

**Health Information and Quality Authority  
Regulation Directorate**

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



|   |   |
|---|---|
| <b>Centre name:</b>                                   | A designated centre for people with disabilities operated by Sunbeam House Services Ltd |
| <b>Centre ID:</b>                                     | OSV-0001690   |
| <b>Centre county:</b>                                 | Wicklow   |
| <b>Type of centre:</b>                                | Health Act 2004 Section 38 Arrangement  |
| <b>Registered provider:</b>                           | Sunbeam House Services Ltd  |
| <b>Provider Nominee:</b>                              | John Hannigan   |
| <b>Lead inspector:</b>                                | Julie Pryce   |
| <b>Support inspector(s):</b>                          | None  |
| <b>Type of inspection</b>                             | Announced   |
| <b>Number of residents on the date of inspection:</b> | 3   |
| <b>Number of vacancies on the date of inspection:</b> | 1   |

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

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

|                    |                    |
|--------------------|--------------------|
| From:              | To:                |
| 15 July 2014 09:00 | 15 July 2014 18:30 |
| 16 July 2014 12:00 | 16 July 2014 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**

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 plans, and accident and incident records. The inspector also reviewed questionnaires completed by relatives of the service users prior to the inspection.

This designated centre is a respite service which offers people with an intellectual disability short term breaks. The service is offered to 42 people with an intellectual disability, and can accommodate 5 people at any one time Overall, the inspector

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

Some areas for improvement were identified during the inspection, including the management of finances, the required policies and staffing levels. These issues are 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, 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):**

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. A Rights Review Committee was in place to which any rights restrictions were referred, and there was evidence of a response to referrals from this committee within a month.

There was evidence of a complaints procedure, although it was unclear as to whether it was a current procedure as it was not dated. In addition this policy did not include all the information required by the regulations, for example the person responsible for the management of the complaints and appeals procedure was not identified, and this is further discussed under outcome 18.

However, there was evidence of good local practice in the management of complaints received and a positive approach to the receipt of both complaints and complements, for example, a complaint from a resident reviewed by the inspector in relation to the location of a tumble dryer had been managed to the satisfaction of the resident. Complaints were logged appropriately and included the outcome of the complaint and a record of the satisfaction of the resident.

A resident's forum was conducted on a six weekly basis, and a representative from the designated centre was a member of this group.

There was also evidence of appropriate management of resident's property, staff checking of property was evident, and residents were facilitated to safely leave personal

possessions in the centre for their next respite stay.

**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 each service user which included details about to the way in which the individual indicated needs, requests and feelings. They also included information in relation to those things which might cause upset to the person, and those things which they might enjoy. Staff displayed thorough knowledge of the manner in which individuals might communicate, and this was clear in any interactions observed by the inspector between staff and residents.

All bedrooms had radios and there were televisions in each of the living areas. Most service users had their own mobile phones, but were facilitated to use the house phone if required.

**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:**

Service users of this designated centre live in the community and avail of a short term respite service. Any links with the community are maintained during these breaks, such

as attendance at day services or at social and recreational outlets. Some of the respite stays were facilitated to ensure service users' attendance at social activities such as the local Arch club.

Visits to the centre were welcomed and facilitated, and service users observed by the inspector appeared to be settled and at home in the 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):**

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

**Findings:**

Admissions were well managed by the person in charge, and were planned so that compatible service users were accommodated together, and where possible organised three months in advance.

There were however, no agreements in writing for the provision of services in place as required by the Regulations. Service users paid a set charge per night for their stay, and while this amount was known to them and to their families, there was no evidence of documentation relating to this charge.

There was a local procedure in place which guided staff in the management of admissions, but the organisational policy was not current, as further discussed under outcome 18.

**Judgment:**  
Non Compliant - Minor

**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 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 to address those needs. These personal plans contained important information about the residents' life, their likes and dislikes, their interests, details of family members and other people who are important in their lives. Each resident was assigned a key worker and there was evidence that residents were involved in their personal planning. Daily records were maintained for each resident. Personal plans maintained in day services were made available to the respite service.

**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 is a two storey house, homely and well maintained. It includes individual bedrooms, living areas, bathrooms, kitchens and an outside area adequate to meet the needs of the residents.

However, the property has been converted from being two individual apartments with a narrow staircase between the two storeys. As only one carer staffed the centre most of the time the practice was to wedge open the fire doors between the two storeys to facilitate the staff member to hear if a resident called for them. This is further discussed under outcome 7.

**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):**

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. In addition to this 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 an emergency evacuation plan and this was clearly displayed and an individual safety plan on each resident identifying any areas of risk.

