

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Abbey View Residences
Centre ID:	OSV-0003453
Centre county:	Sligo
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	The Cheshire Foundation in Ireland
Provider Nominee:	Colin McIlrath
Lead inspector:	Ivan Cormican
Support inspector(s):	Stevan Orme
Type of inspection	Unannounced
Number of residents on the date of inspection:	8
Number of vacancies on the date of inspection:	2

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: 06 February 2017 09:00 To: 06 February 2017 18:30

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

Outcome 01: Residents Rights, Dignity and Consultation
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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This inspection was carried out 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. The previous inspection of this centre took place on 8 and 9 September 2016. As part of this inspection, inspectors reviewed the 13 actions the provider had undertaken since the previous inspection and found that 3 actions had not been addressed, in line with the providers response and remained non-compliant on this inspection.

How we gathered our evidence:

As part of the inspection, inspectors met with seven residents. Residents' bedrooms were individually decorated with items of personal interest and photographs of family and friends. Each resident also had a copy of their individual plans in their bedroom. Inspectors also spoke with five staff members, including the person in charge and a person participating in management. Inspectors observed interactions between residents and staff and work practices. Documentation such as personal plans, risk assessments, medication records and emergency planning within the centre was also

reviewed.

Description of the service:

The designated centre comprised a single story building that accommodated up to ten residents. Each full-time resident had their own self contained apartment which consisted of an open plan kitchen, dining room and bedroom. Each apartment had en-suite facilities which were suitably equipped to meet the needs of residents. The centre had six full-time residents and two residents who were on long-term respite. The centre also had two vacant respite apartments and did not offer any emergency respite. There were adequate communal rooms available for residents to have visitors such as family and friends. The designated centre was located in an urban setting where transport such as trains, taxis and public busses were available. The centre did not offer transport, however a number of residents had their own transport.

Overall judgement of our findings:

The findings of this inspection demonstrated that the provider had shown improvement since the previous monitoring inspection with four outcomes including governance and management, use of resources and residents' rights deemed as compliant or substantially compliant. However, further improvements are required in regards to health and safety and risk management which has been assessed as major non-compliant over the last two inspections. Further improvements were noted in outcomes such as workforce and safeguarding, however these outcomes were deemed as moderate non-compliant on this inspection.

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):

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

Findings:

On the day of inspection, inspectors found that the rights and dignity of residents was respected in the designated centre. The actions from the previous inspection had been addressed with residents offered showers on a day and time of their choosing. Residents had also been assessed by occupational therapy to shower in their own apartment as opposed to showering in a shared bathroom.

Inspectors met with seven residents who indicated that they were treated very well in the centre. Residents appeared happy and relaxed throughout the inspection and staff were observed interacting with residents in a pleasant manner. Residents stated that they would go to various staff members if they had a concern.

The centre had a policy for managing complaints and a log of all complaints was maintained in the centre. The provider had nominated two people to manage complaints and information on how to make a complaint was on display. Inspectors found that all received complaints had been dealt with in a prompt manner and feedback on the outcome of the complaint had been given to each complainant.

Residents' meetings were taking place monthly, on a one-to-one basis. These meetings covered areas such as the quality of the service provided, concerns, complaints, relationship with staff and how the resident was feeling. Each one-to-one meeting generated an action plan which the person in charge was actively working to resolve.

Information on advocacy was readily available throughout the centre and staff indicated that one resident had used advocacy in the past. However, inspectors found that

information on residents rights was only available in an area which residents did not frequent. Inspectors also found that residents' rights was not on the agenda for residents' meetings.

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):

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

Findings:

Written agreements were reflective of charges and services at the centre. The actions taken to address previous inspection findings were addressed, as written agreements now included information on additional charges to be met by residents including utility charges and fees for optional therapeutic treatments. In addition, written agreements also included information on the weekly rental charge for the centre. Written agreements were also reflective of residents' knowledge and were signed by both the resident and provider.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Personal plans were comprehensive in nature and reflected the support received by residents, although their annual reviews did not robustly assess the effectiveness of plans.

Inspectors reviewed a sample of person plans and found they were reflective of residents' needs. Personal plans informed staff of residents' support needs in areas such as 'having a good life', healthcare, mobility needs, activities, money management and transportation. Each part of the personal plan clearly listed the residents' support needs, including frequency of support and staff required. In addition, residents had a copy of their own personal plan, which was reviewed monthly by their named key worker to ensure it was up-to-date and reflective of their needs.

