

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Pine Grove
<b>Centre ID:</b>	OSV-0002605
<b>Centre county:</b>	Sligo
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Joanna McMorrow
<b>Lead inspector:</b>	Stevan Orme
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	11
<b>Number of vacancies on the date of inspection:</b>	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 unannounced and took place over 2 day(s).

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

From:	To:
06 December 2016 10:20	06 December 2016 20:00
07 December 2016 07:45	07 December 2016 20:30

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 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 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

Background to the inspection:

The purpose of this unannounced inspection was to monitor the centre's on-going regulatory compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres' for Persons (Children and Adults with Disabilities) Regulations 2013.

Previous inspections of the Cloonamahon Campus had identified a number of non-compliances resulting in meetings with the provider and the Authority issuing a notice of proposal to cancel and refuse registration of the Cloonamahon Service. Following the notification the provider submitted representations setting out the improvements which had been made at the service since the last inspection,

including the re-configuration of the campus from one designated centre into four. This was the centre's first inspection as a standalone centre, following the re-configuration of services provided at Cloonamahon Services.

The designated centre is part of the service provided by the Health Service Executive in Sligo. The centre provided a full-time seven day residential services to adults with an intellectual disability

How we gathered our evidence:

As part of the inspection, the inspector met with eleven residents. Residents who spoke to the inspector said that they were happy at the centre and staff were kind and helpful. Where residents were unable to tell the inspector about the support they received at the centre, the inspector spent time observing interactions with staff during the two days of inspection. During the inspection, the inspector observed residents being treated with respect and dignity. Staff care practices were sensitive and reflective of residents needs as shown in personal plans and nursing assessments examined by the inspector.

The inspector met with five staff members during the inspection. The inspector spoke with staff about the residents' needs and the operational management of the centre. In addition, the inspector reviewed documentation relating to residents' needs and the centre's operation such as personal care plans, medical records, risk assessments, policies and procedures and staff training records.

As part of the inspection, the inspector met with the centre's person in charge and interviewed them in relation to residents' needs and the centre's management.

Description of the service:

The provider had produced a document called the statement of purpose, as required by regulation, although at the time of inspection this was in a draft format. In the main the statement of purpose was reflective of the service provided. The centre was located in a campus setting near a local town in county Sligo. The designated centre was located within a larger premise on the campus which also comprised of two further designated centres. A fourth centre was located in the campus' grounds.

The centre itself comprised of two separate units with their own communal sitting rooms and kitchen dining rooms. Due to the layout of the overall campus building, the centre's communal areas were located on the ground floor, with residents' bedrooms apart from one being on the first floor and accessed by either a lift or stairs. One residents' bedroom was located within a separate designated centre in the campus building.

Overall Findings:

The inspector found that residents had a good quality of life at the centre reflective of their assessed needs. Residents were supported to access a range of home and community based activities and work towards achieving their personal goals. The inspector observed that improvements had been made since the previous inspections which resulted in more opportunities for residents to access the local community. Furthermore, renovations had been made to the physical layout of the building to

address previous risk management findings and to enable the building to be more reflective of the needs of residents.

The inspector found staff to be knowledgeable and sensitive in their support of residents. The inspector further found that the governance arrangements at the centre were more robust in nature and were reflective of the improvements in the quality of support provided at the centre.

Summary of regulatory compliance:

The centre was inspected against sixteen outcomes. The inspector found compliance in four out of sixteen outcomes inspected in relation to notifications, access to social activities, medication management and management arrangements. The inspector found major non-compliance in two outcomes relating to the premise and staff training and documentation. Moderate non-compliance was identified in seven outcomes and focused on resident's privacy, written agreements for the terms of the residents stay, social care needs, risk management, healthcare, governance and centre documentation. Substantial compliance was found in three outcomes relating to residents' internet access, staff training and the centre's statement of purpose.

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.

**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:**

The inspector found that in the main residents rights were protected, although actions were further required to ensure the right to privacy.

The inspector found that the complaints procedure was prominently displayed on notice boards in the centre's communal sitting and dining rooms. The complaints procedure was available in an accessible version and included both the name and photograph of the nominated complaints officer.

The centre maintained a complaints log. The inspector reviewed complaints received by the centre which showed the nature of the complaint and actions taken by the person in charge. In addition, the record showed the complainant's satisfaction with the outcome. Complaints were further discussed in staff meetings from meeting minutes reviewed by the inspector. The inspector found that staff knowledge was reflective of the complaint's policy.

