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:	Cullen House
Centre ID:	OSV-0005046
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Nua Healthcare Services Unlimited Company
Provider Nominee:	Ann Morahan
Lead inspector:	Jillian Connolly
Support inspector(s):	Conan O'Hara
Type of inspection	Announced
Number of residents on the date of inspection:	3
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 following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
16 November 2016 10:00	16 November 2016 18:30

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

Outcome 03: Family and personal relationships and links with the community
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 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection.
This was the second inspection of this designated centre. The inspection was announced as the provider had applied to vary the occupancy of the centre from three residents to four residents.

Description of the Service.
This designated centre is operated by Nua Healthcare. The Statement of Purpose stated that the centre provides services to individuals with a diagnosis of intellectual disability, mental health and challenging behaviour.

How we gathered our evidence.
The inspection was carried out by two inspectors over one day. Over the course of this inspection the inspectors visited all areas of the centre, met with the three residents, staff members and members of the management team. The inspectors reviewed documentation such as care plans, meeting minutes, recording logs,

policies and procedures and observed practices.

Overall Judgments of our findings.
Residents told inspectors that they were happy with the service they received. Staff were observed to engage with residents in a dignified and respectful manner. Staff were also found to be knowledgable of the supports residents required as outlined in their personal plans. Inspectors found the centre to be a homely environment and practices were led by the needs of the environment. Improvements were requried in some areas to ensure compliance with the regulations and they included:

- The Admissions process
- Risk Management
- Fire Management
- Healthcare
- Notifications of incidents
- Positive Behaviour Support

While inspectors found that, in the main, the current residents' needs were being met, they were not assured that this would remain if the occupancy of the centre was to increase from three to four residents. This was primarily due to insufficient communal space and the supports the residents currently residing in the centre required.

Within this report, the inspection findings are presented under the relevant outcome. The action plan at the end of the report sets out the failings identified during the inspection and the actions required by the provider to comply with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

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

Findings:
The centre had procedures in place for visitors to the centre. There was a record maintained of visitors. Records demonstrated that residents were supported to maintain links with family members.

Inspectors found that residents were also supported to maintain links with the wider community. This included going shopping, swimming, walking dogs and volunteering. Residents expressed satisfaction to inspectors with the support they received.

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):
No actions were required from the previous inspection.

Findings:
The centre had policies and procedures in place for the admission and discharge of residents. The admissions process as outlined in the Statement of Purpose for the centre involved the completion of an initial needs assessment to ensure that the needs of

potential residents could be met. However, inspectors found that this was not consistently implemented in practice as information available for a prospective resident did not demonstrate that the centre could meet their needs. To protect the anonymity of the proposed admission, further detail is not provided in this report. However, clinical assessment clearly identified specific residential requirements which could not be provided in the environment.

Inspectors reviewed a sample of written agreements and confirmed that they were signed by the resident and a representative of the provider. The agreements outlined the support to be received and the services that the resident was responsible for paying for.

Judgment:
Non Compliant - Moderate

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 centre had a clear system in place for the assessment of residents' needs and the development of a subsequent personal plan. This also included the completion of risk assessments if a hazard to the resident or others was present. The assessment aimed to identify both the health and social care needs of residents. Inspectors found that in the main, personal plans outlined the supports residents required to ensure that their identified needs were met. However, the inspectors found where residents had a dual diagnosis, there was an absence of assessment and personal plan to identify the specific supports, if any, a resident required based on the secondary diagnosis.

Monthly goals were also developed which focused on skill building and development. Examples included developing skills such as cooking, laundry and personal hygiene. Inspectors observed residents to be supported to achieve their goals while they were present in the centre.

Residents were supported to attend formal day services.

Residents were involved in the development of their plans and family members were invited to attend annual reviews.

Records demonstrated that residents were referred to allied health professionals if a need arose.

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):
No actions were required from the previous inspection.

Findings:
The centre was a bungalow. It consisted of four bedrooms, one of which was en suite. There was also two communal bathrooms, kitchen/dining room, sitting room, sun room and staff bedroom/office. Inspectors observed the centre to be clean and suitably decorated, with bedrooms personalised to reflect the preference of individual residents. There was also sufficient heat and light as of the day of inspection.

