

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Lark Services
<b>Centre ID:</b>	OSV-0005020
<b>Centre county:</b>	Galway
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Brothers of Charity Services Ireland
<b>Provider Nominee:</b>	Anne Geraghty
<b>Lead inspector:</b>	Stevan Orme
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	11
<b>Number of vacancies on the date of inspection:</b>	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 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: 10 January 2017 09:00 To: 10 January 2017 19:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 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 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

Background to the inspection:

This unannounced monitoring inspection was carried out to monitor ongoing regulatory compliance. As part of the inspection, the inspector reviewed actions the provider had undertaken to address the findings of the previous inspection conducted on 2 and 3 November 2015. The designated centre is part of the service provided by the Brothers of Charity Ireland in Galway. The designated centre provides a full-time seven day residential services to adults with disabilities.

How we gathered our evidence:

During the inspection the inspector met eight residents either individually or in a group setting. Residents told the inspector that they enjoyed living at the centre and were supported to access a range of activities in the local community, reflective of their needs. Resident further told the inspector that they liked the staff at the centre and that they were supported in a respectful and dignified manner. Residents were involved in decisions on how the service was operated, which included weekly activities and menu planning. In addition residents told the inspector that if they

were not happy with any part of the centre, they would have no reservations in raising this with the centre's management team. The inspector met with five staff members and found them to be knowledgeable on the needs of residents. In addition the inspector observed practices and reviewed documentation such as personal care plans, medical records, risk assessments, policies and procedures and staff files.

Furthermore, the inspector interviewed the person in charge and found them to be suitably qualified and knowledgeable on the needs of residents, the operational management of the centre and their responsibilities under the regulations.

#### Description of the service:

The centre comprised a bungalow and one two storey house located in county Galway. Both premises were located close to local shops and amenities. The provider had produced a document called the statement of purpose, as required by the regulations, which described the service provided. Overall the inspector found that the service was being provided as described in that document, although the Health Information and Quality Authority had not been notified of changes to the management structure as described in the centre's statement of purpose.

#### Overall Findings:

The inspector found that residents had a good quality of life in the centre and were supported to access supports and activities in line with their needs. Furthermore, there were systems in place to ensure residents' rights and choices were promoted and protected. The care and support provided at the centre resulted in positive experiences for residents, the details of which are described in the report. The inspector found that actions identified in the previous inspection had been addressed as described in the main body of this report.

#### Summary of regulatory compliance:

The centre was inspected against 13 outcomes. The inspectors found compliance in nine out of the thirteen outcomes inspected, with a particular positive focus on residents' access to local community activities and healthcare support. One outcome was found to be moderate non-compliance and related to the centre's statement of purpose. Three outcomes were found to be substantially compliant with actions identified relating to resident's annual goals, accessibility of personal plans and staff training.

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 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

Residents were consulted and had choice on daily activities accessed at the centre.

The inspector did not inspect all aspects of this outcome and focussed on actions taken to address the previous inspection's findings relating to consultation with residents on daily activities.

Where able to, residents told the inspector that they accessed either a day service programme in the local community or were supported to participate in activities of their choice by centre staff. The individual choices of residents were reflected in daily records reviewed and staff knowledge. The inspector found that residents were supported to access a range of educational and social activities such as music sessions, art classes, personal shopping and independent living skills. The inspector found that activities undertaken were of a meaningful and developmental nature and reflective of residents' needs.

Minutes of resident meetings showed that residents were supported to express their activity preferences and these choices were reflected in daily records examined by the inspector. Furthermore, daily activities were reviewed with residents as part of quarterly and annual goal planning reviews, to ensure they continued to meet the residents' needs.

**Judgment:**

Compliant

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

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**

Effective Services

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

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

**Findings:**

Residents had written agreements with the provider in place at the centre.

The inspector did not inspect all aspects of this outcome and focussed on actions identified in the centre's previous inspection report.

The inspector sampled written agreements between residents and the provider. Following the previous inspection, the inspector found that written agreements included information on rent and additional charges to be met by residents while at the centre. In addition, agreements were reflective of the supports and facilities which residents accessed at the centre. The inspector found that all written agreements sampled were signed by both the provider and the resident or their representatives.

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

Personal plans supported residents to access a wide range of home and community

activities reflective of their needs.

