

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Westside Residential Service
Centre ID:	OSV-0001790
Centre county:	Mayo
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Western Care Association
Provider Nominee:	Bernard O'Regan
Lead inspector:	Thelma O'Neill
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	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 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: 02 March 2017 09:00 To: 02 March 2017 18:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This was the third inspection of this centre. The first registration inspection took place in January 2016 and the follow-up inspection took place in June 2016. However, another follow-up inspection was required due to a change in the person in charge of this centre. On this inspection the inspector also followed-up on the actions from the last inspection.

On this inspection, the inspector completed a 10 outcome inspection. The inspector reviewed the actions from the last inspection, which included a review of the use and management of residents personal finances, however, this action was not addressed. The inspector found that residents were charged excessive amounts of money for the use of the transport that was not in line with the service level agreement. As a result an immediate action was issued by the inspector requiring the provider to complete a review of residents' finances in this centre. A response to this immediate action was returned to HIQA on the 16 March 2016 and the provider accepted that the residents were charged excessively for the use of the centre transport. The provider gave an assurance the money would be reimbursed to residents in full.

How we gathered our evidence:

As part of the inspection, the inspector met with four residents and their support staff. Two residents were able to communicate verbally with the inspector, both residents said they liked living in the centre and that staff were good to them. The inspector also interviewed as part of the inspection; the person in charge, the senior nurse, and the area manager of the services. In addition, the inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files to assess for compliance with the regulations.

Description of the service:

The provider produced a document called the statement of purpose which outlined the service they provided. Since the previous inspection, the statement of purpose had been reviewed to include the details of the new person in charge of the centre.

The centre was operated by the Western Care Association and consists of one house in County Mayo. The service provided was a full-time residential service, for adults male and female residents aged between 43 -71 years. The residents living in this centre had both intellectual and physical disabilities.

Overall judgment of our findings:

The inspector found that improvements had occurred since the last inspection. Of the ten outcomes inspected, eight were compliant or substantially compliant, and one outcome was non compliant moderate and one major non-compliant. The inspector also reviewed the 15 actions issued following the last inspection in June 2016 and found that twelve actions were complete and three actions were not completed. The three outstanding actions, related to the management of residents finances and the use of physical and environmental restrictions.

On this inspection, the inspector found that the provider had not put appropriate governance and management systems in place to monitor the service provision and operational procedures in place to safeguard the residents money, or to manage and regulate the use of restrictive practices, and their impact on all of the residents living in this centre. The inspector found that residents medical and social care needs were well met. For example, two residents that had serious medical conditions were provided full support from staff with eating and drinking and personal care. In addition, the inspector observed staff treating residents with kindness and patience when interacting with them. It was also very evident to the inspector that staff were very supportive to residents in achieving their social goals and activities.

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 of this report.

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:

The inspector found that residents were consulted with, and provided opportunities to participate in decisions in their care and about the organisations of the centre.

The inspector found that there was documentation to show that residents were supported to make choices and decisions on a daily basis. In addition, residents privacy and dignity was protected, as all residents had their own bedroom and communal space was also available to residents. Furthermore, residents were supported to make complaints if required, although there were no open complaints active at the time of the inspection. The inspector reviewed the actions from the last inspection, two actions were complete.

The inspector saw that each resident had the opportunity to exercise choice in accordance with their individual preferences. The inspector observed that some residents were unable to verbalise their wishes, for these residents staff used alternative methods of communication such as pictures, symbols or objects to offer choices and gain their consent.

Residents were encouraged to make choices on a daily basis. This was achieved by conducting residents meetings, individualised circle of support meetings and ongoing communication with family members.

There was a new complaints policy in place for the management of complaints since January 2017. The inspector was shown a new easy to read version of the complaints procedure for the residents to use, as an aid to guide staff in the management of any

complaints against the service. Complaints were well-managed and there was no record of any complaints since the 2 February 2016. All previous complaints were investigated and closed to the satisfaction of the complainant.

Each resident's privacy and dignity was respected. Residents had the opportunity to receive visitors in private. Residents' personal files, medication, and petty cash were all kept in a locked cupboard in the house.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

The inspector found that each resident had the opportunity to participate in meaningful activities, appropriate to their interests and preferences. The residents wishes to participate in these activities were outlined in their annual plan, which included their personal and social goals. Many of these goals included residents wishes to participate in meaningful activities in the local community.

