

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St Hilda's Services
Centre ID:	OSV-0001833
Centre county:	Westmeath
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Hilda's Services
Provider Nominee:	Sheila Buckley Byrne
Lead inspector:	Ciara McShane
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:

09 July 2015 11:45

To:

09 July 2015 17:45

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 10. General Welfare and Development
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the centre's second inspection. The purpose of the inspection was to follow up on actions from the most recent inspection and to monitor ongoing compliance with the Regulations. The centre was in a housing estate near the town centre. Six residents resided there and were supported by staff with activities of daily living.

The inspector found for the most part the actions from the most recent inspection had been completed. For example the risk management policy was updated as too was the directory of residents. The complaints policy had also been updated and a robust complaints procedure was in place with a complaints log maintained to reflect same. The inspector found the centre to be homely, warm and well maintained. Each resident had their own bedroom which were personalised to reflect their own preferences and choices. Residents told the inspector they enjoyed their home and it was evident that residents had access and made decisions regarding their daily routines.

Some improvements were required to ensure the centre was in compliance with the Regulations. The inspector reviewed sample personal plans and found that further

developments were required to ensure that assessed needs were met with care plans to guide staff. Residents had short term goals outlined which were being achieved and measured by staff. However, there was an absence of long term aspirational goals ensuring that residents reached their potential.

Some policies required review and are described in the report. Although the training deficits from the most recent inspection were addressed staff required updates in areas such as safe administration of medication. These findings are further outlined in the body of the report and the action plan at the end.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector followed up on the actions from the most recent inspection and found that they had been completed.

The centre had a complaints policy that had been revised. The inspector found the appeals process was outlined and also included details for an external person should the complainant wish to appeal the provider's findings. The complaints policy also outlined the complaints officer and their contact details. Both staff and residents were familiar regarding the complaints process and who they would report a complaint to. The complaints policy was available in an accessible format which was kept in a prominent place in the designated centre along with a photo and the contact details of the complaints officer.

A complaints log was maintained at the centre. The inspector reviewed the complaints that had been logged; some were as recent as June 2015. The inspector found the complaints were resolved at a local level. Changes in practice were apparent as a result of complaints and the satisfaction level of the complainant was also recorded. From speaking with the residents and from a review of the complaints log, the inspector was assured that residents were supported to complain about aspects of the service they were dissatisfied with. Residents also had access to independent advocate services. Their local advocate was due to visit the residents at the end of July 2015.

The inspector found that resident's rights were respected. The inspector was told about resident's right to vote being respected. They were supported to vote where required, as to were residents who wished to return to their family home to vote. Residents had their own bedrooms and were free to return to same should they wish. Residents had

alternative spaces separate to their bedroom should they wish to have privacy. Residents received frequent visits from families and friends and had the option to meet them in private also. Residents told the inspector of occasions where family members visited them.

Residents had choice regarding meals and the food they purchased. Residents, at their weekly meetings, made a list of the items they wished to purchase in the shop and those who wished accompanied staff to complete the shop. The inspector saw that residents had free access in the kitchen and made cups of tea when desired.

Safe systems were in place to manage finances. Rent received from residents was recorded in a transparent consistent manner, with purchased items receipted and accounted for. The centre was subject to an external audit in addition to their own internal checks and balances. Residents were supported to manage their own finances independently. For example staff would assist them with collecting their weekly payments from the local post office and help them to complete a budget.

Judgment:

Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector found residents at the centre were supported to ensure they could effectively communicate and received information in a format that was accessible to them.

The inspector saw throughout the centre the use of pictures to communicate with residents. Examples of these included the staff rota which was demonstrated using photographs of the staff on duty in addition to meals and food choices in picture format. From a review of sample resident's personal plans, the inspector found that aspects of residents communication needs were assessed. However one for one resident further assessment was required to ensure staff were supporting the resident to communicate to the best of their ability. This is further outlined in Outcome 5. Staff spoken to were aware of residents communication needs and were seen communicated with residents.

Residents had access to radios, television, telephone and the internet. Some residents also had their own mobile phones which they proudly showed the inspector in addition to a computerised tablet that a resident had recently bought themselves. A number of the residents also had a television in their bedrooms.

