Health Information and Quality Authority
Regulation Directorate

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

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

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services South East
Centre ID:	OSV-0004475
Centre county:	Tipperary
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Johanna Cooney
Lead inspector:	Kieran Murphy
Support inspector(s):	Caroline Connelly;
Type of inspection	Announced
Number of residents on the date of inspection:	14
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
29 September 2015 10:00	29 September 2015 19:30
30 September 2015 09:00	30 September 2015 16:30

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 was the second inspection of Nagle Adult Residential Services that had made an application to register as a designated centre with the Authority. Nagle Adult Residential Services is one of a number of designated centres that is managed by the Brothers of Charity Services. The Brothers of Charity provide a range of day, residential and respite services in South Tipperary. The Brothers of Charity Services is a not-for-profit organisation and is run by a board of directors and delivers services as part of a service agreement with the Health Services Executive (HSE).

The centre provided a home to 14 residents with a moderate level of support needs

and was based in three separate locations each in a community setting. Since the last inspection it was proposed to move five residents from their current house to a two storey house in Cahir. However, due to the dependency needs of the residents on the ground floor inspectors were not satisfied that the bathroom facilities were adequate.

As part of the inspection, inspectors met with the residents, families and staff members. One resident said that they "were very happy living here". Feedback sheets were also received from a number of families and residents before the inspection. One family commented that they were "hugely grateful to the amazing support from all the staff over the years. We are hugely grateful for all of their amazing dedication".

Of the 18 outcomes that were reviewed on this inspection four were at the level of major non-compliance:
Outcome 1: Rights, dignity and consultation
Two restrictions that imposed on one resident's life had been referred to the human rights committee of the Brothers of Charity service in August 2014. Inspectors saw documentation that a further meeting to discuss these restrictions was scheduled for November 2015. However, a decision had still not been taken by the human rights committee in relation to these restrictions. This was not in keeping with the residents' guide provided by the service.

Outcome 7: Risk management
Inspectors identified a number of areas for improvement in relation to fire safety and risk assessment. In two of the three houses there was no emergency lighting, which is lighting provided in the event of power failure to the regular lighting within a building. In addition, the personal emergency evacuation plans for residents did not always accurately reflect residents' ability to leave the building without help.

Outcome 14: Governance
Inspectors were satisfied that the person in charge was suitably qualified and experienced to fulfil her role. However, inspectors were not satisfied that there were suitable support arrangements in place to enable the person in charge to effectively undertake the role. Inspectors found also that the arrangements in place to deputise in the absence of the person in charge were not satisfactory.

Outcome 17: Staffing
Due to the complex needs of a large number of the residents, inspectors were not satisfied that there were sufficient staff available in two of the houses in the centre to meet the assessed needs of the residents.

The Action Plan at the end of the report identifies other areas where improvements are needed to meet the requirements of 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 for improvement included:
• complaints management
• communication

- person centred planning
- information on transfer to and from hospital
- training in the management of behaviour that is challenging
- healthcare
- medication management
- statement of purpose
- management of healthcare records.

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

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

Theme:
Individualised Supports and Care

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

Findings:
There was a policy on human rights and a document on the procedures for the human rights committee. Inspectors saw that two restrictions that imposed on one resident's life had been referred to the human rights committee of the Brothers of Charity service in August 2014. Inspectors saw documentation that a further meeting to discuss these restrictions was scheduled for November 2015. However, a decision had still not been taken by the human rights committee in relation to these restrictions. This was not in keeping with the centre's guide for residents which outlined that:
"restrictions will only be put in place after a process of assessment and will be subject to regular review and oversight by the Human Rights Committee."

Inspectors observed staff interaction with residents and noted staff promoted residents dignity while also being respectful when providing assistance. One family of a resident commented that "respect and dignity for everyone here is very obvious".

Residents were consulted about how the centre was planned and run through regular residents' meeting that discussed items of interest for the residents and the plan for the following day including activities and healthcare appointments. Residents confirmed this meeting took place daily. In the feedback received from residents one said that "I know about my right to privacy and choice which are very important to me". On a weekly basis there was a planning meeting for the following week which allowed residents to express their preferences around issues like food choices and activities.

The person in charge informed inspectors that she monitored safe-guarding practices by regularly speaking to residents and their representatives, and by reviewing the systems

in place to ensure safe and respectful care was provided. Inspectors observed staff endeavouring to provide residents with as much choice and control as possible by facilitating residents' individual preferences for example in relation to their daily routine, meals, assisting residents in personalising their bedrooms and their choice of activities.

