

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Corrib Services
Centre ID:	OSV-0004858
Centre county:	Galway
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Anne Geraghty
Lead inspector:	Stevan Orme
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	23
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 18 July 2017 08:30 To: 18 July 2017 20:30

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

Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This was an unannounced monitoring inspection carried out to monitor ongoing compliance with the regulations and standards. As part of the inspection, the inspector reviewed actions the provider had undertaken to address the findings of the previous inspection conducted on 12 and 13 October 2015. The designated centre was part of the service provided by the Brothers of Charity Services Ireland in Galway. The centre provided a full-time seven day residential service to adults with a disability.

How we gathered our evidence:

During the inspection the inspector met with the nine residents and three staff members. As part of the inspection, the inspector met with the centre's person in charge and found them to be suitably qualified and knowledgeable on both residents' needs and their requirements under regulation. In addition, the inspector reviewed documentation such as residents' personal plans, health records, and risk assessments, policies and procedures and staff files.

Description of the service:

The provider had produced a document called the statement of purpose, as required by the regulations; the inspector found that the service was being provided as it was described. The centre comprised three detached houses and an apartment block located in close proximity to local amenities such as shops and leisure facilities.

Overall findings:

The inspector found that residents had a good quality of life at the centre. Residents were supported in line with their assessed needs and assisted to achieve their personal goals.

Residents told the inspector that they were happy at the centre and were supported by staff to do activities of their choice. Furthermore, residents told the inspector that they were involved in the running of the centre in areas such as choosing the weekly menus. In addition, residents were consulted on transitional arrangements to move to more suitable accommodation, which at the time of inspection was being renovated by the provider.

However, the inspector found that the centre's governance and management systems did not ensure compliance with regulatory requirements as well as the provider's organisational policies and procedures.

During the course of the inspection, the inspector found that improvement was required in areas such as the reviewing and updating of residents' personal plans and risk assessments, the condition of the centre's premises, staff training and the assessment of the effectiveness of fire evacuation arrangements.

Summary of regulatory compliance:

The centre was inspected against ten outcomes. The inspector found major non-compliance in two outcomes which related to risk management, fire safety and the notification of adverse incidents to the Chief Inspector. Moderate non-compliance was found in four outcomes which related to residents' personal plans, premises, staff training and governance. Substantial compliance was found in two outcomes in regards to residents' written agreements and workforce. The inspector found compliance in two outcomes during the inspection.

These findings are further detailed 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 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 inspector found that residents' written agreements did not reflect the service's additional charges.

The previous inspection had found that residents' written agreements did not include the centre's fees and provide sufficient detail on any additional charges to be met. The inspector reviewed written agreements and found that they did include total weekly fees, however they did not accurately reflect additional charges such as food costs where resident's lived in the centre's supported apartments.

In addition, the inspector found that although written agreements had been signed by the residents or their representatives, not all agreements had been signed by the provider.

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:

The inspector found that although residents' assessed needs were being met, their personal plans and associated documents were not updated following annual reviews.

The inspector reviewed a sample of personal plans and found that they were comprehensive in nature and reflected staff knowledge. Residents' personal plans included information on their assessed needs in areas such as independent living skills, home and leisure activities, personal care and communication needs. In addition, personal plans were available to residents in an accessible version.

The inspector found that personal plans were subject to an annual review, which assessed their effectiveness in meeting residents' needs. However, the inspector found that not all personal plans and associated documents such as healthcare management plans had been updated following annual reviews since 2015. In addition, the inspector found that annual review minutes did not consistently record whether residents or their representatives had attended the meeting.

The inspector reviewed residents' personal goals and found that they reflected their assessed needs and preferences. However, not all goal planning records included information on named staff supports and the expected timeframes for the goals' achievement.

The inspector reviewed residents' daily records and found that they were supported to participate in activities which reflected their personal goals, preferences and assessed needs.

