

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Saimer View Community Group Home
Centre ID:	OSV-0002495
Centre county:	Donegal
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Jacinta Lyons
Lead inspector:	Stevan Orme
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	3
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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 28 February 2017 08:45 To: 28 February 2017 18:10

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

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 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

Following a review of compliance across the Health Service Executive (HSE) CHO Area 1, the Health Information and Quality Authority (HIQA) raised concerns with the HSE National Director, in relation to the significant and on-going levels of non-compliance in centres operated by the HSE in CHO Area 1.

The Chief Inspector of Social Services required the HSE to submit a plan to the Authority which described the actions the HSE would take, in order to improve the quality of life for residents living in the services in CHO Area 1, the overall safety of the services operated by the HSE in that area and to improve and sustain a satisfactory level of compliance across the five core outcomes of concern.

In December 2016 the HSE submitted a governance plan to HIQA. The plan described the enhanced governance and leadership arrangements and actions that the HSE intended to take by 13 June 2017, in order to improve the overall levels of compliance and quality of life for residents in CHO Area 1.

In response to this plan, HIQA has developed a regulatory programme of inspections to verify the effectiveness of this plan in improving the quality of life for resident and to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for persons (Children and Adults) with Disabilities Regulations 2013) (hereafter called the Regulations) and the National Standards for Residential

Services for Children and Adults with Disabilities 2013 (hereafter called the Standards).

How we gathered our evidence:

During the inspection, the inspector spent time with three residents living at the centre and met with one staff member and the person in charge. In addition, the inspector reviewed documents such as personal plans, risk assessments, policies and procedures and staff personnel files.

Description of the service:

The provider had produced a document called the statement of purpose, as required by the regulations. The inspector found that overall the service was being provided as described, although on the day of inspection allocated nursing support for the centre was not available. The centre was part of services provided by the Health Service Executive (HSE) in Donegal. The centre comprised of a six bedded bungalow providing full-time and shared care residential services to adults with a disability. The centre was of a suitable design to meet the needs of residents and located in a local town with easy access to local shops and amenities.

Overall Findings:

Following the previous inspection of the centre on 05 February and 05 November 2015, the inspector found that not all previously identified actions had been addressed by the provider.

The inspector found that although residents were happy and comfortable at the centre, residents' personal plans, safeguarding plans and arrangements for the management of behaviours of concern were not up to date and did not reflect the residents' needs and staff knowledge. In addition, risk management arrangements at the centre did not address all risks and were not regularly reviewed. Furthermore, the centre's governance and management arrangements did not ensure suitable staffing levels, staff supervision, access to training and compliance with regulatory requirements.

Summary of regulatory compliance:

The centre was inspected against six outcomes. The inspector found major non-compliance in four outcomes relating to social care needs, risk management and fire safety, safeguarding and workforce. Moderate non-compliance was found in two outcomes in regards to the centre's premises and governance and management arrangements. The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end of this report.

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

Outcome 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:

The inspector found that personal plans did not reflect residents' assessed needs and staff knowledge.

The inspector sampled personal plans which included information about the residents' assessed needs in areas such as eating and nutrition, mobility, behaviours of concern and healthcare. The inspector found that personal plans had not been updated following annual review meetings and did not reflect the recommendations of healthcare assessments and safeguarding plans reviewed. In addition, personal plans did not reflect staff knowledge of residents' needs.

Personal plans included residents' annual goals which included steps and timeframes for achievement and named staff support. Annual goals were reviewed quarterly by the resident's named worker and progress recorded, however the inspector found that goals were healthcare based and not developmental in nature and did not reflect residents' preferences.

Personal plans were reviewed annually with the involvement of the resident, their families, centre staff and multi-disciplinary input such as psychiatrists and day centre workers. However, the inspector found that review meeting minutes did not show an assessment of the effectiveness of the personal plan to meet residents' needs and annual goals.