Previous inspections at the centre found that residents were not supported to manage their own finances. The inspector reviewed procedures in place at the centre to support residents with their personal finances. The inspector found documentation in place which informed residents of their personal income and planned regular expenditure such as charges. The inspector found that information on charges was reflective of written agreements reviewed as part of the inspection. In addition, financial records clearly recorded all expenditure and were signed by two staff members. Expenditure receipts were held at the centre for all transactions recorded. Staff knowledge and observed

practices were reflective of the provider's policy on residents' finances.

The inspector observed that regular residents' meetings occurred across the centre. Meeting minutes and discussions with staff showed that residents were facilitated to make choices on daily life at the centre such as social outings. Records further showed that residents were informed of their right to complain, involved in their personal plan and given information on how to report safeguarding issues.

The inspector observed that information on advocacy services was prominently displayed at the centre. Information showed a photograph of the centre's advocate and their contact details. Furthermore, the inspector found evidence that residents had been referred to advocacy services for support.

Previous inspections at the centre had found that residents' daily lives were led by routine as opposed to individual choice and control. The inspector reviewed resident's personal plans, activity records and daily care notes and found that residents' daily activities had improved and was reflective of their personal needs and interests. Residents had access to a structured day service within the campus grounds. In addition, residents were supported to access activities within the local community such as church services, shops, sporting activities, beauty treatments and local cafes.

The inspector reviewed arrangements in place at the centre to promote residents' privacy and dignity due to the findings of previous inspections at the centre. The inspector observed staff supporting residents in a dignified and respectful manner which was sensitive to their needs. The inspector observed staff supporting residents in a manner which promoted privacy and dignity, although further areas for improvements were identified. The inspector found that bedroom doors did not allow residents to lock their own rooms. The centre had two shared bedrooms accommodating four residents and although privacy screening was in place it was not suitable to the needs of the residents. Furthermore, one resident's bedroom had a connecting door to another bedroom, which although locked was not sound proofed.

**Judgment:**

Non Compliant - Moderate

**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):**

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

**Findings:**

Residents' communication needs were supported, although the inspector found that access to the internet at the centre was not available.

As part of the inspection, the inspector reviewed actions taken to address previous inspections' findings relating to communication.

The inspector reviewed residents' personal plans. Personal plans included information on resident's communication needs including the use of objects of reference, sign language and gestures. In addition, the inspector found that residents had an up-to-date communication profile developed in conjunction with a speech and language therapist. Staff knowledge and practices were reflective of residents' communication supports throughout the inspection.

The inspector observed a range of pictorial aids used at the centre to both inform and offer residents' choice. Pictorial aids observed by the inspector included daily activity boards and food menus.

Residents had access to telephone, television and radio services at the centre, although internet access was not available due to security protocols operated by the provider organisation.

**Judgment:**

Substantially 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):**

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

**Findings:**

Residents' written agreements on the terms of their stay were not appropriately signed or contained information on charges.

The inspector reviewed a sample of residents' written agreements. The inspector found that as with previous inspections at the centre not all written agreements had been signed by residents or their representatives. The inspector observed however that the provider had made efforts to address this matter, but these had not been successful at the time of inspection.



The inspector further found that written agreements did not consistently include information on charges to be met by residents.

At the time of inspection, the centre was accepting no new admissions which was reflective of its statement of purpose and staff knowledge.

**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:**

Residents' personal plans were comprehensive and supported residents to work towards their personal goals.

Following the previous inspections' findings, the inspector sampled residents' documentation and found that a comprehensive assessment of residents' needs had been completed. Each resident had an up-to-date nursing assessment which was reviewed annually. The nursing assessments informed staff of residents' needs in areas such as healthcare, behaviours of concern, medication management, safeguarding, personal care and dietary needs.

The inspector found that nursing interventions were reflective of staff knowledge and observed practices. Each intervention identified personal goals for residents. Personal goals clearly indicated the expected outcome, actions to be undertaken, nominated staff supports and timescales. In addition, the inspector found goals were regularly reviewed in line with the centre's policy.

In addition to nursing assessments, the inspector sampled residents' person centred plans known as 'Key to me'. Personal plans reviewed were reflective of residents' personal needs and goals. The inspector found staff knowledge was reflective of plans

examined.

Residents' goals were reflective of their assessed needs. The inspector observed that goals related to both the development of independent living skills and community participation. As with nursing intervention goals, person centred goals clearly stated the expected outcome, actions to be taken, nominated staff supports and timeframes.

The inspector found that although nursing interventions and personal plans were reflective of needs, as identified in previous inspections at the centre, personal plans were not available in an accessible format to residents.

The inspector noted that access to activities in the local community had increased following the previous inspection at the centre. The inspector reviewed residents' nursing notes and activity records which showed daily community activities and attendance at the campus day service. Residents' community activities were reflective of goals identified in both nursing assessment and person centred plans examined by the inspector. Residents accessed a range of sports facilities, public houses, cafes, restaurants and places of interest in the local community.