During the inspection, the inspector was told that some residents would be moving to a new designated centre by the end of 2017 subject to the completion of building works and registration with the Health Information and Quality Authority (HIQA). The inspector reviewed residents' transitional plans which were robust in nature and assessed residents' need both prior to and following the proposed move. Transitional plans included details on consultation with the residents at each stage of the proposed move as well as opportunities to visit the new house. Residents told the inspector that they were aware of the new house and had been consulted with about the move by the person in charge.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that not all premises within the centre provided adequate communal facilities for residents or were in a good state of repair.

The inspector observed that one house within the centre did not meet the assessed needs of residents in relation to the size of bedrooms and suitability of bathroom facilities. The person in charge told the inspector that the provider had identified a more suitable house and was in the process of completing building works prior to submitting an application to register the property to the Health Information and Quality Authority prior to the end of 2017.

The inspector however in addition observed that the house was in a poor state of repair in relation to the following:

- Cracked plug sockets
- Damaged kitchen work surfaces
- Inadequate floor coverings around toilets
- Rust damage to bathroom radiators
- Recurring signs of damp in residents' bedrooms

In addition, the inspector observed that in two houses, the communal dining rooms and a sitting room were also used to store locked document cabinets and office equipment such as the centre's computer and printer.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The inspector found that although residents, staff and visitors were protected from risk, the provider had not ensured that risk assessments were regularly reviewed and the effectiveness of fire safety arrangements assessed.

The previous inspection had found that the centre's risk register did not include all risks identified by the inspector. The inspector found that following the previous inspection, each house within the centre had its own risk register which was up to date and reflected risks observed. However, the inspector found that associated risk assessments such as the management of violence and aggression had not been reviewed and updated since 2015. In addition, safety statements on each house which provided information on dealing with emergencies such as fire and the loss of power had not been reviewed annually in line with the provider's policy.

The inspector found that that each house within the centre was equipped with suitable fire equipment such as a fire alarm, fire call points, emergency lighting and fire doors. Records examined by the inspector showed that fire equipment was regularly serviced by an external contractor as well as regular in-house checks by staff.

The inspector reviewed the centre's fire evacuation records and found that although regular simulated drills were carried out, evacuations had not regularly occurred using minimal staffing conditions. The inspector found that in two of the centre's houses fire drills using minimal staffing levels had only occurred once in the last 12 months.

In addition, although residents had personal emergency evacuation plans in place, the inspector found that they had not been reviewed in line with agreed timeframes. In addition, the inspector found that one resident's plan had not been updated in light of a previous fire drill's outcome, when the resident had refused to evacuate.

The inspector observed that each house prominently displayed their fire evacuation plan alongside an accessible version for residents. In addition, both resident and staff knowledge reflected the fire evacuation plans, although the inspector examined staff records and found that not all staff had attended fire safety training at the centre.

The inspector further reviewed staff records and found that not all staff had completed up-to-date manual handling training as required by the provider's policies and the centre's statement of purpose.

An up-to-date infection control policy was in place and the centre was equipped with suitable equipment such as hand sanitisers, protective gloves and aprons. In addition, the inspector observed information on infection control practices such as hand hygiene prominently displayed and staff had accessed training in this

Judgment:

Non Compliant - Major

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents were protected from harm and abuse. However, not all staff had positive behaviour management training and behaviour support plans had not been consistently reviewed in line with agreed timeframes.

The inspector observed that residents were supported in a respectful and dignified manner by staff in line with their assessed needs throughout the inspection. Residents told the inspector that they liked the staff and they supported them to do activities of their choice such as going on holiday, accessing the cinema and having meals out in local restaurants and cafes. The inspector observed that residents appeared comfortable and happy with the support they received throughout the inspection.

The centre had a policy and procedure in place on the prevention, detection and investigation of abuse, which reflected staff knowledge and all staff had received up-to-date client protection training.

