

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Summerville Respite House
Centre ID:	OSV-0005627
Centre county:	Waterford
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Waterford Intellectual Disability Association Company Limited By Guarantee
Provider Nominee:	Fiona O'Neill
Lead inspector:	Lorraine Egan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	6

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 25 May 2017 10:15 To: 25 May 2017 15:00

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 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was the first inspection of the centre which comprised of one house and was not operational at the time of the inspection.

This monitoring inspection was carried out to inform the registration of the centre. A number of areas were inspected to assess if the provider had systems to ensure the requirements of the regulations were met.

How we gathered our evidence:

The inspector met with the provider nominee and the person in charge of the centre. The person in charge was also person in charge of another centre operated by the provider. Both persons outlined their roles, remit and the systems to ensure their involvement in other centres would not impact negatively on the operation of this centre.

The inspector viewed the premises and reviewed the systems to ensure support provided to respite users would meet respite users' assessed needs and be in compliance with the regulations and standards. This included policies, procedures and respite users' assessments and support plans. The inspector also interviewed the person in charge and the provider nominee.

Description of the service:

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. The document stated that the service will be available to adults with an intellectual disability who require some support with activities of daily living. The service will be focused on providing a home from home environment which will support respite users to access their local community, develop their independence and enjoy a holiday with their peers.

The centre was a house which was located on the periphery of a large town. Each respite user will have an individual bedroom when staying in the centre. There were arrangements for respite users to share a bedroom if they wished. There was adequate communal space for the purpose and function of the centre. The communal space was a large kitchen, living and dining area and a separate visitors' room. There was a vehicle for respite users to use when staying in the centre.

Overall judgment of our findings:

The person in charge outlined clear systems to identify and meet the assessed needs of respite users. These included arrangements to ensure respite users' rights were upheld, all required support was provided and respite users were safe.

Good practice was identified in all areas with some improvement required to respite users' service agreements, the statement of purpose, staff files and the guide for respite users. These are discussed in outcomes 4, 13, 17 and 18.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

This was the centre's first inspection by the Authority.

Findings:

There were systems in place to ensure respite users were consulted, respite users' rights were promoted, respite users had access to advocacy, respite users' privacy and dignity was respected, respite users were supported to exercise choice and control and maximise their independence, and respite users were supported to make complaints.

The person in charge said respite users will be consulted about how the centre is planned and run. For example, the daily routine will be led by respite users and respite users will be supported to make choices about all aspects of their care and support. Respite user meetings will take place at the commencement of each respite stay. A template for recording these meetings was in place.

There was a system to ensure respite users will have access to advocacy services and information about their rights. There was a charter of rights in the centre.

The person in charge outlined the ways in which respite users will be supported to have opportunities similar to their peers. Community participation and participation in normal activities of daily living will be part of respite users' stay.

There were procedures to support respite users to manage their money and valuables. Each respite user would be supported in line with their individual needs and wishes.

There were policies and procedures for the management of complaints. There was a nominated person to deal with all complaints. There was a person responsible for ensuring that all complaints were responded to and records maintained.

The person in charge said the complaints process will be accessible to all respite users.
There was no CCTV (closed circuit television) in the centre.

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):

This was the centre's first inspection by the Authority.

Findings:

There were policies and procedures in place for admitting respite users, including transfers, discharges and the temporary absence of respite users.

The inspector was told respite users and their families would be supported to visit the centre prior to respite users stay in the centre for the first time. The person in charge outlined the way respite users and their families had been communicated with about the purchase and refurbishment of the house.

Respite users had service agreements which outlined the care and supported provided. The service agreements included the fee charged. The inspector viewed two service agreements. Although the service agreements were signed by the respite users and their families they were not signed by the provider or a person on the provider's behalf. It was therefore not evident that the provider had agreed to the terms the respite user would reside in the centre.

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:

There were systems in place to ensure each respite user's health, personal and social care needs were assessed on an annual basis and more frequently where required.

There were arrangements to ensure each respite user and their family would be involved in planning and reviewing the respite user's care and support needs. The person in charge outlined the way each respite user's assessed needs and support plans would be reviewed prior to each respite stay. In addition, the person in charge had a system for reviewing care and support needs following a respite stay. She said the information would be reviewed to ensure any changes were made if required.

The inspector viewed the health, personal and social care plans for two people who would be using the centre for respite. The respite users' care and support needs had been assessed, support plans were in place and reviewed regularly, and changes were made where required.

Judgment:

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):

This was the centre's first inspection by the Authority.

Findings:

The centre was a two storey house which had been refurbished to provide accommodation for a maximum of six respite users. It was located in on the periphery of a large town.

The house had seven bedrooms, an open plan kitchen living and dining room and a visitor's room. Some bedrooms had en-suite bathrooms and some respite users would share bathrooms. There were facilities for respite users to share a bedroom if they wished.

The house was decorated and furnished to a high standard. All furniture was new and the house was comfortable and homely.

There was adequate heat, lighting and ventilation in the house.

