

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | A designated centre for people with disabilities operated by Health Service Executive |
| Centre ID: | OSV-0003323 |
| Centre county: | Donegal |
| Type of centre: | Health Act 2004 Section 39 Assistance |
| Registered provider: | Health Service Executive |
| Provider Nominee: | John Hayes |
| Lead inspector: | Geraldine Jolley |
| Support inspector(s): | Mary McCann |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 10 |
| Number of vacancies on the date of inspection: | 3 |

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

| | |
|-------------------------|-------------------------|
| From: | To: |
| 16 September 2014 11:00 | 16 September 2014 18:30 |
| 17 September 2014 09:00 | 17 September 2014 14:30 |

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

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| Outcome 02: Communication |
| 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 11. Healthcare Needs |
| Outcome 12. Medication Management |
| Outcome 13: Statement of Purpose |
| Outcome 14: Governance and Management |
| Outcome 17: Workforce |

Summary of findings from this inspection

This monitoring inspection was the first inspection of this centre by the Health Information and Quality Authority (the Authority). The designated centre is part of the Health Services Executive residential disability services. The service is provided in three modern style bungalows that are individually named. Service users who have moderate to high support needs are accommodated and some service users who need one to one support were also accommodated. There were nine residents living in the centre when this inspection took place.

A respite service provided for children and adults in a different location was partially inspected. It was not occupied when this inspection was conducted and only the premises and layout was reviewed.

Service users attend day services provided by the organisation from 9:30 to 16:30 Monday to Friday. Some had expressed a choice not to attend day care and the inspectors saw that staff had been proactive in assessing their needs and ensuring that opportunities to do activities they enjoyed were available to support their life

style choices and enhance quality of life. During the inspection, the inspectors visited each house that formed the designated centre and met with service users and the staff on duty. The inspectors observed care practice and reviewed documentation such as personal plans, support plans, medical records and a range of policies and procedures that underpin practice.

The centre had prior notice of the inspection and the staff team had discussed the inspection with the service users. Inspectors requested consent from service users to review their personal plans, support plans and care files. Some service users showed the inspectors their bedrooms and communal areas which had all been decorated and personalised to reflect their personal choices and interests. The designated centre provided good facilities for service users in a homely accessible environment and was located in a modern housing development a short walk from the nearby town. All three houses were clean, well maintained, had good natural lighting and accessible garden space.

Service users described the range of services provided and said that they had good choices of interesting activities when at home and at day care. Staff and service users knew each other well, and service users confirmed to the inspectors that they were very happy with their arrangements and day to day lives. The positive features that service users said they valued were:

- the choices they could make day to day
- being able to go out to the local shops when they wished
- the availability of staff and the support they had to develop and be independent
- connections with family and the local community and
- the social opportunities they had which included regular visits to a local farm, attending concerts, dances, football matches in the locality.

Staff supported service users to contribute to decisions about any changes in the designated centre and when making decisions and choices about their lives. The inspectors saw that a number of communication aids were used to assist residents to communicate to their maximum ability. Overall, inspectors found evidence of a person-centered approach being promoted that met the health and social care needs of residents. There was evidence of good practice in a range of areas. Staff interacted with residents in a warm and friendly manner and displayed an in-depth understanding of individual residents' needs, wishes and preferences. There was information in personal plans that conveyed that residents who had high level needs were supported effectively, developed positive behavior patterns and had a progressively improving quality of life.

Overall the inspectors found there was evidence of compliance in many areas 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.

Areas of non compliance identified during the inspection included:

- having a system in place to ensure that all staff had up to date training in fire safety, the protection of vulnerable adults and where required moving and handling

- the completion of fire drills outside of day time work hours and at night
- the policies in place to guide staff in the areas of risk management and adult protection required review to ensure appropriate guidance was available to staff and
- all the required information was not available for staff working in the centre.