There were sufficient arrangements in place for the disposal of waste. The external grounds were maintained in a good state of repair.

Although inspectors determined that the centre could meet the needs of the current residents, they were not assured that the centre could accomodate an additional resident. Since the last inspection, a staff bedroom/office had been added to the centre. However, notwithstanding the addition of this room, inspectors determined that there was insufficient communal space to increase the occupancy of the centre at this time. As of the day of inspection, there could be seven individuals in the centre at any one time if all residents were at home. Inspectors observed the environment to be crowded while they were present, particularly the kitchen/dining room. Inspectors queried with staff the proposed arrangements for mealtimes and staff stated that they would most likely use the breakfast bar as well as the kitchen table. Also a review of incident forms demonstrated that there were times when residents required physical restraint by two staff in this room. Current residents were also assessed as requiring a low arousal environment. The addition of another resident and staff would increase the day to day number of individuals (residents and staff) in the centre to nine, which was reflective of

what inspectors observed. Therefore inspectors found, a new admission, including staff to support them could negatively impact on the current service provided.

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):
No actions were required from the previous inspection.

Findings:
The centre had policies and procedures in place for the health and safety of residents, staff and visitors. This included an assessment of the collective and individual risks within the centre. However, a review of the risk assessments demonstrated that the identified control measures were not consistently implemented in practice. For example, a control for smoking was that it would occur in a designated area. Inspectors observed smoking to occur outside of this area. Furthermore, a control to support residents who experience behaviours that challenge were specific staffing levels at all times. A review of accident/incident forms demonstrated that the staffing levels residents required at all times were not with the resident at the time of the incident.

There was certification and documentation to show that the fire alarm, emergency lighting and fire equipment were serviced on a regular basis. The fire evacuation map was on display in a prominent location. The centre also completed regular fire drills. Staff informed inspectors of the procedure to be followed in the event of a fire. However, inspectors found that the records of fire drills did not identify the number of residents and staff present during the fire drills. Therefore, not demonstrating that the highest number of residents could be evacuated with the lowest compliment of staffing.

Fire doors were located in the centre however, cold smoke seals were not present on some doors, some self closers were not operating effectively and one fire door was unable to close fully.

In addition, inspectors had concerns regarding the arrangements in place for sleepover staff. The staff office/bedroom opened directly into the kitchen. Therefore was not provided with a protected means of escape in the event of a fire, which is a requirement for all sleeping accommodation. Furthermore, the sleeping location of staff would change with the proposed admission of another resident to the centre. Prior to this, one sleepover room was on the same corridor as residents' bedrooms. Therefore staff had a protected means of escape to support residents if required. The proposed arrangement was that both staff would have to go through the kitchen to reach residents' bedrooms

in the event of a fire at night. The effectiveness of this arrangement had not been assessed. This matter was discussed during the feedback process. The person in charge told inspectors that in the interim, staff will sleep in the spare room in the same area as the other residents' rooms until the arrangements were assessed by a suitably competent person.

There were procedures in place for the prevention and control of infection and inspectors found that all areas were clean and hygienically maintained. Inspectors reviewed a sample of cleaning checklists and schedules. There was personal protective equipment, hand wash gels and facilities located throughout the centre.

The centre's vehicles were not inspected as part of this inspection.

Judgment:
Non Compliant - Moderate

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 were policies and procedures in place for the safeguarding of vulnerable adults. Staff had also received training in this and were found to be knowledgeable of what constitutes abuse and the action to be taken in the event of an allegation or suspicion of abuse occurring. Inspectors found that all allegations and suspicions of abuse had been processed in line with policy. Residents stated that they liked their home and inspectors observed residents to be comfortable with staff and within their environment .

