Health Information and Quality Authority
Regulation Directorate

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

Centre name:	A designated centre for people with disabilities operated by Western Care Association
Centre ID:	OSV-0001790
Centre county:	Mayo
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Western Care Association
Provider Nominee:	Bernard O'Regan
Lead inspector:	Jillian Connolly
Support inspector(s):	Michelle McDonnell
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
29 June 2016 11:00	29 June 2016 16:00
30 June 2016 10:00	30 June 2016 15:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 03: Family and personal relationships and links with the community
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 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection

This was a follow-up inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision.

The centre had previously been inspected in January 2016. At that time inspectors identified 28 failings against the regulations. The provider had submitted an action plan to HIQA stating the actions to be taken to ensure compliance with regulations. The purpose of this inspection was to confirm if the necessary actions had been completed as stated by the provider.

How we gathered our evidence

As part of this inspection, inspectors spent time with three residents and observed residents to be comfortable within their home and familiar with staff. The inspectors also met with staff, observed practices and reviewed documentation such as residents' personal plans, health and safety documentation and audits. Management

and staff facilitated the inspection.

Description of the service
The centre is one house located on the outskirts of a town. The centre accommodated four residents on a full-time basis. Each resident had their own bedroom which was suitable in size to meet each resident's needs with sufficient storage space for all personal belongings. The provider had produced a document called the Statement of Purpose, as required by the regulations. This document aims to describe the service provided. The inspectors found that the overall findings of this inspection demonstrated that the provider was not providing the service as described.

Overall findings
Staff were observed to engage with residents in a dignified and respectful manner. Residents were also supported to maintain positive relationships with family. However, the inspector found that while progress had been made towards achieving compliance and improving the service, additional improvements were required. Areas in need of improvement included:
- opportunities for residents to engage in activities in line with their interests and capabilities
- opportunities for residents to maintain links with the wider community
- appropriate health and safety precautions
- effective reviews of the quality and safety of care provided
- staff training

The reasons for these findings are explained in the body of the report and the regulations that were not met are detailed 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 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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Three failings relating to this outcome were identified on the January 2016 inspection. On that inspection, inspectors found that there was an absence of appropriate supports in place to obtain residents' consent about the care and support provided to them. On this inspection, inspectors found that while progress had been made, the failing had not been adequately addressed by the identified time frame of March 2016. Meetings had occurred with staff and family members. Residents were present at some of the meetings however, this was not consistent. The reason for a resident not attending was not clear or supported by evidence that the resident chose not to attend. There was no assessment which identified that it was not appropriate for a resident to attend. Inspectors also found through speaking with staff that residents were not consistently consulted with in how their personal finances were spent. For example, staff stated that they would purchase items based on their knowledge of what residents need. This conflicted with the action the provider had stated they would take to ensure that evidence was maintained of all decision making for residents, particularly in relation to their finances. Therefore, this failing is repeated in the action plan at the end of this report.

An action arising from the previous report was that emergency evacuation plans of residents were located in an unsecure location. Inspectors confirmed that adequate action had been taken to address this. However, it was observed on this inspection that residents' personal plans were maintained in an unlocked cupboard in a communal area. Therefore, inspectors determined that while action had been taken in one area, an overall review of the storage of residents' personal information had not occurred.

Additional staff had been allocated to the centre to allow residents to take part in activities in line with their interests. Inspectors found that this had a positive impact on residents' opportunities to leave the centre. However, a review of personal plans did not evidence that the activities residents were taking part in were consistently in line with their interests and capabilities. Inspectors reviewed the record of activities that residents took part in for a one month period and found that, at times, they did not correlate with the activities identified in their personal plan. For example, accessing a Jacuzzi was identified as a resident's 'like', however, there was no evidence that this had occurred. The majority of activities involved eating out and a drive.

Judgment:
Non Compliant - Moderate

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

Findings:
Inspectors found that residents were supported to maintain links with family members and friends.

Due to the allocation of additional staff, inspectors found that residents had increased opportunities to leave the centre. However, activities were, in the main, similar to those identified in January 2016. These included; driving, walking, eating out and going to the shop. There had been some increase in developing opportunities however they were infrequent. Furthermore, not all residents had 'community maps' completed. These were due to be completed by March 2016. Therefore the failing from the inspection in January 2016 is repeated in the action plan at the end of the report.