Residents had up-to-date personal plans based on a comprehensive assessment of their needs. Personal plans examined clearly showed residents' support needs in areas such as independent living skills, diet and nutrition, communication, healthcare and leisure activities. The inspector noted that each support area had associated goals for the resident which were reflective of their needs and staff knowledge. Furthermore progress made towards goals was updated every three months, in line with the provider's policy.

The inspector examined residents' annual personal goals. The inspector found that the goals residents were supported to achieve were meaningful and developmental in nature, and reflective of both resident and staff knowledge. Annual goals clearly showed the actions residents would undertake to achieve them. The inspector found that although each goal identified nominated staff supports, the review of the outcome's effectiveness was limited, as expected timeframes for achievement were not included.

The inspector found that residents' personal plans were reviewed annually. Annual reviews involved residents and their representatives as well as the input from staff and multi-disciplinary professionals.

Residents and staff told the inspector about the range of community activities they accessed at the centre. The inspector sampled residents' daily care notes and activity records. Residents had access to range of activities reflective of their needs such as part-time employment, art and music classes, sporting events and access to local pubs and restaurants.

The inspector found that personal plans were not available in an accessible format to residents.

**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:**

The centre had systems in place to ensure resident safety.

Following the previous inspection's finding, the inspector reviewed the centre's risk register which was up-to-date and outlined all identified risks relating to both residents

and the centre's premise. Risks identified in the register had associated risk assessments which were regularly reviewed and reflected in staff knowledge.

The inspector found that previous identified risks relating to residents' choking or falling at the centre had been assessed and identified actions completed. Where residents had an identified risk of choking, the inspector found that speech and language and dietician assessments had been completed and were reflected in residents' personal plans and staff knowledge. The inspector further found that occupational therapy assessments had been carried out in relation to the risk of a resident falling and suitable aids and adaptations had been installed at the centre such as handrails, adapted beds and monitoring systems.

The inspector reviewed the centre's accident and incident records. The inspector found that accidents and incidents were discussed with staff in regular team meetings and learning from these was incorporated into residents' personal plans and risk assessments.

Infection control measures observed by the inspector were in line with residents' needs and the centre's policy. The centre was well maintained and clean. Infection control measures available at the centre included suitable laundry and waste disposal facilities, protective gloves, aprons and hand sanitisers.

Fire equipment was regularly checked by staff and serviced by an external contractor. Fire safety equipment at the centre included a fire alarm, fire doors, smoke alarms, emergency lighting and fire extinguishers.

An accessible evacuation plan was displayed prominently throughout the centre and was reflective of both residents and staff knowledge. In addition, the centre had a comprehensive emergency evacuation plan which provided information on arrangements in the event of a fire and other emergencies - such as a power loss at the centre or adverse weather conditions.

The inspector reviewed residents' 'Personal Emergency Evacuation Plans' (PEEPs) which were up-to-date and reflected residents' needs and staff knowledge.

Fire drills were conducted regularly at the centre at a range of times, and under minimal staffing conditions, to ensure their effectiveness. Residents told the inspector that they had participated in a fire drill and what they would do in the event of a fire, which was reflective of the centre's evacuation plan. Fire procedures at the centre were reflective of staff knowledge, although a review of training records showed that not all staff had received up-to-date training, at the time of the inspection.

**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:**

The provider ensured residents were safeguarded from abuse, and support was in line with their needs.

The centre had an up-to-date policy for the prevention, detection and response to abuse and information. The inspector found that information on the policy and the centre's designated safeguarding officer was prominently displayed. Staff demonstrated, to the inspector, an understanding of what constituted abuse and actions they would take if abuse was suspected, which was in line with the provider's policy. Training records reviewed by the inspector demonstrated that all staff had undertaken training on safeguarding vulnerable adults.

The inspector reviewed incident records maintained at the centre. The inspector found evidence of safeguarding concerns being referred to the provider's designated safeguarding officer. The inspector reviewed documentation relating to safeguarding concerns and corresponding actions were in line with both residents' assessed needs and the provider's policy. The inspector found that staff practice and knowledge was reflective of safeguarding issues identified at the centre.

Throughout the inspection, the inspector observed staff working in a timely and respectful manner with residents, in accordance with their needs.

