

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Stewarts Care Limited
Centre ID:	OSV-0004104
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Stewarts Care Limited
Provider Nominee:	Eddie Denihan
Lead inspector:	Julie Pryce
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	13
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 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:
12 August 2014 10:00	12 August 2014 18:00
13 August 2014 08:00	13 August 2014 14:00

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

This inspection of a designated centre operated by Stewarts Care was conducted by the Health Information and Quality Authority (the Authority) in response to an application from the provider to register the centre. As part of the inspection, the inspector visited the centre and met with residents and the staff members. The inspector observed practices and reviewed documentation such as policies, personal plan and accident and incident records.

The centre comprises three community houses which provide short term respite services to people with disabilities. Two of the houses offer this service to four service users at a time, and the other to seven service users. Overall, the inspector

found that residents received a good quality service. There was evidence of a good level of compliance, in a range of areas, with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and this was reflected in a number of positive outcomes for residents.

However some improvements were required, for example, in the areas of medication management and risk assessment. These areas are further discussed in the body of the report and in the action plan at the end of 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 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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that there were structures in place to promote the rights of residents, for example, staff and management were aware of the rights of individuals and of what constituted a restriction of rights.

Residents who availed of a respite service in the centre were involved in a residents' meeting on the evening of admission, and a record of these meetings was available.

There was a charter of rights in an accessible format, and staff stated that this was read and explained to residents, and residents spoken to during the inspection confirmed this. Choice was promoted by a variety of methods, according to the needs of individuals.

There was clear evidence of a complaints log, which documented a description of any complaints, actions required and completed, the outcome and satisfaction of the complainer.

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):

This was the centre's first inspection by the Authority.

Findings:

A communication profile was in place for every resident, and a more detailed communication passbook was available for anyone who had individual personal communication needs. The inspector was satisfied that staff had sufficient knowledge of each individual to meet their communication needs.

There was clear evidence of information, as far as possible, being made accessible to residents.

All interactions observed by the inspector between staff and residents were positive, respectful and clearly indicated knowledge of the needs of residents.

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):

This was the centre's first inspection by the Authority.

Findings:

This was a centre providing respite care on a short term basis for people living in the community. Links were well maintained during these short stays, records were kept of phone calls and visits.

Links with each person's individual community was maintained by a scrapbook of activities and personal photos, or 'Pocket of memories'.

Due to the short term nature of the service visits were infrequent, but clearly welcomed and accommodated.

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):

This was the centre's first inspection by the Authority.

Findings:

Admissions were well managed, and people were admitted to the respite service according to their needs, and to their compatibility. A committee was in place to manage admissions, minutes of these meetings were available and it was clear that discussions which took place at these meetings resulted in appropriate actions.

Whilst it was clear that the management of the service were committed to putting contracts in place for all service users, this was not yet complete, however, approximately one third of these were in place. Where there were contracts in place they were signed by the service user where possible, or their next of kin.

Judgment:
Non Compliant - Moderate

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that the care and support provided to residents consistently and sufficiently reflected their assessed needs and wishes.

The inspector reviewed a sample of personal plans and found that each resident's needs were identified and plans were put in place with the residents to address those needs. Given the transient nature of the service provided the inspector was satisfied that assessments and plans provided sufficient guidance to staff in all areas examined. On each occasion of admission an admission form accompanied the service user with any additional information or change in circumstances.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

The designated centre comprised three community houses offering short term services to people with disabilities. The houses were homely, in a good state of repair and had an adequate maintenance service. Most of the living areas were appropriate to the needs of service users. There were adequate living areas, bathroom and kitchen areas and private areas to accommodate the needs of service users.

However, one of the bedrooms offered was accessed by a steep step with a lip, and led directly to steps down to the room. Egress from this room also involved an overhang at the top stair. The inspector was not satisfied that the access to and from this room was safe for the people that the centre accommodated.

In addition, in one of the houses accommodated people with physical disabilities, some of whom were immobile without assistance. There was no call bell system in the rooms, and no method for people to call staff at night. While staff reported that this had not to date caused any issues the inspector was concerned that this may compromise the safety of service users.

Judgment:

Non Compliant - Moderate

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that systems were in place for the prevention and detection of fire. The training records examined showed that there was regular fire safety training for the staff and regular fire drills were conducted. The inspector found that staff were very aware of the fire evacuation procedures and were able to describe the procedures involved. There was a personal evacuation plan in place for all residents and all fire safety equipment had been tested regularly.