The inspector found that there were two actions issued previously under social care needs, one action was complete and the second action was not complete, as it related to a resident the transitioning of a resident to a more suitable service and this had not been progressed. On the last inspection, the inspector found that the compatibility of residents living together was not appropriate to meet the needs of all residents. The provider had stated in their action plan response, that they would consult with individual residents, families, and other stakeholders including advocacy services to commence a process of planning change. However, this had not occurred and there was no progress on this issue or transitional plans in place to support the resident moving to a new service.

Residents' health care needs were attended to by the staff or the residents' family. An

annual assessment were completed for all residents to ensure that staff had up to date information on changes on each residents' health care needs.

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:

There was one house in this designated centre. The centre had seven bedrooms and accommodated up to five residents and two bedrooms for sleepover staff. There was four residents residing in the centre and there was one vacancy.

The design and layout of the centre were suitable for its stated purpose and met the residents' individual and collective needs in a comfortable and homely way. The premises were clean and well maintained and had suitable heating, lighting and ventilation. However, the walls in the hallway and the residents' bedrooms required repainting as they were damaged from the use of wheelchairs.

There was suitable equipment, aids and appliances in place to support and promote the full capabilities of residents. For example, there were communication aids in place outside each room called a "talking tile" which advised a resident with a visual impairment which room they were entering.

The house was large and spacious which allowed for adequate private and communal accommodation. There was also ceiling hoist installed in residents bedrooms and bathrooms, as required to meet their individualised needs. Service records reviewed showed that equipment in the centre was being regularly maintained and in good working order

There was a safe suitable outside seating area for residents to use when weather permits.

Judgment:

Substantially Compliant

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Outcome 07: Health and Safety and Risk Management <i>The health and safety of residents, visitors and staff is promoted and protected.</i>
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Theme: Effective Services

Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.
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Findings: The inspector reviewed the management of risk in the centre and found that there were adequate precautions in place to effectively manage the risk of fire. In addition; the inspector found that the management of organisational risks were adequate. However, the management of individual risk required improvement to prevent accidents and incidents in the centre. The centre maintained a organisational risk register. It included the risks identified in the centre and they were risk rated and managed. However, the accident and incident log in the centre showed that one resident had received a number of injuries due to their self injurious behaviour and a visual impairment. During the inspection, the inspector observed one individual mobilising independently around the house with staff supervision, however, the person made contact several times with the wall in the corridor, while trying to locate their bedroom. The inspector found that all risks relating to physical danger to the residents were not appropriately assessed and managed. Fire safety management in the centre was appropriately assessed and managed. There were adequate arrangements in place to detect and contain the spread of fire, such as; fire alert systems, emergency lighting, fire safety equipment, such as fire doors and fire extinguishers. The inspector also saw that regular fire drills had been completed and residents had personal evacuation plans in place that outlined the individualised supports required to evacuate the building. In addition, all staff were trained in fire safety evacuation.

Judgment: Substantially Compliant

Outcome 08: Safeguarding and Safety <i>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.</i>

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Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed the safeguarding procedures in place to protect residents in the centre and found that there were no allegations of abuse reported or being investigated in the centre. However, the inspector found that practices and oversight in place for the governance and management of residents finances was completely inadequate. As a result, an immediate action was issued to the provider to conduct an investigation into the inappropriate use of residents' money in this centre. Furthermore, the management of behaviours that challenge was inadequate as restrictive practices were in use and they were not appropriately reviewed or monitored.

The inspector reviewed the management of residents finances and found there were discrepancies in the use of residents money. The inspector found that residents' money had been inappropriately used to pay for transport services provided by the organisation and for other items that were not agreement with arrangements agreed between the provider and the residents' in their service level agreement. The inspector had found that there had been similar issues identified on the previous two inspections, but had not been adequately addressed.

Following the inspection, the provider responded to the immediate action on the 16 March 2017 stating that they had conducted a review, and that they agreed to reimburse all residents the full amount of money that was charged inappropriately to their accounts.