Residents were made aware of planned daily activities through pictorial activity boards which were reflective of weekly activity programmes reviewed. The inspector found that weekly activity programmes did not consistently reflect activities undertaken by the residents as recorded in daily activity records examined.

Residents' nursing interventions and personal plans were reviewed regularly. Review meetings included multi-disciplinary input such as psychology and speech and language therapy. The inspector found from meeting minutes that not all residents or their representatives had participated in review meetings which was reflective of discussions with staff.

**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):**

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

**Findings:**

The inspector found that although improvements had been made to the centre's layout it was still not reflective of residents' needs.

The designated centre comprised of two separate units located on the ground and middle floor of the main campus building. Residents' bedrooms were located on the middle floor of the building - apart from one resident's bedroom which was located in a neighbouring designated centre. Following the previous inspection, the inspector observed that a new wall had been installed on entry to the neighbouring designated centre to ensure the privacy of residents' bedrooms.

Residents in each unit of the centre had access to a communal sitting room and kitchen dining room. In addition, communal toilets and bathroom facilities were located both on the ground and middle floor of the building. A staff office shared by both units was located on the ground floor and accessible to residents.

Since the previous inspection, additional dining room facilities had been identified. Dining rooms provided were reflective of residents needs, although in the case of one dining room this was not in close proximity to the unit and accessed through the staff canteen. In addition the inspector observed that the dining room's decoration was institutional in nature.

Both dining rooms incorporated a kitchenette with residents having access to cooking facilities such as toasters, microwaves and portable cookers. In addition to kitchen dining rooms, one unit provided a 'quiet' or relaxation room adjacent to the kitchen for residents to access.

The inspector observed that communal rooms had been recently decorated although damage to radiator covers, window sills and paint work was evident.

Resident bedrooms at the centre included two shared rooms which although reflective of the residents' personal preferences, did not suitably promote residents' right to privacy as shown in outcome one of the report. The inspector observed that in the main residents' bedrooms had been recently decorated to a good standard, although the inspector observed missing ceiling tiles in some bedrooms.

The centre provided communal toilets and bathroom facilities. Three communal toilets were available comprising of two to four toilets which although not accessible in design were reflective of residents' needs. Bathroom facilities at the centre were not reflective of residents' needs as only one shower and bath was available for the ten residents whose bedrooms were on the middle floor of the building. The inspector did observe that an additional adapted bath was available to residents, although this was located on the ground floor of the campus building.

The inspector observed that although suitable storage was available to residents for personal possessions, there were inadequate facilities to store personal care supplies throughout the centre.

**Judgment:**

Non Compliant - Major

**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 inspector found although risk management had improved at the centre, further actions were required to ensure resident safety.

Following the previous inspection, risk management systems at the centre had been further improved. Since becoming a standalone centre, the inspector found that a centre specific risk register had been developed. The register was up-to-date and included risks associated with both residents and the centre's premise. Risks were assessed in relation to their impact and likelihood of occurrence with controls implemented accordingly.

The inspector found - as identified in previous inspections, that not all risks had been assessed on the risk register, such as the storage of an oxygen cylinder in the centre's office. In addition, the inspector observed wheelchairs being stored along a designated fire escape route leading to an obstruction in the event of a fire.

The centre had a system in place to record incidents and accidents. The inspector reviewed the records maintained and found them to be detailed and reflected in the centre's risk register, residents' personal plans and staff knowledge. Events of a significant nature such as incidents of behaviours of concern were discussed with staff at team meetings, as evidenced in meeting minutes reviewed by the inspector.

The inspector observed that following the previous inspection, significant improvements had been made to the fire safety arrangements at the centre. The centre was equipped with a range of fire equipment such as fire extinguishers, emergency lighting, call points, fire doors with magnetic closures, smoke detectors and fire exit signage. Although a range of fire equipment was in place, the inspector observed that due to the layout of the building, fire exit signage was not consistently visible as it was obstructed by door archways.

The inspector reviewed fire system records which showed that all equipment was serviced regularly by an external contractor, and checked by staff either weekly or monthly. Although fire equipment checks occurred at the centre, from a review of records, the inspector found that weekly fire door checks had not been consistently completed in line with the provider's policy.

Following the previous inspections at the centre, the inspector found the fire evacuation plan was displayed prominently throughout the centre, although it was not available in an accessible format for residents. In addition, the fire plan for the centre did not include room numbers reflective of the display on the centre's fire alarm panel.