An emergency plan was in place and alternative accommodation had been identified in the event that evacuation of the centre was necessary.

The centre's risk policy included all the requirements of the regulations. There was a health and safety statement in place in each house.

Whilst most risks had been identified and assessed, there was no risk assessment in place relating to lone workers, and the risk relating to service users being unable to call staff from either the bedroom or bathroom in one of the houses had not been assessed, rated or managed.

Judgment:

Non Compliant - Moderate

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):

This was the centre's first inspection by the Authority.

Findings:

The provider had put in place systems to promote the safeguarding of residents and to protect them from the risk of abuse. The inspector found that staff were knowledgeable in relation to types of abuse, recognising signs of abuse and their role in the safeguarding of residents. The management of residents' finances was adequate to protect residents.

Where there were incidents of challenging behaviour the inspector was satisfied that measures were in place both to manage such incidents and to ensure the safety of residents. For example, a multi disciplinary team meeting had been held following a recent incident, a risk assessment and care plan developed and their implementation documented.

Where restrictive practices were in use there were risk assessments in place, and also evidence that alternatives had been considered or attempted and ruled out. However, there was not always evidence that the use of restrictive procedures were recorded on every occasion, for example the use of bed rails or lap belts. This is further discussed under outcome 18.

Judgment:

Compliant

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

This was the centre's first inspection by the Authority.

Findings:

Practice in relation to notifications of incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

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):

This was the centre's first inspection by the Authority.

Findings:

This respite service provided opportunities for the facilitation of service users recreational and social needs. Staff had a thorough awareness of each individual's needs and these were facilitated as far as possible. There was evidence that service users were involved in planning activities during their short term stay.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

This was the centre's first inspection by the Authority.

Findings:

The inspector found that residents healthcare needs were met. Where healthcare needs for residents were identified in their main residence there was evidence that this was followed in the respite service provided in all three of the houses visited by the inspector. For example an epilepsy management plan for a one resident had been regularly updated and included a contemporaneous rescue medication plan.

The inspector was satisfied that residents' choice of food was met to an acceptable standard. Where possible residents were involved in menu planning and grocery shopping. The kitchens were well stocked and where residents had particular needs this was included in their personal plan.

However there was not satisfactory evidence for the most part that records were kept of the nutritional intake of residents, in that there was no record kept of the meals offered or served. This is also further discussed under Outcome 18.

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):

This was the centre's first inspection by the Authority.

Findings:

While there some evidence of structures and processes in place in relation to the management of medications, for example there was a local medication management policy in place, some improvements were required.

Some medication errors were found by the inspector during the course of the inspection, including an error in the recording of administration and an error in the recording of stock of medication.

While there was a system in place to manage any medication errors, there was no audit system in place to detect or monitor the errors found by the inspector.

Judgment:
Non Compliant - Moderate

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):

This was the centre's first inspection by the Authority.

Findings:

The Statement of Purpose included all the requirements of the regulations.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that the person in charge of the centre was suitably qualified and experienced. She was knowledgeable regarding the requirements of the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities. She maintained a presence in the centre and it was apparent that she was well known to the residents and had good knowledge of their health and support needs. She was clear about her roles and responsibilities and about the management and the reporting structure in place in the organisation. There was evidence of strong leadership skills and it was evident that she displayed support and guidance to staff on a regular basis. There was also clear evidence of communication between the person in charge and staff, and of agreed actions being monitored.

The inspector found that some management structures were in place which supported the delivery of safe care and services. For example, the person in charge reported that meetings took place between senior management and clinical nurse managers. However there was no documentary evidence of these meetings. There was evidence of meetings between the persons in charge of centres within the same provider, but inconsistencies were found in the recording of actions agreed at these meetings.

In addition, while staff meetings were held regularly, and minutes of these meetings were recorded, there was no evidence of required actions identified at these meetings being implemented. And while there was evidence of some audits having been conducted, this was not apparent in all the houses involved in the inspection. Where audits were conducted, monitoring of required actions was not evident. The inspector was therefore not satisfied that the service provided was effectively monitored.

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.

Theme:

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

Findings:

The person in charge was aware of the requirement to notify the Chief Inspector of any proposed absence for a period of more than 28 days. The provider had appropriate contingency plans in place to manage any such absence. A senior member of staff was responsible for deputising in the absence of the person in charge.