Personal goals echoed residents' needs such as going on holidays, attending church services and accessing community activities. Overall, personal goals included named staff supports, the frequency of the activity and the planned date for achievement, however, this was not consistent in all records examined. Documentation reviewed indicated whether supports were required or not by the resident, but did not assess whether the current personal plan met the resident's needs, and if not, how the plan would be amended to address this issue. Inspectors also found that review minutes did not include the residents' goals for the forthcoming year and had not been updated following review meetings.

Residents told inspectors that they participated in their annual reviews with staff, which was reflective of staff knowledge and documents sampled, although residents' attendance at the meeting was not consistently recorded.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The centre ensured that residents' accommodation was reflective of their needs,

although the premises required attention in relation to cleanliness and state of repair.

Inspectors did not review all aspects of this outcome and focused on actions taken by the centre following the previous inspection in relation to accessibility. Following the previous inspection, a resident had been supported to move to a more accessible apartment within the centre. The resident told the inspector that they were now able to access storage and cooking facilities in their new apartment, and were happy with the support they had received.

Inspectors found that occupied apartments in the centre were reflective of residents' needs, although the following concerns were identified in relation to the cleanliness and overall state of the premises:

- communal bathrooms had damage to tiled areas
- mechanism of adapted bath in the communal bathroom was exposed
- communal bathroom was used for storage of resident's bed linen, uninstalled shower screens and hand towel dispensers
- cigarette waste bins were not emptied
- excessive moss was evident on the centre's roof

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

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

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

Findings:

On the day of inspection, inspectors found that the health and safety of residents, staff and visitors was actively promoted. Some of the actions from the previous inspection were addressed, with revised risk assessments in place for residents accessing the community and self medicating. However, inspectors found that the actions to address the overall risk management in the centre were not fully addressed and remained non-compliant on this inspection. Inspectors also found that improvements were required in relation to infection control and fire precautions.

The centre had a risk management policy. Inspectors reviewed the risk register which identified hazards within the centre. Inspectors found that these risk assessments were not centre specific as risks such as gas, dogs and barriers were listed even though these were not present in the centre. The person in charge stated that these risks are formulated at a national level and distributed throughout various designated centres.

Inspectors also found that risks such as access and egress and chemicals, which were identified as requiring actions to address the risk within one month, had not been resolved.

The centre had systems that promoted fire safety within the centre. Regular fire safety checks were being carried out on emergency exits and lighting, fire doors, fire extinguishers and the fire panel. Each resident had a personal emergency egress plan (PEEP) in place and the centre also had a centre emergency evacuation plan. Fire drill records stated that regular fire drills were taking place, however, these had not occurred in line with the centre's policy on fire precautions. Inspectors also found that fire drill records failed to accurately detail the actual length of evacuation times.

The centre had recently revised evacuation procedures, to allow for a phased evacuation of residents. However, the evacuation procedures displayed in the centre did not reflect this change and staff that were spoken with did not have a clear understanding of the evacuation procedure. This was brought to the attention of the person in charge on the day of inspection. Inspectors also found that the site specific emergency plan had not been reviewed within the timelines specified by the provider.

The centre had infection control policy and procedures in place. Hand washing was promoted and anti-septic gel was available throughout the centre. Separate colour coded mops were available for toilets and other communal areas. However, inspectors found that these mops were hung together following their use and not separated by colour.

The centre had systems in place for the monitoring of adverse events. All adverse events had been logged and an appropriate response was taken by the provider in regards to each adverse event.

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

Findings:

On the day of inspection, inspectors found that the designated centre had policies and procedures in place to safeguard residents from potential abuse. The actions from the previous inspection had been addressed, with comprehensive money management plans in place for those residents who may require assistance with managing their finances. However, improvements were required in relation to the recognition of potential abuse.

Inspectors reviewed the record of complaints and found that a complaint made by a resident had been responded to and investigated promptly. Inspectors met with this resident, who stated that they were happy with the outcome of the complaint and had been fully supported by the organisation. However, inspectors also found that concerns relating to potential abuse, disclosed within the complaint, had not been identified and referred for further investigation.

Inspectors met with several staff members who could clearly describe safeguarding procedures within the centre. However, inspectors also found that not all staff members could identify what may constitute potential abuse. Inspectors also noted that information about the designated person to manage allegations of abuse was not on display.

The centre had a number of restrictive practices in place including the use of bed rails and lap belts. Inspectors found that these practices were supported by risk assessments, were regularly reviewed by the occupational therapist and were implemented, with the informed consent of residents.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

On the day of inspection, inspectors found that the best possible health of residents was promoted. However, improvements were required to the recording of physiotherapy exercises.