Judgment:
Non Compliant - Moderate

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

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

Findings:
In January 2016, inspectors found that a comprehensive assessment had not been completed for a resident prior to their admission to the centre. Furthermore, a personal plan had not been developed within 28 days of admission. There had been no new admissions to the centre since the previous inspection. However, the provider had committed to ensuring that this would occur going forward. Compliance with this action will be monitored on future inspections.

On the previous inspection, inspectors also identified deficits in the completed assessments and personal plans of residents. Inspectors found that work had commenced on this inspection; however, failings remained. The provider had commissioned an assessment of need. However, the impact of this assessment on the service provided was unclear. From speaking with management, inspectors determined that the assessment provided quantitative information and was used to identify the overall resource allocation required in the centre as opposed to assessing the individual needs of residents. Therefore it did not assist in informing of the actual supports or interventions that residents required. This resulted in an absence of clear supports being identified in personal plans.

Personal plans had been reviewed following the previous inspection, and goals had been identified for residents. Circle-of-support meetings had also occurred. However, inspectors identified conflicting information in residents' personal plans compared to the information discussed at circle-of-support meetings. For example, the need for one resident to be discharged by the centre had been identified at a circle-of-support meeting; however, the personal plan stated that the resident chooses to live in the centre. Management confirmed that the resident required support to identify a new home. This was not acknowledged in the personal plan.

Inspectors also found that goals were identified for residents which were not in line with the choice of the resident and were based on the needs of other residents.

It was also not clear what supports residents required to meet their goals and who the person accountable for helping them achieve this was. In other instances, personal plans were incomplete. For example, one goal was to maintain skills. However, it was not clear what the skills to be maintained were.

Inspectors found that short-term goals such as day trips were achieved.

On this inspection, inspectors found that recommendations from allied health professionals had been included in the personal plans of residents.

Residents' needs had changed considerably in previous years. Inspectors found that this resulted in the supports that individual residents required differed greatly from one another. As a result, inspectors observed this to negatively impact on the centre's ability to meet the individual needs of residents. Residents who required high support due to their medical conditions were residing with residents who required positive behaviour support. Considering the size and layout of the centre, inspectors determined that this was an unsuitable arrangement. Management provided verbal assurances that action would be taken to ensure that the centre could meet the assessed needs of residents going forward.

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

Findings:
In January 2016, inspectors found that due to the external grounds, the centre was not in a position to meet the aims and objectives of the service or the needs of the resident. The provider allocated funding to address the external grounds to ensure access for all residents. Inspectors observed that this had occurred.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

Findings:
The provider was due to complete a review of all personal risk management plans, staffing and environmental risks by the end of March 2016. Inspectors found that this had occurred and an environmental assessment had been completed of each room in the centre. There was also a review of the personal risk management plans. However, while inspectors acknowledged that progress had been made, there remained hazards identified by inspectors which had not been assessed. For example, the staffing arrangements in the centre were for two staff to sleepover at night. Staff reported that they would be woken up regularly to support residents. This was further supported by a review of residents' daily records. The hazards associated with this had not been adequately assessed to identify if this was an appropriate arrangement. There also remained an absence of assessment of clinical risks such as medication management. There had been numerous medication errors in the centre. Due to an absence of clear control measures being formally identified, it was difficult to ascertain if the risk management measures in place were effective.

Inspectors identified in January 2016, that the systems in place for the management and control of infection were inadequate. Inspectors confirmed that the provider had completed the actions as stated in the action plan response which included:
- a protocol on how to wash soiled laundry
- the introduction of measures for segregating laundry
- soap and sanitizers in appropriate places.

Inspectors observed that the centre was clean and that staff were aware of the appropriate procedures. Since the previous inspection, HIQA had been notified of the outbreak of a healthcare associated infection. Inspectors identified that the appropriate precautions were in place to manage the outbreak. However, there was an absence of a review to identify the reason for the outbreak or actions to be taken with the aim of preventing a reoccurrence in line with the National Standards for the Prevention and Control of Healthcare Associated Infections 2009. Inspectors also observed inadequate hand hygiene practices during the course of the inspection.

Failings were also identified in the fire management systems in January 2016. The failings had been adequately addressed on this inspection. Additional signs had been installed to ensure that the evacuation routes in the event of a fire were clear. Residents' personal emergency evacuation plans had been reviewed and staff were clear on the supports residents required in the event of a fire.

