

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Sonas Bungalows - Sonas Residential Service
Centre ID:	OSV-0003738
Centre county:	Dublin 15
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Provider Nominee:	Lorraine Macken
Lead inspector:	Helen Thompson
Support inspector(s):	Conan O'Hara
Type of inspection	Announced
Number of residents on the date of inspection:	35
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
29 March 2017 09:10	29 March 2017 17:30
30 March 2017 09:15	30 March 2017 18:00

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 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection

This was an announced inspection to assess the centre's compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. It was conducted as part of the provider's assessment of application to renew the registration of this centre. It was HIQA's fourth inspection of this centre and was completed over two days by two inspectors. The required actions from the centre's previous inspection in August 2016 were also followed up as part of this inspection.

How we gathered our evidence

The inspectors met with a number of the staff team which included nursing staff, health care staff and household staff. The inspectors also interviewed the person in charge, the provider nominee, the day service manager and one of the service's behaviour specialists.

As part of the inspection process the inspectors spoke with the aforementioned staff and reviewed various sources of documentation which included the statement of purpose, the centre's data systems, residents' files, transition plans, and a number of the centre's policy documents. The inspectors also completed a walk through all of the centre's premises.

Additionally, in assessing the quality of care and support provided to residents, the inspectors spoke with a number of residents and spent time observing staff engagement and interactions with residents. Also, questionnaires completed by residents and their relatives gave feedback regarding the quality of care and support provided in the centre. Overall, both residents and their representatives were very happy with the service that they received.

Description of the service

The service provider had produced a statement of purpose which outlined the service provided within this centre. This large centre was comprised of six bungalow type houses within a campus based setting which was located in an urbanised area. The bungalows were identified as either a 24 hour high support nursing house or as a lower support sleepover house. Staff in these houses were on waking duty from 07:00 to 23:00 hours. Each of the three high support houses was linked with a corresponding sleepover house.

The statement of purpose stated that residents' needs included physical disabilities, behaviour support, epilepsy management and a number of medical conditions. Residents' assessed needs were described as ranging from low to a high level of dependency but were primarily identified as being of a medium and high support level.

There was capacity in the centre for 36 residents but on the day of inspection it was home to 35 female residents over 18 years of age.

Overall judgment of our findings;

Thirteen outcomes were inspected against and in general a good level of regulatory compliance was found. These findings demonstrated an increase in overall centre compliance since the previous inspection. However, significant improvement was still identified with the centre's workforce, particularly in the number of staff available to support residents' assessed needs and wishes in some bungalows that were identified as lower support. Staff training needs also required attention.

The inspectors observed that the centre's management team were aware of this issue for residents and were undertaking a workforce review.

Substantial compliance with the regulations was found in residents' social care needs, safeguarding and safety and medication management. Improvement was particularly required with the social goal assessment and review process for some residents, especially with regard to further increasing their opportunities for community participation. Regulatory compliance was found in the other core outcomes of governance and management, healthcare needs and the centre's health and safety and risk management.

These findings along with others are further detailed in the body of the report and 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:

Overall, the inspectors observed improvements since the previous inspection regarding the maintaining of residents' rights, dignity and consultation. However, the facilitation of a personal bank account for each resident still required implementation.

The inspectors found that, as on the two previous inspections, the majority of residents in the centre still did not have access to their own bank account. At the time of inspection three of the 35 residents had a personal account. The inspectors noted that management were aware of this outstanding action with them citing it as being actively explored and followed up.

As the actions from the previous inspection were implemented, the inspectors observed that residents' complaints were being recorded and responded to, with appropriate actions taken where required. Residents expressed satisfaction with this process. Residents were observed to be aware of their rights and to be facilitated with information and access to advocacy services.

Judgment:

Substantially Compliant

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):

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

Findings:

The inspectors found that some residents did not have access to an internet facility within their homes. This had been identified on the centre's previous two inspections.

The provider nominee noted that the service provider's technical manager had reviewed the situation. Internet access was available for residents in two of the six units and was also available to residents in the internet café in the main building. The provider noted that an application had gone in for funding of this required action.

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:

The inspectors reviewed a sample of contracts of care and found that residents had a contract in place. However, not all residents had a contract of care in place which was signed by both the service representative and by the resident, or the resident's representative, if applicable. The provider nominee informed inspectors that they were in the process of ensuring all contracts were appropriately signed and in place.

Judgment:

Substantially 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:

Overall, the inspectors found that the wellbeing and welfare of residents was supported with their needs outlined in their personal plan. However, improvement was required for some residents regarding their social goal assessment and implementation, particularly regarding further facilitation of opportunities for community participation. Accessibility of documentation was promoted. Residents were supported at times of change and transition.