Documented checks included quarterly checks of the alarm system, monthly checking of emergency equipment and lighting and daily checks of fire exits. The maintenance and servicing records for the detection, alarm and fire equipment were examined and found that to be in order.

However, as discussed in outcome 6 there was a regular practice of wedging open fire doors between the two storeys of the centre, although staff stated that this practice did not continue at night time.

Whilst the centre appeared to be clean, the inspector was concerned that mops which were in daily use were stored upside down against a stone wall in the outside area.

While there were processes in place for the management of risk, it was not clear that the risk management policy was current as it was undated, as further discussed under outcome 18.

Local risks had been identified and assessed, as had individual risks relating to residents, and the person in charge maintained a register of these risks. There was documentary evidence of the management of incidents and accidents which included prevention of recurrence and trending of any incidents, and a clear procedure to guide staff following any serious incident.

**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. While there was a policy available in relation to the protection of vulnerable adults, it was not dated and it was unclear as to whether it was a current policy or a draft document. This is further discussed under outcome 18.

Improvements were required in the management of residents' monies. A set amount was charged per night for respite accommodation, and this amount was brought in by each resident on the first night of their stay and handed over to staff. No records were available to indicate whether this money had been by cheque or cash, and this money was retained in the centre until taken to the head office accounts department by the person in charge from time to time. There was no documentation of receipt of this money by the accounts department available.

Personal spending money was brought in by residents in a similar fashion and maintained by staff in individual money boxes for each resident. The inspector examined the personal money of three residents who were availing of respite on the day of the

inspection and found discrepancies in each. Discrepancies related to an incorrect balance compared to the record, receipts not matching records kept and a balance transfer without signature or source of transfer.

Residents brought money to the centre in an envelope, and any balance was also returned with them in this way. There was no formal method of receipting this returned money, and no evidence of auditing or monitoring of the management of personal money.

The inspector was concerned that these practices might leave residents open to financial abuse and requested that the person in charge put a plan in place to rectify the situation. This plan was presented to the inspector prior to the close of the inspection and was found, when implemented, to be sufficient to safeguard residents.

There were processes in place in relation to the management of challenging behaviour, including thorough behaviour support plans and risk assessments. The person in charge had identified training needs in this area and had sourced relevant education for staff. Residents were supported by team assessments, behaviour specialists and mental health professionals.

Intimate care assessments and plans were in place for residents. However there was a requirement for one resident for the provision of intimate care by staff of the same gender, which was not always available within the centre. The person in charge reported that this was facilitated where possible by calling on staff from a nearby centre of the same provider, this was not documented in the personal plan.

**Judgment:**  
Non Compliant - Major

**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.

**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:**

Residents were supported to maintain their day services and regular social activities, and their pastimes whilst availing of respite care.

**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:**

There was evidence that residents healthcare was continued while they availed of respite services. Personal plans included healthcare requirements and contact details of any healthcare professionals involved in supporting the residents. Any appointments were facilitated by staff.

Mealtimes were observed by the inspector to be social occasions, and residents were included in menu planning and grocery shopping. Any particular dietary needs or choices were facilitated. Snacks and drinks were readily available, and residents were observed by the inspector to utilise the kitchen facilities if they chose to do so.

**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:**

There was evidence of good practice in relation to the management of medication in the designated centre. The transfer of medication between the residents' homes and the respite facility was well managed. A local policy was in place to guide staff, and there was evidence that practice complied with this policy.

There were risk assessments in place for residents who managed their own medication and evidence of safe storage of individual medications under these circumstances.

Monthly medication management audits were conducted and there was evidence of monitoring and management of any medication errors.

For the most part, prescriptions and recording sheets were in order, however, not all prescriptions for 'as required' medications specified a maximum dose. This is further discussed under outcome 18.

**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):**

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 was satisfied that there was an appropriate management structure in place which supported the delivery of safe care and services. The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood.

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 had a very good knowledge of the health and support needs of the residents. She was clear about her roles and responsibilities and about the management and the reporting structure in place in the organisation.

While there was some evidence of audits having been conducted, for example a health and safety and environment audit, no audit of the quality and safety of care and support had been conducted in the previous year. There was therefore no clear evidence that care delivery was 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. There was an adequate contingency plan in place to manage such an absence if the need arose.

**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. However the inspector noted that where there were occasions on which staffing levels impacted on outcomes for residents, the budget under the control of the person in charge was not always adequate to manage these occasions 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 found staff to be knowledgeable about the individual needs of the residents, the organisation of the centre and of their responsibilities under the regulations.

There was 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.