On the previous inspection two residents were sharing a bedroom but on this inspection the inspectors saw that residents all had their own bedrooms which promoted their privacy and dignity. In the feedback from one of the residents who had been sharing the bedroom they said "I am happy to have my own room".

The inspectors saw personalised living arrangements in residents' rooms with photographs, personal effects and furniture. There was adequate space for clothes and personal possessions in all bedrooms with adequate wardrobes and lockers. There were service guidelines available on the handling of personal assets with an up to date property list in each resident's personal folder

The provider had in place an accessible complaints system for residents. Each resident had an 'I'm Not Happy' card that they can place in an 'I'm Not Happy' box in their house or day service. This card notified the assigned social worker that they wish to have their support in making a complaint. These cards were seen by the inspectors to be present in the centre. However, the person in charge said that none of the residents had used the 'I'm Not Happy' cards to date, even though a number of issues had been referred to and resolved by the person in charge.

The person in charge indicated that there was a complaints log available which was seen by the inspectors and this included one complaint that was satisfactorily resolved.

Judgment:
Non Compliant - Major

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):
No actions were required from the previous inspection.

Findings:
There was an up-to-date communication policy available and staff demonstrated awareness of individual communication needs of residents in their care and could outline the systems that were in place to meet the communication needs of residents. For example, the inspectors noted that staff used communication approaches such as gestures and signals to communicate with some residents. In addition, staff also used a

variety of picture charts, and communication symbols.

Inspectors noted from residents' personal plans that there had been some input from multi-disciplinary professionals including speech and language therapists and occupational therapists to assist residents meet their range of communication needs. However, this required further development as, although it was identified that residents would like to have their own communication passport in their plans, these communication passports had not been commenced to date.

Residents had access to appropriate media, such as television, and radio. Some residents had televisions in their rooms and inspectors noted that there were large flat screen televisions in communal rooms. One resident had his own self contained apartment and enjoyed sports and listening to music. A number of the residents had their own laptops and i-pads.

Judgment:
Substantially Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

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

Findings:
The inspectors noted there was an open visiting policy and relatives could visit without any restrictions. In the feedback received from relatives one family said they were "updated as required in relation to care". Many relatives attended residents' circle of support meetings. The inspector saw in residents' personal plans that these meetings were held on a regular basis. There was evidence that residents' representatives could bring any issue directly to staff.

The inspectors saw that residents were supported to develop and maintain personal relationships and links with the wider community and families are encouraged to get involved in the lives of residents. Some residents went out to their family homes and relatives for the day, weekend or for holidays and this was documented as part of their personal plans. Regular phone calls to relatives took place and these were scheduled in the diary so that they were not forgotten.

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):
No actions were required from the previous inspection.

Findings:
Each resident had a signed contract of care with the service provider which was also made available in an easy-read format. The contract set out the rights and responsibilities of the service user and the fee to be charged. Additional fees were listed and the inspectors were satisfied that the contracts met the requirements of the Regulations. The resident who had no contract was a ward of court. There was evidence that the provider had made contact with this resident's representatives with a view to having the contract signed and returned as soon as possible.

The admission policy took account of the need to protect residents from assault by other residents. Inspectors were satisfied that residents' wishes were respected in terms of admissions, discharges and transfers. For example, the person in charge had met with two residents in order to discuss their placement and suggest a transfer to a different centre. On each occasion the resident declined and stated a preference for remaining in their current home. This was clearly documented in the resident's file and they were facilitated to remain in the centre.

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):
No actions were required from the previous inspection.

Findings:
There was evidence that each resident was supported to develop a person centred plan (PCP). This plan detailed what was important to the resident and what they needed and wanted for a good life. The person centred planning process was designed to have input from the resident, support workers and family to identify annual goals. One family said that their family member's needs "are reviewed continuously with personnel in the centre". However, one relative when asked if their family member living in the centre had a personal plan said "not that I know of".