The inspectors observed that residents were generally involved in activities of their choice and preference. However, on occasion during the inspection process some residents were observed to experience periods of lower activity levels. Some residents' social goal assessment, planning and implementation also required improvement. The inspectors found that since the previous inspection a review of the residents' care planning system, particularly the underpinning documentation, had been completed and a new wholly paper based system had been piloted since January 2017.

The inspectors also met with the day service manager who outlined the review of meaningful day service provision that was being undertaken for residents of this centre. The management team noted that this was a work in progress, particularly the facilitation of increased social inclusion for residents.

The resident and/or their representative was observed to be involved in the overall assessment, planning and review process. There was evidence of multidisciplinary team involvement in residents' assessments and reviews. There was good usage of accessible augmentative formats noted in residents' plans.

The inspectors observed several examples where residents, in line with their evolving needs and their wishes were supported when moving within the service. This process had involved consultation and planning with the resident and their family members.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Overall, the inspectors found that there were systems in place to promote the health and safety of residents, visitors and staff.

The centre had a health and safety statement in place and completed weekly unit specific health and safety walkabouts. Inspectors reviewed a sample of incidents and found that incidents were recorded, reviewed and actioned appropriately.

There was a risk management policy in place which contained the four specified risks as per Regulation 26. The centre maintained a risk register which outlined a number of risks and the controls in place to control the risk. The risks outlined in the risk register included slips and falls, manual handling and chemicals. There were also individual risk assessments in place which included behaviour, absconding, fire, restrictive practices and falls.

There were systems in place for the prevention and management of fire. There was certification to show that the fire alarms, emergency lighting and fire equipment were serviced on a regular basis. The procedures to be followed in the event of fire were displayed in a prominent place in the units of the centre. The centre completed regular fire drills and inspectors reviewed the record of these drills. Staff and residents spoken with were able to tell inspectors what to do in the event of a fire. Each resident had a Personal Emergency Evacuation Plan (PEEP) in place which appropriately guided staff in supporting the resident to evacuate from the building.

The centre had prevention, and control of infection procedures in place and employed household staff. Inspectors found the premises to be clean and hygienic. Inspectors observed personal protective equipment and hand gels located throughout the centre.

The inspectors reviewed a sample of vehicle records and found that vehicles were in compliance with the regulations.

Judgment:

Compliant

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:

Overall, the inspectors found that there were measures in place in the centre to protect residents from being harmed or suffering abuse. There was a positive behaviour support approach evident for residents that engaged in behaviour that was challenging. The centre promoted a restrictive free environment for residents, however, some improvement was required to fully meet the regulatory requirements.

The inspectors found that there were systems in operation for responding to incidents, allegations and suspicions of abuse and that these were being appropriately utilised to ensure that residents were protected. This included communication with the local HSE safeguarding team. Where required there were safeguarding plans for residents which informed staff practice and supports delivery. Personal and intimate care plans were also present. Residents themselves and family feedback demonstrated that they felt safe in the centre.

The inspectors observed that efforts were being made to understand and alleviate the underlying causes of residents' behaviour that was challenging. Subsequently, their positive behaviour support needs were being supported and integrated into their activities of daily living and safety needs. Residents were supported by a multidisciplinary team (MDT) which included a psychiatrist, psychologist and clinical nurse specialists in behaviour and mental health in intellectual disability.

The inspectors found that since the last inspection there was improvement in the provision of positive behaviour support education to staff. It was noted that further training to enhance staff competencies was planned, for example, in supporting a person with autism.

Staff were found to be very aware of, and knowledgeable regarding residents and their individualised needs. Staff interactions were observed to be very person centred and respectful.

The inspectors noted that a restrictive free environment was promoted and that the MDT was involved in the review of restrictive procedures. However, an environmental restriction which was in place in response to one resident's behaviour had not been tracked nor recognised as a restriction for others that resided in that bungalow. The inspectors noted that this matter was being responded to on the second day of the inspection. There was evidence of communication with residents' families regarding

<p>restrictions</p> <p>The policies as required by regulation were available in the centre.</p>
<p>Judgment: Substantially Compliant</p>

<p>Outcome 09: Notification of Incidents <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i></p>
<p>Theme: Safe Services</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: The centre maintained a record of all incidents occurring in the centre. Inspectors reviewed a sample of incidents and found that incidents, where required were notified to the chief inspector.</p>
<p>Judgment: Compliant</p>

<p>Outcome 11. Healthcare Needs <i>Residents are supported on an individual basis to achieve and enjoy the best possible health.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Overall, the inspectors found that residents were supported to achieve and enjoy the best possible health.</p> <p>The inspectors found that residents' healthcare needs were met through timely access to healthcare services and appropriate treatment and therapies. Residents had regular access to a general practitioner who visited the campus five days a week with out of hours support available through a locally based on-call community facility.</p>

Residents had access to a multidisciplinary team which included a physiotherapist, occupational therapist, psychiatrist and clinical nurse specialists. Residents were also supported, where required to access allied health services which included reviews in a pain management clinic, ophthalmology and chiropody services.