The inspector also reviewed the management of behaviours that challenge and found that there had been incidents or "behavioural outbursts" occurring in the centre which resulted in negative impacts on the residents. As a result, staff used physical and environmental restrictive practices as a means of protecting the residents. However, the inspector found that these actions had not been adequately risks assessed, or monitored and the restrictions were not recorded in a restrictive practice log or on the centre risk register. This issue had been identified on previous inspections, but had not been adequately addressed.

Judgment:

Non Compliant - Major

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that record of all incidents occurring in the centre was maintained in the centre; however, one incident where an resident received an accidental injury which required medical treatment was not notified to HIQA within three days as required under Regulation 31 of the Care and Welfare Regulations 2013. Furthermore, the inspector found that there were not appropriate systems in place to ensure these regulatory requirements would be met in the absence of the person in charge.

Judgment:

Substantially 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):

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

Findings:

Residents were supported on an individual basis to achieve and enjoy the best possible health. Each resident's health care needs were appropriately assessed and care plans were in place to ensure they received the appropriate care. The inspector also found that residents were encouraged and enabled to make healthy living choices.

Residents had timely access to GP services and appropriate treatment and therapies. Residents attended appointments with the allied health care services which reflect their diverse care needs. Records of all referrals and follow-up appointments were maintained.

The inspector observed residents eating their meals at breakfast and dinner time. Residents were supported and enabled to eat and drink when necessary in a sensitive and appropriate manner. Food looked nutritious, appetising, and presented in a consistency that the residents were able to eat with ease. Food was available at times suitable to residents. Snacks were also available throughout the day as requested.

The inspector also saw that members of the multidisciplinary team had reviewed residents care and provided advice to staff on their area of speciality. There was

evidence that the advice was implemented in accordance with each residents' personal plan.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

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

Findings:

There were appropriate medication management policies and procedures in place in this centre to ensure the safe prescribing, storing and administration of medications.

The processes in place for the handling and administration of medicines were safe and in accordance with current guidelines and legislation and inspectors saw that staff adhered to appropriate medication management practices.

There are appropriate procedures in place for the handling and disposal for unused and out of date medicines.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspector found that while the residents health and social care needs were well met in this centre, the systems in place for monitoring the quality of care and experience of the residents was not adequate. Areas where significant improvements was required related to the management and oversight of residents money and the impact that restrictive practices were having on all residents living in this centre. Furthermore, the inspector found that despite managements decision to move a resident to a more suitable environment to meet their needs, they had not progressed this goal and this was negatively impacting on the resident's individual needs.

Since the last inspection, a new person in charge had been appointed to manage this centre on the 13 July 2016. The person in charge of the centre was a suitably qualified person and worked full time in the centre. They had responsibility for the provision of the services in this centre on a daily basis. The person in charge demonstrated good leadership to the staff team and they had arrangements in place to meet with the staff team every six weeks to discuss the operational management of the centre. However, improvements were required by the person in charge for the governance of the centre, in areas, such as the management of residents money and restrictive practices.

In addition, although the management team had completed a comprehensive annual review of the overall service provision in the centre and six monthly unannounced visits of the care and welfare provided to residents, they did not identify safeguarding issues, and how these issues were impacting on the residents.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The inspector reviewed the level of staff support provided to residents in this centre and found that there were appropriate staff and skill mix in place to meet the assessed needs of residents. The inspector also found that the residents were familiar with staff which ensured continuity of care and support and supervision of the residents.

The inspector reviewed the actual and planned staff rota in the centre and found that it met the staffing requirements in the centre. In addition, the inspector found that all staff had completed mandatory training and had access to education and training according to the needs of residents and in accordance with evidence based practice. For example; the provider had arranged training for all of the staff on the best practice for managing behaviours that challenge and training in dementia care, as two of the four residents were diagnosed with this condition.

All staff and volunteers were regularly supervised, and recruited, selected and vetted in accordance with best recruitment practice. The inspector met one employee that was receiving supported employment as a cleaner, and she was very familiar with all of the residents and was supported by the staff and management in their post.

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:

Thelma O'Neill
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 Western Care Association
Centre ID:	OSV-0001790
Date of Inspection:	02 March 2017
Date of response:	27 April 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:

There was no transitional plan in place to support the resident that was transitioning between residential services.