The centre had an up-to-date policy on positive behaviour management. The inspector reviewed residents' behaviour support plans which clearly described the behaviour of concern and both proactive and reactive support strategies. Resident's behaviour support plans were developed in conjunction with a named behavioural specialist and were regularly reviewed and updated.

The inspector found that although staff knowledge was reflective of the reviewed behaviour support plans, not all staff had received positive behaviour management training.

The inspector reviewed the centre's restrictive practices register which was reflective of practices operated at the centre and staff knowledge. All restrictive practices operated at the centre such as door alarms and locked cupboards were approved by the provider's Human Rights Committee, and regularly reviewed with multi-disciplinary input.

Documentation reviewed by the inspector showed that restrictive practices were used only as a last resort, and were the least restrictive option available to meet the needs of the resident.

**Judgment:**

Substantially Compliant

**Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Services

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

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

**Findings:**

Notifications had been submitted in accordance with the regulations.

The inspector reviewed accident and incident records maintained at the centre in relation to the previous inspection's findings. The inspector found that all notifiable events had been reported to the Health Information and Quality Authority (HIQA).

The inspector observed that a record of all notifications submitted to HIQA was kept at the centre which included all notification submitted under Schedule 4 of the regulations.

**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:**

The inspector reviewed residents' healthcare records. Residents had access to a range of allied healthcare professionals reflective of their needs including general practitioners,

physiotherapists, neurologists, occupational therapists, opticians and chiropodists.

Each resident had a comprehensive health care plan which was regularly reviewed and clearly identified the residents' healthcare needs and supports provided. The inspector found that health care plans and equipment available at the centre were reflective of recommendations made by healthcare professional, such as occupational therapists and speech and language therapists. Staff knowledge and practices were reflective of health care plans reviewed by the inspector.

In the case of residents' specific dietary needs, the inspector found that dietician and speech and language assessments had been completed and were reflective of personal plans examined and staff knowledge.

The centre maintained records of meals provided. The inspector reviewed food records which showed residents had access to a range of healthy and nutritious foods. Staff told the inspector that residents choose the weekly menu, which was reflected in documentation reviewed and discussions with residents. Residents further told the inspector that they were involved in food shopping and meal preparation, dependent on their abilities, which was reflective of daily activity records sampled and staff knowledge.

**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 centre's medication arrangements and staff practices were reflective of the provider's policy.

The inspector found that medication prescription records examined were reflective of administration records maintained at the centre. Records examined included residents' personal information, as well as the medication's dosage, route and administering times.

Medications were administered to resident by staff that had completed 'safe administration of medication' training, which was reflective of training records examined and staff knowledge. The names of all staff administering medication were recorded in a signature bank included in the centre's medication records.

The inspector reviewed protocols for the administering of ' as and when required' medication such as emergency epilepsy medication. Protocols clearly showed when medication should be given and the maximum dosage. Medications were regularly reviewed by the resident's general practitioner and psychiatrist. The inspector found that staff knowledge was in line with the examined medication protocols.

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

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The statement of purpose did not accurately reflect the management structure of the centre.

The centre's statement of purpose was reflective of the services and facilities available to residents at the centre. The inspector found that information on the centre's management structure was not up to date. Furthermore, the provider had not informed the Health Information and Quality Authority of a change of persons participating in management at the centre.

An accessible version of the statement of purpose was available to residents at the centre.

**Judgment:**

Non Compliant - Moderate

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the*

*delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The centre's governance and management arrangements ensured residents were safe and supported with their needs.

The centre had a clear management structure with the person in charge being supported in the management of the centre by a team leader in each house. Management arrangements were reflective of both staff and residents' knowledge.

The person in charge was full-time and responsible for the centre as well as a second designated centre in the local area. In addition the person in charge is a person participating in management for a further four designated centres operated by the provider organisation. The inspector interviewed the person in charge and found them to be suitably qualified and knowledgeable on residents' needs and their regulatory responsibilities. Furthermore, the person in charge had recently attended management and investigation training and showed a clear commitment to their continued professional development.

The person in charge was known to residents and their representatives from documents reviewed and discussions with residents. Staff told the inspector that the person in charge had a regular presence in the centre and was available as and when required which was reflective of documentation reviewed.

Regular team meetings occurred at the centre facilitated by both the person in charge and team leaders. Staff told the inspector that they would have no reservations in raising concerns with the centre's management, which was reflected in meeting minutes reviewed. Staff told the inspector that they found the person in charge to be both approachable and responsive to their needs.