The inspector noted that the centre's fire evacuation plan was based on a compartmentalised horizontal evacuation arrangement. Fire drill records showed that regular drills were conducted using minimal staffing levels and were reflective of staff knowledge. Records were reflective of current fire arrangements at the centre, although the inspector found that evacuation plans and drills did not include arrangements in the event of a full evacuation of the premise.

The inspector sampled residents' 'Personal Emergency Evacuation Plans' (PEEPs). PEEPS were up-to-date and reflective of residents' needs and staff knowledge. In addition, the plans included emergency equipment required by residents such as evacuation sheets or wheelchairs. Staff were aware of the required evacuation equipment for residents, although the inspector found the information on the use of evacuation sheets did not indicate staffing levels required to safely operate them.

The inspector reviewed staff records and found that all staff had received up-to-date fire safety training which was reflective of staff knowledge.

Equipment such as hand sanitizers, protective gloves and aprons, and designated waste containers were available throughout the centre's bathrooms, in line with the provider's policy. In addition, information on the disposal of soiled laundry was displayed in the centre's bathrooms and was in line with staff knowledge. The inspector found that the majority of laundry at the centre was done through a centralised facility. The centre had access to its own washing machines for residents' personal items such as aprons. In addition to laundry facilities, sealed sharps bins were available in bathrooms for the safe disposal of residents' razor blades.

The inspector reviewed staff training records. Records showed that not all staff had up-to-date hand hygiene training, although staff knowledge was reflective of the centre's policy.

**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):**

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

**Findings:**

The inspector found that residents were protected from abuse, and behaviours of concern managed in the centre, although up-to-date training was required for staff.

The centre had an up-to-date policy on the prevention, detection and response to abuse. The inspector reviewed training records and found that all staff had received up-to-date training on the safeguarding of vulnerable adults. Staff - through discussions with the inspector - showed a good understanding of what constituted abuse and actions to be undertaken in line with the provider's policy.

Information on the centre's safeguarding policy was displayed prominently throughout the centre. The inspector observed that procedures to safeguard residents were available in an accessible format. Information displayed included a photograph and contact details for the centre's designated safeguarding officer.

The inspector reviewed residents' safeguarding plans in place at the centre. Plans were detailed in nature, clearly identifying the risk and actions to support the resident. Safeguarding plans were developed in line with the centre's policy and reviewed regularly and updated following additional incidents of concern. Furthermore, safeguarding plans were reviewed with multi-disciplinary input such as behaviour therapists.

A review of safeguarding plans by the inspector showed that allegations of suspected abuse had been notified to the Health Information and Quality Authority (HIQA) in line with regulatory requirements.

Intimate care plans were up-to-date for all residents at the centre. Plans clearly identified supports required by residents in line with their needs. Plans were reflective of staff knowledge.

The inspector found that residents with behaviours of concern had access to multi-disciplinary input such as behavioural therapists, psychology and psychiatric services. Behaviour support plans in place to support residents were up-to-date and developed in conjunction with a named behavioural therapist.

Behaviour support plans included details of the behaviour displayed, known triggers and both proactive and reactive strategies to support the resident. Staff knowledge was reflective of behaviour support plans reviewed by the inspector. Furthermore, behaviour support plans were reviewed regularly and recommendations reflected in plans examined.

At the time of the inspection, no restrictive practices were in place at the centre. Although not in operation staff confirmed to the inspector that any restrictive practices would be discussed with a behaviour therapist and residents' representatives. In addition, practices would only be used as the last resort and for the shortest duration.

The inspector found that although staff knowledge was reflective of residents' behaviour support plans, not all staff had up-to-date training in positive behaviour management in line with the provider's policy.

The inspector observed throughout the inspection, that residents were supported by staff in a warm and respectful manner reflective of their needs.

**Judgment:**

Substantially 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:**

The centre had submitted required notifications under the regulations to the Chief Inspector.

Following the previous inspections' findings, the inspector reviewed accident and incident records maintained at the centre and found that all notifiable events had been submitted to the Chief Inspector in accordance with the regulations.

The inspector discussed notification requirements with the person in charge and staff at the centre and found their knowledge proportionate to their roles and responsibilities.

