

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Pearse Road Services
<b>Centre ID:</b>	OSV-0005282
<b>Centre county:</b>	Sligo
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Lead inspector:</b>	Ivan Cormican
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	6
<b>Number of vacancies on the date of inspection:</b>	2

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

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

**The inspection took place over the following dates and times**

From:	To:
29 November 2017 12:00	29 November 2017 18:30
30 November 2017 09:00	30 November 2017 16:00

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

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

**Summary of findings from this inspection**

Background to the inspection:

This inspection was carried out to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The previous inspection of this centre on 4 and 5 October 2016 identified 15 actions that needed to be addressed. During this inspection the inspector found that residents received a good quality of care and support, and that 12 of these actions had been effectively implemented.

How we gathered our evidence:

As part of the inspection, the inspector met with six residents. The inspector observed that residents' bedrooms were individually decorated with personal photographs of family and friends and music posters. The inspector met with four staff members, including the person in charge and a nurse involved in the management of the centre. The inspector observed interactions between residents and staff and work practices. Documentation such as personal plans, risk assessments, medication records, healthcare plans and emergency planning within the centre was also reviewed.

#### Description of the service:

On the day of inspection, the designated centre comprised two houses. Both houses were located in a suburban neighbourhood of a large town and were in close proximity to each other. Both houses had an adequate amount of shared bathrooms and toilets which were equipped to cater for the needs of residents. There were also adequate communal rooms available for residents to have visitors such as family and friends. The designated centre was located within walking distance of a large town where public transport such as trains, buses and taxis were available. The residents also had the shared use of transport which was provided by the designated centre.

#### Overall judgment of our findings:

The inspector found that residents received a service which was meeting their assessed needs and provided them with a good quality of life. Residents appeared happy in the centre and spoke highly of all staff who supported them. The inspector found that overall the centre had a good level of compliance with the regulations. Examples of this can be found in outcomes including admissions, social care, health and safety, healthcare, statement of purpose and records. However, some further improvements were required in regards to outcomes including governance and management and workforce with the provider failing to demonstrate basic assurances such as maintaining staff vetting disclosures and employment histories.

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:**

On the day of inspection, the inspector found that the rights and dignity of residents was promoted in the designated centre.

Residents attended a weekly meeting where topics such as advocacy, rights, fire safety, health and safety, activities and meal choice was discussed. Residents stated that they enjoyed attending these meetings which were due to be chaired by residents following the inspection. The inspector also observed residents being consulted in regards to a choice of activities and meals on both days of inspection.

Residents stated that they felt happy in their home and that staff treated them with dignity and respect. Staff were observed to have a caring manner in all observed interactions with residents, who in turn appeared comfortable and relaxed in their presence. Staff were also guided in supporting residents with personal care by intimate care plans which were regularly updated.

Staff in the centre maintained a log of all residents' personal possessions and they also supported residents to manage their finances. Appropriate practices were in place for the recording of all financial transactions that were completed on behalf of the residents and a person with a managerial capacity in the centre was conducting regular audits of these practices.

Residents were also supported to make a complaint if they so wished and information on making a complaint was available in an easy-read-format in the centre. Residents stated that they could complain to any staff member if they wished and a recent

complaint which had been submitted had been resolved to their satisfaction. This was also reflected in the complaints record which was held in the centre.

Information on advocacy was available in the centre and residents had completed a six week course in advocacy which they stated that they had enjoyed.

**Judgment:**

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):**

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

**Findings:**

Residents who met with the inspector were freely able to voice their thoughts and feelings and an up-to-date communication profile was completed for each resident. Staff were also scheduled to undergo further training in sign language to support to resident who was recently admitted to the designated centre. Information within the centre was also available in an easy-to-read format in areas such as rights, complaints, advocacy and safeguarding. The action from the previous inspection had been addressed with the internet scheduled to be installed in the days subsequent to the inspection.

**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:**

On the day of inspection, the inspector found that residents were supported to maintain

relationships with their families and links with the wider community.

Residents stated that they were supported to go home throughout the week with some residents spending extended periods with their families. Residents were also in regular contact with their families on the telephone to organise meals out and visits.

There was also a policy on visitors and a visitor's book was maintained in the designated centre.

**Judgment:**

Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**

Effective Services

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

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

**Findings:**

On the day of inspection, the inspector found that residents had written agreements in place which were signed by both the residents and their representatives. These agreements also stated the fees they would be charged and any additional fees which they may incur. Written agreements were also made available to residents in an easy-to-read format; however, these were not in line with the formal written agreements in regards to fees they would be charged when they were not availing of the service.

