resident that she has assessed as requiring dietetic input to a contracted Dietician. The service has committed to undertake a formal review of the roles of the Clinical Nurse Managers and PICs, which will incorporate the requirement to meet residents' health care needs. This review will be completed by 2/10/17.

Proposed Timescale: 02/10/2017

Outcome 12. Medication Management

Theme: Health and Development

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

The centre policy stated that residents assessment to self administer medication was to be carried out by a registered nurse. However one assessment had not been carried out by a registered nurse and was not dated.

6. Action Required:

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

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

All residents self-administration assessment are currently being reviewed and completed by a nurse and will ensure that all contain the recent assessment dates and signature of the nurse. The Provider Nominee will review current self-assessment practices to ensure that they are in line with centre policy.

Proposed Timescale: 31/08/2017

Theme: Health and Development

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

Medication administration times did not match the times as outlined in the residents' prescription sheet.

7. Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

All staff have been met by the Provider and outlined their regulatory requirement to ensure administration times are as prescribed on the prescription sheet. The PIC will routinely audit the administration record sheet and complete unannounced visits to observe staff administer residents their medication at the times specified in their prescription sheet.

Proposed Timescale: 15/09/2017

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:

The person in charge oversaw the governance and operational management of three houses; this also included providing cover for sick leave. The provider representative was asked to review this arrangement to ensure the person in charge met their regulatory responsibilities.

8. Action Required:

Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

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

The provider representative has reviewed the governance and operational management of one of the 3 houses which is not included in this centre and this house has been removed from the Person in Charge's responsibility. Supernumerary time has been allocated to the PIC which can be increased as required to meet the requirements of the PIC role and the needs of the residents. PIC Supernumerary time will be incorporated in the formal review which is led by the service.

Proposed Timescale: 07/08/2017

Theme: Leadership, Governance and Management

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

There was a management structure in place however it did not clearly identify the lines of authority and accountability and details of responsibilities for the areas of service provision.

9. Action Required:

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service

provision.

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

The Provider Representative, the Service ACEO, The Director of Nursing and the Director of Human Resources met on 04/08/2017 to agree and outline a required action plan to ensure the service complies with this regulatory requirement. It has been agreed by the Provider Representative, the Service ACEO, The Director of Nursing and the Director of Human Resources that a formal review is required of the Governance structures of CRS with an initial review of the roles and responsibilities of the PICs and CNMs.

Proposed Timescale: 27/10/2017