There was evidence of residents' involvement in agreeing/setting residents' goals. There was also evidence of some individual goals having been achieved. For example, one resident had indentified for 2015 that they wanted to have a birthday party to celebrate their 50th birthday. This goal had been achieved. However, improvements were required to the process of setting of personal goals and also to the review of personal goals on an annual basis. For example, a number of residents had goals that had been on-going since 2012 which included for one resident availing of the brothers of charity volunteer service and for another resident making a will. These were still goals for 2015 and it wasn't clear if these goals were going to be achieved this year. In particular it was not always clear who was responsible for supporting the resident to achieve these goals. Also, the supports required for residents to achieve their goals were not specified.

In one resident's healthcare annual review by their doctor it was noted that the resident had been admitted from the centre to an acute general hospital in 2014. However, there was no documentation available regarding the treatment received while in hospital. There was no evidence that the instructions from the hospital following discharge had been followed and a plan of care for the identified healthcare need had not been developed on return to the centre.

Judgment:
Non Compliant - Moderate

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

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

Findings:
The centre was a seven day residence open all year and provided accommodation for 14 residents in three separate houses.

It was proposed to move five residents from their current house to a two storey house in Cahir. In the feedback received from families of residents one family said that "a single storey residence was preferable as many residents were not steady on their feet". The new house was recently built with a large sitting room and kitchen/dining room downstairs. There was one bathroom downstairs which was next to the utility room. This bathroom had a shower, toilet and wash hand basin. Due to the needs of two residents it was proposed to have two bedrooms downstairs, one adjacent to the kitchen and the other adjacent to the utility room. To access the shower room downstairs one of the residents would have to walk through the kitchen. Due to the dependency needs of the residents on the ground floor inspectors were not satisfied that the bathroom facilities were adequate.

On the first floor of this house were the staff room and three other bedrooms. One of these resident bedrooms was en-suite with shower, toilet and wash hand basin. There was a bathroom also on this floor.

The second residence was a bungalow with four single resident bedrooms. At the last inspection it was identified that one of the bedrooms opened into a dining room and then into a sitting room. There was no direct exit from the room which is a requirement of fire safety. Since then a fire exit had been provided from the bedroom directly to the garden. All bedrooms were fully furnished and decorated in conjunction with the individual resident's personal choice and taste. Each resident was encouraged and supported to personalise their bedrooms with pictures, ornaments or any items they chose. The communal area had a large sitting room. There was a separate kitchen and another dining area. There was an art room and one of the residents said they "loved going to do their painting in the art room". There was a bathroom with shower, toilet and wash hand basin. One of the residents lived in a self contained apartment adjacent to the bungalow. This had a kitchen, sitting room, bedroom and bathroom.

The third residence was a three storey house in an estate. It had four single bedrooms, one on the top floor, with residents having a choice in how they decorated both the communal areas and their own bedrooms. This house also had a large sitting room and a separate kitchen dining area. There was a bathroom on the ground floor. On the first floor there was a bathroom with a shower, toilet and wash hand basin. There was access to an enclosed rear garden.

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

Findings:
Inspectors identified a number of areas for improvement in relation to fire safety and risk assessment.

In two of the three houses there was no emergency lighting, which is lighting provided in the event of power failure to the regular lighting within a building. In the third house while there was emergency lighting, there was no evidence available to show whether it was serviced as required. There were records to show that the fire alarm system and alarm panel in each house had been serviced. The fire extinguishers in each premises had been serviced in November 2014.

At the previous inspection it had been identified that not all staff had received fire safety training. On this occasion there was one staff member who had not received fire safety training but this was due to take place immediately following inspection. Fire evacuation maps were available and on display in each house. There were monthly fire evacuation drills being undertaken in both houses involving the residents.

Since the last inspection the risk management policy had been updated and included the measures to control hazards including abuse, unexplained absence of a resident, injury, aggression and self harm. All of these issues were also identified as hazards on the centre risk register and had been separately assessed and risk rated. The risk register also identified specific hazards to the centre including:
• 5 issues of safeguarding residents while using transport
• 2 residents being at home alone
• 7 for the management of incidents of epilepsy
• 2 for residents accessing the community independently
• 2 for residents using the shower independently

Each hazard had identified the appropriate controls in place. For example for a resdient being at home alone it included "stranger danger" training, the use of a mobile phone at all times and daily safety talks.

However, there were risk assessments available for residents which were outdated. For example, the completion date for one risk assessment for "a resident going to meet a friend" was from 2011. There was also inconsistent information in relation to risk. One resident had a falls care plan to prevent them falling. This plan said the resident required supervision on the stairs. There was advice from the resident's doctor that when getting up from the bed the resident should get up slowly and sit on the bed before moving about. However, these two issues i.e. supervision and getting up slowly were not part of the resident's personal emergency evacuation plan which indicated that the resident did not need any assistance to evacuate.

