Health Information and Quality Authority
Regulation Directorate

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

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

Centre name:	Delvin Centre 2
Centre ID:	OSV-0003956
Centre county:	Westmeath
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Muiríosa Foundation
Provider Nominee:	Josephine Glackin
Lead inspector:	Julie Pryce
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	8
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

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

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

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

The inspection took place over the following dates and times

From:	To:
13 March 2017 16:00	13 March 2017 19:30
14 March 2017 10:30	14 March 2017 16:30

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

Outcome 01: Residents Rights, Dignity and Consultation
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
Outcome 18: Records and documentation

Summary of findings from this inspection

This inspection was carried out to monitor compliance with the regulations and standards.

How we gathered our evidence:
As part of the inspection the inspector spoke to seven residents. Some of the residents told the inspector that they were happy in their home and all appeared to be comfortable and well settled and were seen to have their own routines and preferred activities.

The inspector also met with staff members, the person in charge, and the area director. The inspector observed practices and reviewed documentation such as personal plans, risk assessments, audits and medication documentation.

Description of the service:
The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. The inspector found that the

service was being provided as it was described in that document. The centre comprised two neighbouring bungalows in close proximity to the local village. There were spacious private interconnected back gardens. Each house was the home of four residents.

Overall findings:
Overall, the inspector found that residents had a good quality of life in the centre and the provider had arrangements to promote the rights of residents. The inspector was satisfied that the provider had put systems in place to ensure that the majority regulations were being met.

Good practice was identified in areas such as:
• the facilitation of a meaningful day for residents (Outcome 5)
• the management of risk (outcome 7)
• management of restrictive practices staff (Outcome 8)

Improvements were required in:

• stock control of medication (Outcome 12)
• provision of fire doors (Outcome 7)
• organisation and ease of access to residents' personal information (Outcome 18)

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):
No actions were required from the previous inspection.

Findings:
There was evidence of choice being facilitated, of consultation with residents and their families, and of accessible versions of information being made available to residents.

There was a complaints procedure in place which was detailed enough to guide staff, it was available in an accessible version so as to guide residents if required, and this accessible version was clearly displayed in the centre. There was a named complaints officer for residents to refer their complaint to. A complaints log was available in which to record any complaints and the outcomes.

Regular residents' meetings were held, and records were kept of these meetings. Items discussed included information in relation to financial management and menu choices. There was a named advocate available should residents require this type of support and lists of residents' personal possessions were recorded.

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

Findings:
There was evidence that a meaningful day was facilitated for each resident, although some improvements were required in the documentation of goals set for residents. There was a personal plan in place for each resident, although the management of documentation meant that information was not readily available.

Assessments of residents' needs had been conducted including assessments relating to self administration of medications, speech and language and falls assessments, and there were personal plans in place which included many of the issues identified in these assessments.

However the information in personal plans was not readily retrievable. For example there was no system by which to retrieve all the information relating to each specific area, as pieces of information were in various locations and not indexed. This included documentation relating to medical conditions, communication and to behaviours of concern.

In addition some improvements were required in the guidance contained in personal plans. For example the guidance under the section entitled 'maintaining a safe environment' for one resident stated ' the resident is fully dependent in all areas of his life' with no further direction.

Improvements were also required in goal setting in relation to maximising potential of residents as required by the regulations. Those goals examined by the inspector were not appropriate to the assessed needs of residents, or related to the planning of an activity.

There was clear indication that residents had been involved in their own personal plans, and where they could not sign their plans a comment was documented that the resident was present at the discussions.

Residents had various daily activities in accordance with their needs and preferences. Some attended a day centre which met their assessed needs, and some had one-to-one staffing to support their daily activities in the home and community. There was evidence of daily activities being developed and changed to meet the needs of residents.

Leisure activities included swimming, sports clubs, outings and community activities.

Residents were involved to various levels in the local community in accordance with their needs and preferences.

Judgment:
Substantially Compliant

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 designated centre consists of two neighbouring bungalows which are located on the outskirts of the nearest village. Each bungalow accommodated four residents. Each house had an open plan kitchen and dining room and a separate sitting room. There were sufficient communal and private living areas, and sufficient bathroom facilities to meet the needs of residents.

Since the previous inspection modifications had been made to the layout of the garden areas to ensure that all residents had safe access to the outside space.