The centre had a full-time nurse in place who completed a best possible health assessment for residents, on an annual basis. This assessment focused on areas such as personal care, skin integrity, continence, pain management, mental health needs and

respiratory support. Each resident also had a detailed medical history in place and an associated care plan if required.

Residents were regularly reviewed by the general practitioner and specialists such as neurology. Allied health professionals such as occupational therapists, speech and language therapists and physiotherapists also attended to residents. Inspectors found that most of the recommendations, made by these professionals, had been implemented by the staff team such as the use of modified diets and the safe transferring of residents. However, inspectors found that the centre did not have a recording system in place to monitor the implementation of exercises recommended by a physiotherapist.

Inspectors observed that residents had adequate amounts of food in their apartments. Residents were supported by the organisation and personal assistants to shop for their food.

Judgment:

Substantially Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

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

Findings:

On the day of inspection, inspectors found that the designated centre had systems in place for the safe receipt, storage, administration and recording of medications. The actions from the last inspection were addressed, with appropriate medication storage now available in residents' apartments. However, improvements were required in relation to the protocols for the administration of as required medication for one resident.

Inspectors observed that one resident may on occasion require the administration of a medication in response to the deterioration of a diagnosed condition. However, the associated care plan did not clearly outline how the resident may present as the medical condition deteriorates. Inspectors found that the administration of this medication was not supported by a protocol which clearly identified the circumstances in which the medication may be administered.

Inspectors reviewed a sample of residents' prescription sheets and medication administration recording sheets and found that these were in line with best practice. Prescription sheets had been signed by the general practitioner and listed medications to be administered, dosage, the route and time of administration. Both sheets contained a

photograph of the resident and included any known allergies and the resident's date of birth.

The centre was recording all medications errors which were also trended to identify areas of concern. The nurse manager was completing monthly audits of medications and monthly proficiency assessments on staff who administer medications. Self-medication risk assessments had been completed for all residents, with one resident identified as wishing to self medicate.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

On the day of inspection, inspectors found that the designated centre had effective governance and management arrangements in place. One action since the previous inspection had been addressed with the annual review now completed, however, one action in regards to residents' personal assistants had not been fully implemented.

The person in charge stated that planned meeting had taken place with an external funding body to ensure that residents' personal assistants were accountable to the person in charge. However, the outcome of this meeting had not been fully implemented.

The centre was supported by a full-time person in charge and a clinical nurse manager. The provider had completed the annual review which focused on areas such as complaints, adverse events, analysis of HIQA reports and meeting with residents and families. The provider had also completed a quality questionnaire with residents. Areas for improvement were identified which the person in charge was working to resolve.

The six monthly audit was completed in the week prior to the inspection and was submitted to inspectors following the inspection. The six monthly audit focused on

various aspects of the regulations. Inspectors noted that the findings of the audit were in line with the findings of inspectors. The provider had generated an action plan, which was colour coded to highlight areas of concern which needed to be addressed within a specific timeline.

Judgment:

Substantially Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

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

Findings:

Inspectors did not review all aspects of the outcome and focused on actions taken to address findings from the previous inspection. Following the previous inspection, the centre had increased staffing hours available to residents at the centre. The increase in staffing was reflected in rosters held at the centre.

In addition, residents and staff confirmed the increase in resources, with residents telling inspectors that they were able to access community activities of their choice such as church services, local public houses, bingo sessions and college placements.

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:

Inspectors found that staff had not all received up-to-date training, records were not available in line with Schedule 2 of the regulations and rosters did not reflect staffing on the day of inspection.

Inspectors reviewed staff rosters and found that although a planned roster was in place, the centre's roster did not accurately reflect staffing at the time of inspection.

Staff told inspectors that they had access to both mandatory and resident-specific training such as dysphasia and tracheotomy care, which was reflective of the centre's statement of purpose. Inspectors reviewed training records and found that all staff had received percutaneous endoscopic gastrostomy (PEG) training. However, not all staff had received up-to-date training in the following areas:

- fire safety
- positive behaviour management
- administration of emergency epilepsy medication
- dysphasia
- infection control
- first Aid

Staff told inspectors that they received regular supervision and attended monthly team meetings. A review of meeting minutes showed staff were further supported in relation to residents' needs and the operational management of the centre.