The inspector found that safeguarding concerns were fully investigated and reflected in residents' personal plans, risk assessments and behaviour support plans. In addition, records showed that safeguarding risk assessments and interventions were regularly reviewed in conjunction with the provider's designated safeguarding officer. In addition, the inspector found that staff knowledge reflected risk assessments reviewed.

The inspector sampled residents' behaviour support plans which were developed by the provider's senior clinical psychologist. Behaviour support plans sampled included both a description of residents' behaviours of concern as well as proactive and reactive support strategies, which reflected staff knowledge. However, the inspector found that not all behaviour support plans sampled had been reviewed in line with agreed timeframes.

The inspector also reviewed staff records and found that not all staff had received positive behaviour management training in line with the provider's policies.

The inspector reviewed the centre's restrictive practices such as the use of door locks and alarms and found that they reflected both risk assessments and staff knowledge, and included clear rationales for their use. Furthermore, records showed that all

restrictive practices in use at the centre were subject to regular review by the provider's human rights committee.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that not all notifiable events required under regulation had been submitted to the Chief Inspector.

The inspector reviewed accident and incident records and found that an incident which related to a resident's unexplained absence from the centre had not been reported to the Chief Inspector in line with regulations.

Judgment:

Non Compliant - Major

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:

The inspector found that the provider ensured that residents were supported to manage their health.

The inspector reviewed healthcare records and found that residents had access to a range of allied health professionals including general practitioners, psychiatrists, hospital

consultants, chiropodists and dentists which reflected their assessed needs. In addition, the inspector reviewed residents' health management plans and found that they reflected staff knowledge on the day of inspection.

The inspector observed meal times in one of the centre's houses and observed that mealtimes were sociable in nature, with residents encouraged by staff to discuss their day and experiences with themselves and their peers.

Food records were maintained at the centre which showed that residents had access to both varied and nutritious meals which also reflected their personal preferences. Residents told the inspector that they chose the centre's weekly menus and were involved in preparing meals subject to their abilities, which reflected staff knowledge and residents' personal plans.

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:

The inspector found the centre's medication arrangements reflected the organisation's policies and procedures.

The inspector reviewed residents' medication administration records and found that they reflected prescription records maintained at the centre. In addition, administration records included residents' personal details as well as information on the prescribed medications such as administration routes, times and dosage.

Medication was given by staff only after they had completed the provider's 'Safe Administration of Medication' training and the names of all trained staff were recorded in a signature bank which was included in each resident's medication administration records.

The inspector observed that medication was securely stored at the centre, with out of date medication being segregated from current medications. Out of date or discontinued medication was returned to a local pharmacy, and staff knowledge and records reflected this practice.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

The inspector found that the centre's governance and management systems were not robust in nature and had not ensured compliance with both regulatory requirements and the provider's policies and procedures.

The inspector found that the current management structure reflected both the centre's statement of purpose and staff knowledge. The person in charge was full-time and suitably qualified and knowledgeable on residents' needs. However, governance and management systems at the centre had not ensured that documentation and practices reflected the requirements of the regulations and the provider's own policies and procedures. For example:

- Residents' written agreements did not reflect additional charges to be met and were signed by the provider
- Residents' personal plans were not updated following annual reviews
- Risk assessments and behaviour support plans were not reviewed in-line with agreed timeframes
- The centre's premises was not kept in a good state of repair and did not reflect residents' needs
- The centre's fire safety arrangements were not updated and their effectiveness was not assessed at suitable intervals
- Staff had not all received training in line with the centre's statement of purpose and organisational policies

In addition, the inspector reviewed team meeting minutes and found that they did not occur at regular intervals across the centre. The inspector found for example that in some houses meetings occurred every three to six months, whereas in another house there had not been a team meeting since October 2016. In addition, although the inspector found that the person in charge facilitated regular meetings with the centre's

social care leaders, they had not attended the team meetings in the centre's houses in the last twelve months.