Inspectors reviewed the incident reporting system from April 2015 to September 2015 and incidents included:
• 21 resident falls
• 20 incidents of residents throwing objects
• 6 incident of residents displaying behaviour that challenges
• 2 incidents of residents hitting staff

There was evidence that all incidents were followed up appropriately with any actions or recommendations in place to prevent further incidents.

The centre was visibly clean throughout and staff spoken with were knowledgeable about cleaning and control of infection.

Judgment:
Non Compliant - Major

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

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

Findings:
Since the last inspection there was now a policy on, and procedures in place for, the prevention, detection and response to abuse. The person in charge outlined that there had not been any incident or allegation of abuse since the start of the Authority regulating the centre in 2013. Staff who spoke with the inspectors were able to clearly articulate what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to.

Since the last inspection there was now a policy on the management of behaviour that challenges. A number of residents had plans in place to manage behaviour that is challenging. There was evidence of input from a psychologist into the development of these plans and that the plans were being implemented as directed. However, as identified on the previous inspection, not all staff had received up to date training in the management of behaviours that challenged.

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):
No actions were required from the previous inspection.

Findings:
It is a requirement that the person in charge notify the chief inspector within three working days of all serious adverse incidents including any allegation, suspected or confirmed of abuse of any resident. It is also a requirement of the regulations that every three months the person in charge provided a summary of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used. All notifications had been submitted as required.

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):
No actions were required from the previous inspection.

Findings:
The feedback from residents regarding opportunities for new experiences, social participation, education, training and employment was positive. One resident said "I have great independence and I work both in town and in the day service". A number of the residents were also seen by inspectors to work at the reception desk in the Nagle day centre.

There was a policy on access to education, training and development. Inspectors noted

that opportunities for further education were afforded to residents and the educational achievements of residents was valued. This was shown through the display of achieved awards.

A large number of the residents attended the day centre but some also attended other day services. A range of social and therapeutic activities took place in the day centre which included a horticultural department. Inspectors saw a number of activities taking place in the centre throughout the inspection with active participation from the residents. One resident told inspectors that they "go out for lunch every Friday with friends".

There was evidence that residents were supported to positively engage in the social and economic life of the local town and surrounding areas with a number of residents attending work in local shops, library and cafés. Another resident said that "I like to relax in the evenings after work all week. At weekends i enjoy going out for walks, going shopping, eating out and going to Mass".

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):
No actions were required from the previous inspection.

Findings:
Inspectors reviewed a sample of resident healthcare files and found the care planning process in relation to healthcare needs required improvement.

Each resident had access to a general practitioner (GP). There was evidence in the healthcare records that the doctor was reviewing residents' health needs as required. The GP requested review of residents' healthcare needs by consultant specialists as required. However the there wasn't always a plan in place in the centre to direct care for these healthcare needs. In one example a resident had been referred for an appointment for a consultant review and their epilepsy management plan had not been updated to reflect this. In another example a resident had appointments for consultant reviews but there was no documentation or care plan on file as to the reason for the appointments.

There was evidence that residents had access to specialist care from the psychiatry team led by the consultant psychiatrist. Following a multidisciplinary review of one

resident's care in May 2014, it had been recommended that a particular medication would be trialled. While there was an information leaflet about the drug in the healthcare file, there was no evidence available whether the drug had been trialled by the resident or if it had been effective.

In the healthcare file of one resident there was a medical opinion that the resident had a diagnosis of dementia. While this potential diagnosis was being followed up by the consultant, inspectors found that the assessment and care planning process available in the centre did not aid staff to understand any changes to memory, behaviour and personality that the resident may experience.

Residents were involved in the day to day activities around mealtimes like, preparing the vegetables, helping to cook the dinner and clear away after dinner. Menu plans for lunch, dinner and tea were available in the kitchen. The inspectors found adequate quantities of food available for snacks and refreshments.

Judgment:
Non Compliant - Moderate

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):

Findings:
There were policies and procedures in place for medication management. Areas identified that required improvement included transcribing and the storage of medicines requiring refrigeration.

A sample of medication prescription and administration records were reviewed by inspectors. Medication administration sheets identified the medications on the prescription sheet and allowed space to record comments on withholding or refusing medications. However, one prescription record did have tippex used to correct an error.