**Judgment:**

Substantially Compliant

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

On the day of inspection, the inspector found that the social care of residents was maintained to a good standard. However, some improvements were required in regards to the progression of some residents' personal goals and the accessibility of plans

Each resident had a personal plan in place which contained areas such as all about me, personal goals, nursing interventions and intimate care plans. Each plan was reviewed at an annual planning meeting which was attended by the resident, their representatives, keyworker and staff from both the day and residential service. Some residents could read their personal plan; however, some plans were not made available to all residents in an assessable format.

Residents were supported to engage in the community both independently and with the support of staff. Residents stated that they used the services of local restaurants, hotels, shops and public houses. Evidence of these community activities was found throughout daily notes and financial transaction records which the inspector reviewed.

Residents were also supported to identify and achieve personal goals on a short, medium and long-term basis. Long-term goals were identified on an annual basis and short and medium-term goals were identified throughout the year by residents. Some residents had chosen short-term goals such as a Christmas hotel break, days trips to local areas of interest and trips to the beauticians. These goals were regularly reviewed and updated and were either achieved or scheduled to be achieved on the day of inspection. However, the inspector found that sufficient progress had not been made in supporting residents to achieve some of their long-term goals.

**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):**



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

**Findings:**

On the day of inspection, the inspector found that the premises were meeting the assessed needs of residents. The actions from the previous inspection had been addressed with maintenance works completed to the grounds of both houses in the centre. The home heating system had also been serviced as required.

Each house was warm, clean and had adequate lighting and ventilation. Each resident had their own bedroom which was large and had appropriate storage facilities. Residents could lock their own bedrooms if they so wished and each bedroom was decorated with areas of personal interest.

The centre also had an appropriate number of bathrooms which were equipped to meet residents' needs.

**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:**

On the day of inspection, the inspector found that the health and safety of residents, staff and visitors was promoted in the designated centre. The actions from the previous inspection in relation to fire doors, fire procedures and infection control had been addressed. Risk assessments had been implemented in regards to infection control and positive risk taking following the last inspection of this centre; however, some further improvements were required in relation to risk management on this inspection.

There were fire precautions in place such as fire doors, emergency lighting, fire extinguishers, fire alarm and smoke detection devices. Staff conducted regular checks of these precautions. Fire drills were also carried out by staff regularly which demonstrated that residents could be evacuated from the centre in a prompt manner. Emergency procedures were on display and staff and residents could clearly articulate the evacuation procedures to be followed in the event of a fire occurring in the centre.

The centre maintained a risk register which detailed all identified risks in the centre such as biological agents, fire and safeguarding. Each resident also had a primary risk scoring

tool completed which aided in the identification of risk which may affect them such as falls and accessing the community independently. All risks in the centre were regularly reviewed and had an appropriate risk rating applied; however, the inspector found a lack of suitable controls in place in regards to the use of blood thinning products in the centre.

The centre also had procedures in place for reporting and responding to adverse events. The inspector found that staff had a good understanding of these procedures and that all recorded procedures were responded to in prompt manner by management of the centre.

**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:**

On the day of inspection, the inspector found that the provider had procedures in place to protect residents from potential abuse. The action from the previous inspection had been addressed with appropriate financial control procedures now in place to support residents in managing their finances.

Residents in the centre stated that they felt safe and staff were very nice. Staff were observed to interact with residents in a warm and caring manner and residents appeared relaxed and comfortable in their presence. Residents stated that they could go to any staff member if they had a concern and staff who were interviewed had a good understanding of safeguarding procedures used in the organisation.

There were no restrictive practices, safeguarding plans or positive behavioural support plans in place on the day of inspection.

**Judgment:**

Compliant

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<b>Outcome 09: Notification of Incidents</b> <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i>
<b>Theme:</b> Safe Services
<b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.
<b>Findings:</b> On the day of inspection, the inspector found that the centre maintained a record of all events which are required to be notified to the chief inspector.
<b>Judgment:</b> Compliant

<b>Outcome 10. General Welfare and Development</b> <i>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.</i>
<b>Theme:</b> Health and Development
<b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.
<b>Findings:</b> On the day of inspection, the inspector found that the personal development of residents was supported through residents attending their day service.  Residents stated that they liked to attend their individual day services where they engaged in activities such as arts and crafts, activity classes and computers. Residents also stated that they were involved in fundraising and were currently making gifts to be sold at a Christmas market.
<b>Judgment:</b> Compliant

<b>Outcome 11. Healthcare Needs</b>
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*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

On the day of inspection, the inspector found that the best possible health of residents was promoted in the designated centre. However, some improvements were required in regards to completed nursing interventions.