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):

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

Findings:

The inspector found since the previous inspection the contract of care had been revised. The inspector reviewed this and found that for the most part it reflected the care, welfare and support residents could expect to receive and the associated costs. However, further information was required to ensure the contract of care and associated costs was specific to the centre and the individual in receipt of the service. For example the residents paid a set weekly amount for their rent. In addition to this they paid a weekly contribution towards the fuel for the service vehicle. This was not explicitly laid out in the contract of care.

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):

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

Findings:

Each resident at the centre had a personal plan. The inspector reviewed a sample of these.

The inspector found from a review of personal plans improvements were required. Personal plans recorded information predominantly based on a yes/no answer with a space for additional comments. The inspector found that while it was beneficial, as multiple areas were covered, it failed to identify where a need was outlined the supports the resident would require. For example a resident had been identified as having multiple needs including epilepsy and assistance with weight management in addition to other health care needs. While there was a robust plan developed for the management of their epilepsy, there was no plan in place to guide staff with their remaining needs. The inspector saw that a resident had been identified as requiring support to manage their weight however their weights were only recorded annually and from a review of their documentation it was evident their weight had not decreased. Further multidisciplinary input was also necessary for a number of their needs to ensure a robust care plan was developed and that the care was consistently delivered by staff. From a review of the personal plans it was also not evident if residents were screened appropriately with regards to their gender and age, this required attention to ensure residents were supported to achieve best possible health.

The inspector saw that residents were linked in with their general practitioner, dentist, chiropody and where applicable additional services such as ophthalmology. The inspector saw documented dates when residents were reviewed by these allied health professionals along with the outcome of the appointment.

Residents met with their key-workers every six months to set goals and thereafter met monthly to review the progress. The inspector from a review of the monthly meetings found that there was sufficient information to explain how the goals were being achieved via a stepped approach. However, from a review of the goals the inspector found they were activity based as opposed to outcome focused. The goals were also short term. Additional emphasis was required regarding more long term aspirational goals.

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):

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

Findings:

The inspector found that systems were in place to ensure that health, safety and risk management was in place. Some improvements were required to ensure that risk management was robust so that all risks had been assessed.

The centre had appropriate policies and procedures relating to health and safety and

risk management. There was an up-to-date safety statement which was centre specific. Staff at the centre had signed to state they had read and understood the document. The centre had a system in place to manage risk. The risk management policy had been updated to reflect the requirements of Regulation 26 to include the actions and measures in place to control aggression and violence and self harm. Further development was required to ensure a policy was developed or amended to include management of emergencies such as flooding or power outage. The inspector did see in a folder that the person in charge had developed guidelines for staff to follow in the event of a power outage. The person in charge had also developed a box with torches and candles should there be a power outage. There was also a missing person's emergency kit which included items such as a high visibility jacket. There was a risk register in place in addition to individual risk assessments which had been completed for residents where risks had been identified. Improvements were required with regard to the identifying and recording of all hazards. The inspector found some hazards and their associated risks had not been outlined in the risk register for example epilepsy and the associated seizures that a resident may have.

The inspector reviewed incidents and accidents. Sample of recent incidents included medication errors. The inspector was assured that learning took place post incidents as the steps to mitigate the risk were outlined and followed through on. An audit of incidents and accidents was completed quarterly. However, this was completed for the entire organisation and was not centre specific.

Systems were in place to ensure residents were protected from fire. The centre was equipped with fire fighting equipment including fire extinguishers and fire doors. The fire alarm panel and extinguishers were within their service period. Fire exits were found to be clear and unblocked. Emergency evacuation signage was visible throughout the house and in picture format so residents could translate same. The residents told the inspector what they would do if there was a fire. From these conversations and from a review of the documented fire drills the inspector was assured that residents for the most part were familiar with evacuation procedures. The centre had not simulated a night time drill so therefore they were not assured that all residents would evacuate safely at night-time should there be a fire. The person in charge stated this would be arranged for the next drill.

Judgment:

Substantially Compliant

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):

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

Findings:

The inspector found that residents needs regarding training, employment and education were being met and the action from the previous inspection was met.

From conversations with staff, residents and a review of documentation it was evident that residents were supported to develop in line with their aspirations and abilities. All residents at the centre attended day services. The residents told the inspector they enjoyed their day service. There was evidence of adequate communication between the residential centre and day service to ensure resident's needs were being met. Three of the residents also had paid employment in their local community.

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:

The inspector found that medication management in the centre was safe and appropriate in line with the centre's medication policy and procedure.