**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.*

<p><b>Theme:</b> Health and Development</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.</p> <p><b>Findings:</b> Residents were supported to participate in their local community.</p> <p>Following the previous inspections' findings, the inspector reviewed residents' nursing notes and activity records which showed that residents accessed educational programmes such as art classes as part of 'taster' sessions held.</p> <p>Documentation reviewed showed that residents accessed a structured day programme on the main campus' grounds in line with their assessed needs. Residents further accessed a range of community activities such as sporting events, meals out and visits to local places of interests.</p> <p>The inspector found that residents were supported in line with their personal plans and nursing interventions, to develop personal relationships. Residents participated in community activities such as church services and local development groups.</p> <p>The centre had an up-to-date policy on residents' access to education, training and development opportunities.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 11. Healthcare Needs</b> <i>Residents are supported on an individual basis to achieve and enjoy the best possible health.</i></p>
<p><b>Theme:</b> Health and Development</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p><b>Findings:</b> Residents were supported to meet their healthcare needs, although emergency epilepsy medication arrangements were not in place for all residents requiring them.</p> <p>The inspector reviewed residents' personal plans, nursing interventions and medical records. Documentation showed that residents received timely and appropriate support</p>



from a range of allied health care professionals including General Practitioner (GP), psychiatrists, dentists and chiropodists.

In addition, residents' medication was regularly reviewed by their named GP or psychiatrist, with recommendations reflected in personal plans and nursing interventions.

The inspector reviewed assessments for residents with epilepsy which were comprehensive in nature. However, protocols were not in place for all residents requiring emergency epilepsy medication.

Staff knowledge, and a review of the centre's pictorial menus, showed that residents had access to a diverse and nutritious diet. Meals at the centre were provided by a centralised kitchen, although the inspector found that residents were offered a choice with all meals provided. In addition residents had access to a choice of snacks throughout the day.

Residents were supported to buy and prepare basic meals and snacks reflective of their abilities. Daily care notes and financial records showed that residents were supported to purchase food items of their choice in local shops. The inspector observed that residents had access to cooking facilities such as microwaves and portable cookers in the centre's kitchens.

Where residents had specific dietary requirements, the inspector found assessments had been completed by both dieticians and speech and language therapists. Assessment recommendations were reflected in residents' personal plans and staff knowledge. Furthermore, where residents' dietary needs required access to their own cooking appliances such as toasters, these were provided at the centre.

Where residents needed assistance with eating, the inspector observed support being provided in a sensitive and appropriate manner in line with residents' personal plans and speech and language therapy recommendations.

**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:**

The inspector found that the centre's medication policy and practices were being implemented by staff.

The inspector reviewed the centre's medication management arrangements. Medication was administered by trained nursing staff at the centre.

Medication prescription sheets contained a photograph of the resident as well as all relevant personal information such as date of birth and address. Prescription sheets clearly showed the medication prescribed for the person, the dosage, the times and the route of administration.

Medication recording sheets reflected the prescription sheets for each resident and medication was given in accordance to the prescribed times to the resident. Staff signed when they had administered medication in reviewed records. A staff signature bank was maintained in the medication records examined.

The inspector found protocols were in place for the administration of 'as and when required' medication for example for the management of behaviours that concern.

Medication was stored in two secure medication trolleys with access restricted to the nurse in charge. Furthermore, additional stocks of prescribed food supplements were secured in locked cabinets at the centre prior to use.

Out of date or discontinued medication was stored separately prior to being returned to a local pharmacy. Medication return records were maintained and showed the amount and type of medication returned and signature of the accepting pharmacist.

Regular stock checks of medication were completed by the centre's nursing staff. In addition, medication audits were completed by the person in charge and a designated pharmacist to ensure compliance with the centre's medication policy.

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The centre's statement of purpose was not in line with schedule 1 of the regulations.

The centre had produced a draft statement of purpose since becoming standalone. In addition, an accessible version of the statement of purpose was available for residents known as 'My Guide' on the services and facilities at the centre.

The inspector found that the statement of purpose did not include all requirements under schedule 1 of the regulations, for example a description of all rooms included in their dimensions and purpose.

**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:**

Governance and management arrangements were reflective of the centre's statement of purpose.

Since the previous inspection, the designated centre was now standalone. The inspector reviewed the centre's draft statement of purpose which reflected the management structure at the time of inspection. The inspector found that a person in charge had been appointed to the centre. The inspector found that the person in charge was responsible for the centre and another designated centre located in the campus' main building.

Staff knowledge was reflective of the management structure in place at the centre. Staff told the inspector that the person in charge had a daily presence in the centre. The person in charge's involvement in the centre was reflected in documentation reviewed by the inspector such as team meeting minutes and unit diaries.

Staff told the inspector that they found the person in charge to be approachable and would have no reservations in raising concerns about the centre with them.

As part of the inspection, the person in charge was interviewed by the inspector. The person in charge was a qualified nurse with many years experience in management and working with adults with intellectual disabilities. The inspector found that the person in charge had a good understanding of their role, the needs of residents and regulatory requirements.

In addition to mandatory training, the person in charge showed their commitment to continued personal development through the completion of additional training such as designated safeguarding officer and person in charge workshops.