The centre was a nurse lead service and each resident had a core nursing assessment completed. Following this assessment, nursing intervention care plans, referrals or risk assessments could be completed. The inspector found that overall nursing interventions were comprehensive in nature and guided staff in the delivery of care in areas such as cardiac conditions, high cholesterol and high blood pressure. However, one intervention did not have sufficient detail in regards to supporting residents who were prescribed blood thinning products.

Residents were supported to attend their general practitioner in times of illness and were regularly reviewed by specialists such as cardiology, physiotherapy and occupational therapy.

Residents reported that they enjoyed a wide and varied diet. The inspector observed a choice of food offered to residents at mealtimes. Fresh fruit and snacks were also readily available for residents.

**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:**

On the day of inspection, the inspector found that some improvements were required to

the administration of medicines in the designated centre. The inspector observed that there was an omission of a medication on the second day of inspection, when the nurse facilitating the inspection was made aware of this she contacted the general practitioner and following their instruction the residents was administered their prescribed medication within the required timeline.

The inspector also reviewed a number of medication administration recording sheets and found that there were a significant number of recordings errors in the centre. This was brought to the attention of the nurse on duty who implemented an action plan to address this issue prior to the conclusion of the inspection. The action from the previous inspection had been addressed with all residents assessed to self-medicate.

The centre had appropriate medication storage facilities in place and the key for these facilities was stored in a secure manner. Staff on duty had received training in the safe administration of medications and staff who spoke with the inspector had a good knowledge of the procedures to be followed to ensure that residents receive their medications as prescribed.

Accurate prescription sheets were maintained in the centre which were regularly reviewed and signed by the prescribing general practitioner.

**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):**

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

**Findings:**

On the day of inspection, the inspector found that the centre had a statement of purpose in place; however, this document did not contain all the requirements of Schedule 1 of the regulations. This action was also highlighted on the previous inspection of this centre.

**Judgment:**

Substantially 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:**

On the day of inspection, the inspector found that improvements were required in regards to the governance and management of this centre as there was not a clearly identified person in charge. This was brought to the attention of senior management of the centre who identified a suitable person in charge prior to the conclusion of the inspection. The required notification was also submitted to the chief inspector in the days subsequent to the inspection. The action from the previous inspection in regards to auditing of residents' finances was satisfactorily implemented; however, the action in regards to auditing of medications in the centre was not satisfactorily implemented as continued deficits were found on this inspection in regards to medication administration recording records.

Management of the centre had conducted an annual review of the care provided which was conducted following consultation with the residents and their representatives. The provider had conducted a six monthly audit of the quality and care provided and an action plan had been effectively implemented to address any identified issues. However, a second six monthly audit had not been conducted within the required timelines.

Management of the centre had a schedule of audits in place to monitor practices such as adverse events, complaints, personal plans, infection control and fire precautions. However, the inspector found that the auditing system for the monitoring of medication practices was ineffective and did not identify issues which were raised on this inspection.

**Judgment:**

Non Compliant - Moderate

**Outcome 15: Absence of the person in charge**

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

<p><b>Theme:</b> Leadership, Governance and Management</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> On the day of inspection, the inspector found that the provider had a good understanding of the requirement to notify the chief inspector in regards to occasions when the person in charge may be absent from the designated centre.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 16: Use of Resources</b> <i>The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.</i></p>
<p><b>Theme:</b> Use of Resources</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> On the day of inspection, the inspector found that the designated centre was adequately resourced to meet the assessed needs of the residents.</p> <p>Some residents were supported to remain at home during the week on mornings that they did not wish to attend day services. Residents were also supported to attend organised events such as discos, bingo and local quizzes; however, they were also supported to remain at home on an individual basis if they did not wish to attend.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 17: Workforce</b> <i>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.</i></p>

**Theme:**

Responsive Workforce

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

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

**Findings:**

On the day of inspection, the inspector found that the allocation of staff was meeting the assessed needs of residents. The action from the previous inspection in regards to staff training was addressed with all staff up to date with training needs. However, the action in regards to Schedule 2 documents had not been addressed with further deficits found in regards to the absence of a vetting disclosure and employment histories. Some improvements were also required in regards to the staff rota.