Whilst the homes were for the most part well maintained and visibly clean, there was liquid around the toilet area in one of the bathrooms which had not been attended to, and resulted in a stale damp odour in that bathroom.

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):
No actions were required from the previous inspection.

Findings:
There were structures and processes in place in relation to the management of risk, and measures in place in regard to fire safety, with the exception of the absence of a fire door to one of the bedrooms.

All staff had received fire safety training and fire drills had been conducted twice a month, including occasional night time drills. Staff were knowledgeable in relation to fire safety, and the actions to take in the event of an emergency. There was a personal evacuation plan in place for each resident which had been recently reviewed, and which identified any potential difficulties residents may have during an evacuation. Fire exits were all clear, and appropriate daily and weekly checks were recorded. All fire safety equipment, including emergency lighting had been tested quarterly.

On the first day of the inspection the tumble dryer was found to be in an alcove off the main passageway throughout the house, with no containing fire door. This had been rectified by the morning of the second day of the inspection by the relocation of the tumble dryer to the utility area which was separated from the main living areas by a fire door.

While there were fire doors throughout the majority of the centre, the door to one of the residents' bedrooms did not have an intumescent strip in place.

A risk register was maintained and had been recently updated, and various risk assessments and management plans were in place. The risk register listed all identified risks, including the risk rating and review dates, and was indexed to the full risk assessment document in which the details including control measures were recorded.

General risk assessments in relation to travel, staff lone working and behaviours of concern were in place. Individual risk assessments were also in place, for example in relation to the risk of choking and the risk of sunburn. All areas of risk examined by the inspector had a risk assessment and management plan in place.

Accidents and incidents were recorded and reported, reviewed by the person in charge and monitored by senior management. A root cause analysis was conducted on any incidents, whereby any learning was identified. All incidents examined by the inspector had been followed up appropriately, including the required notifications to HIQA. Incidents resulted in review of risk assessments, and updates of risk management plans.

The centre was visibly clean, hand hygiene facilities were available and there was a colour coded flat mop system in place. Staff had received hand hygiene training, and hand hygiene facilities were available.

Judgment:
Substantially 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):
No actions were required from the previous inspection.

Findings:
There was behaviour support in place for those residents who required it and restrictive interventions were managed appropriately.

Risk assessments were in place for all restrictive practices, and they were reported as required to HIQA. A register of any restriction was maintained and the appropriate members of the multi-disciplinary team (MDT) had been involved in the decision making processes. There was clear evidence that restrictions were necessary in order to safeguard residents, and that they were the least restrictive possible to mitigate risks.

Behaviour support plans were in place for residents who required this type of support in sufficient detail as to guide staff, and appropriate referrals had been made for behaviour support in relation to changing needs. There was evidence of behaviour support plans being implemented, and required recordings were maintained.

Team behaviour support meetings were held every two months, and those agreed actions examined by the inspector had been implemented.

Staff had all received training in both the protection of vulnerable adults and in behaviour support, and displayed detailed knowledge of the behaviour support needs of residents.

Judgment:
Compliant

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There was evidence of residents' healthcare needs being met, and of a nutritional diet being available, although some improvements were required in the recording of nutrition for some residents.

It was clear that all changing healthcare needs and changing conditions were responded to promptly and appropriately. For example appointments to the general practitioner (GP), required referrals to the appropriate health care professionals were made immediately, and follow up requirements implemented in a timely manner.

Residents had access to various members of the multi-disciplinary team including speech and language, behaviour support and occupational therapy, as required. Each resident had their own GP, and there was an out-of-hours service available.

Staff demonstrated an in-depth knowledge of all the healthcare and nutritional needs of residents, and could describe any required interventions, including any modified diets.

Where residents required monitoring and interventions in relation to weight, there was a detailed plan of care in place, and weights were monitored regularly. However, there was no detailed food diary maintained against which to measure any changes in weight.

Residents were involved in menu planning for the shopping list, and visual aids were available to assist those with communication needs. Further choice was clearly offered at the time of each meal, and each resident chose their preferred meal or snack.

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

Findings:
There were some systems in place in relation to the safe management of medication, however improvements were required in the management of stock and in the regular administration of medication.