The external landscaping was being completed at the time of the inspection. The inspector was told the grounds would be accessible to respite users once completed. The provider nominee said photographs of the external grounds would be submitted to the inspector once complete.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

There were policies and procedures in place for risk management, emergency planning, health and safety and incidents where a respite user goes missing.

Arrangements were in place for investigating and learning from serious incidents or adverse events involving respite users. There were also arrangements in place for responding to emergencies.

The person in charge outlined the measures which would be place to prevent accidents. This included using risk assessments to inform the control measures required to mitigate any potential risks to respite users, visitors and staff in the centre.

There were policies and procedures for the prevention and control of infection. There were arrangements in place for the disposal of waste.

There was a vehicle for the use of respite users residing in the centre. There were systems in place to ensure the vehicle was roadworthy and suitably equipped.

Suitable fire equipment was provided which included a fire alarm, emergency lighting

and fire fighting equipment, such as fire extinguishers and fire blankets.

There was adequate means of escape and documentation viewed outlined the system which would be implemented to ensure fire exits were unobstructed.

There was a procedure for the safe evacuation of respite users and staff in the event of fire. The inspector was told the procedure would be expanded to ensure staff had a comprehensive plan to guide them in evacuating the centre if required.

The mobility and cognitive understanding of respite users would be adequately accounted for in the evacuation procedure. Each respite user would have a personal emergency evacuation plan (PEEP) which would outline the supports the respite user required to safely exit the building in the event of a fire.

Training in fire prevention, emergency procedures, building layout and escape routes, and location of fire alarm points was provided to staff. The person in charge said all staff and respite users will take part in fire drills in the centre to ensure they are fully aware of how to evacuate safely in the event of an emergency.

The inspector was told the fire alarm will be serviced on a quarterly basis and fire safety equipment will be serviced on an annual basis.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

This was the centre's first inspection by the Authority.

Findings:

There was a policy on, and procedures in place for, the prevention, detection and response to abuse. Staff had received training on the prevention, detection and response to suspected, confirmed or alleged abuse.

There were measures in place to keep respite users safe and protect them from abuse. The person in charge outlined the systems in place to ensure respite users were safe.

This included training for staff to ensure there were no barriers to respite users or staff disclosing abuse. Admission procedures included reviewing respite users compatibility when staying in the centre.

There was a policy in place for the provision of behavioural support. Staff had received training in managing behaviour that is challenging including de-escalation and intervention techniques.

There was a system to ensure that respite users who required support with behaviours that challenge had support plans in place. The inspector was told that none of the respite users who would be staying in the centre required support with behaviours that challenge.

There was a policy in place on the use of restrictive procedures and physical, chemical and environmental restraint. The person in charge told the inspector that the rights of respite users would be protected in the use of restrictive procedures and all alternative measures would be considered before a restrictive procedure is implemented.

There was a keypad on the front door. The inspector was told that all respite users will receive the code and will be supported by staff if they are unable to open the door using the code.

The inspector was told that any required specialist and/or therapeutic interventions would be implemented in consultation with the respite user and their family member.

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):

This was the centre's first inspection by the Authority.

Findings:

A sample of documentation viewed showed the ways in which each respite user will be supported to achieve and enjoy the best possible health.

Systems were in place to ensure all respite users' health care needs were assessed and corresponding care plans compiled. Respite users will be supported by their families and the centre will have all required information. Health monitoring documentation will be completed and respite users' health needs will be reviewed regularly with appropriate

input from multidisciplinary practitioners where required.

The inspector was told that respite users have access to a general practitioner (GP), to an out-of-hours GP service and to a dentist for annual reviews and more frequent appointments where required.

The inspector was satisfied that if the proposed practices are implemented, respite users' nutritional needs will be met to an acceptable standard. Weights will be recorded as required and dietitian input will be in place for respite users who require support.

The person in charge said staff will support respite users to choose and prepare their meals in line with their dietetic and personal needs and preferences.

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):

This was the centre's first inspection by the Authority.

Findings:

There were written policies relating to the ordering, prescribing, storing and administration of medicines to respite users.

The processes in place, as outlined by the person in charge, were safe and in accordance with current guidelines and legislation. For example, medicines will be stored in a locked cupboard and there will be a specific procedure for the storage and administration of medicines which require strict control measures.

The inspector was told medicines will be administered by staff who have received appropriate training. Training records showed that staff who would be working in the centre had received this training. The person in charge said a system will be put in place for reviewing and monitoring safe medicine management practices.

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):

This was the centre's first inspection by the Authority.

Findings:

There was a written statement of purpose which set out a statement of the aims, objectives and ethos of the designated centre. It also stated the facilities and services which are to be provided for respite users.

The statement of purpose contained all information required by the regulations. However, some information was inconsistent with the information received as part of the provider's application to register the centre. For example, the statement of purpose stated that children would be accommodated in the centre. In addition, the maximum number of persons who would be accommodated at the centre differed from the number on the application form.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

Findings:

There was a clearly defined management structure which identified the lines of authority and accountability in the centre. The person in charge worked full time Monday to Friday and was also responsible for the management of another designated centre. She had clear systems to ensure the effective governance of both centres.