The inspector reviewed audits undertaken by the person in charge which included the centre's risk register and medication records. In addition, the person in charge had commenced walk around audits which reviewed centre complaints, the premise, residents' personal plans and nursing interventions.

The inspector reviewed the centre's annual review of the quality of care and support provided at the centre. The review was completed by the person in charge and the provider. The annual review was available at the centre.

Due to the reconfiguration of the campus prior to the inspection, although copies of the previous configuration's unannounced six monthly visits were available at the centre, standalone visits had not been completed under the new reconfiguration at the time of the inspection.

**Judgment:**

Non Compliant - Moderate

**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

Cover arrangements for the absence of the person in charge were in place at the centre.

The inspector reviewed cover arrangements for the absence of the person in charge at the centre, which were reflective of the statement of purpose and staff knowledge.

**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:**

The centre's staffing levels were reflective of residents' needs, although staff training was not up-to-date and personnel records did not meet regulatory requirements.

Following the previous inspections' findings at the centre, the inspector examined the centre's rosters, staff training and staff personnel records.

The inspector found that a separate planned and actual roster was available for both units within the designated centre. The rosters were reflective of residents' needs and where residents had additional resources allocated to meet their needs, a separate roster was in place. Rosters were reflective of the centre's statement of purpose, reflecting that a designated nurse and a team of healthcare assistants were available in each unit.

The inspector reviewed team meeting records at the centre. Records examined showed that all staff had the opportunity to attend the meetings when on duty and meetings were facilitated by the person in charge. Minutes showed that meetings addressed topics such as staff training, accidents and incidents at the centre, residents' needs and organisational policies. Staff told the inspector that although they did not receive formal supervision, they felt supported and had access to both the centre's designated nurse on duty and person in charge.

Staff had access to training reflective of residents' needs such as communication, in addition to mandatory training - including fire safety and protection of vulnerable adults. The inspector reviewed staff training records which were reflective of the centre's statement of purpose and staff knowledge. The inspector found that not all staff at the centre had up-to-date training in:

- Open Disclosures
- Hand Hygiene

- Manual Handling
- Positive Behaviour Management

The inspector reviewed staff files maintained by the centre and found they did not contain all information required under schedule 2 of the regulations. The inspector found that information was not available for all staff in relation to;

- Vetting Disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012
- Copies of qualifications
- Contracts of employment
- Photographic identification
- Full employment histories including any gaps in employment

**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):**

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

**Findings:**

The provider did not ensure that all documentation required under the regulations was maintained at the centre.

The inspector reviewed documentation maintained at the centre following the findings of previous inspections.

The inspector reviewed policies and procedures held at the centre required under regulation 5 of the regulations. The inspector found that the following policies were not available in the centre;

- Provision of personal intimate care
- The creation of, access to, retention of, maintenance of and destruction of records

In addition, the inspector found that the centre's policy on recruitment had not been reviewed and updated in line with regulatory requirements.

The inspector reviewed the centre's directory of residents and found that it did not contain all information required under regulation 19 of the Health Act 2007 (Care and support of residents in designated centres for persons (children and adults) with disabilities) regulations 2013.

As referenced in outcome 17 of the inspection report, the inspector found that all required documentation under schedule 2 of the regulations was not maintained at the centre.

**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:***

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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Health Service Executive
<b>Centre ID:</b>	OSV-0002605
<b>Date of Inspection:</b>	06 and 07 December 2016
<b>Date of response:</b>	20 January 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 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:**

The inspector found that residents privacy was not promoted in the following areas:

- Bedroom doors could not be locked by residents
- Privacy screening in shared rooms did not reflect residents' needs
- A connecting bedroom door was not sound proofed

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



**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 consultations and personal information.

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

All bedroom doors will be fitted with thumb turn locks to ensure residents can lock their own room

All shared bedrooms will be fitted with curtains ensuring privacy and dignity is maintained at all times. Portable bed screens will be removed from each double bedroom.

A connecting bedroom door will be sound proofed.

All staff will continue to respectfully uphold residents privacy and dignity at all times.

Person Responsible-PIC

**Proposed Timescale:** 28/02/2017

**Outcome 02: Communication**

**Theme:** Individualised Supports and Care

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

Residents did not have access to internet at the centre due to the provider's security arrangements.

**2. Action Required:**

Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.

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

A full review of access to the internet within the designated centre will take place to find suitable means to access the internet.

Provider has referred issue to the IT department and to the PPPG group , and General Manager for further advice

Person responsible-Registered Provider

**Proposed Timescale:** 31/03/2017

## Outcome 04: Admissions and Contract for the Provision of Services

**Theme:** Effective Services

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

Residents' written agreements had not all been signed by residents or their representatives.