Personal plans were available in an accessible format to residents.

Judgment:

Non Compliant - Major

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:

The inspector did not review all aspects of the outcome. However, evidence of damp was noted in the communal bathroom and sitting room, although staff told the inspector that previous maintenance works had occurred this had not stopped its reoccurrence.

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):

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

Findings:

The inspector found that although residents felt safe at the centre, risk management systems were not up to date and the effectiveness of fire safety arrangements had not been fully assessed.

The centre had a risk register and associated risk assessments in place; however, the inspector found that a risk relating to a resident choking on food during the day had not been updated in-line with an incident at night-time reported by staff. Furthermore, control measures had not been introduced to mitigate the risk either during the day or night. The inspector found that risk assessments did not have agreed review dates or had not been reviewed in-line with set timeframes.

The centre had an emergency plan in place which informed staff of actions to take in the event of an emergency, such as adverse weather conditions. However, the inspector found that the emergency plan contained information relating to another designated centre's fire arrangements.

The person in charge had conducted audits on areas such as fire safety and health and safety, however the inspector found that only one audit had been completed in 2016. In addition, the inspector found that audit recommendations had not been carried out such as the conducting a fire drill on an agreed date.

The inspector reviewed the centre's infection control procedures. The inspector observed that hand hygiene information was displayed and hand sanitisers and segregated waste disposal facilities were provided, however not all staff had completed infection control and hand hygiene training.

Fire evacuation records showed that simulated drills had been conducted using minimal staffing levels; however, drills had not occurred at suitable intervals, to ensure their effectiveness. Furthermore, fire drill records showed that not all staff and residents at the centre had participated.

The centre was equipped with suitable fire equipment including fire extinguishers, a fire alarm, fire doors, fire call points, smoke detectors and emergency lighting. Records showed that fire equipment was regularly serviced by an external contractor and checked weekly by staff to ensure it was in good working order.

The centre's fire evacuation plans was prominently displayed and reflected both resident and staff knowledge. In addition, the inspector observed that the plan was displayed and available in an accessible version to residents.

Residents' 'Personal Emergency Evacuation Plans' (PEEPs) were up-to-date and reflected staff knowledge. The inspector further reviewed training records which showed that all staff had completed fire safety training in-line with the provider's policy.

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):

No actions were required from the previous inspection.

Findings:

Residents were treated with respect by staff and felt safe, although the inspector found safeguarding plans were not up to date and positive behaviour management plans for residents were not in place to inform staff.

The inspector found that although staff were aware of what may constitute abuse and the actions they would take if suspected, which was in-line with the provider's policy, not all staff had received safeguarding of vulnerable adults training.

The inspector reviewed residents' safeguarding plans which reflected staff knowledge and were robust in nature indicating staffing levels and multi-disciplinary input. However, the inspector found that safeguarding plans had not updated to reflect the recommendations of strategy review meetings and recent incident records examined. In addition, the inspector found that safeguarding actions had no agreed review dates or reviews had not occurred in-line with set dates from records examined.

Staff knowledge of residents' behaviours of concern was reflected in their personal plans; however, not all staff had received training in positive behaviour management. Furthermore, the inspector found that residents did not have behaviour support plans in place which informed staff of both proactive and reactive management strategies, developed by a clinical psychologist.

The inspector observed that staff treated residents with warmth and respect and residents told the inspector that they liked the staff and felt safe. Residents further told the inspector that they would tell staff when they were not happy with support provided or felt unsafe.

Information on the centre's designated safeguarding officer and safeguarding policy was prominently displayed on the communal notice board.

Judgment:

Non Compliant - Major

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:

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

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

Findings:

The centre's governance and management arrangements had not ensured the delivery of safe and quality care services for residents.

The inspector found that actions identified in the centre's previous inspection had not been fully addressed such as the conducting of six monthly unannounced provider visits to the centre. The inspector reviewed records available at the centre and found that only one unannounced visit report was available for 2016.