Staff were receiving regular support and supervision and also attended scheduled team meetings; however, the inspector found that the staff rota did not contain an accurate account of staff start and finish times.

**Judgment:**

Non Compliant - Major

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

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

No actions were required from the previous inspection.

**Findings:**

On the day of inspection, the inspector found that records and documentation supported the delivery of care in the designated centre.

Inspectors reviewed Schedule 5 policies within the centre and found that one policy in regards to recruitment, selection and Garda vetting of staff was not in place. All other policies were in place and review dates of these policies were in line with the



regulations.

**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:***

Ivan Cormican  
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<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Health Service Executive
<b>Centre ID:</b>	OSV-0005282
<b>Date of Inspection:</b>	29 & 30 November 2017
<b>Date of response:</b>	28 December 2017

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 04: Admissions and Contract for the Provision of Services

**Theme:** Effective Services

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

The provider failed to ensure that easy-to-read agreements were in line with the formal written agreements in regards to fees they would be charged when they were not availing of the service.

**1. Action Required:**

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

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

The Registered Provider will ensure the easy-to-read agreement will clearly state how much each resident will be charged per night and that no charge will occur when the resident is not availing of the service by the below date.

**Proposed Timescale:** 10/01/2018

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

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

The person in charge failed to ensure that residents' personal plans were made available in an accessible format.

**2. Action Required:**

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

The Person in Charge will ensure residents personal plan and goals will be made available in an accessible format to each resident

**Proposed Timescale:** 30/01/2018

**Theme:** Effective Services

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

The person in charge failed to ensure that some residents' goals had been sufficiently progressed in line with their personal plans.

**3. Action Required:**

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

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

The Person in Charge has ensured resident's personal plan and goals were immediately progressed following inspection. COMPLETED

**Proposed Timescale:** 01/12/2017

### **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:**

The provider failed to ensure that appropriate risk control measures were in place for the use of blood thinning products in the centre.

#### **4. Action Required:**

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

The Registered Provider will ensure assessment and management of ongoing risks for the use of blood thinning products within the centre will be completed by 10-01-2018

**Proposed Timescale:** 10/01/2018

### **Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

The provider failed to ensure that nursing interventions provided sufficient guidance in supporting residents who were prescribed blood thinning products.

#### **5. 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 Registered Provider will ensure the nursing interventions will provide clear guidance in support residents who are prescribed blood thinning products by the below date.

**Proposed Timescale:** 10/01/2018

### **Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The provider failed to ensure that the centre's statement of purpose contained all the requirements of Schedule 1 of the regulations.

**6. Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 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:**

The Registered Provider will ensure the Statement of Purpose will reflect all requirements of Schedule 1 of the regulations by the below date.

**Proposed Timescale:** 10/01/2018

**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:**

The provider failed to ensure that an effective medication auditing system was employed in the designated centre.

**7. 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:**

The Registered Provider will ensure an effective medication audit will be employed in the centre by 10-01-2018

**Proposed Timescale:** 10/01/2018

**Theme:** Leadership, Governance and Management

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

The provider failed to ensure that six monthly unannounced audits had been conducted as required.

**8. Action Required:**

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the

designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

The Registered Provider will ensure a six monthly unannounced audit will be conducted by 30-01-2018

**Proposed Timescale:** 30/01/2018

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

The person in charge failed to maintain an accurate staff rota.

**9. Action Required:**

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

The Person In Charge will ensure a planned and actual staff rota will reflect the time staff come on duty, sleepover time and time staff go off duty.

**Proposed Timescale:** 15/01/2018

**Theme:** Responsive Workforce

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

The provider failed to ensure that all requirements of Schedule 2 of the regulations were in place.

**10. Action Required:**

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

The Person In Charge will ensure all information and documentation pertaining to staff specified in the Schedule 2 are in place by the below date.

**Proposed Timescale:** 30/01/2018

## 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:**

The provider failed to ensure that all policies listed in Schedule 5 of the regulations were in place.

**11. Action Required:**

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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:**

The Registered Provider has ensured The National Recruitment Service operates under the Commission for Public Service Appointments (CPSA) Code of Practice and you will find relevant information regarding the recruitment process on the HSE website. This document is presently within the Schedule 5 policy folder in each area across the centre. COMPLETED

**Proposed Timescale:** 28/12/2017