The inspector reviewed systems used by the person in charge to ensure the effective governance and management of the centre, which included health and safety and medication audits. Audits were robust in nature and ensured areas for improvement were discussed with staff in team meetings and formal supervision meetings.

The inspector reviewed six-monthly unannounced visits carried out at the centre. Records showed that during the visits the provider reviewed the care and support provided to residents, as well as risk management arrangements at the centre. Copies of unannounced visit reports were available at the centre.

Annual reviews of the care and support provided at the centre were carried out by the person in charge. Reviews included analysis of complaints received, effectiveness of care and support provided and consultation with residents and their representatives. Copies of annual reviews were available at the centre.

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

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

**Theme:**

Use of Resources

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

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

**Findings:**

The inspector found that staffing levels were reflective of the needs of residents.

The inspector reviewed staffing levels following the findings of the previous inspection at the centre. The inspector found that additional staffing was provided in the mornings and evenings to meet residents' needs, which was reflected in the centre's rosters and confirmed through discussions with staff.

Furthermore, the inspector found that available staffing levels enabled residents to access a range of home and community activities reflective of their needs.

**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):**

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

**Findings:**

The inspector found that there were appropriate staff numbers and skill mix to meet the needs of residents at the centre.

The centre had both a planned and actual roster which was reflective of staffing during the inspection. Following the findings of the previous inspection, staffing had increased at the centre in the morning and evening to support residents' needs. The inspector found that the centre's rosters reflected the increase in staffing which was further reflected in discussions with staff.

The inspector reviewed staff training records and found that staff had access to both mandatory and centre specific training reflective of residents' needs.

Staff informed the inspector that they attended regular team meetings chaired by the person in charge which was reflected in records reviewed. The inspector observed that team meetings included discussions on residents' needs, staff training, organisational policy and the operational management of the centre. In addition, staff told the inspector that they received regular formal supervision from either the person in charge or centre's team leaders, which was reflected in documentation reviewed.

Throughout the inspection, staff told the inspector that they enjoyed working at the centre and felt supported by the management team.

Staff had access to previous HIQA inspection reports on the centre and their knowledge of the regulations was proportionate to their roles and responsibilities.

The inspector reviewed a sample of personnel files and found these to contain all information as required under Schedule 2 of the regulations.

**Judgment:**

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:**

The centre's medication policy was up-to-date and reflected practices at the centre.

The inspector did not inspect all aspects of this outcome and focussed on actions taken to address the previous inspection's findings relating to the centre's medication policy.

The inspector reviewed the centre's medication policy. The inspector found the medication policy was up to date and included actions to be taken by staff in the event of a medication error. Actions listed in the reviewed policy were reflective of staff knowledge.

**Judgment:**

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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Services Ireland
<b>Centre ID:</b>	OSV-0005020
<b>Date of Inspection:</b>	10 January 2017
<b>Date of response:</b>	01 February 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:**

Residents personal plans were not available in an accessible format.

#### 1. Action Required:

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

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

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

A group within our Training department are currently working on developing an accessible format for our Service users to read their Personal Outcomes plans. This will be available in the coming weeks.

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

**Theme:** Effective Services

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

Documentation examined on residents' annual goals did not consistently include agreed timeframes for their achievement.

**2. 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:**

This has now been rectified for year end 2016 and will be included for all Personal Outcomes going forward.

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

**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 inspector found that not all staff had up-to-date fire safety training at the centre.

**3. 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:**

One staff who was required to complete fire training will do so on 6/2/2017. All other staff have completed it.

**Proposed Timescale:** 06/02/2017

### **Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

Staff records showed that not all staff had received positive behaviour management training.

#### **4. 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:**

One staff did not have Studio 3 completed however they had been booked to complete the course on 7th & 8th of March 2017.

**Proposed Timescale:** 08/03/2017

### **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 current management structure was not reflected in the centre's statement of purpose. Furthermore, the provider had not informed the Health Information and Quality Authority of a change in persons participating in the centre's management.

#### **5. 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:**

As there was a change of Team leader in one house we had not processed that staff member as a PPIM. We are currently in the process of gathering the required paperwork and getting the information forwarded to HIQA. The amended Statement of Purpose has been forwarded since the inspection.

**Proposed Timescale:** 24/02/2017