These are discussed further in the report and included in the Action Plan at the end of this 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 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:

The inspectors found that residents were supported to communicate according to their assessed needs. There were a range of communication systems in use and these included picture timetables, photographs and the picture exchange communication system (PECS). New technology such as i pads had been introduced for some service users.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Inspectors found from speaking with staff and service users that staff supported service users to maximize their independence and encouraged them to make decisions and choices about their lives. Service users were able to show inspectors their person

centered plans and could tell inspectors how they spent their day, who they saw regularly and the contacts they had with their families. Inspectors were satisfied that the care and support provided to service users sufficiently reflected their current assessed needs and wishes. Each service user has an individualised assessment of need and a personal plan. These were noted to contain good quality background information and described preferred choices in areas such as activity, food and music. There were also good details on family connections and how these were sustained. Action plans and risk assessments are devised according to the findings of the assessments and the wishes of the service users. Daily records were maintained that outlined how service users spent their day. Inspectors saw evidence of achievement of goals, for example going on holiday, attending football matches and how changes in behaviour had led to more positive quality of life outcomes and increased independence. On the day of inspection service users were busily engaged in gardening activities, painting benches in the Donegal team colours and preparing their evening meal with assistance from staff.

One service user had an i-pad with photos of significant events and people and could use this well. Consideration should be given to developing the use of other technology such as digital photographs and diaries for service users.

There was information that confirmed that personal plans were reviewed regularly as needs changed and that annual reviews were scheduled and completed. Personal plans were noted to specify goals, wishes and aspirations for the future. The progress being made to achieve objectives was described however in some records the inspectors reviewed there was a lack of detail on the time-scales for particular targets, what resources were required and who had responsibility to ensure goals were achieved. Staff confirmed that the completion of personal plans to appropriately reflect the work in progress and the information required by legislation had been identified as a training need and was the subject of a training session scheduled for later in September. There was information that confirmed that family members and any significant others were involved in reviews of care. Service users had access to an advocacy service.

There was a range of activities available to the service users both in the centre, in a local resource centre and in the community. The centre had access to transport which enhanced the opportunities service users had to attend and participate in community activities. Each service user had a plan that described their schedule and inspectors saw that this included trips to the shops and to have meals/tea out, community activities such as going to football matches and events in the town, cooking, and attending services provided in day centres.

The personal plans did not reflect planning for the future should a change in circumstances occur however staff were aware of service users wishes to remain in their current accommodation and it was acknowledged that the premises layout and staff skill mix available could support service users should there be a deterioration in their mobility for example.

Judgment:
Non Compliant - Minor

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 centre was found to be suitable for its stated purpose. It is comprised of three bungalows which were noted to be accessible, well decorated, domestic in style with adequate private and shared space for all service users. Each service user had their own bedroom with an en-suite. Two of the houses have additional bathrooms to facilitate choice for service users. Some rooms had a tracking hoist system in place. There was adequate storage for service users possessions and personal effects in their rooms.

Shared space includes a sitting room, a craft room, a dining /kitchen space and a large garden which was cultivated and provided with suitable garden furniture to enable residents to sit outside.

There is a link hallway between the houses however this was not in use and each house functioned as a separate entity.

Respite Service:

This service is targeted to the needs of adults and children who normally reside at home with family. The maximum number that can be accommodated is 6 persons-adults or children. The premises comprises of 3 bedrooms that can be shared but are normally used as singles, kitchen, dining and sitting and activity space. The inspectors noted that the bedrooms were small for shared occupancy and there was an access problem to some toilets due to the location of a shower situated in front of the toilets which would restrict access when in use. The person in charge was aware of this problem but said that as the number of service users accommodated at any time was usually small that few problems had presented.

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:

Inspectors were satisfied that measures were in place to protect the health and safety of residents, visitors and staff. A safety statement completed in 2014 was available. There was a revised risk management policy in draft form and this was noted to include self injury, behaviour management and infection control as required by legislation. However it was noted to need review to ensure that the procedures reference staff and visitors to be compliant with regulation 26. The procedures for the unexpected absence of a service user on social outings needed to be reviewed and updated as this was noted to have been introduced in 2003 and not updated since 2007.

Inspectors viewed a number of service users risk assessments and found evidence that risk assessment procedures and systems to reduce risk were in place. These were being used to ensure that service users could participate in activities with identified controls and supports in place to ensure their safety. An inspector reviewed the care for a resident who presented significant challenges and found that needs were regularly reviewed and staff resources deployed in accordance with changing needs. There was also an internal alert system to enable staff to summon help from other houses in an emergency. Staff also had personal alarms which they keep with them when there is a risk identified.