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

Findings:
The provider had updated the policy for the protection of vulnerable adults following the previous inspection. Staff had received training in the safeguarding of vulnerable adults. There had been no allegation or suspicion of abuse since the last inspection. Staff demonstrated to inspectors that they were aware of indicators of abuse and the procedure to be followed.

Appropriate support had also been obtained from the appropriate allied health professionals to guide staff on supporting residents who required positive behaviour support. As a result, inspectors found that when residents required proactive and reactive strategies to be implemented, it was clear what the actions that staff took and the effectiveness of the strategies used.

Judgment:
Compliant

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

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

Findings:
Inspectors reviewed a sample of incidents and accidents which had occurred since the last inspection. All notifications had been submitted to HIQA in line with regulation 31.

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

Findings:
Inspectors found that residents had access to the appropriate professionals if a need was identified.

The provider was due to ensure that a review of all healthcare plans would occur to ensure all of the necessary information needed to support residents with their healthcare needs was recorded. This had occurred, however, inspectors found that the healthcare plans required improvement to ensure that they guided practice. For example, there remained an absence of healthcare plans for some residents who had a diagnosis of dementia or diabetes. There was also an absence of end-of-life care plans in place for residents whose needs were rapidly changing. Therefore this action had not been adequately addressed and is repeated at the end of the report.

Food diaries had been implemented, as per the action plan from the previous inspection, as a mechanism to demonstrate that the food provided to residents was in line with their dietary needs. Inspectors reviewed a sample of diaries and were assured that residents' nutritional needs were being met.

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

Findings:
Following the inspection in January 2016, the provider had changed the storage of medicines within the centre. Medicine storage had relocated to a secure location in residents' individual bedrooms. Staff demonstrated the system in place for the receipt, storage and administration of medication. All medicines received were recorded and any medicines returned to the pharmacy were recorded.

Inspectors reviewed a sample of prescription records and confirmed that they contained all of the relevant information including, the name, date of birth and photograph of the resident. There was also a signature from the prescriber for all medicines. Of the sample of administration records viewed, inspectors confirmed that the times of administration correlated with the times prescribed. However, inspectors identified a risk in the medicines management system. The centre used a coding system to record the name of the medicine administered. However, some medicines had the same code. Therefore it was not clear which specific medicine was administered.

Residents were assessed and supported to be actively involved in the administration of their own medicines.

There were guidelines in place for the circumstances in which p.r.n. medicine (a medicine only to be taken as the need arises) could be administered.

There had been medicine errors in the centre since the last inspection. Inspectors found that they were addressed in line with policy.

Judgment:
Non Compliant - Moderate

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

Findings:
Following the last inspection, HIQA were informed by the provider that the person in charge had ceased their role. As of the day of inspection, a person in charge had been recruited however, had yet to commence their role within the centre. Therefore the assessment of the competency of the person in charge will be completed prior to the registration of the centre under the Health Act 2007, as amended.

A manager was transferred from another service within the organization while the person in charge post was vacant. They were full-time and were present for the second day of the inspection. The front line manager reports to the regional manager, who in turn reports to the Executive Officer. The Executive Officer is the person nominated by the provider for the purpose of engaging with HIQA. A failing from the previous inspection was that the management systems in place to support staff in the absence of the person in charge did not clearly identify the person accountable. The provider stated that an on call system had been agreed and implemented in February 2016. However, when inspectors queried how this system worked with staff, they found that staff were not aware of the system. Therefore the failing from the inspection in January 2016 is repeated in the action plan at the end of the report.

Inspectors also identified on the previous inspection that improvements were required in the management systems to ensure that they were adequately resourced and that they effectively reviewed the quality and safety of care provided to residents. Progress had been made and there had been a number of audits completed including on accidents and incidents, financial systems and an individual planning audit. An unannounced visit had also been completed by the provider one week prior to the inspection. Inspectors were provided with the report. The report identified key findings of this inspection, including the deficits in personal plans and the need to develop residents' links with the wider community. However, the actions arising from the report did not identify the specific actions to be taken, the person accountable for achieving the action and the time frame in which it was to be completed. Furthermore, key risks identified on this inspection had not been identified in the audits or the unannounced visit, including:
- risk management
- infection control
- medication errors
- residents' involvement in decisions regarding their care

Therefore the failing is repeated at the end of the report.

