

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Youghal Community Houses
Centre ID:	OSV-0004645
Centre county:	Cork
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Lead inspector:	Carol Maricle
Support inspector(s):	Conor Dennehy
Type of inspection	Announced
Number of residents on the date of inspection:	12
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 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: 29 November 2017 10:20 To: 29 November 2017 17:30

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 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 10. General Welfare and Development
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
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 fourth inspection of this designated centre for adults with disabilities and it was conducted to inform the registration of the centre. This inspection primarily focused on the action plan that arose from the previous inspection.

Description of the service

The centre comprises three community houses. According to the statement of purpose, the service was available to 12 adult males and females who had a diagnosis of an intellectual disability and or autism. The person in charge told inspectors that some residents required minimal support and were very independent while others required higher levels of support and assistance. Residents ranged in age from 60 to 80 plus years of age.

How we gathered our evidence

Inspectors spoke with eight residents from the three houses over the course of the

inspection. Residents said that they were very happy with the service they received, they were comfortable and that they knew who was in charge. Some enjoyed discussing with the inspectors their interests and hobbies, daily routines and place of work. The inspectors read five questionnaires completed by residents and one questionnaire completed by a representative of a resident. Where residents, either during the inspection or in their questionnaires, referred to things that they would like to change, the person in charge was aware of these issues and could demonstrate to the inspector the actions taken to address same. Residents also confirmed their involvement in residents' meetings.

Overall judgment of our findings

Overall, inspectors found that significant improvements had been made in the centre since previous inspections. The majority of the actions identified at the previous inspection had been implemented by the provider. There was an effective management team in place and this meant that there was good governance. The houses were homely, warm, comfortable and in keeping with neighbouring houses. Residents were observed to have a good relationship with all levels of staff, including the management team. It was clear that the residents took pride in their home, their hobbies and interests. Photographs on display throughout the houses clearly showed how the residents integrated with the local community.

The inspector found that the majority of actions from the previous inspection had been implemented. There were some actions that arose as a result of this inspection; for example:

- aspects of the complaints system (Outcome 1)
- multidisciplinary review of personal planning arrangements (Outcome 5)
- fire drills (Outcome 7)
- annual review and documents pertaining to registration (Outcome 14)
- resource issues (Outcome 16)
- training (Outcome 17)
- records (Outcome 18).

The reasons for these findings are explained under each outcome in the report and the Regulations that are not being met are included in the action plan at the end.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents' rights and choice were promoted within the designated centre while they were supported to engage in activities which were meaningful to them.

Throughout the inspection process positive and respectful interactions were observed between residents and staff members. There seemed to be good relationships between residents and staff with both appearing comfortable in each other's company.

Consultation with residents was provided for through resident meetings. Such meetings took place on a regular basis in each unit of the designated centre. Residents spoken to confirmed that these took place and inspectors reviewed minutes of these meetings where issues such as safeguarding, complaints, meals, emergencies and activities were discussed.

From observing practice and talking to residents and staff it was clear that residents were supported to exercise choice and control in their lives. For example staff discussed how if a resident chose not to attend their day services or work placement on a particular day then this was respected. One resident outlined how what activities they engaged in was their own choice while a staff member was observed to offer another resident choice with regard to a meal provided. Residents also spoke about choosing the furniture and decorations in their bedrooms.

During the inspection, one resident discussed with inspectors how they shared a bedroom with another resident and that they would like their own bedroom. While the use of shared bedrooms in the designated centre had reduced since the previous inspection, the provider representative outlined that it was not possible, at the time of

this inspection, to provide each resident with their own bedroom. However they also discussed plans to introduce waking night staff into two units of the centre in place of sleepover staff. This would ensure that additional bedrooms were made available for residents to have their own bedroom. This has been commented upon in Outcome 16.

Residents were supported to engage in activities of their choice which were meaningful to them. Various activities were referred to in the minutes of resident meetings and in residents' personal plans. Residents spoken with during inspection indicated that they engaged in various activities such as shopping trips, horse riding, walks, meals out in neighbouring towns, attending mass and trips to the cinema.

Residents were aware of their right to complain and were supported to make complaints. The procedure for complaints was observed to be on display in each unit of the designated centre and a complaints officer was in place. Inspectors saw evidence that complaints raised had been addressed. It was the responsibility of the complaints officer, who was also the person in charge, to respond to complaints and maintain a log of any complaints. Inspectors reviewed this log and noted that it contained details of the nature of the complaints made and any actions taken. While the satisfaction of complainants was mostly recorded in this log, two complaints were seen where it was not.

