Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Clann Mór Residential 2
Centre ID:	OSV-0004929
Centre county:	Meath
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Clann Mór Residential and Respite Ltd
Lead inspector:	Andrew Mooney
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	9
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
19 December 2017 11:00	19 December 2017 20:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 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
Outcome 18: Records and documentation

Summary of findings from this inspection

How we gathered our evidence:
The Inspector met with six residents, three staff members and the Person In Charge during the inspection. The Inspector reviewed staff practices and documentation. Documentation reviewed included residents' personal plans, incidents, audits, policies and procedures, fire management related documents and risk assessments. The Person in Charge was also spoken with at length during the course of this inspection.

Background to the inspection:
This was an unannounced inspection to assess the centre's compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. This was the second inspection of this designated centre.

Description of the service:
The service provider had produced a statement of purpose which outlined the service provided within this centre. The centre is managed by Clann Mor Residential and Respite Ltd and delivers services to adults. The centre comprises of three houses and each resident has their own bedroom. All three houses within the designated centre

meet the individual and collective needs of residents, in a comfortable and homely way.

Overall judgment of our findings:
Overall, numerous instances of good practice were noted throughout the inspection. Residents appeared and reported to be very happy in the centre. Staff were knowledgeable about their roles and responsibilities. Each of the houses were maintained to a very high standard and each were homely and inviting.

However, some actions from the previous inspection were not completed. Additionally, there was a need to strengthen governance arrangements to ensure resident's safety was maintained. Of the ten outcomes reviewed during the inspection, four were compliant and three were substantially compliant. One outcome was deemed moderately non-compliant and two deemed as major non-compliant.

Good practice was identified in the following areas:

- Residents Rights were upheld and Promoted (Outcome 1)
- Safe and Suitable Premises (Outcome 6)
- Medication Management (Outcome 12)

The following areas required improvements:

- Social Care Needs (Outcome 5)
- Health Safety and Risk Management (Outcome 7)
- Governance and Management (Outcome 14)

The reasons for these findings are explained under each outcome in the report.

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

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

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

Findings:
The centre was operated in a manner that respected the rights, privacy and dignity of residents.

Residents were consulted in relation to the running of the designated centre. Residents met every week and items on a set agenda were discussed. Residents were consulted with on a daily basis regarding plans for the day. Resident's had choice regarding the activities they participated in, both internally and externally to the centre. Residents were also actively involved in food shopping and menu planning.

Each resident had their own bedroom and an opportunity to be by themselves should they wish. Bedrooms were found to be individualised and reflective of the resident's preferences and personality. A number of the residents had their own ensuites and where bathrooms were shared; there were locks on the doors in addition to privacy curtains. Visitors were welcome at the centre. From a review of daily notes and from speaking with staff and residents it was apparent that residents frequently had visitors. Residents expressed that they felt valued in their home and were very happy.

The designated centre had a complaints policy in place and the complaints process was user friendly and accessible. Complaints were recorded and satisfaction levels were noted.

Residents had access to external advocacy services if they so wished.

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):

Findings:
Each resident living at the centre had a assessment of need and personal plan in place. However, improvements were required in the annual review process.

Resident's had goals and they were being explored. Goals varied in nature, some related to having better health, others were social goals while some were linked to the development of independent skills. Residents attended day services and some were supported with work placements in their local community. Other residents were developing independent travel skills, which included travel in taxis and other public transport.

Personal plans were updated regularly by the resident's key worker. There was a personal care plan/review sheet in place for keyworkers to update plans monthly. Residents had an annual review of their personal plan, although not all aspects of the plans were reviewed effectively. Family members, the resident themselves, residential staff and their day service key worker were usually all present in addition to the person in charge . However, the reviews did not assess the effectiveness of plans nor did they record any proposed changes to the plans.

Care plans were reviewed and whilst most included the appropriate information, they were not always stored in an accessible place. This will be discussed further in outcome 18.

Judgment:
Substantially Compliant

Outcome 06: Safe and suitable premises

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

Theme:
Effective Services

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

Findings:
The location, design and layout of the centre was suitable for its stated purpose and was found to meet residents needs in a comfortable and homely way.