Judgment:
Non Compliant - Moderate

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:
Staffing levels did not meet the needs of residents in January 2016. Additional staff had been provided following on from this, as stated by the provider in the action plan from January 2016. Inspectors confirmed that this occurred from a review of staff rosters.

Inspectors determined that a review was required of the training provided to staff to ensure that they could deliver a safe and effective service. The provider had stated in the action plan response that the following training would occur:
- Fire safety training
- Safeguarding training
- Complaints procedure training
- Positive behaviour support

A review of training records and speaking to staff confirmed to inspectors that this had occurred. Notwithstanding this, inspectors determined that additional training was required to ensure that staff had the knowledge and skill set to effectively support residents. For example, not all staff had received training in breakaway techniques; however, this was documented as a reactive strategy for residents in response to behaviours that challenge. Staff completing risk assessments had not received training in this. Staff informed inspectors that they had requested training in supporting individuals with a diagnosis of dementia. Inspectors found that the findings of this inspection supported this requirement. For example, the centre had implemented 'a smell of the day' as a sensory technique; however, staff were not using it effectively. The repeated failings identified in personal plans evidenced that staff also required additional training in this area.

Inspectors confirmed that the national policy 'Safeguarding Vulnerable Persons at Risk of Abuse' published by the Health Service Executive (HSE) was now available for staff in the centre.

Judgment:
Non Compliant - Moderate

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

Theme:
Use of Information

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

Findings:
Inspectors found that the records as required by Schedule 3 of the regulations were not adequately maintained in the centre in January 2016. The provider responded by stating that staff would receive support in this area. However, inspectors observed on this inspection that this failing remained due to an absence of signatures and dates throughout the records.

Inspectors also found that the records of complaints maintained in the centre were incomplete, as the outcome of the complaint was maintained external to the centre.

Judgment:
Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Jillian Connolly
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

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

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Western Care Association
Centre ID:	OSV-0001790
Date of Inspection:	29 June 2016
Date of response:	15 August 2016

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:
Residents' personal documentation was not stored in a secure location.

1. Action Required:
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional

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

consultations and personal information.

Please state the actions you have taken or are planning to take:
- All Individual plans are stored in a secure cupboard in a communal area.
- The Person in charge has developed guidance on keeping individual documentation secure she has issued this to all staff on 10/08/2016.
- This directs staff to keep the cupboard locked at all times other that when they are working on individual plans.

Proposed Timescale: 10/10/2016

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There remained an absence of appropriate supports in place to obtain the consent of residents in respect of the decisions regarding the care and support provided to them.

2. Action Required:
Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support

Please state the actions you have taken or are planning to take:
- The Person in Charge will use the HIQA guidance document "Supporting people's autonomy: a guidance document" to inform and develop the staff teams understanding of how they can support peoples autonomy.
- The Person in Charge will ensure that residents will partake in all meeting and decisions about their care and support. Should the resident be unable or wish not to attend their preference will be recorded in their Individual Plan.
- The Circle of Support will consider all purchases in line with each person's needs and preferences and in line with the Organisations policy on Service Users Monies. In instances where the resident is making a significant purchase the person in charge will ensure Organisation policy is followed, considered by Circle of support and referral to Independent Advocate if necessary.

Proposed Timescale: 14/10/2016

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Activities residents partook in were not consistently inline with their interests and capabilities.

3. Action Required:
Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

Please state the actions you have taken or are planning to take:
- The person in Charge and named staff will ensure that the activities identified in the persons Individual Plan will be afforded to the individual. Should the resident choose not to partake an alternative activity of their choice will be provided. A rationale for the change will be documented in the Individual plan.
- The Person in Charge will review all records pertaining to the schedule of activity on a monthly basis.

Proposed Timescale: 14/10/2016

Outcome 03: Family and personal relationships and links with the community

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Improvements were required to ensure residents had the opportunity to maintain links with the wider community.

4. Action Required:
Under Regulation 13 (2) (c) you are required to: Provide for residents, supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

Please state the actions you have taken or are planning to take:
- Community Maps have been completed for each resident in the designated centre. An action plan based on the findings of the Community Mapping process and the person's likes and preferences has been developed. 12/08/2016
- The P.I.C will monitor the actions plan through monthly audits of Individual Plans and Support and Supervision meetings with staff.30/09/2016

Proposed Timescale: 30/09/2016

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:
Personal plans were incomplete and contained conflicting information. Furthermore they did not clearly state the supports residents required and the persons responsible for ensuring the goals of residents were met.