The complaint procedure was informed by a local complaints policy which had been last reviewed in May 2017. However, when reviewing this policy and from talking with provider representatives and the person in charge, it was unclear what person the registered provider had nominated to ensure that all complaints were responded to appropriately and that a record of all complaints was maintained by the complaints officer.

Residents were supported to manage their finances and records of any transactions were kept within the designated along with corresponding receipts. A sample of such records was reviewed by inspectors with balances outlined corresponding with residents' financial transactions. Residents were supported to maintain control over their personal possessions with storage facilities provided in their bedrooms such as wardrobes and chests of drawers. A staff member also outlined how residents were supported to manage their own laundry and how they were supported to vote if they wished to do so.

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:

Inspectors were satisfied that residents were facilitated to communicate in accordance with their assessed needs and their wishes.

A sample of residents' personal plans were reviewed. Within these inspectors found that the communication abilities of residents were clearly set out along with guidance for staff on how to converse with residents. Additional guidance documents were also made available to staff to increase their understanding of residents' communication methods. For examples inspectors were shown personalised booklets of gestures and expressions which were used by residents.

Residents were also provided with communication aids, such as pictures boards, and assistive technology where required. Staff members spoken with demonstrated a good knowledge of the specific communication needs of the residents who they supported. Throughout the inspection, staff members were observed communicating with residents in an appropriate manner and in line with their assessed needs.

Residents also had access to telephones and to media such as radio and television.

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):

No actions were required from the previous inspection.

Findings:

Support was provided to residents to access the community and develop and maintain personal relationships.

Staff members informed inspectors how residents were supported to participate in the local community and how maintaining contact with residents' friends and relatives was facilitated and encouraged. Inspectors were also told of how residents' relatives and representatives were invited to participate in reviews of residents' personal plans. In a pre-inspection questionnaire, the relative of one resident also outlined how contact with the resident was maintained.

Residents spoken with indicated they were involved in the community and had regular contact with friends, relatives and their representatives through visits and by telephone. Records reviewed also indicated that residents had regular access to the community and were supported to develop and maintain their personal relationships.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Not all components of this outcome were reviewed as the inspector focused upon actions arising from the previous inspection. At the previous inspection, improvements were required in aspects of personal planning and the assessment of the needs of residents.

At this inspection, it was found that systems were in place regarding the assessment of the needs of all residents. Some residents had had an assessment of their needs conducted by an external agency in 2016. There were written recommendations that arose from these assessments. Some recommendations had been implemented whereas others were outstanding, such as staff training. This has further commented upon in Outcome 17. Other residents had an in-house assessment of their needs completed by a member of the management team.

The assessment of the needs of residents was complemented by a person-centred planning meeting following which a person-centred plan was created. Person-centred plans included reference to areas such as; the resident's individual requirements, their likes and dislikes, their social needs, people of importance to them and their ability to communicate. Each resident was supported to set short and long-term goals. The person in charge showed the inspector a schedule of person-centred planning meetings for the year ahead.

Since the previous inspection, there were systems now in place for a multidisciplinary review of personal plans on an annual basis. There was a schedule in place for all residents to have such reviews. An inspector reviewed a sample of minutes of these review meetings and noted that on one occasion the review was not attended by a member of a multidisciplinary team and only by the resident, their family representative and the staff member leading the meeting. The person in charge showed the inspector other examples of meetings where a member of a multidisciplinary team did attend, such as an occupational therapist. However, overall, the records viewed did not adequately demonstrate that the needs of the resident were reviewed in a multidisciplinary manner. The records did not show how professional opinions were formed.

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:

Not all components of this outcome were reviewed as the inspector focused upon actions arising from the previous inspection. At the previous inspection, improvements were necessary in risk assessment, review of risk and learning from incidents, in particular medication related incidents. It was also found that aspects of fire drills required improvement to ensure that there were adequate arrangements in place for the evacuation of residents.

At this inspection, it was found that the majority of the actions proposed by the provider had been implemented. Training had been provided to staff on risk assessments. The person in charge showed the inspector a sample of records of individual risk assessments for residents which were appropriately set out, scored and controlled. He had a very good knowledge of the risk management process. On the day of the inspection some hazards identified by the inspector had not previously been identified as such and risk assessed. The person in charge was seen to address this during the inspection.

Since the previous inspection there were adequate arrangements in place to control and learn from medicines-related incidents. The person in charge demonstrated a detailed knowledge of all such incidents and could describe the learning that took place at the centre. This knowledge was complemented by audits carried out by him and the

management team, all of which ensured that incidents were reflected upon and learned from.

An action had previously been proposed regarding the carrying out of fire drills to reflect actual staffing arrangements at the centre. This action had not been fully achieved as the inspector found that a cohort of residents did not yet take part in a drill that reflected actual staffing numbers during a particular time of day. The person in charge agreed to schedule same following the inspection.