A self administration of medications had been conducted for each resident, and residents were supported according to their needs. Documentation for prescriptions contained all the information required by the regulations, and prescriptions for 'as required' (p.r.n.) medications were supported with a detailed decision making protocol which included details of the presentation of the resident which would require the administration of the medication, and included a maximum dose.

Medication was managed for the most part by a blister pack system, with some exceptions. Stock of p.r.n. medication was managed by a recording system on each occasion of administration, and stock checked by the inspector was correct. However, there was no stock balance maintained for any regular medications not managed by a blister pack, so that there was no record of the expected stock against which to check the quantity present.

All staff had received training in the safe administration of medication which included competency assessments, and demonstrated appropriate knowledge of medication prescribed to residents.

A prescription was in place which required a particular medication to be administered every third day, but this was not managed appropriately. In the records of the previous month there were four errors in administration which had not been detected, sometimes where the medication had been given on two consecutive days, and sometimes where the due day had been missed. There was no effective system in place to ensure the regular administration of this medication. As these errors had not been detected, no medical attention had been sought for the resident. The person undertook to follow up these errors in accordance with the centre's policy on medication errors.

Judgment:
Non Compliant - Major

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

Findings:

There was a clear management structure in place, of which all staff were aware, and processes in relation to communication and monitoring within this structure, however there was no annual review of the quality and safety of care and support as required by the regulations.

There was a system of meetings in place including staff meetings, person in charge meetings and management meetings. Minutes of these meetings were maintained, and actions agreed following meetings were monitored. Those agreed actins examined by the inspector had been completed.

The provider had conducted unannounced visits to the centre, these visits resulted in an action plan, and again those actions reviewed by the inspector had been completed. However the provider had not prepared an annual review of the safety and quality of care and support to be made available to the chief inspector. The previous annual review was dated November 2015.

Some audits were conducted on a regular basis, and monitored by the person in charge, including health and safety audits, fire safety audits, medication audits and audits of personal planning. This last audit had already identified some of the issues relating to personal planning found by the inspector.

The person in charge was appropriately skilled and qualified and showed evidence of continuing professional development. She described various management strategies, and was involved in the supervision of staff and the monitoring of the service.

Judgment:
Non Compliant - Moderate

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):
No actions were required from the previous inspection.

Findings:
There was no computer either of the houses of this designated centre, and no internet access in one of the houses although the area director assured the inspector that this had been identified and requested. Staff were handwriting any documentation including personal plans, and taking them into the organisation's office for typing.

Some of the residents in the house with no internet access had tablets, and had a particular interest in technology which was not therefore not being supported.

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

Findings:
There was an appropriate level of staff and skills mix to meet the assessed needs of residents, and all staff engaged by the inspector displayed detailed knowledge of the care and support required by residents.

Staffing levels were appropriate to meet the needs of residents in both houses in the designated centre, and a recent review of staffing due to the changing needs of residents had resulted in an increase in staff numbers to provide the required support.

Staff training including protection of vulnerable adults, fire safety and hand hygiene was up to date. However there was a recommendation from the speech and language therapist to introduce one of the residents to Lamh sign language, but staff were not in receipt of the required training

There was a system of formal staff supervision in place, this took place every four to six weeks and performance conversations were conducted twice a year.

Judgment:
Substantially Compliant

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

Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

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

Findings:
Information pertaining to individual residents was stored in up to six folders each, some of them filled to capacity. Information was difficult to retrieve, there was repetition and varying information, as outlined under outcome 5.

However, the information relating to risk management was clearly and safely stored and indexed, so that each document was easily retrievable.

A record of the nutritional intake of one of the residents was not maintained in sufficient detail, as detailed under outcome 11.

The directory of residents had been updated since the previous inspection, and now contained all the information required by the regulations. In addition local protocols had been developed in relation to medical procedures and the management of laundry.

These were the only aspects of documentation examined on this occasion.

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:

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Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

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Action Plan

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

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Muiríosa Foundation
Centre ID:	OSV-0003956
Date of Inspection:	13 and 14 March 2017
Date of response:	30 May 2017

Requirements

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

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

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Improvements were required in the detail of the personal plans and in the setting of goals for residents.