Staff demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. Residents' medication was stored and secured in a locked cupboard in each premises and there was a robust key holding procedure. However, there was no designated refrigerator available in one of the houses and medication was being stored in the house fridge.

Inspectors observed that compliance aids were used by staff to administer medications

to residents. Compliance aids were clearly labelled to allow staff to identify individual medicines. There was evidence that residents were offered the opportunity to take responsibility for their own medicines.

Staff outlined the manner in which medications which are out of date or dispensed to a resident but are no longer needed are stored in a secure manner, segregated from other medicinal products, recorded and are returned to the pharmacy for disposal.

Five medication errors had been recorded on the incident reporting system from April 2015 to September 2015. There were three errors when medication had not been given to residents; one where medication had fallen on the floor and one incident when the incorrect medication had been given. All reported incidents were followed up to prevent similar events in the future.

Judgment:
Substantially 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):
No actions were required from the previous inspection.

Findings:
The statement of purpose was found to require further information on the specific care needs the centre intends to meet and needed to outline the criteria used for admission to the designated centre. An updated statement of purpose was submitted following the inspection but the criteria for admission to the designated centre were still not clear.

Judgment:
Substantially Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

Findings:
Inspectors were satisfied that the person in charge was suitably qualified and experienced to discharge her role. However, inspectors were not satisfied that there were suitable support arrangements in place to enable the person in charge to effectively undertake the role.

The nominee on behalf of the Brothers of Charity Services was the regional services manager for the Brothers of Charity Services in South Tipperary. In addition to the Nagle Residential Services he was also the nominee for a further two adult residential services for adults with a disability and a residential service for children with a disability. He had a Bachelor of Arts degree from University College Galway and a higher diploma in business studies from University College Dublin.

The nominated person in charge had a higher diploma in social and vocational rehabilitation studies from University College Dublin. In addition to being the person in charge of the Nagle Residential Services she was the manager of Nagle Day Services which provided a range of activities and work placements for 80 people with a disability. The person in charge also told inspectors that she was responsible for the management of a service providing support to people living independently in the community. Inspectors were told that there was no other line management in the three houses and that the staff reported directly to the person in charge. The inspectors outlined concerns that these management arrangements across a wide type and variety of services could not ensure effective governance, operational management and administration of the designated centre concerned.

There was an annual governance and quality review of the service dated February 2015. This review summarised the visits from the person in charge to the centre, a review of audits completed, summary of notifications sent to the Authority, staff training and a summary of complaints.

The provider had ensured that six monthly quality and safety reviews of the designated centre had been completed in 2014. However, for 2015 there had been a new format for these unannounced visits with the person in charge undertaking reviews of quality and safety. Inspectors formed the opinion that these reviews were not accurately recording all issues. In addition, the reviews were not in written report format and there was no action plan in place to address any concerns regarding the standard of care and support. The reviews were not in a format that could be made available on request to residents and their representatives.

The inspectors found that the arrangements in place to deputise in the absence of the person in charge were not satisfactory. In the event of the person in charge having

annual leave or sick leave the regional manager was the nominated person to deputise. Inspectors were not satisfied that he could adequately discharge the role of the person in charge in addition to his role as regional services manager.

Judgment:
Non Compliant - Major

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):
No actions were required from the previous inspection.

Findings:
The person in charge had not been absent for a prolonged period since October 2013. The provider was aware of the need to notify the Authority in the event of the person in charge being absent.

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):
No actions were required from the previous inspection.

Findings:
The inspectors formed the opinion that the centre was resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose. However, there were concerns around the provision of adequate staffing levels which is discussed under Outcome 17.

The accounts and budgets were prepared and allocated by the accounts department and

were managed and overseen by the person in charge and the regional manager. The person in charge told the inspectors that the residents' care would not be compromised by lack of budget and if specialist equipment was required funding would be provided.

The inspectors saw that there was sufficient assistive equipment to meet the needs of residents with servicing records for assistive equipment up-to-date. The inspectors noted that there was accessible transport services provided for residents. The person in charge advised inspectors of a number of works that had been carried out in the centre in the past number of months which improved the facilities on offer. For example, one resident had patio doors installed in their bedroom to ensure direct exit from the centre in the case of a fire.