There were fire safety systems in place however there were some aspects that required improvement. A policy was available on fire safety. Inspectors spoke with staff and they were knowledgeable about what to do in the event of a fire. Inspectors also spoke with service users and they displayed an awareness that if the fire alarm sounded they would have to follow the instructions from staff and leave the building. A fire risk assessment had been completed by specialist fire personnel and the information indicated that the centre was in compliance with fire safety regulations. There were procedures in place to check fire exits, the fire alarm, emergency lighting and fire fighting equipment regularly. Evacuation sheets where fitted to beds were noted to be checked weekly. The fire procedures were on display and the inspectors noted that there was a non verbal guide for service users.

While fire drills including unannounced fire drills were carried out at regular intervals none had been undertaken during the night time hours to ensure that staff could safely evacuate in darkness and with lowest staff numbers present and none had taken place since a new resident had been admitted. The reports of fire drills outlined the time the drill took place but did not reflect how the fire procedures had worked, how long the evacuation took to execute, how many residents and staff were involved or how successful the drill had been.

Fire safety training had taken place however not all staff had completed training annually as required. The system for recording attendance at training required review to ensure that the details of the training and who had completed it were clearly evident and showed compliance with regulation 28- Fire Precautions.

Inspectors reviewed staff training records and found that staff had received training in safe moving and handling. All service users were independently mobile at the time of this inspection. An infection control policy was available and staff were aware of infection control procedures. Staff had received training in hand hygiene and all areas were noted to be visibly clean.

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:

Inspectors were satisfied that measures were in place to protect service users being harmed or suffering abuse. There was a policy in place on the prevention, detection and response to abuse. This was noted to contain a range of information on the types of abuse and contained clear flow charts to guide staff through the referral and decision making process to other services. The inspectors noted that the policy did not guide staff through all the steps that they may be required to take locally including how to protect the scene and any residents involved or where to contact the senior caseworker for the service out of normal working hours.

Training records confirmed that staff had received training to guide their practice. However the record did not confirm that all staff employed received training and some had not had refresher training since 2010. Staff the inspectors talked to could outline the procedures they would follow should there be an allegation of abuse.

There was a policy in place guiding the management of behaviours that challenge. Inspectors saw that there had been a number challenging behaviour episodes that had been appropriately managed and where a progressive improvement was noted. Up to date positive support plans were available in some instances and were noted to contain comprehensive assessments of the type of behaviours and the strategies to manage the behaviour in ways that reflected up to date knowledge and evidence based practice. There were adequate staff on duty at all times to ensure the support and treatment plans were addressed as outlined. However there were other support plans that had not been reviewed monthly as indicated on the plan and where the overall strategy for

addressing the behaviours had not been reviewed for some considerable time. There were good records of the behaviours that presented however there was no analysis of the times or triggers that may contribute to the behaviours and may inform future management strategies.

Judgment:

Non Compliant - Moderate

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:

The staff were maintaining records of all accidents and incidents in the centre. There was a report system for Health Service Executive monitoring however there was no review locally of the type of incident, any learning from the event or the actions to take to prevent future episodes.

The incidents that required notification to the Authority and the requirement to submit nil quarterly returns if no incidents had occurred were discussed.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

Inspectors found that residents' health care needs were met with appropriate input from medical services. Staff reported that service users were seen expediently and described a good working relationship with the local general practitioners and an out of hour's service was also available. Services such as physiotherapy, speech and language therapy, occupational therapy, dental care, chiropody, neurology, psychiatry and dietetics are available via referral to the HSE. The pharmacist also had an active role in

advising on medication management.

Staff provided support to service users to access these services in local clinics and out patients as/when required. Families are engaged in this process in line with individuals/family's wishes and are informed of health care changes. Health promotion initiatives were also in place. Residents were encouraged to be active and to have healthy diets that met their needs.