1. Action Required:

Under Regulation 25 (3) (a) you are required to: Provide support for residents as they

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

transition between residential services or leave residential services through the provision of information on the services and supports available.

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

The person in charge will develop a transitional plan with the resident and circle of support to enable the move from the designated centre to a new residential setting.

Proposed Timescale: 15/05/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The internal walls in the house required repainting as they were significantly damaged.

2. Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

The registered provider will employ a painter to repair the damage, and paint the walls in the hallway and bedrooms.

Proposed Timescale: 30/05/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Individualised risk assessment were not appropriately assessed and risk managed, and measures put in place to prevent injury to residents.

3. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

The registered provider will review all individual risks plans to ensure that all risks to residents are assessed and managed.

Proposed Timescale: 12/05/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

There was no record kept of all restrictive practices in use in this centre. Furthermore, the frequency and the impact that restrictions were having on the residents, and their rights were not adequately assessed or documented.

4. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

Each instance of restriction will be recorded on incident reports and reviewed quarterly by the manager. They will be notified to HIQA quarterly. Instances of restrictive practices will be reviewed by the Person in Charge on a quarterly basis. Any new or changed restrictions will be recorded in each resident Rights Checklist and forwarded to the Rights Review Committee for review. The Rights Review Committee will provide additional monitoring, with the next review scheduled for Q4 2017. A briefing for staff in the service will be provided to ensure understanding of how restrictive practices are recorded and reviewed to ensure residents.

The use of bedrails will be kept under active review by the person in charge with formal review as required by the occupational therapist.

Proposed Timescale: 30/05/2017

Theme: Safe Services

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

The management and use of residents' money did not protect them from financial abuse.

5. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

The register provider conducted a review into resident's finances at the designated centre. All residents were reimbursed monies for expenditure that was not in line with their contract with the provider.

The Person in Charge has provided guidance to the staff team on the relevant policies on service users monies and decision making processes for the use of service users monies.(12/04/2017)

The registered provider will update organisation guidance to services on the use of service users monies and will provide a briefing to all service managers. (26/04/2017)

The person in charge will conduct monthly audits of resident's finances. This will be reviewed regularly by the Regional Services Manager. (04/05/2017)

A financial audit will be conducted during the providers biannual unannounced inspection to the designated centre.(19/05/2017)

Proposed Timescale: 19/05/2017

Outcome 09: Notification of Incidents

Theme: Safe Services

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

The person in charge did not notify the chief inspector of an injury to a resident within three days of the incident occurring.

6. Action Required:

Under Regulation 31 (1) (a) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of the unexpected death of any resident, including the death of any resident following transfer to hospital from the designated centre.

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

The Person in Charge submitted an NF03 on 07/03/2017

Proposed Timescale: 07/03/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The systems in place to manage the centre did not provide adequate oversight of the service. For example, audits did not identify safeguarding issues and the reviews of the quality and safety of care did not identify deficits in the service provision to the residents.

7. 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:

The Person in Charge will conduct a financial audit on a monthly basis. This will be reviewed regularly by the Regional Services Manager. (04/05/2017)

The registered provider will meet with all persons in charge to brief them on the revised guidance and to clarify the process for decision making on the use of residents monies.(26/04/2017)

The action plans arising from inspections by HIQA and the provider, along with local audits, including financial audits, will be monitored and reviewed by the Regional Service Manager and PIC

The provider will schedule an additional unannounced inspection to monitor progress on the action plans

All residents individual risk assessment and the centre risk register will be reviewed and updated by the person in charge. (12/05/2017)

Each instance of restriction will be recorded on incident reports and reviewed quarterly by the manager. They will be notified to HIQA quarterly. Instances of restrictive practices will be reviewed by the Person in Charge on a quarterly basis. Any new or changed restrictions will be recorded in each resident Rights Checklist and forwarded to the Rights Review Committee for review. The Rights Review Committee will provide additional monitoring, with the next review scheduled for Q4 2017. A briefing for staff in the service will be provided to ensure understanding of how restrictive practices are recorded and reviewed.

The use of bedrails will be kept under active review by the person in charge with formal review as required by the occupational therapist.

Proposed Timescale: 30/05/2017