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

Findings:
Due to the complex needs of a large number of the residents, inspectors were not satisfied that there were sufficient staff available in two of the houses in the centre to meet the assessed needs of the residents. This was particularly so in the evening and during the weekend as most of the time there was only one staff on duty.

Residents spoke highly of staff and said they were very kind and caring and looked after them well. Feedback from relatives via questionnaires was in general very positive about the staff. However, some feedback included that "there seems to be only one member of staff on duty at all times who has a lot of responsibility. The staffing levels may restrict activities". Another family member said "I think they could do with more staff. Very busy all the time – it is a very demanding job".

Inspectors met with staff during the inspection and observed their interactions with the residents. Staff had good knowledge of each resident's individual needs and were seen to assist them in a respectful and dignified manner.

As identified on the previous inspection inspectors were concerned that the staff worked for long periods on their own for example from 15.30hrs on a Friday afternoon until 09.30hrs on a Monday morning. During this period the supervision and support for staff was limited and although the person in charge was on call, there were no senior staff on duty at the weekend.

The staff rota was made available to inspectors. The person in charge advised that there had been recent difficulties in staffing the houses due to sick leave and other leave and they tried to ensure they employed regular relief staff. Care staff were currently employed to replace social care workers and were working on their own.

Staff spoke to inspectors about the different care needs of the residents and the importance for continuity of care. They told the inspectors that it was difficult at times to ensure that the residents were facilitated to undertake activities outside the centre with five residents and only one member of staff. A staff member in one house where some of the residents go home at the weekends was expected to assist the staff member in the second house at the weekend. However, this meant that the residents in the first house were not facilitated to stay in their own home if they wished at the weekends and the inspectors noted that this was of particular relevance for one of the residents who did not always want to go to the second house. The staffing levels were discussed in detail at the feedback and the person in charge and regional manager said they would review.

Inspectors noted that there were some staff who did not have up-to-date mandatory training as required by the Regulations. For example, there was one staff member that did not have training on the safeguarding of vulnerable adults. Staff who spoke to inspectors were generally satisfied with the training that was on offer to them. Other training provided included first aid, safe administration of medication and communication training.

Staff files contained documentation on induction and appraisals. Inspectors spoke to new members of staff who were satisfied that they had access to appropriate induction which was seen to be completed in their staff files. There were regular staff meetings and staff told inspectors that they felt supported and enabled to raise issues to management and contact the person in charge if required.

Judgment:
Non Compliant - Major

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities)

Regulations 2013.

Theme:
Use of Information

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

Findings:
The management of healthcare records required improvement.

There was a service records management policy which provided that:
"all records must be maintained in an orderly filing system in designated secure storage areas with limited and restricted access".
On inspection there was evidence that this policy was not being complied with. For example for one resident hearing aid care plans and audiology appointment cards were being stored with the medication administration records. These medication administration records were given to staff in day services each day. There did not appear to be a corresponding care plan in the resident's healthcare file.

The care planning system appeared to be contained in a print off summary of appointments in a calendar that was also kept in the medication administration records. In one example seen by inspectors there were headings for weight, chiropody, dental, ENT (ear nose and throat), eyes and medical appointments. This system could not guarantee that healthcare needs were being identified and followed up in a systematic manner.

There was a copy of the residents' guide available in each resident's information, called "what matters most". However, this document did not include the terms and conditions of residency as required.

The centre was adequately insured against accidents or injury to residents, staff and visitors.

A directory of residents was maintained in the centre and was made available to the inspectors.

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:

Kieran Murphy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services South East
Centre ID:	OSV-0004475
Date of Inspection:	29 September 2015
Date of response:	30 November 2015

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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A decision had still not been taken by the human rights committee in relation to restrictions on a person's life.

1. Action Required:

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

Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

Please state the actions you have taken or are planning to take:
The Inspector was made aware on the day of inspection that the issue was due to be resolved at a scheduled Human Rights Committee meeting on 5th November.

The Human Rights Committee held their meeting on Nov 5th and have acknowledged that there are no restrictions and supported access is in place and the case is now closed.

Proposed Timescale: 05/11/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The person in charge said that none of the residents had used the 'I'm Not Happy' cards to date.

2. Action Required:
Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:
In accordance with the "I'm Not Happy" policy when a matter is raised the first step is to resolve the matter locally and informally to the satisfaction of the person raising the issue.

Such matters as above will now be recorded in the centre complaints log.