A review of residents' files demonstrated that their healthcare needs were assessed and then outlined in plans to inform staff support and delivery of care. There was evidence of review and evaluation of residents' needs and corresponding plans. The inspectors observed that staff knowledge of the residents' healthcare needs was strong.

Residents' food and nutrition needs were also assessed and supported. Their main meals were provided from a centralised kitchen with residents' choices incorporated into menu planning. Residents' choice was additionally facilitated at the actual mealtime. Residents interviewed expressed their satisfaction with meals provided. Snacks and drinks were available throughout the day.

Specialised dietary needs were supported and residents, where required were reviewed by a dietician. Additionally, residents were assessed, as necessary by a speech and language therapist to ensure all their individual mealtime support requirements were met.

The inspectors observed a mealtime experience for residents which was a relaxed social occasion. Residents were involved in the preparation for the meal and afterwards in the associated household tasks. The inspectors were informed that some residents enjoy observing and helping with any cooking that is undertaken in their house.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

Overall, the inspectors found that residents were protected by the centre's policies and procedures for medication management. There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Residents' medication records were kept in a safe and accessible place. However, the storage of some medications required review.

The inspectors reviewed the medication prescription and administration record for a sample of residents. This documentation was observed to be complete. The inspectors noted that medication in this centre was administered by registered nurses and no residents in this centre were responsible for the administration of their own medication. The inspectors were informed that recently some non-nursing staff members were trained in the safe administration of medication and were awaiting the completion of their associated competency assessments. This was a new centre development in response to further enhancing and supporting residents' needs.

Inspectors observed that medication stored in the centre was stored securely. However, inspectors found some nutritional supplements stored in communal fridge with no identifying/correlating individual resident's detail recorded on the product.

There was evidence of good linkage and communication with the onsite pharmacy for the disposal of unused or out of date medication.

There was a system in place for the reviewing and monitoring safe medication management practices. Residents' individual medication plans were being regularly audited.

Judgment:

Substantially Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

Overall, the inspectors found that the statement of purpose for the centre was not complete as it did not include all the information as required under Schedule 1.

The statement of purpose had been reviewed since the last inspection. However, it still did not contain all of the information required under Schedule 1 of the regulations. Inspectors found that the document did not contain the arrangements in place for residents regarding education, training and employment. In addition, inspectors found that some information contained in the statement of purpose was identifiable to particular residents. This was discussed at the feedback meeting.

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:

Overall, the inspectors found there were effective management systems and structures in place to support and promote the delivery of safe and quality care services. The quality of care and experience of residents was monitored.

The inspectors found that there were systems and processes in operation to ensure effective operational management of the centre. This was evident through the centre's health and safety systems for residents, complaints data, audit usage and from their self-monitoring process. Since the previous inspection an annual review and six monthly provider visit had been completed. Actions identified were being followed up. The inspectors observed that a number of the current areas identified by the management team as requiring improvement, for example, workforce and further improvement in residents' social care needs, correlated with inspection findings.

There was a clearly defined management structure with clear lines of authority and accountability for services provided. The inspectors noted that there was an established communication system between the members of the management team and with frontline staff. This included weekly meetings involving the Person in charge (PIC), clinical nurse manager (CNM) 1 and the provider nominee and a general centre meeting which all staff present on the actual day attended.

The core management team also attended a campus/service managers meeting which linked with the wider service's operational management systems and provided learning opportunities. The inspectors were informed that the centre is currently seeking the addition of a CNM1 position to further enhance centre governance and management. In general, there were arrangements to ensure that staff exercised their responsibilities for the quality and safety of the services provided.

At the time of inspection, the PIC had been in the centre for a number of months and was clearly involved in the operational management. She had previous experience of

this role and was very aware of the legislation and of her statutory responsibilities. She was observed to provide good leadership to her team, who highlighted the positive and stabilising impact of her presence. The PIC was very familiar with, and clearly identifiable to the residents.