There were supports in place for residents who required positive behaviour support. This included referral and assessment by the appropriate allied health professionals and the development of positive behaviour support plans. The plans included both proactive and reactive strategies. However a review of accident/incident report forms did not demonstrate that the actions staff had taken were in line with the proactive and reactive strategies identified. Inspectors spoke with staff regarding this and found that the action taken had been to safeguard residents. It was not clear if the rationale for this deviation from the plan had been effectively communicated to the relevant allied health

professional. Therefore the plan had not been reviewed to ascertain if this was an effective and appropriate response to ensure that all efforts were made to identify and alleviate the cause of a resident's behaviour. Furthermore, minutes of staff meetings stated that a resident was due to be discharged from the behaviour support team. The rationale for this was unclear as there had been no reduction in the number of aggressive or assaultive incidents and staff informed inspectors that the proactive strategies were no longer effective.

Inspectors found that areas in which residents required positive behaviour support had not been consistently identified, particularly regarding nutrition.

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:
A review of records demonstrated that not all incidents as required by Regulation 31 were notified to HIQA. Notifications not reported to HIQA included an injury to a resident requiring medical attention and an allegation or suspicion of abuse.

Judgment:
Non Compliant - Major

Outcome 10. General Welfare and Development
Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

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

Findings:
Inspectors found that residents were supported to access opportunities for skill building and development. This included activities within the home inclusive of learning skills to enable as much independence as possible in areas such as cooking and laundry. Residents also attended formal day services and took part in volunteer programs.

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:
Residents were supported to attend their General Practitioners (GP) when a need arose. Inspectors also found that residents had good access to a wide range of allied health professionals, including opticians, dentist, chiropody and audiologist. However improvements were required to the day to day practices within the centre to ensure that the healthcare needs of residents were met.

Residents also had a health care assessment in place with the purpose of identifying their needs. Following this a health management plan was developed which outlined the day to day supports residents required to ensure that their needs were met. Inspectors identified areas of inconsistencies in some plans and also instances in which the support provided for residents was not in line with their plan. For example, there was general guidance regarding monitoring a resident's blood pressure. Inspectors identified an instance in which the resident's blood pressure was outside of the standard parameters. There was no action taken following this and the plan of the resident did not outline what action, if any, was to be taken. One plan stated that a resident's weight should be recorded daily. This was not happening in practice. Inspectors also identified an epilepsy management plan which referred to emergency medication. This was not prescribed.

Personal plans had a focus on healthy eating and emphasised the importance of residents being supported to maintain a healthy Body Mass Index (BMI). This was also included in some residents' monthly goals. Residents were also assessed by a dietician and speech and language therapist.

Residents reported satisfaction with the food provided and as stated previously were supported to be involved in the shopping for and preparation of meals.

Judgment:
Non Compliant - Moderate

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:
There were policies and procedures in place for safe medication management practices. Staff had received training in the safe administration of medication. The inspector observed medication to be stored in a secure location and there was a separate area for the storage of medication which was to be returned to the pharmacy. However, clear guidance was not provided in relation to the administration of p.r.n (as required) medication. For example, if residents were prescribed pain relief this was not supported by a pain assessment. There was also an absence of guidance to support the circumstances in which psychotropic medications should be administered on a p.r.n basis.

Of the sample of prescription records reviewed, inspectors confirmed that they contained all of the necessary information, including the name, date of birth and address of the resident. There was also a signature for each individual medication. The maximum dosage to be administered in a 24 hour period for p.r.n medication was also stated.

Of the sample of administration records reviewed, inspectors confirmed that they contained all of the relevant information and the times medication was administered correlated with the times prescribed.

Residents had been assessed for their ability to self administer their medication.

Judgment:
Non Compliant - Moderate

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:
As part of the application to increase the occupancy of the centre, the provider submitted a Statement of Purpose to HIQA. Inspectors reviewed the document and identified areas in which amendments were required. For example, on the day of inspection, management stated that the centre only provides services to female residents. However the Statement of Purpose states that services are provided to both male and female residents. Also the name of an individual, within the document, stated as participating in management differed from those present on inspection.

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 person in charge was full time and was only responsible for this centre. The person in charge was knowledgeable of the residents and residents and staff spoke positively about the person in charge. The person in charge was clear of their statutory responsibility. The person in charge was actively involved in the day to day management of the centre.