The inspector found that an up-to-date annual review of the quality of care and support provided at the centre had been completed and was available. However, a review of six monthly unannounced provider visit reports showed that some houses within the centre had not been visited as required under regulation since February 2015.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

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

Findings:

The inspector found that residents' assessed needs were supported by an appropriate number of suitably qualified staff, although the centre's rosters did not reflect all staff working on the day of inspection. In addition, the inspector found that not all staff had received training in line with the centre's statement of purpose.

The previous inspection had found that personnel records did not include full employment histories for staff. The inspector reviewed a sample of staff personnel files and found following the previous inspection, staff records now contained full employment histories as well as all other information required under Schedule 2 of the regulations.

The centre had a planned roster for each house; however the inspector found that the roster in one house did not accurately reflect all staff working on the day of inspection.

The inspector reviewed residents' personal plans, risk assessments and activity records and found that staffing levels at the centre enabled residents to access a range of activities in line with their assessed needs. Furthermore, the inspector observed residents being supported by staff in a respectful and timely manner throughout the day of inspection.

The inspector reviewed staff records and found that although staff were supported to

access training, not all staff had completed personal outcomes training as required by the provider and reflected in the centre's statement of purpose.

Staff told the inspector that they receive regular one-to-one supervision from their line manager and this was reflected in documents reviewed. Documents reviewed showed discussions on residents' needs, roles and responsibilities and training needs. Furthermore, staff told the inspector that the centre's management were approachable and available to advice and guidance when required.

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:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Ireland
Centre ID:	OSV-0004858
Date of Inspection:	18 July 2017
Date of response:	04 August 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 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:

The inspector found that written agreements had not all be signed by the provider's representative.

1. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each

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

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:

All Service Agreements will be signed by Management and residents

Proposed Timescale: 15/09/2017

Theme: Effective Services

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

The inspector found that written agreements did not accurately reflect all additional charges to be met by residents.

2. Action Required:

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

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

All service agreement will be updated to reflect individual service contracts and all additional charges to be met by residents.

Proposed Timescale: 15/09/2017

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:

Residents' goal planning records did not consistently record named staff supports and agreed timeframes for the goals' achievement.

3. Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

All recommendations arising from Personal Plan reviews, will be amended to reflect agreed timeframes, person responsible and agreed timescales.

Proposed Timescale: 15/09/2017

Theme: Effective Services

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

The annual review meeting minutes did not consistently reflect the participation of either residents or their representatives.

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:

All reviews carried out in May 2017 have been amended to reflect the attendance of the service users and their family representatives.

All future reviews will reflect those in attendance. Reviews are scheduled on a six monthly basis and the next reviews are scheduled for October 2017

Reviews will be rescheduled if service users cannot attend on a given date. Review template to be amended to reflect this agreement.

Proposed Timescale: 15/09/2017

Theme: Effective Services

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

Residents' personal plans and associated assessments such as healthcare plans had not been updated following their annual review.

5. 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:

Social Care Leader and Centre Nurse will review all personal and health care plans and they will reflect the agreed outcomes from our six monthly reviews.

Proposed Timescale: 15/09/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The inspector found that one of the centre's house did not meet the requirements of Schedule 6 of the regulations.

6. Action Required:

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

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

A plan is in place to close the house referred to and move the tenants to a more suitable living environment. Work is progressing at present and transition plans are in place to reflect the planned moves.

The date of this move and completion of building works will be agreed by our Project team and Building & Facilities Manager by 15/09/2017

Proposed Timescale: 04/12/2017 for proposed move.

Proposed Timescale: 04/12/2017

Theme: Effective Services

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

The inspector found that one of the centre's houses was not in a good state of repair.

7. 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:

An audit was completed by the PIC and Building & Facilities Manager on 31/07/17 to assess maintenance work requirement at 1 Riverside view. An agreed work schedule is now in place and includes the items identified in the Inspector's report requiring upgrade and all other associated works.

Proposed Timescale: All works will be completed by 02/10/2017.

Proposed Timescale: 02/10/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The centre's risk assessments and safety statements had not been reviewed in line with agreed timeframes and the provider's policy.