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:

Overall, the inspectors found that at times there were insufficient staff available to meet the assessed needs and wishes of the residents. Some gaps were also found in staff member's training requirements.

The inspectors found that the staffing levels were not consistently sufficient to meet the residents' needs, for example, residents' social care needs were not always being supported and were sometimes cancelled or unable to be facilitated. In addition, on some occasions, only one staff member was available in the evening to support some residents' assessed manual handling needs for two staff. Staff reported that when this occurred support would be available from another unit. Additionally, the inspectors observed that this staffing arrangement of support between bungalows sometimes impacted on a resident's ability to exercise choice and control in their daily routine. The inspectors noted changing and recent evolving needs for some residents, for example, increased mealtime support which required adjustment in staff availability. Feedback from residents and their representatives also identified that the number of staff available to support residents was on occasions inadequate.

The provider nominee highlighted that the management team were aware of this workforce issue and that the centre was currently undertaking a staffing and roster review.

Inspectors reviewed the planned and actual rota for a sample of three weeks and found that there was some reliance on agency staff. However, the same relief staff was used to ensure consistency. Inspectors observed staff treating residents with dignity and

respect.

Inspectors found that staff were supervised appropriately through regular visits by the person in charge and provider, regular staff meetings and a schedule of supervision was in place.

Inspectors reviewed staff training and found that not all mandatory training was up-to-date in manual handling and safeguarding. The centre had identified this in their annual review.

Inspectors reviewed a sample of staff files and found that they contained all of the information as required by Schedule 2 of the regulations. Volunteers were active within the centre.

Judgment:

Non Compliant - Major

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

The inspectors found that the centre's policy relating to incidents where a resident goes missing had not been reviewed within the required regulatory timeframe.

All aspects of this outcome were not assessed on this inspection.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Helen Thompson
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 Daughters of Charity Disability Support Services Company Limited by Guarantee
Centre ID:	OSV-0003738
Date of Inspection:	29 and 30 March 2017
Date of response:	06 June 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 there under.

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:

Some residents in the centre were not facilitated with access to a personal bank account.

1. Action Required:

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

Under Regulation 12 (4) (a) and (b) you are required to: Ensure that the registered provider or any member of staff, does not pay money belonging to any resident into an account held in a financial institution, unless the consent of the resident has been obtained and the account is in the name of the resident to which the money belongs.

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

All residents will be offered the opportunity to open a bank account/post office account

Proposed Timescale: 31/12/2017

Outcome 02: Communication

Theme: Individualised Supports and Care

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

Internet access was not available to residents in four of the six units of the centre.

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:

Internet access will be available in designated hot spots on campus . Service Manager will revert back to IT Director for advice on matter and will liaise with residents with regard to same.

Proposed Timescale: 30/09/2017

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:

As outlined in the body of the report not all residents had a signed contract of care in place.

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:

Contracts of Care will be re-sent to families for signing

Proposed Timescale: 30/09/2017

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:

Improvement was required with some residents' social goals assessment process.

4. Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

Current day service programme under review. Care Plans will be reviewed to ensure they include an assessment of resident's social care needs

Proposed Timescale: 31/08/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

An environmental restriction in a communal area had not been identified as a restriction for all the residents in the house.

5. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

Environmental restrictions have been identified as a restriction for all residents affected
Is now reviewed quarterly

Proposed Timescale: 31/05/2017

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:

A medicinal product was stored in the communal fridge with no identifying/correlating individual resident's detail recorded on the container.

6. Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

PIC will review this practice in conjunction with Pharmacist in order to ensure best practice is in place

Proposed Timescale: 30/06/2017

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 statement of purpose for the centre did not include all the information as required under Schedule 1.

7. 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:

PIC will review Statement of Purpose and amend to include all the information as required under Schedule 1

Proposed Timescale: 31/07/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

At times there was insufficient staffs available to meet the assessed needs of the residents.

8. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

The weekly roster will be planned in a flexible manner to ensure sufficient staff resources are available to enable residents to access activities and outings as per assessed needs in care plan. Roster review currently taking place with the view to increase staffing supports within designated centre to meet assess needs of service users.

Proposed Timescale: 30/10/2017

Theme: Responsive Workforce

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

Not all mandatory training was up to date - as outlined in the report.

9. 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:

Training planned to ensure all mandatory training is up to date and training analysis is completed.

Proposed Timescale: 31/10/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

As per the body of the report one of the centre policies had not been reviewed as required.

10. 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:

Centre Policy reviewed on 30th March 2017

Proposed Timescale: 30/03/2017