**3. Action Required:**

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

- Further communication and referral to social work for support for the two remaining residents who have unsigned contracts of care
- Referrals will be made for independent advocacy for both residents who have unsigned contracts of care
- Person Responsible - PIC

**Proposed Timescale:** 28/02/2017

**Theme:** Effective Services

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

Residents' written agreements did not consistently include information on charges to be met by the resident.

**4. Action Required:**

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

- All agreements will be reviewed to ensure that services for the support care and welfare of the resident and details of the services to be provided and where appropriate the fees to be charged.
- This will be completed in conjunction with residents and their families
- Person Responsible - PIC

**Proposed Timescale:** 31/01/2017

## 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:**

The inspector found that not all residents or their representatives participated in review meetings.

**5. Action Required:**

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

- A schedule of reviews of personal plans has been devised and this will include full participation of each resident and their family representative if they so choose.
- All records of family involvement have been recorded in the person's personal plan.
- Person Responsible-PIC

**Proposed Timescale:** 31/01/2017

**Theme:** Effective Services

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

Personal plans including annual goals were not available in an accessible format to residents.

**6. Action Required:**

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

- All residents' personal plans will be made available in an accessible format in consultation with the SALT.
- A computerised Communication symbol system has been ordered to enable staff to convert all relevant documentation into accessible format
- This accessible format will be dictated by the individual communication needs of each resident as identified in their communication profiles.
- The resident will be fully involved in this process and will be made available to their representatives where appropriate.
- Person Responsible-PIC

**Proposed Timescale:** 31/03/2017

**Theme:** Effective Services

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

The inspector found that daily activity records were not consistently reflective of residents' weekly activity programmes.

**7. 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:**

- All individual schedule of activities for each resident will correspond with the documented weekly activity programmes. These will be recorded daily in the activity records.
- Person Responsible - PIC

**Proposed Timescale:** 20/01/2017

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

The inspector observed damage to the centre's premise including missing ceiling tiles, broken radiator covers, window sills and paintwork.

**8. 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:**

- A comprehensive review of all environments with in the designated centre will be completed to identify any upgrade/maintenance works required.
- All tiles, radiator covers, paintwork will be repaired and any additional works completed.
- Person responsible – PIC and Registered Provider

**Proposed Timescale:** 28/02/2017

**Theme:** Effective Services

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

The centre's layout did not meet the requirements of schedule 6 of the regulations;

Shared bedrooms did not promote residents' right to privacy  
Suitable storage was not available  
Insufficient baths and showers were available to meet residents' needs

**9. Action Required:**

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

- Shared bedrooms will be enhanced by the use of curtains to promote residents' right to privacy
- Suitable storage will be provided within the designated centre.
- A plan is in place to convert a suitable area for showering purposes to increase the number of bathing facilities available.
- Relocation of the dining room to a smaller area reflective of the residents needs and refurnished in consultation with the residents
- Person Responsible-Pic and Registered provider

**Proposed Timescale:** 28/02/2017

**Theme:** Effective Services

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

The inspector observed that a dining room's decoration was not reflective of residents' needs.

**10. Action Required:**

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

The dining room will be relocated to a smaller area reflective of the residents needs and refurnished with the residents

Person Responsible-PIC and Registered Provider

**Proposed Timescale:** 31/03/2017

**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 register did not contain all risks identified by the inspector.

**11. 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 Risk Register will be updated to reflect all identified risks regarding storage of Oxygen, on individual units.

**Proposed Timescale:** 31/01/2017

**Theme:** Effective Services

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

Staff records showed that not all staff had completed up-to-date hand hygiene training.

**12. 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:**

A schedule of hand hygiene training has been developed to ensure all staff have up to date training

Person Responsible-PIC

**Proposed Timescale:** 31/03/2017

**Theme:** Effective Services

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

The fire evacuation plan and simulated drills did not include arrangements for a full evacuation of the centre's premise.

**13. 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:**

A Schedule of simulated fire drills is in place to evacuate all persons from the designated centre; this will include vertical evacuations from the centre.

Person Responsible-PIC

**Proposed Timescale:** 31/01/2017

**Theme:** Effective Services

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

The inspector found that the centre's fire evacuation plan was not available to residents' in an accessible format. In addition the building's fire plan did not include room numbers reflective of the fire alarm's display panel.

**14. Action Required:**

Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the designated centre.

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

The centre's fire evacuation plan will be available to residents' in an accessible format. In addition the building's fire plan will include room numbers reflective of the fire alarm's display panel.

**Proposed Timescale:** 28/02/2017

**Theme:** Effective Services

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

Fire door checks were not conducted at regular intervals in line with the provider's own fire safety arrangements.