Inspectors found that residents' nutritional needs were met. Regular weights were recorded. Service users had described their food choices and staff assisted them where required at meal times to ensure that their diets were of adequate nutritional value. Service users who had dietary problems or swallowing difficulties were assessed by the appropriate professionals. Inspectors observed the evening meals prepared on the first day of inspection and were satisfied that healthy home cooked options were provided and that meal times were .

The inspectors saw that there were a range of assessments completed to identify health care needs. These included assessment of vulnerability to falls, nutrition and safety problems. A hospital passport was completed to inform staff of significant factors should admission to hospital be required. This included communication ability, service user preference and essential medical information. The inspectors also saw information that indicated that service users attended screening programmes and preventative health checks.

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:

A medication management policy was in place to guide practice and included the arrangements for ordering, prescribing, storing and administration of medicines to service users. This had been introduced in 2011 and was scheduled for review.

All medications were administered by nurses. The inspectors observed that medications were all stored securely in a locked cupboard in the staff office and that the medication keys were held by the nurse on duty. A system was in place to record medication errors or near misses and there was an audit process in place to ensure the effective and safe management of medication.

A sample of medication administration records (MARS) was reviewed by inspectors which was completed appropriately and included photographic identification of the resident. Inspectors observed in two records that the maximum dosage for "as required" (PRN) medication was not always stated on the individual prescription.

There were no medications that required strict control measures (MDA's) at the time of the inspection.

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 set out the services and facilities provided in the designated centre. The aims, objectives and ethos of the centre were defined and there were organisational structures and floor plans included. However, aspects of the statement of purpose required review to ensure it contained all of the information as required in Schedule 1 of the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013 as it did not describe the following information:

- Details of any specific therapeutic techniques used in the designated centre and arrangements made for their supervision.
- The arrangements made for consultation with, and participation of, residents in the operation of the designated centre.
- The arrangements made for residents to attend religious services of their choice.
- The associated emergency procedures in the designated centre.
- The format should be reviewed to remove the names of staff and residents to ensure confidentiality and eliminate the need for regular revisions when personnel change.

Judgment:

Non Compliant - Minor

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 staff team conveyed that there was a good team spirit established in the centre and that staff worked together for the benefit of service users. There was a clearly defined management structure that identified the lines of authority and accountability. The Person in Charge identified to the Authority was the Director of Nursing who had responsibility for this service, a congregated setting, the respite service and a day care resource centre.

While he was a suitably qualified, skilled and an experienced person he was not in charge of the day to day operation of the service. This was the responsibility of the clinical nurse manager. She demonstrated good knowledge of the regulations and standards, was familiar with service users, their care needs and person centred plans. The arrangements for the role of person in charge require review to ensure the nominated person is actively involved in care practice and management of the centre on a day to day basis.

Judgment:

Non Compliant - Minor

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:

Staffing levels were suitable to meet the needs of the residents. Inspectors noted that social care needs and health care needs were met. A staffing roster that outlined the staff on duty was available however the current layout made it difficult to determine the hours that all staff actually worked and the inspectors concluded that the format did not

reflect the planned rota and the rota actually worked by staff. The staff on duty were friendly, welcomed the inspectors and gave excellent accounts of the services provided. The inspectors observed that the staff knew service users well and could communicate effectively with them. There was good continuity in the staff team and the majority had worked with services users some time. They could give good accounts of how service users independence had increased and how quality of life had improved particularly since service users had moved to this location.

The inspectors reviewed the recruitment procedures and the documentation obtained in respect of staff currently employed in the centre. A selection of four staff files was inspected to assess compliance with Schedule 2 of the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. While the majority of documents were available and the staff files were well organized there were some files that did not contain all the required documents. Documents that were not available included, a photograph in one instance, evidence of qualifications in another, and an inadequate employment history in a third file. There were agency staff employed to ensure an intensive treatment plan was carried out. The person in charge told inspectors that evidence of current registration and appropriate identification had been sought from the agency.

There was an education and training programme available for staff to enable them to provide care that reflects evidence based practice. Records confirmed that training was provided on topics that included medication administration, health and safety training, hand hygiene, crisis intervention training, cardiopulmonary resuscitation and epilepsy awareness. However, some gaps were identified. Mandatory training requirements detailed under outcomes seven and eight including fire training and the protection of vulnerable adults was not complete for all staff working in the centre. The inspectors noted that some staff were undertaking post graduate degree training to extend their skills and professional expertise.