There was a clear governance and management structure in the centre. The person in charge reported to the regional manager, who in turn reported to the Director of Operations. The Director of Operations reported to the Chief Operating Officer (COO). The COO was the person nominated on behalf of the provider for the purposes of engaging with HIQA. The regional manager was nominated as a person participating in management under the Health Act 2007.

There was a regular schedule of audits within the centre. The templates utilised were based on the National Standards for Residential Services for Children and Adults with Disabilities. Areas audited included residents' rights, personal plans, restrictive practices, governance and management and residents' finances. Audits identified areas of compliance and non compliance. However, inspectors found that there was an no evidence to support why an area was deemed compliant. There were instances in which areas for improvement were identified. Based on the findings of this inspection, some of these areas had been addressed and other areas had not. For example, it had been identified that additional information was required in personal plans to support residents to develop skills. This had been addressed as reflected in this report. However, it had also been identified in August 2016 that there was insufficient evidence of appropriate action following a resident's blood pressure being identified as irregular. This had not been addressed. Another area, as reflected in this report, was additional information was required for the supports residents' required due to secondary diagnoses. This had not been adequately addressed.

There had been an annual review of the quality and safety of care in the centre. This was completed in June 2016 and was also based on the national standards. The report included both qualitative and quantitative information and identified areas of improvement within the centre and an action plan for the coming year. It also included the outcome of consultation with residents and/or their representatives.

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):
No actions were required from the previous inspection.

Findings:
Residents within the centre were allocated specific staffing levels as per the service level agreement between the Health Service Executive and the provider. A review of a sample of rosters confirmed that the staffing levels present in the centre were reflective of the information provided to inspectors at the commencement of the inspection and in the Statement of Purpose. Inspectors were also informed and personal plans reflected that residents required consistency of care to ensure that their assessed needs were met. As

of the day of inspection, there was a core permanent staff team within the centre, who were supported by a consistent team of relief staff if required. Residents spoke positively of staff and appeared familiar with the individuals who supported them.

A review of training records demonstrated that all staff had received appropriate mandatory training, including the protection of vulnerable adults, fire safety and manual handling training. Staff had also received training in breakaway techniques, restrictive practice, basic first aid and the safe administration of medication.

Staff received regular supervision by management and informed inspectors that they found it beneficial. There was also a regular forum of team meetings.

Staff files were not reviewed on this inspection.

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:

Jillian Connolly
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[1]

Centre name:	A designated centre for people with disabilities operated by Nua Healthcare Services Unlimited Company
Centre ID:	OSV-0005046
Date of Inspection:	16 November 2016
Date of response:	24 January 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 information available for a prospective resident did not demonstrate that the centre could meet their needs.

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 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

Please state the actions you have taken or are planning to take:
The recommendations in the most recent Allied Health Professional report complete on 25/10/2016 which was available on the day of inspection identified the Centre as "the most suitable identified placement".

Proposed Timescale: 24/01/2017

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Personal plans did not adequately identify the supports residents' required to ensure all of their assessed needs were met.

2. Action Required:
Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

Please state the actions you have taken or are planning to take:
PIC to review Personal Plans to ensure all supports assessed are implemented.

Proposed Timescale: 15/02/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inspectors were not assured that there was sufficient communal space to accomodate a new resident.

3. Action Required:
Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

Please state the actions you have taken or are planning to take:
Following conversations with the Inspector regarding the VoC, revised plans for the Centre were submitted to the inspector on the 02.12.2016 and 19.01.2017. We believe

these plans address the concerns regarding the kitchen being too small. The kitchen counter could be removed and extended along the wall, allowing freedom of movement throughout the space. We are also suggesting that the conservatory doors and one wall removed converting this into an open plan dining area.

Proposed Timescale: To be decided pending the decision of the VoC

Proposed Timescale:

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:
A review of the risk assessments demonstrated that the identified control measures were not consistently implemented in practice.

4. 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:
All Risk Assessments in the Centre will be reviewed to ensure that all control measures are implemented into practice.

Proposed Timescale: 07/02/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some fire doors did not have the appropriate seals in place and self closers were not operating effectively.

5. Action Required:
Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

Please state the actions you have taken or are planning to take:
All fire doors have been reviewed by a competent person and appropriate fire and smoke seals aswel as overhead door closers have been re-fitted to same which are in full operational use.