Management systems in place at the centre - as referenced in the main body of the report did not ensure that:

- Personal plans reflected residents' needs
- Safeguarding plans were updated in line with meeting recommendations and agreed actions reviewed
- Risks management arrangements were reviewed and updated where required
- Staff had received up-to-date training

Staff told the inspector that they would have no reservations in raising concerns about the centre; however, team meetings had not occurred at suitable intervals from records examined. In addition, staff did not receive regular supervision to support and develop their performance from the person in charge.

Staff told the inspector that the person in charge was based in a neighbouring designated centre as a 'person participating in management', but was available when required on the telephone. The person in charge told the inspector that they would be present in the centre twice a week on average and was available on the phone; however, the inspector was unable to confirm the frequency of the person in charge's presence at the centre, from discussions with staff and a review of the centre's visitor's book. Furthermore, the inspector noted that the centre did not have access to the internet to aid communication with the person in charge.

The management structure reflected staff knowledge and the centre's statement of purpose. The inspector observed that residents' recognised and knew the person in charge by name.

The person in charge was full-time and suitably qualified. The person in charge told the inspector how they maintain their continued professional development and had completed training in areas such as designated safeguarding officer and complaint management.

An up-to-date annual review into the quality of care and support provided at the centre

was available on the day of inspection.

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):

No actions were required from the previous inspection.

Findings:

The inspector found staffing levels and training did not meet the assessed needs of residents and staff records did not comply with the requirements of schedule 2 of the regulations.

The inspector reviewed the centre roster and found that although a planned and actual roster was in place it did not reflect additional staffing to facilitate a social activity on the evening of the inspection. In addition, staffing did not reflect the statement of purpose, with eight hours per week nursing support not being available to the centre, due to staff vacancies.

The roster reflected staff knowledge that one staff member was available to support residents on weekdays. The inspector reviewed residents' nursing notes and activity records and found that during the week, staffing levels did not enable residents to participate in activities of their choice in the local community apart from as a group. The inspector noted that staffing levels did increase at the weekend, but this was due to a specific resident's needs. Furthermore, the inspector found that weekend staffing levels were only able to facilitate one-to-one activities as the centre's other residents went home to their families.

The inspector reviewed staff training records and found that staff had not received up-to-date training in manual handling and epilepsy awareness.

The inspector spoke to staff about their knowledge of the regulations proportionate to their roles and responsibilities. Staff were aware of the need to report suspected incidents of abuse to the person in charge, but was not aware of other notifiable events required by the Health Information and Quality Authority (HIQA).

The inspector reviewed the centre's four staff personnel files and found that they did not contain all documents required under schedule 2 of the regulations including;

- Proof of garda vetting
- Copies of qualifications
- Photographic identification
- Employment histories
- References

Judgment:

Non Compliant - Major

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Stevan Orme
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0002495
Date of Inspection:	28 February 2017
Date of response:	24 March 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Social Care Needs

Theme: Effective Services

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

Annual reviews did not assess the effectiveness of personal plans to meet residents' needs and goals.

1. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan

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

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:

The Person in charge will ensure there is a comprehensive review undertaken of personal plans in the centre;

- This review will ensure that the assessed needs of residents are reflected in their personal plans.
- The review will ensure that the personal plans reflect recommendations of healthcare assessments.
- The review will ensure that safeguarding plans are incorporated into the personal plans.
- The review will assess the effectiveness of the personal plans and personal goals.
- The review will be undertaken with the maximum participation of the resident and /or their representative.
- The review will ensure that goals are developmental, meaningful and reflect the preferences of residents.
- Updated Personal Plans will be communicated to all staff working in the designated centre.