The person in charge had the required experience, qualifications and knowledge to hold the role. She was responsible for the provision of respite services throughout the organisation. She had extensive experience of working with people with disabilities, relevant qualifications and had experience of managing services.

The provider nominee was present on the day of inspection. She held a senior management role and was knowledgeable of her operational and regulatory responsibilities.

The person in charge outlined the management systems which would be put in place to ensure that the service provided is safe, appropriate to respite users' needs, consistent and effectively monitored. This will include regular auditing of all aspects of the service, unannounced visits by the provider or a person nominated by the provider and an annual review of the quality and safety of care in the designated centre.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

Findings:

There were appropriate arrangements for the management of the centre in the absence of the person in charge. The provider was aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during her absence.

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
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: There was evidence to show the centre will be resourced to ensure the effective delivery of care and support in accordance with the centre's statement of purpose. This included staffing and meeting the assessed needs of respite users.</p>
<p>Judgment: Compliant</p>

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):
This was the centre's first inspection by the Authority.

Findings:
From the information available at inspection, the inspector was satisfied that there will appropriate staff numbers and skill mix to meet the assessed needs of respite users. The person in charge and provider nominee said that all staff will be supervised on an appropriate basis. There was a plan for staff familiar with respite users and their assessed needs to support respite users in the centre.

The person in charge told the inspector that the staffing levels will based on the assessed needs of respite users. A staff member will sleep in the centre each night.

Records of staff training were maintained. The inspector viewed a sample of staff training records and saw that all required training had been provided. This included training in fire safety, administering medicines, adult protection and the management of behaviour that is challenging.

The inspector viewed a sample of staff files. The files contained all required information with the exception of a full employment history, a reference from the person's most recent employer and a description of the work performed by the staff member. The inspector was told a review of all staff files would take place to ensure all items required

by the regulations were in place.

At the time of the inspection there was no plan for volunteers to work in the centre.

Judgment:

Substantially Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

This was the centre's first inspection by the Authority.

Findings:

The inspector found that there were systems in place to maintain complete and accurate records.

The policies required by Schedule 5 of the regulations were maintained. Adequate insurance cover was in place.

The inspector read the residents' guide and found it included the terms and conditions relating to residency and a summary of the complaints procedure. However, it did not contain a summary of the services and facilities provided, arrangements for respite users' involvement in the centre, how to access any inspection reports on the centre and the arrangements for visits.

The person in charge outlined the systems which would be put in place to ensure that medical records and other records, relating to residents and staff, will be maintained in a secure manner.

There was a directory of respite users. It contained all the required information.

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:

Lorraine Egan
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 Waterford Intellectual Disability Association Company Limited By Guarantee
Centre ID:	OSV-0005627
Date of Inspection:	25 May 2017
Date of response:	02 June 2017

Requirements

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

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

It was not evident the provider had agreed to the terms on which the respite user would reside in the centre.

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 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

PIC to sign service provision agreement for all respite service users

Proposed Timescale: 09/06/2017

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

Some information in the statement of purpose was not accurate.

2. 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:

Statement of purpose reviewed and relevant changes made and amended SOP forwarded to HIQA on 31/05/17

Proposed Timescale: 31/05/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Some information and documents as specified in Schedule 2 were not in place for all staff.

3. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

Review of staff files by HR manager so that all staff have the relevant documentation on file

Proposed Timescale: 01/09/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

The guide prepared in respect of the designated centre did not include a summary of the services and facilities provided.

4. Action Required:

Under Regulation 20 (2) (a) you are required to: Ensure that the guide prepared in respect of the designated centre includes a summary of the services and facilities provided.

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

Resident guide amended and summary included forwarded to HIQA 31/05/17

Proposed Timescale: 31/05/2017

Theme: Use of Information

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

The guide prepared in respect of the designated centre did not include arrangements for resident involvement in the running of the centre.

5. Action Required:

Under Regulation 20 (2) (c) you are required to: Ensure that the guide prepared in respect of the designated centre includes arrangements for resident involvement in the running of the centre.

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

Resident guide amended and forwarded to HIQA 31/05/17

Proposed Timescale: 31/05/2017

Theme: Use of Information

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

The guide prepared in respect of the designated centre did not include how to access any inspection reports on the centre.

6. Action Required:

Under Regulation 20 (2) (d) you are required to: Ensure that the guide prepared in

respect of the designated centre includes how to access any inspection reports on the centre.

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

Residents guide amended and included access to inspection reports included.
Forwarded to HIQA 31/05/17

Proposed Timescale: 31/05/2017

Theme: Use of Information

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

The guide prepared in respect of the designated centre did not include arrangements for visits.

7. Action Required:

Under Regulation 20 (2) (f) you are required to: Ensure that the guide prepared in respect of the designated centre includes arrangements for visits.

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

Residents guide amended and arrangements for visits included. Forwarded to HIQA
31/05/17

Proposed Timescale: 31/05/2017