The centre was made up of three houses. Two of these houses were bungalows whilst the third was a detached two storey building. The designated centre was found to meet the needs of the residents. The living environments in the centre were found to be of sufficient size for residents to spend time with their fellow residents and/or visitors. This was also true for the kitchen and dining areas which were of sufficient size and equipped to meet resident's needs in terms of meal preparation and dining.

The inspector found there were baths, showers and toilets of a suitable number and standard to meet the needs of the residents. Where necessary they were adapted to meet the assessed needs of residents. For example the provision of mobility aids such as grab rails and shower chairs were included. There was appropriate and accessible access to outdoor recreational areas which were found to be safe and well maintained.

Each resident had their own bedroom which was decorated in accordance with the residents' wishes. Some of the bedrooms were complete with ensuites. Residents were supported to maintain the centre with the assistance of staff. All areas of the designated centre were very well maintained, clean and homely.

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

Findings:
There were policies and procedures in place to oversee health and safety and risk management. Although elements of these required improvements to ensure compliance with the regulations.

The centre had a risk management policy in place in addition to a site specific risk register which was reviewed in December 2017. Residents also had individual risk assessments completed and maintained in their personal plans. However, not all risks had been suitably assessed. For example in one house there were times when no staff were present at night-time. The Person in Charge indicated that these residents did not require the support of staff at these times. However, the residents' personal emergency evacuation plans stated they required staff support at night to safely evacuate the house. It was not therefore clear how residents would safely evacuate the premises if a fire broke out at night.

Some systems were in place across the designated centre to protect residents from fire however, improvements were required. The fire equipment in each area of the designated centre had been serviced in line with the regulations. The centre had evacuation plans which residents spoken with were aware off. The escape routes were found to be clear and unobstructed. Each house was equipped with fire extinguishers, fire blankets in the kitchens and smoke detectors. All areas in the Designated Centre were found to have adequate emergency lighting. One house within the designated centre was equipped with fire doors. However, it was not clear if the other two houses had adequate fire containment systems in place. The Person In Charge indicated that the Provider will be installing Fire doors in January 2018. An integrated fire alarm system to give warning of fires was in place for all houses within the Designated Centre.

Fire drills took place frequently and evidence of such was sent to HIQA post inspection. Each resident had a personal emergency evacuation plan in place. However, the plans were not sufficiently detailed and failed to outline pertinent information about the residents. For example the impact of some residents' medication on how they evacuated was not detailed. The Person in Charge did indicate that these were under review. Should a full evacuation be required the service had identified a nearby hotel as a place for refuge. The Person in Charge reported that the hotel was aware that they would be fulfilling this role.

Most staff had received training in risk management, fire safety, first aid and manual handling. However, one staff on duty did not have the necessary Fire Safety training to work as a lone worker. This was raised with the Person in Charge and was addressed on the day of inspection.

There were adequate systems in place to prevent infection. Colour coded chopping boards were in place, sufficient hand-washing facilities were available including appropriate signage. Mops were stored separately and were also colour coded.

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

Findings:
For the most part there were policies and procedures in place to safeguard and protect residents. However, improvements were required in the management of restrictions and positive behaviour support plans.

The inspector reviewed a sample of current positive behaviour support plans. The Person in Charge highlighted that staff had recently undertaken training in this area, with a view to developing a more comprehensive positive behaviour support process for residents. Notwithstanding this, positive behaviour support plans were developed in conjunction with the residential staff, the day service staff and the person in charge. However, one plan viewed was dated the 25/06/2015 and no subsequent review was evident.

Restrictions were in place in one house, which restricted residents access to cleaning products and some kitchen utensils. It was not clear that these restrictions were required.

Policies and procedures were in place to ensure residents were safeguarded and protected from abuse. Residents at the centre told the inspector they felt safe living there.

Staff were observed supporting residents in a very warm and respectful manner.

All staff had received safeguarding training. Staff had also recently completed positive behaviour support training. A new approach to devising these plans was outlined by the Person and Charge and this was being rolled out within the Designated Centre.

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 had access to healthcare services such as psychiatry, psychology and general practitioners. In addition, residents had some access to allied healthcare professionals such as speech and language therapy.