Proposed Timescale: 30/04/2017

Theme: Effective Services

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

Personal plans did not :

- Reflect the assessed needs of residents
- Personal goals were not developmental and did not reflect residents' personal preferences

2. Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

The Person in charge will undertake a comprehensive review of personal plans in the centre;

- This review will ensure that the assessed needs of residents are reflected in their personal plans.
- The review will ensure that the personal plans reflect the recommendations of Healthcare assessments.
- The review will ensure that safeguarding plans are incorporated into personal plans.
- The review will assess the effectiveness of the personal plans and personal goals.
- The review will be undertaken with the maximum participation of the resident and /or their representative.

- The review will ensure that goals are developmental, meaningful and reflect the preferences of residents.
- Updated Personal Plans will be communicated to all staff working in the designated centre.

Proposed Timescale: 30/04/2017

Theme: Effective Services

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

Residents' personal plans had not been updated following annual review meetings.

3. Action Required:

Under Regulation 05 (8) you are required to: Ensure that each personal plan is amended in accordance with any changes recommended following a review.

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

The person in charge will ensure that personal plans are updated following annual reviews and strategy meetings.

Proposed Timescale: 30/04/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Evidence of damp was observed in the communal bathroom and sitting room.

4. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

The Person in Charge will ensure that the required works are completed to eradicate damp in the centre.

Proposed Timescale: 30/04/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

The centre's risk management systems had not ensured that :

- Risk assessments were updated to reflect all risks and reviewed in-line with agreed timeframes .
- Control measures were implemented to mitigate against identified risks.
- The emergency plan information related to the designated centre.
- Recommendations from management audits were completed.

5. 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 Person in charge will undertake a comprehensive review of all risks identified in the centre;

- The review will ensure that Risk Registers are up to date, have dates for a review and that a plan is in place to ensure that all risks are reviewed on a quarterly basis or more frequently if required.
- The review will ensure there are adequate control measures put in place to mitigate the risks identified.
- The review will assess the effectiveness of fire safety arrangements in the centre.
- The Person in Charge will ensure there is a clear plan in place for responding to emergencies in the designated centre.
- The Person in Charge will ensure that an annual plan of audit is introduced and actions identified in previous audits are completed.

Proposed Timescale: 30/04/2017

Theme: Effective Services

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

Staff had not received training in infection control and hand hygiene.

6. 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 Person in charge will arrange training for staff who require Infection Control and Hand Hygiene Training.

Proposed Timescale: 30/04/2017

Theme: Effective Services

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

The centre's fire safety arrangements had not ensured that fire evacuation drills had been conducted at suitable intervals and all residents and staff had participated.

7. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

The Person in Charge will ensure that all Residents and Staff participate in Fire Drills in the Centre.

The Person in Charge will ensure there is a plan in place to ensure that Fire Drills are completed at suitable Intervals.

Proposed Timescale: 30/03/2017

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:

Staff at the centre had not all received positive behaviour management training.

8. 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:

The Person in Charge will arrange Positive behaviour Management training for Staff.

Proposed Timescale: 30/04/2017

Theme: Safe Services

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

Residents did not have behaviour support plans in place to enable staff to support them to manage their behaviour.

9. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

The Person in Charge will ensure that all residents who require a Behaviour support plan have a plan which contains proactive and reactive management strategies and are developed in conjunction with the Clinical Psychologist.

The Person in Charge will ensure that Behaviour Support Plans are communicated to all Staff working in the Designated Centre.

Proposed Timescale: 30/04/2017

Theme: Safe Services

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

Staff had not all received safeguarding of vulnerable adults training at the centre.

10. Action Required:

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

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

The Person in Charge will arrange safeguarding training for Staff who requires same in the designated Centre.

Proposed Timescale: 30/04/2017

Theme: Safe Services

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

Safeguarding plans were not updated in-line with the recommendations of strategy meetings. In addition safeguarding actions had not been reviewed on agreed dates or had review dates set.