Judgment:

Non Compliant - Moderate

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:

Geraldine Jolley
Inspector of Social Services
Regulation Directorate

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider’s response to inspection report¹

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|----------------------------|---|
| Centre name: | A designated centre for people with disabilities operated by Health Service Executive |
| Centre ID: | OSV-0003323 |
| Date of Inspection: | 16 September 2014 |
| Date of response: | 05 November 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 05: Social Care Needs

Theme: Effective Services

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

The goals outlined in personal plans did not have specific details or resources to indicate how the targets set were to be achieved.

Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the

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

assessed needs of each resident.

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

1. The Personal care plans have commenced being updated in relation to the time scales and resources needed to achieve the outcomes/goals of the service users where not expressed
2. The contract of care being completed will reflect the services resolve in meeting the service users and families wishes to remain within their homes for as long as is possible

Proposed Timescale: 15/12/2014

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:

The risk management policy was noted to need review to ensure that the arrangements include staff and visitors.

The procedures for the unexpected absence of a service user on social outings was noted to have been introduced in 2003 and not updated since 2007.

Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

Both policies will be reviewed and updated

Proposed Timescale: 15/12/2014

Theme: Effective Services

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

While fire drills including unannounced fire drills were carried out at regular intervals none had been undertaken during the night time hours to ensure that staff could safely evacuate in darkness and with lowest staff numbers present and none had taken place since a new resident had been admitted. The reports of fire drills outlined the time the drill took place but did not reflect how the fire procedures had worked, how long the evacuation took to execute, how many residents and staff were involved or how successful the drill had been.

Action Required:

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

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

A fire drill to address the capacity of the unit to evacuate in darkness will be completed and an evaluation of the drill will be completed

Proposed Timescale: 30/11/2014**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Fire safety training had taken place however not all staff had completed training annually as required. The system for recording attendance at training required review to ensure that the details of the training and who had completed it were clearly evident and showed compliance with regulation 28- Fire Precautions.

Action Required:

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

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

1. Fire training has been organised for the 7th of November. Staff will attend same
2. Ongoing training will ensure all staff are trained or attend refreshers in the above

Proposed Timescale: 15/02/2015**Outcome 08: Safeguarding and Safety****Theme:** Safe Services**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The protection policy did not guide staff through all the steps that they may be required to take to protect residents.

The training record did not confirm that all staff received training and some had not had refresher training since 2010.

Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

1. Staff training is on a roll out basis on training available on 2 dates in November 2014
2. The policy is in the process of being reviewed. A temporary guide for staff will be available by the 15th of December
3. The County ID service is in the process of negotiating a specific programme for ID

services and this will allow for staff to be trained as trainers. This programme is to commence in 2015

Proposed Timescale: 15/12/2014

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

All the required schedule 2 information was not included in the statement of purpose.

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 Statement of purpose is being reviewed and will be amended to include the schedule 2 requirements

Proposed Timescale: 30/11/2014

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:

The nominated person in charge was not involved in the day to day operation of the service.

Action Required:

Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

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

The Statement of purpose will reflect the person in charge of the day to day operations.

Proposed Timescale: 30/11/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

A staffing roster that outlined the staff on duty was available however the current layout made it difficult to determine the hours that all staff actually worked and the inspectors concluded that the format did not reflect a planned rota and the rota actually worked by staff.

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 rota while reflecting the need for flexibility of supports will be completed for a month ahead. A trial roster will be commenced and monitored and amended as required

Proposed Timescale: 15/12/2014

Theme: Responsive Workforce

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

All staff files reviewed did not contain the required schedule 2 documents.

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 information is being obtained and we are awaiting return of the garda vetting. All work is being progressed and all necessary is being obtained by Clerical staff

Proposed Timescale: 31/01/2015

Theme: Responsive Workforce

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

The training records did not confirm the training that all staff had attended. In particular there was incomplete information to confirm if all staff had attended training in fire safety or had refresher training in adult protection.

Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

All staff within the unit will have completed fire training and available training for adult abuse and a easy format of recording maintained

Proposed Timescale: 31/01/2015