Residents' healthcare needs were not always documented consistently and it wasn't clear how staff were guided in the management of these conditions. For example, there were two different plans in place for the management of a single health related issue and the guidance within the documents wasn't consistent.

Residents were supported to purchase their food and plan a weekly menu of their choosing. Residents had access to meals and refreshments as required and told the inspector they assisted in preparing their own meals and took turns to do so.

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

Findings:
There was appropriate policies and procedures in place for the administration, prescribing, disposal and storage of medication.

There was a system for medication management across the designated centre. The system used was transparent and each medication was identifiable from a coloured picture adjacent to the name of the medication. A sample stocktake was completed and

all medication reviewed was accounted for.

The administration record and prescription sheets were found to be in compliance with the regulations and up-to-date prescriptions were in place for the sample of medications reviewed.

All staff had received appropriate medication training and clinical assessments were conducted with each staff member.

Medication errors were documented and responded to appropriately.

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

Findings:
There was a clear management structure in place which identified the lines of authority and accountability in the centre. However, the inspector was not assured that the current systems of governance and management was effective in ensuring a safe service to the residents.

There were insufficient management systems in place to ensure that the service provided was safe, appropriate to residents' needs and consistently and effectively monitored. For instance there had been no annual review of quality and safety completed in the centre, despite this being an action from a previous inspection. Additionally, there were no local audits in place to monitor internal systems and processes.

There was evidence that the Provider had arranged unannounced visits to the centre in line with their regulatory requirements in August and November of 2017. These reports highlighted a number of quality improvements needed and actions to address same.

The inspector viewed team meeting notes and saw that these were being held every three months. Numerous topics including policies and procedures, care improvement initiatives , staff training and risk management were discussed.

The Person in Charge was full time and had oversight for two centres. She was a suitably skilled, qualified and experienced manager and was committed to her own professional development.

There was an on all system in place to provide support to staff during the day and in out of hours scenarios. The Person in Charge indicated she had daily access to the service manager for support and had one formal supervision session in the last year.

Judgment:
Non Compliant - Major

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

Theme:
Responsive Workforce

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

Findings:
The numbers and skills mix of staff was appropriate for the assessed needs of the residents.

There was a planned and actual roster available and the number of staff on duty during the day and at night was adequate to meet the needs of residents. There was a regular core staff team and a relief staff panel to ensure continuity of care. The Person in Charge informed the inspector that new staff always worked alongside experienced staff during induction to maintain continuity.

Staff had received mandatory training, including fire safety, safe administration of medication and protection of vulnerable. An annual training needs analysis was undertaken with staff. However as noted under Outcome 7 one staff member did not have adequate fire safety training on the day of inspection, this was addressed by the Person in Charge on the day.

Supervision meetings were held with staff bi-annually or more frequently if required.

Judgment:
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:
The inspector reviewed documentation and records maintained at the centre and found improvements were required for the service to be in compliance with the requirements of the Regulations.

The inspector found that each resident had a personal plan in place however not all care plans and documentation were dated or the author of the document identified. Additionally, not all documents pertaining to personal plans were easily accessible. Therefore they were not available to guide staff practice.

In general improvements were required in the maintenance of documentation required under schedule 3 and schedule 4 and this was discussed at feedback with the person in charge, service manager and provider nominee.

The policies as outlined in Schedule 5 were available at the centre.

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:

Andrew Mooney
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 report[1]

Centre name:	A designated centre for people with disabilities operated by Clann Mór Residential and Respite Ltd
Centre ID:	OSV-0004929
Date of Inspection:	19 December 2017
Date of response:	20 February 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 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Personal plan reviews did not record and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

Please state the actions you have taken or are planning to take:
The format for annual PCP reviews will be enhanced to ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales. This enhanced format will be presented at the next staff quarterly training session on 8th March 2018. Staff and service users will be supported to adapt the new template at each house team and service user meetings thereafter and at monthly PCP updates. The new enhanced template will be used for all resident's annual review in the designated centre, which takes place annually in September and at all other appropriate times.

Proposed Timescale: 30/09/2018

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The annual personal plan review did not assess the effectiveness of each plan and take into account changes in circumstances and new developments.