**15. Action Required:**

Under Regulation 28 (2) (b)(iii) you are required to: Make adequate arrangements for testing fire equipment.

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

Fire door checks will be conducted at regular intervals in line with the provider's own fire safety arrangements, as per Fire Register Documentation. In addition a weekly fire checklist will be completed in each designated centre.

**Proposed Timescale:** 10/02/2017

**Theme:** Effective Services

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

The inspector observed wheelchairs being stored along a designated fire escape route. In addition, the inspector found not all fire exit signage was clearly visible.

**16. Action Required:**

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

All fire exit signage has been upgraded and is clearly visible. ( This work is complete)  
Storage facilities will be located to ensure safety of access to fire exits.

**Proposed Timescale:** 28/02/2017

**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:**

The inspector found that not all staff had up-to-date positive behaviour management training.

**17. 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:**

A schedule of training for studio 3 has been arranged for 2017, all staff will be trained in de-escalation and intervention techniques.

Person Responsible-PIC

**Proposed Timescale:** 28/02/2017

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

Protocols were not in place for all residents requiring emergency epilepsy medication.

**18. 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:**

All residents who are prescribed emergency medication will have an up to date protocol in their personal file



Person Responsible-PIC

**Proposed Timescale:** 23/01/2017

### **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:**

The centre's statement of purpose did not contain all requirements under schedule 1 of the regulations.

**19. Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The statement of purpose will be reviewed and updated according to schedule 1 of the Health Act 2007

Person Responsible-PIC and Registered Provider

**Proposed Timescale:** 10/02/2017

### **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:**

An unannounced six monthly visit by the provider had not been completed since the reconfiguration of the centre.

**20. 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 has a schedule of unannounced visits in place and these have commenced on the Cloonamahon campus ,these unannounced visits will take place at least once in every six months and the provider will provide a written report on the safety and quality of care and support in the designated centre and any concerns will be addressed .

Person Responsible-Registered Provider

**Proposed Timescale:** 30/06/2017

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Staff files reviewed by the inspector did not contain all information required under schedule 2 of the regulations.

**21. 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:**

All staff files will be reviewed and updated according to Regulation 15 of the regulations.

A new index system has been devised to meet the regulations and all files will have this index ensuring the correct information is stored within the file

Person Responsible-PIC

**Proposed Timescale:** 28/02/2017

**Theme:** Responsive Workforce

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

Staff at the centre did not receive formal supervision.

**22. Action Required:**

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

A schedule of staff appraisal has been devised for the forthcoming year, to incorporate supervision review of all staff within the designated centre

Person Responsible-PIC and Registered Provider

**Proposed Timescale:** 31/01/2017

**Theme:** Responsive Workforce

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

**in the following respect:**

The inspector found that not all staff at the centre had up-to-date training in;

- Open Disclosures
- Hand Hygiene
- Manual Handling
- Positive Behaviour Management

**23. 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:**

A schedule of training has been arranged to address continuous professional development, dates have been arranged with trainers.

Open Disclosure: 25th Jan 2017 ( 2 sessions) and 1st Feb 2017 ( 2 sessions)

Manual Handling: sessions every 2nd Thursday arranged with HSE trainers.

Hand Hygiene: onsite training arranged for the next 6 months.

Studio 3: yearly schedule of refresher and full training courses arranged.

**Proposed Timescale:** 28/02/2017

**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 centre did not have available at the time of inspection all policies required under schedule 5 of the regulations.

**24. Action Required:**

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

A complete review of policies and procedures within the designated centre will be undertaken as set out in Schedule 5 of the Health Act 2007.

**Proposed Timescale:** 30/06/2017

**Theme:** Use of Information

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

**the following respect:**

The inspector found that the centre's recruitment policy had not been reviewed in line with regulatory requirements.

**25. Action Required:**

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

A review of this policy and procedure within the designated centre will be undertaken as set out in Schedule 5 of the Health Act 2007.

**Proposed Timescale:** 31/01/2017

**Theme:** Use of Information

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

The directory of residents maintained at the centre did not contain all information required under regulation 19.

**26. Action Required:**

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

All Directory of residents has been updated for all 11 residents in the centre, to reflect and include all information outlined in schedule 3 of the Health Act 2007.

**Proposed Timescale:** 20/01/2017

**Theme:** Use of Information

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

The inspector found that staff personnel files did not contain all information required under regulation.

**27. Action Required:**

Under Regulation 21 (2) you are required to: Retain records set out in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 for a period of not less than 7 years after the staff member has ceased to be employed in the designated centre.

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

All staff files will be reviewed and updated according to the regulations.

A new index system has been devised to meet the regulations and all files will have this index ensuring the correct information is stored within the file.

**Proposed Timescale:** 28/02/2017