Proposed Timescale: 18/11/2015

Outcome 02: Communication

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Although it was identified that residents would like to have their own communication passport in their plans these communication passports had not been commenced to date.

3. Action Required:
Under Regulation 10 (1) you are required to: Assist and support each resident at all

times to communicate in accordance with the residents' needs and wishes.

Please state the actions you have taken or are planning to take:
On the day of inspection the Inspectors were made aware that the Services did not have a Speech and Language Therapist in post for a number of months and recruitment was being finalised.
New Speech and Language Therapist has commenced in post (November 2015). Currently, all referrals ae being prioritised to commence development of the communications passports in line with the recommendations of the SLT.

Proposed Timescale: 07/03/2016

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
While the person centred plan was being reviewed annually some goals had been ongoing since 2012.

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

Please state the actions you have taken or are planning to take:
As part of the Person-Centred Plan Quarterly Review process, ongoing goals will be examined to assess the effectiveness and reflect changes in circumstances and new developments in relation to the stated goal.

Proposed Timescale: 20/01/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Following admission to hospital there was no records available in relation to the admission and any follow up care required.

5. Action Required:
Under Regulation 25 (2) you are required to: On the return of a resident from another designated centre, hospital or other place, take all reasonable actions to obtain all relevant information about the resident from the other designated centre, hospital or other place.

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

On return from hospital or other place, a care plan will be updated or devised by the support staff on duty to reflect any recommendations or changes applicable.

Support staff to be informed of the necessity to update relevant section of the care plan at scheduled staff meeting.

Proposed Timescale: 02/12/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were not a sufficient number of toilets and showers to meet the needs of residents.

6. Action Required:
Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

Please state the actions you have taken or are planning to take:
Following discussion with the Lead Inspector on 16th November 2015, it was agreed that the Barthel Index of Activities of Daily Living and Daily Living Skills questionnaire would be reviewed to reassess the needs of the identified persons to use the ground floor bedrooms. On completion of same, the possibility of assigning the person with higher support needs to the bedroom closest to the bathroom will be examined and the person's care and support plan will be updated accordingly.

Proposed Timescale: 14/12/2015

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:
Risk assessments available for residents were outdated.

7. Action Required:
Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

Have reviewed the out of date risk assessment e.g. the one referring to 2011. This risk assessment referred to a day service activity, separate from the designated centre. An up-to-date copy of the review has been obtained from the day service for information purposes and the file at the designated centre has been updated with same.

All risk assessments currently in place will be reviewed and on going reviews will continue to be carried out.

Proposed Timescale: 11/01/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
In two of the three houses there was no emergency lighting, which is lighting provided in the event of power failure to the regular lighting within a building. In the third house while there was emergency lighting there was no evidence available to show whether it was serviced as required.

8. Action Required:
Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

Please state the actions you have taken or are planning to take:
Plan in place to have emergency lighting installed in the two houses. Services will carried out in accordance with Manufacturers specifications and records made available to inspectors.

Proposed Timescale: 18/01/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Personal emergency evacuation plans were not accurate.

9. Action Required:
Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

Please state the actions you have taken or are planning to take:
All personal emergency evacuation plans will be updated to reflect the current needs of individuals and will be reviewed regularly or when needs change.

Proposed Timescale: 20/12/2015

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:
As identified on the previous inspection, not all staff had received up to date training in the management of behaviours that challenged.

10. Action Required:
Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

Please state the actions you have taken or are planning to take:
All current staff trained in the management of behaviour that is challenging. MAPA training carried out on the 20th October 2015.

Proposed Timescale: 20/10/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents had assessed healthcare needs but these needs had not been identified in a plan to direct care.

11. Action Required:
Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

Please state the actions you have taken or are planning to take:
The Services will implement an alternative system of care planning that will ensure that all assessed needs will be identified in a plan to direct the care of those supported by the Services.

Proposed Timescale: 15/01/2016

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:

There was no designated refrigerator available in the centre in the event of a resident commencing on medication requiring refrigeration.

12. 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:
The designated centre currently does not have medication requiring refrigeration. A designated refrigerator will be available in the office of the Person-in-Charge and will put in place should the requirement arise.

Proposed Timescale: 27/11/2015

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
One prescription record did have tipp-ex used to correct an error.

13. 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:
The correction fluid was used by the GP surgery staff and not by Brothers of Charity Services staff.

Staff will be advised at next scheduled staff meeting that prescription documentation is to be checked before leaving GP surgery to ensure that correction fluid is not used.