Judgment:

Substantially Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

Not all components of this outcome were reviewed as the inspector focused upon actions arising from the previous inspection. At the previous inspection, it was found that the personal planning arrangements did not support the review of therapeutic arrangements. Practices in place regarding the management of allegations of abuse were not in line with HSE safeguarding policies. Improvements were identified in the area of risk assessment of behaviours that required a response.

At this inspection, it was found that these actions had since been implemented. Training on behavioural support had been delivered to staff. Any concerns raised of a safeguarding nature were reviewed by the person in charge and the designated officer in a timely fashion. There was evidence that the HSE safeguarding team was involved as each concern was raised. The person in charge agreed to review the classification of some incidents as they were categorised as incidents of a safeguarding nature but it was not fully demonstrated that they were in fact adult safeguarding concerns.

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):

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that residents' general welfare and development was provided for within the designated centre.

Residents and staff members told inspectors that residents were engaged in activities both internal and external to the centre. This was also evident in records reviewed. Examples of such activities included attending day services, work placements, going shopping and going out for coffee. Residents were observed preparing for and returning from various activities such as work placements and horse riding.

Residents were also supported to pursue education if they wished to do so. For example, inspectors were informed of how some residents had expressed an interest in computers and classes in this area were due to be provided in January 2018.

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:

Not all components of this outcome were reviewed as the inspector focused upon actions arising from the previous inspection. At the previous inspection, improvements were identified in the area of the medicine errors, self-administration of medicine and the follow through of the implementation of recommendations of a pharmacist.

At this inspection, it was found that there were systems in place to support residents to self-administer medications and where this took place an appropriate assessment was completed of their capacity regarding same. However, a risk assessment of same was found not to be on file for one resident whose records were viewed. The person in charge attended to this on the day of the inspection.

An inspector reviewed the systems for the audit of medicines management. Since the previous inspection an updated medicines management policy had been issued to all staff by the provider. The system for the recording of errors pertaining to medicines management has also been updated. The auditing of medicines management was revised and there was evidence of a robust auditing system conducted by persons involved in the day-to-day management of the centre.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There was a statement of purpose in place that met the requirements of the Regulations.

The inspector viewed the statement of purpose. This had been revised by the provider in the 12 months previous to the inspection and also immediately following this inspection. The statement set out the information as required by the Regulations, such as the aims and objectives of the service, the facilities and services provided and the criteria for admission. Some aspects of the management organogram and description of staffing arrangements were not entirely accurate, however, this was amended immediately following the inspection.

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):

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

Findings:

Not all components of this outcome were reviewed as the inspector focused upon actions arising from the previous inspection.

At the previous inspection, improvements were identified in aspects of auditing and in ensuring that unannounced visits to the centre addressed the safety and quality of care and support provided at the centre. At this inspection, it was found these actions had been addressed. The person in charge showed the inspector a revised medicines management audit that addressed the findings of the previous inspection.

The provider had put in place systems to ensure good governance. The person in charge showed the inspector the action plan that had arisen from the previous six monthly unannounced inspection and it was clear that actions had associated timelines and persons identified as responsible.

The person in charge and person representing the provider confirmed that an annual review of the centre would be conducted in the first quarter of the following year and that this would include the viewpoints of residents and their representatives of the service in 2017. However, they informed the inspectors that an annual review of the centre for the year 2016 has not been conducted, in line with the Regulations.

As part of the registration process, records confirming planning compliance were requested. However, these were not received by HIQA.

The person in charge had been appointed to the role in May 2017. He had a very good knowledge of the Regulations and standards. He was involved in the day-to-day management of this centre and held a number of other responsibilities. His whole time equivalent was set out appropriately in the statement of purpose. He was supported in this governance of the centre by a number of clinical nurse managers who were also involved in the day-to-day management of this centre. Residents with whom the inspectors met with were clear about who was in charge at the centre.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

Based on the findings of this inspection and the improvements that had been made since the previous inspection in May 2016, inspectors were satisfied that this designated centre was mostly resourced to provide for the care and support of residents. However, at the time of this inspection, there were no set timelines in place to achieve single occupancy bedrooms for all residents. This was relevant to two of the three units. One resident had expressed a preference to have their own bedroom. The management team clearly articulated to inspectors their vision of single occupancy across all units and informed inspectors that this would be achieved following the resolve of a number of other issues. The provider representative discussed plans to introduce waking night staff into the remaining two units of the centre in place of sleepover staff. This would ensure that additional bedrooms were made available for residents to have their own bedroom. The provider representative informed inspectors that that while progress had been achieved in this area, there was no time bound plan to introduce this arrangement in two of the three units.