8. 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 Safety statements were reviewed for Centre and associated units on 28/07/2017 and updated to reflect present safety needs.

Review dates for all Health and Safety documentation will be managed and planned in conjunction with Health and Safety Officer.

Proposed Timescale: 31/08/2017

Theme: Effective Services

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

The inspector found that not all staff had received manual handling training.

9. Action Required:

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

All six staff requiring Manual Handling training at the date of inspection have now been booked to attend. All staff will have completed this training by 16th October 2017

Proposed Timescale: 16/10/2017

Theme: Effective Services

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

Fire drills had not been carried out using minimal staffing levels at suitable intervals to assess their effectiveness.

10. 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:

Two fire drills per year will be carried out using minimal staffing to ensure we can assess the effectiveness of our evacuation procedures in each unit.

Proposed Timescale: 31/08/2017

Theme: Effective Services

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

The inspector found that not all staff had received up-to-date fire safety training.

11. 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:

A fire training day has been arranged for 10/10/2017 for all newly recruited and those requiring refresher training will be included.

Proposed Timescale: 10/10/2017

Theme: Effective Services

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

The inspector found that not all residents' 'personal emergency evacuation plans' were reviewed in line with agreed timeframes and had not been revised in response to the outcome of simulated emergency evacuations.

12. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

All Personal Emergency Evacuations Plans will be reviewed and updated in line with simulated emergency evacuations.

Proposed Timescale: 31/08/2017

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:

Not all residents' behaviour support plans had been reviewed in line with agreed timeframes.

13. Action Required:

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

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

Dates have now been arranged to review all Positive Behaviour Support Plans. It has been agreed with our Psychology Department that review dates should be managed by PIC, the designated Centre Psychologist and relevant Team Leader.

Proposed Timescale: 20/10/2017

Theme: Safe Services

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

Not all staff had received positive behaviour management training.

14. Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

Four staff working in Corrib Services have been booked for next available Studio 3 training days. These will take place on 9th and 10th October.

Proposed Timescale: 10/10/2017

Outcome 09: Notification of Incidents

Theme: Safe Services

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

The person in charge had not notified the Chief Inspector of an unexplained resident's absence from the centre as required under regulation.

15. Action Required:

Under Regulation 31 (1) (e) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any unexplained absence of a resident from the designated centre.

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

Chief Inspector will be notified of any future unexplained absences of residents.

Proposed Timescale: 19/07/2017

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 inspector found that not all houses within the centre had been subject to a six-monthly unannounced provider visit.

16. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

Each house within the designated centre will be subject to an unannounced provider visit in accordance with the regulations following which there will be a written report on the safety and quality of care, and an action plan developed to address any concerns regarding the standard of care and support.

Proposed Timescale: 31/10/2017

Theme: Leadership, Governance and Management

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

The inspector found that the centre's governance and management systems did not ensure both compliance with the regulations and the provider's policies and procedures.

17. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

Management will review and address the management system and supports required to ensure the effective delivery of Service.

The PIC and Service Co-ordinator will make weekly visits to each unit to ensure a consistent safe service is being provided. They will also ensure that service user files

have been updated and are current.
All Team Leaders will continue to have support and supervision meetings on a six monthly basis or more regular if required.
Team Leaders will meet with PIC and PPIM on a quarterly basis.

Proposed Timescale: 15/09/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The centre's rosters did not accurately reflect all staff working 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:

All rosters for the designated Centre now reflect staff rostered for duty or those working in a supporting role at the Centre.

All staff's full names will be visible on the roster with details for sleep in cover arrangements i.e. duration of shift and sleep in period.

Proposed Timescale: 31/08/2017

Theme: Responsive Workforce

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

The inspector found that staff had not received personal outcomes training in line with the centre's statement of purpose.

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:

Staff that have not received Personal Outcomes training are now booked for next available training on 10/11/2017

Proposed Timescale: 10/11/2017