5. Action Required:
Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

Please state the actions you have taken or are planning to take:
- The Person in Charge will audit all Individual plans to ensure that information is complete and consistent across the plan.
- The P.I.C will ensure that the supports the resident needs to achieve identified goals are clearly outlined and the person responsible for ensuring the goals of the resident are met is identified.
- The PIC will audit all Individual plans on a monthly basis and the Regional Services Manager will monitor this with the PIC on a quarterly basis.

Proposed Timescale: 02/09/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The centre could not adequately meet the individual needs of each resident due to the collective needs of all the residents in the centre.

6. Action Required:
Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

Please state the actions you have taken or are planning to take:
The Person in Charge and the Provider will use the information from recent Individual Needs assessment to commence a planning process for each resident, this commenced on 10/08/2016. This will include consultation with individual residents, families, staff and other stakeholders including Advocacy where required.

Proposed Timescale: 31/12/2016

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:
There remained an absence of assessment of the operational and clinical risks in the centre.

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

Please state the actions you have taken or are planning to take:
The Registered Provider will ensure that the risk register is reviewed and updated to incorporate the risks relating to staffing arrangements for sleep over, and clinical risks relating to medication management.

Proposed Timescale: 31/08/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The procedures in place to protect residents from healthcare associated infections were inadequate.

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

Please state the actions you have taken or are planning to take:
- "The National standards for prevention and control of healthcare associated infection 2009" is now in the designated centre. This guidance will be followed should the centre experience any outbreak of healthcare associated infection in the future.
- The Person in Charge will ensure that all staff will read this document.
- The Health and Safety officer has provided Hand Hygiene training to the staff Team. 20/07/2016

Proposed Timescale: 05/09/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was an absence of health care plans to identify the supports that residents required to ensure their needs were being met.

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

Please state the actions you have taken or are planning to take:
The Registered Provider and P.I.C will develop Dementia and Diabetic Care Plans for individuals who present with these conditions.
Health Care Plans for all residents will be reviewed by the P.I.C and Named Staff.

Proposed Timescale: 02/09/2016

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:
The centre used a coding system to record the name of the medicine administered. However some medicines had the same code. Therefore it was not clear which specific medicine was administered.

10. 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 P.I.C and the General Practitioner have rectified the duplication of coding to ensure that each medicine has a clear and identifiable code.

Proposed Timescale: 05/08/2016

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 management systems in place to support staff in the absence of the person in charge did not clearly identify the accountable person.

11. Action Required:
Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

Please state the actions you have taken or are planning to take:
- The Person in Charge and the Regional Services Manager has agreed an on call system that clearly identifies the accountable person. All team members have been

informed of this system at a team meeting.
- The schedule identifying who is on call is displayed in a prominent location within the designated centre

Proposed Timescale: 10/08/2016

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The reviews of the quality and safety of care did not identify deficits in the service provided to residents.

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

Please state the actions you have taken or are planning to take:
The Registered Provider will revise the Frontline Managers Work Plan Template which contains the tasks that are required to respond to shortfalls identified in the provider's unannounced visits. It is the role of the Person in Charge to assign the tasks to specific staff and specify dates for delivery on actions. This revision to the work plan will ensure that timelines and the accountable person are more clearly identified.

Proposed Timescale: 03/10/2016

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff required additional training to ensure that they could deliver an effective service to residents.

13. 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:
- The P.I.C has nominated the 2 staff who requires training in "Managing Challenging Behaviour" to the Training Dept this will be facilitated at the next training event and will be completed by 07/10/2016.
- The P.I.C will revisit previous Dementia training provided February 2015 with all Team Members. This is scheduled for 03/10/2016. In addition the the P.I.C will include this in

monthly staff meetings over the next 6 months.
- The P.I.C and the team will receive guidance on Risk assessment. This will be completed 23/09/2016.

Proposed Timescale: 07/10/2016

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The records as required by Schedule 3 were incomplete as there was an absence of dates and signatures.

14. 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 Person in Charge and the Named Staff has commenced an audit of all Individual Plans to ensure that they are complete of signatures and dates this will be concluded 19/08/2016.

Proposed Timescale: 19/08/2016

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The records of complaints maintained were incomplete.

15. Action Required:
Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

Please state the actions you have taken or are planning to take:
The P.I.C will ensure that all complaints are completed fully and a copy is held in the designated centre.

Proposed Timescale: 10/08/2016