11. Action Required:

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

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

The Person in Charge will complete a comprehensive review of all safeguarding plans;

- The review will ensure the plans are updated to reflect strategy meetings and recorded incidents.
- The review will ensure that all plans have identified review dates and a plan is put in place to review safeguarding plans accordingly.

Proposed Timescale: 30/04/2017

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:

Records available at the centre showed that only one six monthly unannounced provider visit to the centre had been completed.

12. 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:

The Provider Nominee has a schedule in place to ensure that visits are carried out at least 6 monthly and a written report on the safety and quality of care and support at the centre is prepared which includes an action plan to address any concerns the provider nominee has in terms of the standard of care and support at the designated centre.

Proposed Timescale: 30/03/2017

Theme: Leadership, Governance and Management

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

Team meetings did not occur at suitable intervals to provide staff with an opportunity to discuss the quality of support and care provided and raise concerns.

13. Action Required:

Under Regulation 23 (3) (b) you are required to: Facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.

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

The person in Charge has devised a schedule for Team Meetings for the year ahead. A Team meeting was held on March 15th 2017.

Proposed Timescale: completed March 15th 2017

Proposed Timescale: 15/03/2017

Theme: Leadership, Governance and Management

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

Staff did not receive regular supervision from the person in charge.

14. Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

- The person in Charge will complete Personal development Plans with all staff in the designated Centre.
- The person in Charge will develop a schedule to ensure all staff receives regular supervision.

Proposed Timescale: 30/04/2017

Theme: Leadership, Governance and Management

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

The centre's management systems had not ensured the centre provided safe and quality care services as reflected in the main body of the report.

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 Person in Charge will ensure that a schedule of audits is completed in the centre. The person in Charge will ensure that actions arising from Audits are addressed in a timely manner.

The Person in charge will ensure that there is Internet access available in the Centre to aid staff communication with the Person in Charge.

The Person in charge will ensure that there are regular staff meetings and Staff Supervision is undertaken for all Staff working in the designated Centre to support and develop staff performance.

The Person in Charge will sign the Visitors Book for each Visit to the Designated Centre and also make a note on the actual roster to reflect attendance at the designated centre.

Proposed Timescale: 30/04/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Nursing support of eight hours per week as outlined in the centre's statement of purpose was not provided due to staff vacancies.

16. Action Required:

Under Regulation 15 (2) you are required to: Ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.

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

The Person in Charge has made an arrangement to ensure that nursing allocation of eight hours is provided as reflected in the Centres Statement of Purpose.

Proposed Timescale: Completed 20th March 2017

Proposed Timescale: 20/03/2017

Theme: Responsive Workforce

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

The centre's roster did not include additional staffing on the day of inspection to facilitate a planned community activity.

17. Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

The Person in charge will ensure that the roster is reflective of the staff on duty at all times.

Proposed Timescale: Completed 20th March 2017

Proposed Timescale: 20/03/2017

Theme: Responsive Workforce

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

Staff personnel files did not contain all information required under Schedule 2 of the

regulations.

18. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

1. The person in Charge will ensure that the following documents are obtained for all Staff working in the designated centre:

- Copies of qualifications
- Photographic identification
- Employment histories
- References

2. The person in charge will ensure that Garda Vetting is completed for all Staff as required under Schedule 2 of the regulations.

Proposed Timescale: Action 1 to be completed by April 30th 2017

Action 2 to be completed by June 30th 2017

Proposed Timescale: 30/06/2017

Theme: Responsive Workforce

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

Staffing levels during the week did not facilitate residents to access community activities of their choice.

19. 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 Person in Charge will ensure that there is adequate staff on duty during the week to meet the assessed needs of the residents.

Proposed Timescale: 30/04/2017

Theme: Responsive Workforce

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

Staff had not received up-to-date training in-line with residents' needs.

20. 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 person in Charge will make arrangements for staff to receive information regarding HIQA and the statutory notifications required, Epilepsy Awareness and Manual Handling training where required.

Proposed Timescale: 30/04/2017