The inspectors reviewed a sample of staff records maintained at the centre. Inspectors found that not all documentation was in place in line with the requirements of Schedule 2 of the regulations, for example:

- photographic identification
- full employment histories
- employment references

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:

Ivan Cormican
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 The Cheshire Foundation in Ireland
Centre ID:	OSV-0003453
Date of Inspection:	06 February 2017
Date of response:	14 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 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 provider failed to ensure that information on human rights was readily available in the designated centre.

1. Action Required:

Under Regulation 09 (1) you are required to: Ensure that the designated centre is

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

operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.

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

A Charter of Rights for people who use Cheshire Services is now displayed on the resident's notice board.

The PIC will include explanation and discussion of Resident's rights as an agenda item at resident's meetings.

The PIC will explain and ensure understanding of the Charter by discussing with residents at one to one meetings.

Proposed Timescale: 06/02/2017

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:

Personal plans had not been updated following annual reviews and did not indicate residents' personal goals for the forthcoming year.

2. 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:

All Care plans will be reviewed annually and updated following completion to include resident's goals for the forthcoming year.

The Provider is implementing a Future Planning process during March and April 2017 Regional Quality Partner is delivering a training workshop on the process to care staff. This will support the local staff team on assisting residents to plan, specific goals according to their wishes and to record and support residents to follow through on their goals.

Care plans will be overseen by the PIC and PPIM locally and will also be reviewed during site visits by the Provider's Regional Quality Officer and Clinical Partner.

Proposed Timescale: 28/04/2017

Theme: Effective Services

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

in the following respect:

Annual reviews did not robustly assess the effectiveness of residents' personal plans.

3. Action Required:

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

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

Annual reviews of resident's personal plans will include review of the effectiveness of the care plan during the previous period and adjust goals or actions as required. A new template is in place since 08/02/17 incorporating this information.

Proposed Timescale: 08/02/2017

Theme: Effective Services

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

Review meeting records not consistently record residents' attendance.

4. 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:

Resident's attendance at review meetings are now being recorded on the review meeting records.

Proposed Timescale: 06/02/2017

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 inspectors found that the premise was not in a good state of repair in relation to :

- Communal bathrooms had damage to tiled areas
- Mechanism of adapted bath in the communal bathroom was exposed
- Excessive moss was evident on the centre's roof

5. 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:

Repair works to a communal bath took place on 09/02/17 .

Work has been arranged to replace all broken tiles in a communal bathroom in March 2017.

Quotes have been obtained to clean the centre's roof and a contractor is being engaged to carry out this work.

Proposed Timescale: 28/04/2017

Theme: Effective Services

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

The inspectors found that the premise was not suitable clean and decorated in relation to :

- Communal bathroom was used for storage of residents' bed linen, uninstalled shower screens and hand towel dispensers
- Cigarette waste bins were not emptied

6. 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:

All resident's bed linen, uninstalled shower screen, and hand towel dispensers have been removed from the communal bathroom on 09/02/17

All cigarette waste bins are emptied and a system put in place to ensure they are checked daily by staff since 07/02/17

The main corridor of the building will be re-furbished by 31/03/17

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 provider failed to ensure that risks identified were centre specific and that risks were reviewed in line with the centre's policy.

7. Action Required:

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

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

The Person in Charge has ensured that risks specified relate to the centre and the risk register has been updated on 7/02/17

The Provider's Head of Clinical Services and National Health Safety and Risk Manager are reviewing the National risk management system for all services. The reviewed system will be implemented in the service.

Proposed Timescale: 13/04/2017

Theme: Effective Services

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

The provider failed to ensure that mops were appropriately stored.

8. Action Required:

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

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

All mops are now stored appropriately.

Proposed Timescale: 07/02/2017

Theme: Effective Services

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

The provider failed to ensure that fire drills were carried out in line with the centre's policy.

The provider also failed to ensure that fire drills records accurately described the length of time taken to evacuate the building.

9. 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:

A fire drill took place on 15/02/17,

Quarterly fire drills have been scheduled to take place in Q's 2,3 and 4 2017,

A system is now in place to record the length of time taken to evacuate building during fire drills.

Proposed Timescale: 02/02/2017

Theme: Effective Services

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

The provider failed to ensure that staff were fully aware of evacuation procedures within the centre.

10. Action Required:

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

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

The PIC spoke to staff following the inspection to ensure they had a clear understanding of the centre's evacuation procedure

The evacuation procedure for the centre will be included on future staff meeting agendas and in induction training for any new staff.

Fire Safety training for all staff in fire evacuation will take place on 30th March 2017. This will include information on phased evacuation of the centre.