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

Please state the actions you have taken or are planning to take:
Actions Planned
● The PIC will review each individual's personal plan with the relevant Key worker to ensure the level of detail in the personal plan is reflective of the individual's usual practices, needs and supports.
● The PIC will review each individual's personal plan with the relevant Key worker to ensure that goals identified facilitate the individual with opportunities to maximise their potential.
● Supports identified to support the individual's potential will be documented following the SMART format and will be reviewed at the monthly team meetings which involve the PIC and the staff team.
● In-house training will be provided by the PIC to the staff team in regard of the locally introduced template to guide staff in appropriate goal setting.

Proposed Timescale: 30/06/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
One of the bathrooms required maintenance.

2. 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:
Actions Taken
● Bathroom has been assessed by the Maintenance Department.
● Works required have been identified and quotations received submitted to Operations Manager.
Actions Planned
● Flooring will be replaced.

Proposed Timescale: 31/05/2017

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 door to one of the bedrooms did not have intumescent strip in place.

3. Action Required:
Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

Please state the actions you have taken or are planning to take:
Actions Taken
•Bedroom door reviewed by fire officer.
•Intumescent strip was not in place.
•Intumescent strip has been installed

Proposed Timescale: 02/05/2017

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:
Stock control of some medications was not robust

4. 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:
Actions Taken
● A local protocol has been developed for a monthly stock check of prescribed medications including medications not supplied in blister pack.
● This protocol was introduced to the staff team.

Actions Planned
● The local protocol will be discussed at the next staff team meeting.
●The PIC will undertake spot checks to ensure compliance with the local protocol guidelines and will provide feedback to the staff team on findings
● The Area Director will undertake an unannounced audit in relation to the outcome findings and will provide feedback to the staff team on findings.

Proposed Timescale: 30/05/2017

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Administration practices did not ensure the safe administration of all medication.

5. 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:
Actions Taken
● PIC undertook investigation into administration of medication errors, and each error was retrospectively documented in accordance with organisations policy on medication management.
● Learning outcomes developed by PIC and Area Director.
● A review was undertaken by the GP with the individuals concerned.
● A local protocol has been developed for the administration of this specific medication.
● This protocol has been introduced to the staff team.

Actions Planned
● The PIC will undertake spot checks to ensure compliance with the local protocol guidelines and will provide feedback to the staff team on findings
● The Area Director will undertake an unannounced audit in relation to the outcome findings and will provide feedback to the staff team on findings.
● The local protocol will be discussed at the next staff team meeting.

Proposed Timescale: 30/05/2017

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:
There was no annual review of the safety and quality of care and support.

6. Action Required:
Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

Please state the actions you have taken or are planning to take:
Actions Taken
● Annual Review of Quality and Safety 2016 is present in Designated Centre.

Proposed Timescale: 30/03/2017

Outcome 16: Use of Resources

Theme: Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Computers and internet access were not available to all residents.

7. Action Required:
Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the

statement of purpose.

Please state the actions you have taken or are planning to take:
Actions Planned:
● Currently the IT systems for the organisation are in the process of being upgraded.
● The Longford Westmeath region has been prioritised in terms of IT requirements.

Proposed Timescale: 30/07/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all training required in order for staff to meet the assessed needs of residents had been provided.

8. 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:
Actions Taken
● Resident has been referred to Speech and Language therapist to identify the level of support required for their communication needs.

Actions Planned
● Staff will undertake required training.

Proposed Timescale: 30/06/2017

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The records in relation to the residents' personal plans were not readily available for inspection.

9. Action Required:
Under Regulation 21 (1) (a) you are required to: Maintain, and make available for inspection by the chief inspector, records of the information and documents in relation to staff specified in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

The PIC will audit all personal plans and personal documentation pertaining to each individual to ensure that
1) The care plan contains all relevant information in the appropriate section.
2) Information is not duplicated in other folders.
3) A "Snapshot of me" document is available containing all relevant information to guide care required for each resident.
4) The folders are neat, tidy and easy to navigate.

● The findings of the audit and maintenance of files will be discussed at the next team meeting.
● The Area Director will undertake spot checks on relation to the maintenance of residents' personal plans.

Proposed Timescale: 30/06/2017

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Records of nutritional intake were not in sufficient detail for all residents.

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

Please state the actions you have taken or are planning to take:
Actions Taken
● A food diary for the individual has been introduced and recording of nutritional intake occurs daily.
● The need for; and the importance of maintaining the food diary was discussed with the staff team.
● The PIC will continue to undertake spot checks to ensure that the food diary is maintained correctly.

Proposed Timescale: 21/04/2017