Records were maintained of staff training. These records showed that in addition to mandatory training staff members attended a range of other training in areas such as first aid, medication management and risk assessment

There were also regular meetings with the staff with regard to the management of the centre. The regulations and standards were discussed at these meetings, and minutes of these meetings were maintained.

Consistency of staff was well managed, for example where relief staff were required they were drawn from a bank of on call staff.

The inspector was not satisfied that the numbers and skill mix of staff were always appropriate to the assessed needs of the residents. Frequently only one member of staff was on duty which sometimes resulted in all residents having to leave the centre to accommodate the needs of one individual. On other occasions the social needs of residents could not be accommodated due to the staff member having to maintain a presence in the centre. This issue was mentioned in several of the relatives' questionnaires reviewed by the inspector. During part of the inspection a second staff member was on duty and it was reported by staff that the challenging behaviour of one of the residents was alleviated by this situation and the inspector observed this to be the case.

**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:**

There was some evidence of the policies required in Schedule 5 of the Regulations, but they were for the most part either undated, in draft form or there were two undated versions available. It was therefore not clear which of the policies was intended to guide staff, or when a review had last take place.

Most of the records required in the Regulations in relation to residents were available, with the exception of the requirement under Schedule 3 for to be kept of the dosage of each medicine. The prescriptions for several residents did not include a maximum dose for 'as required' medications.

Staff files examined in the head office of the organisation included all record required by the regulations.

**Judgment:**

Non Compliant - Major

## 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 report<sup>1</sup>

|                            |   |
|----------------------------|---|
| <b>Centre name:</b>        | A designated centre for people with disabilities operated by Sunbeam House Services Ltd |
| <b>Centre ID:</b>          | OSV-0001690   |
| <b>Date of Inspection:</b> | 15 July 2014  |
| <b>Date of response:</b>   | 13 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, 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 is failing to comply with a regulatory requirement in the following respect:**

There were no written agreements relating to the provision of services

**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

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

terms on which that resident shall reside in the designated centre.

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

Service level provision documents will be sent to the individuals we support and /or their families. The process to complete same will be undertaken and complete within 3 months of approval with full implementation by 31st March 2015.

**Proposed Timescale:** 31/03/2015

**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:**

Mops were not maintained in a manner that would ensure infection control.

**Action Required:**

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

New system for infection control around mops has been put in place and mops are no longer kept outside. Different style of mop has been purchased which can be laundered and stored in the laundry room.

**Proposed Timescale:** 31/08/2014

**Theme:** Effective Services

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

Fire doors were regularly wedged open.

**Action Required:**

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

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

A Fire and Safety officer has been requested to complete a risk assessment of the fire doors in this service and to assess what steps can be taken to change the current doors to connect them to the fire alarm system. This report is to be completed and presented to SHS Management by 31st December. Management will then discuss the steps to be taken.

**Proposed Timescale:** 31/12/2014

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

Systems to protect residents from financial abuse were not robust.

**Action Required:**

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

CSM discussed with all staff as they reported for duty, SHS money policy and Safeguarding residents money.

Team meeting held on 12th August , SHS Money Policy discussed and new arrangements put in place to comply with SHS policy,

Internal Audit by SHS Accountant on 21st July 2014.

Individual wallets in place for each resident needing support with money.

The following three options are now under discussion to safeguard Staff when dealing with client charges.

1. Stamped lodgement book at Post Office/ AIB Bank
2. Automated lodgement machine receipt at AIB Bank
3. Electronic record in Agresso Accounts system viewable by CSM

**Proposed Timescale:** 01/12/2014

**Theme:** Safe Services

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

There were not adequate measures taken to ensure appropriate intimate care.

**Action Required:**

Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

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

Care plans have been reviewed with changes made as required.

Intimate care plans have been put in place

**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 no system in place to ensure that the service provided was consistent or 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:**

An Audit schedule has been put in place to review the Safety, quality of Care and support provided in the centre.

**Proposed Timescale: 31/12/2014**

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

The numbers of staff were not always adequate to meet the 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:**

Additional hours have been provided to support the extra needs of this resident, a request for further additional hours has been made to HR and are under discussion.

**Proposed Timescale: 01/01/2015**

## Outcome 18: Records and documentation

**Theme:** Use of Information

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

The policies required in Schedule 5 were not in place.

**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:**

All Schedule 5 policies are now in place.

**Proposed Timescale:** 01/10/2014

**Theme:** Use of Information

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

Records required in Schedule 3 in relation to residents medication were not all in place.

**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:**

All relevant people have been contacted, explained the requirements.

New Kardex requested with the required information. Awaiting new Kardex.

**Proposed Timescale:** 31/12/2014