The site specific emergency plan is being reviewed by the PIC, supported by the National Health and Safety Risk Manager

Proposed Timescale: 30/03/2017

Theme: Effective Services

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

The provider failed to ensure that displayed fire procedures accurately reflected the practice within the centre.

11. 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 evacuation procedures displayed in the centre is being reviewed and amended by the PIC and National Health Safety and Risk Manager to include updated information on phased evacuation of residents .

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:

The provider failed to ensure that all staff knew how to identify potential abuse.

12. 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 PPIM spoke to a staff member following the inspection to ensure they had a clear understanding of how to identify potential abuse

The PIC will ensure that safeguarding knowledge and the indicators of potential abuse are fixed agenda items on staff meetings and one to one meetings with staff.

The Safeguarding Vulnerable Adults Policy has been recirculated to all staff.

Proposed Timescale: 12/03/2017

Theme: Safe Services

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

The provider failed to recognise potential abuse which was reported through the complaints process. The provider also failed to ensure that information on the designated person to manage allegations of abuse was available in the designated centre.

13. 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:

A notification of an abuse allegation was forwarded to the authority on 8/02/17 in respect of a complaint which had been processed.

All complaints will be reviewed monthly during site visits by the Provider's Regional Quality Partner. any concerns will be notified to the PIC, Regional Manager and National Safeguarding Officer

The National Safeguarding Officer will complete an information session on safeguarding and identifying abuse with all PIC's and PPIM's at the next Regional Meeting on 12/04/17

Review of complaints will be an agenda item at all supervision/support meetings between the PIC and Regional Manager.

The name of the Designated Officer is now on display in the centre

Proposed Timescale: 12/04/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

The provider failed to ensure that a recording system was in place to monitor if recommended exercises had been completed.

14. Action Required:

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

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

The centre has implemented a recording system to monitor the supports given to residents to complete recommended physiotherapy exercises

Proposed Timescale: 13/03/2017

Outcome 12. Medication Management

Theme: Health and Development

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

The provider failed to ensure that the administration of specific, as required medication, was supported by appropriate guidelines.

15. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

A care plan has been amended to provide guidelines on signs and symptoms of a resident with a medical condition.

A protocol has been put into the resident's care plan, clearly identifying the circumstances in which the medication may be administered. This has been communicated to all staff.

Proposed Timescale: 02/03/2017

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:

The provider failed to ensure that personal assistants were subject to the governance of the organisation.

16. Action Required:

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

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

The PIC held a meeting with the HSE and external PA Provider on 02/03/17 to agree actions to be taken within the centre to ensure governance of PA's

The PIC/designate will meet with Service users who are supported by PA's on a monthly basis to discuss PA's and their roles and document any concerns , feedback or other issues for action

The PIC will hold a joint meeting with the PA's Co-ordinator to address any ongoing issues and provide feedback. This meeting will be documented.

A protocol is in place detailing the requirements for all external support staff: documentation, reporting, training, and information transfer. This protocol is agreed with the external provider.

Any concerns raised with the service being provided will be brought to the attention of the External Provider Service Co-ordinator and the Regional Manager by the PIC

Proposed Timescale: 02/03/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staff personnel records did not contain all information required under Schedule 2 of the regulations.

17. 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:

Any missing records from staff have been identified and required from staff. These are being obtained and placed on file.

Schedule 2 documentation will be required and held on file for any new staff working in the centre.

The information contained in staff files will be reviewed by the HR partner during site visits and any issues reported to the PIC and Regional Manager.

Proposed Timescale: 31/03/2017

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 accurately reflect staffing on the day of inspection.

18. 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 PIC has put a new roster in place which names all staff working in the centre on any particular day.

Proposed Timescale: 27/02/2017

Theme: Responsive Workforce

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

in the following respect:

Staff at the centre had not received up-to-date training in :

- fire safety
- positive behaviour management
- administration of emergency epilepsy medication
- dysphasia
- infection control
- first Aid

19. 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:

Fire Safety training : Planned for 30/03/17

Positive behaviour management training 07/03/17,

Administration of epilepsy medication training 06/03/17,

Infection control, 09/02/17, 23/02/17, 16/02/17,

All care staff members have received first aid training. Evidence is available in the centre.

Dysphasia training will be provided to one staff member as required by 24/3/17

Any staff who have not received up to date training will be identified and provided with training.

The provision of training will be reviewed quarterly by the PIC and Regional Manager

Proposed Timescale: 30/03/2017