Judgment:

Compliant

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

This was the centre's first inspection by the Authority.

Findings:

The inspector found that for the most part, sufficient resources were provided to ensure the effective delivery of care and support in accordance with the statement of purpose, with the exception of those occasions where adequate staff supervision to some residents could not be guaranteed, as discussed under outcome 17.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

This was the centre's first inspection by the Authority.

Findings:

The inspector reviewed the staff rosters and observed the daily activities and found that staffing arrangements were for the most part based on the assessed needs of the residents and were sufficient to support and enable residents in their daily routines.

However, the inspector found that the numbers and skill mix of staff were not always appropriate to the assessed needs of the residents. For example, in one of the houses some residents regularly required the assistance of both staff members on duty for personal care. The inspector was not therefore satisfied that other residents were adequately supervised at these times.

There were safe recruitment systems in place to ensure that staff employed in the centre were suitable to work with vulnerable adults. Staff files were reviewed and it was found that they contained the required documents as outlined in Schedule 2 of the Regulations. Adequate records were maintained of staff training and there was evidence of staff having received appropriate training.

The inspector found staff to be knowledgeable about the individual needs of the residents, the organisation of the centre and of their responsibilities under the regulations. A staff appraisal system had been introduced, was in the process of being implemented and was examined by the inspector and found to be satisfactory.

Judgment:

Non Compliant - Moderate

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):

This was the centre's first inspection by the Authority.

Findings:

The policies and procedures required in Schedule 5 of the regulations were all in place, and all records required in relation to staff were also in order.

However, not all records relating to residents were in place, for example there was not always a record of each occasion on which a restrictive intervention was utilised, as discussed under Outcome 8. In addition records relating to food and nutrition as required in Schedule 4 of the regulations were not maintained.

Judgment:

Non Compliant - Minor

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:

Julie Pryce
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 Stewarts Care Limited
Centre ID:	OSV-0004104
Date of Inspection:	12 August 2014
Date of response:	17 October 2014

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

Contracts of care were not in place for all service users.

Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

Please state the actions you have taken or are planning to take:
Contract of care will be in place for all service users by the 31st October 2014

Proposed Timescale: 31/10/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The design and layout of the premises did not meet all the needs of residents.

Action Required:

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

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

Work in relation to egress from the room identified in the inspection has commenced and will be completed by 31st October 2014.

Proposed Timescale: 31/10/2014

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Not all identified risks in the designated centre were assessed and managed.

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:

Risk identified during the inspection in relations to service users being able to alert staff from bedrooms has been addressed; there is a bell system in place from the 3rd October 2014. In relation to bathrooms there is nurse pull cord in place since the 3rd October 2014.

Proposed Timescale: 03/10/2014

Outcome 12. Medication Management

Theme: Health and Development

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

Errors were found in the storage of medication.

Action Required:

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

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

Medication error form has been completed for error identified during inspections commenced review of audit system 30th September 2014.

Proposed Timescale: 30/09/2014

Theme: Health and Development

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

Errors in the recording of the administration of medication.

Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

Medication error form has been completed for error identified during inspections commenced review of audit system 30th September 2014.

Proposed Timescale: 30/09/2014

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

There was insufficient evidence that the service provided was consistently and effectively monitored.

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:

Details of meeting and action plans documented from the 4th October 2014.
Record of meetings will commence.

The support CNM2 has commenced audits with action plans in place in all houses 5th October 2014.

Audit Committee will have a full audit done by 30th November 2014.

Proposed Timescale: 30/11/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

The number of staff on duty was not always appropriate to the number and assessed needs of residents.

Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

We are submitting a request to the HSE for staffing identified at the inspection and awaiting a reply this will be completed by 12th December 2014.

Proposed Timescale: 12/12/2014

Outcome 18: Records and documentation

Theme: Use of Information

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

A record was not kept of each occasion on which a restrictive procedure was used.

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 record has now commenced on all restrictive procedures used in area identified in report.

Proposed Timescale: 14/08/2014

Theme: Use of Information

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

A record of food provided for residents as required in Schedule 4 of the regulations was not maintained.

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:

A record of food provided is now in place in all areas in Designated Centre 14, since 14th August 2014.

Proposed Timescale: 14/08/2014