Judgment:

Substantially 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:

Not all components of this outcome were reviewed. At the previous inspection a number of failings were identified in the area of staff rosters, supervision and staff training.

Two of the above actions had since been addressed. An inspector viewed a staff roster and found that this contained both the planned and actual version of the staff roster. A performance management system was now in place.

One action remained outstanding and this was that staff were to be trained in areas relevant to their role (aside from mandatory training). The recommendations of a number of external assessments of need conducted following the previous inspection recommended that there staff should be trained in mental health and autism. This training was not yet delivered. The person in charge put forward a plan to address same at this inspection.

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):

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

Findings:

Not all components of this outcome were reviewed as the inspector focused upon actions arising from the previous inspection. At the previous inspection, it was identified that a policy was awaiting implementation.

At this inspection, it was found that this was now in place.

During this inspection, it was found that there was no formal record of actions following a number of external assessments of needs. The person in charge could articulate verbally to the inspector the actions that had arisen from these reports and their status but this was not recorded in a more formal manner.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Carol Maricle
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 Health Service Executive
Centre ID:	OSV-0004645
Date of Inspection:	29 November 2017
Date of response:	17 January 2018

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 (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

It was not clear who was overseeing the role of the complaints officer.

1. 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

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

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:

- A Quality & Safety Committee has been established within the Organisation with first initial meeting held on 11/12/17. At meeting held on 08/01/18 it was agreed that the Director of services would be nominated to have oversight of all complaints.
- Complaints Policy will be updated on 15/02/18 to reflect this.

Proposed Timescale: 15/02/2018

Theme: Individualised Supports and Care

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

The satisfaction level of complainants was not recorded for all complaints.

2. Action Required:

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:

- Daily Organisational Incident Management Meetings, which are attended by all senior personnel and designated officers, were updated on 01/12/17 to encompass logging of all complaints within the service.
- A Quality & Safety Committee has been established within the Organisation with first initial meeting held on 11/12/17. Meetings are scheduled monthly with complaints management as part of the fixed agenda. Review of all complaints includes 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.

Proposed Timescale: 11/12/2017

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:

Although there was progress since the previous inspection, overall the records viewed did not demonstrate a satisfactory level of multidisciplinary review.

3. Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are

multidisciplinary.

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

- The recruitment of a dedicated Speech & Language Therapist is currently underway who, when in place, will form an integral part of the multidisciplinary review. This will be completed by 17/06/18.
- All future scheduled personal plan reviews will ensure a satisfactory level of multidisciplinary review.

Proposed Timescale: 17/06/2018

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

It was not demonstrated that fire drills, as completed, considered actual staffing arrangements for some of the residents.

4. 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:

- Site specific risk register was updated on 05/01/18. Additional control for "Fire Evacuation drills to be completed for when residents are in their home unsupervised" was documented as an additional control required.
- Fire evacuation drills for when residents were in their home unsupervised were completed on 14/01/18 and documented accordingly.

Proposed Timescale: 14/01/2018

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

Records confirming planning compliance were not received by HIQA.

5. Action Required:

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

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

Planning compliance records have been sought from Cork County Council and will be submitted.

Proposed Timescale: 28/02/2018

Theme: Leadership, Governance and Management

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

An annual review of the service had not been compiled for the year prior to the inspection.

6. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

- An annual review of the centre has been commenced and will be completed and circulated by 15/02/18

Proposed Timescale: 15/02/2018

Outcome 16: Use of Resources

Theme: Use of Resources

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

There was no time bound recorded plan to achieve single occupancy bedrooms across the centre.

7. 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:

- The provision of single rooms in each house is subject to the removal of the sleep over shift. This is currently aligned to national discussion and agreement. It is envisaged that this will be resolved within the next 12 months.

Proposed Timescale: 17/01/2019

Outcome 17: Workforce

Theme: Responsive Workforce

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

Recommendations for training in autism and mental health had not yet been scheduled.

8. 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:

- 9 staff within the centre have had training in Autism completed. Remaining staff will have training in autism scheduled and completed by 31/03/2018
- A presentation on mental health has been developed. Training commenced on 13/01/18 and 4 staff have received training. Training will be provided to all staff by 25/02/18

Proposed Timescale: 31/03/2018

Outcome 18: Records and documentation

Theme: Use of Information

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

There was no record of an action plan to accompany the recommendations contained in some assessments of needs.

9. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

- A further review of the recommendations contained in the assessments of needs was completed on 15/01/18 and a subsequent action plan developed.
- Completion and review of progress of identified actions will be addressed at regular local management meetings.

Proposed Timescale: 25/02/2018