2. 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:
All PCP's are reviewed/updated monthly. The January update was complete for all residents prior to 9th February 2018.
The format for annual PCP reviews is being changed to include:
1. A review of the effectiveness of the annual personal plan.
2. Change in Circumstances.
3. New developments.

Proposed Timescale: 30/09/2018

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:

Areas of the Designated Centre did not have adequate fire containment systems in place.

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

Please state the actions you have taken or are planning to take:
Addressable Fire Alarm Systems are in place and are serviced quarterly.
Fire extinguishers & Fire blankets are in place and are serviced annually.
Fire drills are carried out quarterly in each house.
Night-time (between 5-8pm) evacuation drills, in the dark were carried out on 31/1/18 in all units in the designated centre.

Fire doors are currently being installed in remaining two units. The doors were placed in houses 06.02.18 needing one week to adjust to house temperature. Works began on 14.02.18 and will be completed on 23.02.18.

Proposed Timescale: 23/02/2018

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
It wasn't clear that there were adequate arrangements for evacuating all persons in the designated centre.

Personal emergency evacuate plans did not sufficiently detail the needs of 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:
All PEEPS were reviewed on 28/1/18. PEEP's for residents have been updated and assessed and state that where there is no sleep over staff, that the residents can evacuate without assistance. An arrangement is in place with "sister" dwelling and/or local hotel nearest to the locations to accommodate residents if required. Residents without sleepover staff have a personal alarm button on their person which contacts the on-call backup service.

Proposed Timescale: 28/01/2018

Theme: Effective Services

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

One staff member on duty had not completed adequate fire safety training

5. Action Required:
Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

Please state the actions you have taken or are planning to take:
The staff member in question has received training in fire safety as part of their induction. All staff receive formal training in fire safety, fire-fighting equipment and fire control techniques from a registered specialist annually. An additional fire safety training will take place on 27th February 2018.

Proposed Timescale: 27/02/2018

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Environmental restrictions were not documented line with national policy or good practice.

6. Action Required:
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

Please state the actions you have taken or are planning to take:
Restrictive procedures including physical, chemical or environmental restraint have been reviewed by staff and residents, any inappropriate restrictions have been removed. Where restrictive practice is deemed necessary a risk assessment will be in place and HIQA will be notified quarterly.

Proposed Timescale: 31/03/2018

Theme: Safe Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Some positive behaviour support plans had not been reviewed annually as part of the personal planning process.

7. Action Required:
Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic

interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

Please state the actions you have taken or are planning to take:
All staff received Formal Positive Behaviour Support Plan training on Oct 18th, Nov 1st and Nov 8th 2017 from a Senior Clinical Psychologist. The Senior staff in each location are receiving additional training in March 2018 in order to commence the implementation of enhanced PBSP's for each resident, with their consent. These will be reviewed bi-annually and at the Annual PCP review.

Proposed Timescale: 31/03/2018

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Healthcare plans were inconsistent and did not guide staff practice.

8. 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:
All health care plans have been reviewed. Going forward, healthcare needs will be documented consistently to guide staff and resident care. These care plans will be reviewed bi-annually or sooner if a change occurs.

Proposed Timescale: 09/02/2018

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:
There had not been an annual review of quality and safety completed in the centre, despite this being an action from a previous inspection.

9. 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:
Annual review of quality and safety has taken place for 2017 and will continue to take

place annually.

Proposed Timescale: 19/01/2018

Theme: Leadership, Governance and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
There were insufficient management systems in place to ensure that the service provided was safe, appropriate to residents' needs and consistently and effectively monitored.

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

Please state the actions you have taken or are planning to take:
Management systems will be reviewed to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. A new internal auditing template and system is being compiled to ensure consistent documented evidence is in place. An audit schedule will be implemented on a bi- monthly basis.

Proposed Timescale: 31/05/2018

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:
Not all information in relation to Schedule 4 were maintained in line with the regulations

11. Action Required:
Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

Please state the actions you have taken or are planning to take:
We will ensure that all documentation is dated and signed by the author, that personal plans are easily accessible so as to guide staff practice and that all records outlined in Schedule 4 of the regulations will be reviewed, updated and in place as required.

Proposed Timescale: 30/06/2018