Proposed Timescale: 02/12/2015

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:
An updated statement of purpose was submitted following the inspection but the criteria for admission to the designated centre were still not outlined.

14. 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:
Statement of Purpose will be reviewed to outline criteria for admission.

Proposed Timescale: 24/11/2015

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:
As referenced throughout this report there were deficiencies which were specifically within the remit of the provider nominee including areas like risk management, staffing, healthcare, residents' rights and premises.

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

Please state the actions you have taken or are planning to take:
The Services will implement revised management systems to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. In particular the Services will appoint a Team Leader to the Nagle Adult Residential Services to support the above responsibilities.

Proposed Timescale: 29/02/2016

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
As referenced throughout this report there were deficiencies which were specifically within the remit of the person in charge including care planning, training on the management of behaviour that challenges and medication management.

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

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

The Services will implement revised management systems to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. In particular the Services will appoint a Team Leader to the Nagle Adult Residential Services to support the above responsibilities.

Proposed Timescale: 29/02/2016

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspectors found that the arrangements in place to deputise in the absence of the person in charge were not satisfactory.

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

Please state the actions you have taken or are planning to take:
The Services will appoint a deputy to discharge the duties of the person in in charge during absences due to sick leave or annual leave.

Proposed Timescale: 22/12/2015

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The six monthly reviews of quality and safety were not in written report format and there was no action plan in place to address any concerns regarding the standard of care and support.

18. Action Required:
Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

Please state the actions you have taken or are planning to take:
Going forward the unannounced visits report and action plans will be produced in a formal document.

Proposed Timescale: 31/12/2015

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The six monthly reviews of quality and safety were not in a format that could be made available on request to residents and their representatives.

19. Action Required:
Under Regulation 23 (2) (b) you are required to: Maintain a copy of the report of the unannounced visit to the designated centre and make it available on request to residents and their representatives and the chief inspector.

Please state the actions you have taken or are planning to take:
Reports will be made available to residents and their representatives in an appropriate format.

Proposed Timescale: 31/12/2015

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider failed to demonstrate that staff numbers met the current assessed needs of residents in the centre.

20. 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:
The Registered Provider will arrange for updated RAS5 and Barthel Assessments to be completed for all residents in the Designated Centre and for a review of the rostering arrangements in place to ensure the number, qualifications and skill mix of staff is appropriate to the assessed needs of the residents.

Proposed Timescale: 16/01/2016

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The skill mix of staff was not appropriate to the number and assessed needs of the residents.

21. 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:
The Registered Provider will arrange for updated RAS5 and Barthel Assessments to be completed for all residents in the Designated Centre and for a review of the rostering arrangements in place to ensure the number, qualifications and skill mix of staff is appropriate to the assessed.

Proposed Timescale: 16/01/2016

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staffing levels being reduced at weekends had an impact on residents being able to undertake social activities.

22. 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:
The Services will implement revised management systems to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. In particular the Services will appoint a Team Leader to the Nagle Adult Residential Services to support the above responsibilities.

Proposed Timescale: 29/02/2016

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
While there was a copy of the residents' guide available in each resident's information it did not include the terms and conditions of residency as required.

23. Action Required:
Under Regulation 20 (2) (b) you are required to: Ensure that the guide prepared in respect of the designated centre includes the terms and conditions relating to residency.

Please state the actions you have taken or are planning to take:
There are two information documents namely Service Undertaking which outlines the terms and conditions and "What Matters Most" which is a generic information guide for residents.
We will review both these documents to establish if amendments are required to ensure compliance with Regulation 20 (2) (b)

Proposed Timescale: 20/12/2015

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
On inspection there was evidence that this policy was not being complied with. For example for one resident hearing aid care plans and audiology appointment cards were being stored with the medication administration records. These medication administration records were given to staff in day services each day. There did not appear to be a corresponding care plan in the resident's healthcare file.

24. 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:
The Services will implement an alternative system of care planning that will ensure that all assessed needs will be identified in a plan to direct the care of those supported by the Services.

Proposed Timescale: 15/01/2016

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The care planning system appeared to be contained in a print off summary of appointments in a calendar which had potential for inconsistent care of residents.

25. 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:
The Services will implement an alternative system of care planning that will ensure that all assessed needs will be identified in a plan to direct the care of those supported by the Services.

Proposed Timescale: 15/01/2016