Proposed Timescale: 30/11/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inspectors also observed that the staff office/bedroom opened directly into the kitchen. Therefore not being provided with a protected means of escape in the event of a fire, which is a requirement for all sleeping accommodation.

6. Action Required:
Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

Please state the actions you have taken or are planning to take:
The staff office/bedroom (inner-room) has been equipped with an external door as a protected means of escape in the event of a fire.

Proposed Timescale: 14/12/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Fire drills did not identify the number of residents and staff present during the fire drills. Therefore, not demonstrating that the highest number of residents could be evacuated with the lowest compliment of staffing. The proposed new sleeping arrangements for staff would mean that both staff would have to access the kitchen to reach residents' bedrooms in the event of a fire at night. The effectiveness of this arrangement had not been assessed.

7. 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 relevant information will be recorded to include those attending fire drills, time required for full evacuation and issues encountered. The response of residents and staff to the procedure will be recorded and reviewed to ensure learning, therefore demonstrating if the maximum number of residents could be evacuated with the lowest number of staff.
The proposed sleeping arrangements in relation the VoC, revised plans for the Centre will have one sleep over staff and one waking night staff. This will ensure that an effective arrangement will be in place in the event of a fire. If the VoC is approved the Statement of Purpose will be updated to reflect the introduction of the waking night of the Centre. (Proposed Timescale: To be decided pending the decision of the VoC)

Proposed Timescale: 15/02/2017

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:
Incident report forms demonstrated that staff had deviated from the positive behaviour support plan of residents. This had not been reviewed to ascertain if it was appropriate. Inspectors were informed that a resident was due to be discharged from the behaviour support team. The rationale for this was not clear.

8. Action Required:
Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

Please state the actions you have taken or are planning to take:
The resident the inspector is referring to will no longer have an active Multi- Element Behaviour Support Plan, however strategies of positive behaviour support as well as reactive strategies will form part of the residents Personal Plan. Behaviour Support will continue to be available on the request of the PIC through the walk-in clinic and also through contacting the Behaviour Support team directly.

Behaviour Support Plans have been reviewed and reactive strategies to support residents have been included in the resident's' Personal Plans.

Proposed Timescale: 29/11/2016

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:
HIQA were not notified of an injury to a resident requiring medical attention

9. Action Required:
Under Regulation 31 (1) (d) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any serious injury to a resident which requires immediate medical or hospital treatment.

Please state the actions you have taken or are planning to take:
All notifications requiring medical attention to a resident will be notified to the Authority. The outstanding notification has been submitted in retrospect.

Proposed Timescale: 23/11/2016

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
HIQA were not notified of an allegation or suspicion of abuse.

10. Action Required:
Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

Please state the actions you have taken or are planning to take:
All notifications of the occurrence of any allegation of suspicion of abuse of any resident will be notified to the Authority.
The outstanding notification has been submitted in retrospect.

Proposed Timescale: 23/11/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inspectors identified areas of inconsistencies in some healthcare plans.

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

Please state the actions you have taken or are planning to take:
Healthcare Plans will be reviewed and updated to ensure consistency.

Proposed Timescale: 07/02/2017

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:
There were inadequate guidelines for the administration of p.r.n medication.

12. 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:
Review symptom assessment tools requiring prn intervention to ensure they reflect each residents assessed presentation, management plan, PRN intervention guidance and monitoring arrangements necessary to support each resident.

Proposed Timescale: 22/02/2017

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose was not accurate.

13. Action Required:
Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

Please state the actions you have taken or are planning to take:
The statement of purpose will be updated to include the recently appointed PPIM as well as the current gender of the residents living in the Designated Centre.

Proposed Timescale: 07/02/2017

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:
Not all deficits in service delivery identified in audits were addressed.

14. 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:
Audit reports do identify compliance, however areas of non-complaince and Partially complaint are ticked in the audit reports that the inspector viewed. The areas of compliance are available through the auditing system which are available in the Centre

if required by the Authority. PIC to ensure that all areas of deficit identified through audits are addressed.
Proposed Timescale: 15/02/2017