The centre availed of a blister pack system to dispense medication to the residents. Medication was delivered to the centre from the local pharmacy. Medication was safely secure in the staff office in a locked cabinet. All medication was found to be in date and appropriately stored. Where medications, such as topical creams, were opened the date of opening was recorded on the item. Unused and out of date medication was returned to the pharmacy with appropriate documentation which both the staff and receiving pharmacist signed. Medication stock controls were also completed.

The medication policy had been amended to include a site specific medication section that staff referred to. The site specific section was in line with the practices described by staff.

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
<p>Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p>Findings: The inspector reviewed the statement of purpose and function and found that the service operated as per the terms laid out in the document. The statement of purpose was recently reviewed 27 May 2015. For the most part the document reflected the requirements of Schedule 1. However further development was required to ensure the information set out in the Certificate of Registration was also outlined.</p> <p>Judgment: Substantially Compliant</p>

<p>Outcome 14: Governance and Management <i>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.</i></p>
<p>Theme: Leadership, Governance and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector found there were systems and practices in place to govern and manage the designated centre however improvements were required to meet the requirements of the Regulations.</p> <p>There was a clear organisation structure in place with appropriate and defined lines of reporting in place. The care assistants reported into the person in charge who in turn reported into the residential service manager. The person in charge was also supported by persons participating in management when required including a clinical nurse manager. The management team met monthly, minutes of which were maintained and circulated. The person in charge met formally with their staff team and minutes of these are also documented. The inspector reviewed a sample of these minutes and found that there was a set agenda in place. However staff could also add items to the agenda for discussion at the meeting. Staff were appraised annually and also received both formal and informal supervision. Staff told the inspector they felt supported.</p> <p>The provider had recently developed an organisational audit schedule to streamline audits that were taking place in the centres. The centre completed audits for incidents and accidents, finance, medication in addition to personal plans. A health and safety and</p>

environmental audit were also completed. These audits were predominantly completed by the person in charge. Records of six monthly unannounced visits were also maintained at the centre. An unannounced visit had recently taken place however the report was not yet available in the centre. The centre failed to comply with the requirements of Regulation 23 regarding the completion of an annual review of the quality and safety of care and support for the centre.

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):

No actions were required from the previous inspection.

Findings:

At the time of the inspection there was adequate staff employed at the centre. One staff worked an overnight while a second staff came on duty at 15:45pm until 18:45pm to support residents with their evening activities. The person in charge told the inspector should additional and necessary resources be required this was often sanctioned. The staff at the centre has remained consistent and were knowledgeable about the residents when speaking with the inspector. Both staff working at the centre on the day of inspection had qualifications in health and social care and were familiar with the requirements of the Regulations. The training records for the staff team were maintained at the centre. The inspector found that not all training was up-to-date however the person in charge stated staff were timetabled to attend same. Training which had expired included medication management, crisis prevention (CPI) and first aid. Since the most recent inspection staff had received training on safeguarding, management of epilepsy and fire safety.

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)

Theme:

Use of Information

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

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

Findings:

The inspector found the actions from the most recent inspection had been completed. All schedule 5 policies were now in place however as outlined in Outcome 7 further development was required regarding emergency planning. The inspector also reviewed the communication policy and found that it was not centre specific. For example it referenced contact numbers and stakeholders specific to a different country. The communication policy also failed to outline the steps that a staff member may require should a referral to a specialist such as a speech and language therapist be required.

The inspector reviewed the Directory of residents which was in compliance with the Regulations. The centre also had a resident's guide, a copy of the most recent inspection and guidance documentation circulated by the Authority.

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:

Ciara McShane
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 St Hilda's Services
Centre ID:	OSV-0001833
Date of Inspection:	09 July 2015
Date of response:	07 August 2015

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:

All aspects of the service which residents incurred a cost for were not outlined in the contract of care. For example that additional weekly charge towards the vehicles fuel costs.

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

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

The Tenancy Agreement has been amended to include vehicle fuel contributions. New agreement to be signed by residents and families.

Proposed Timescale: 28/07/2015

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:

Where needs had been identified care plans had not been developed to ensure that staff were guided in consistently meeting the needs.

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:

The Person in Charge (PIC) will conduct a review of all Person Centred Planning (PCP) Plans with relevant health professionals, Service Users and family / representatives. This review will be completed by Sept 14th 2015.

Proposed Timescale: 14/09/2015

Theme: Effective Services

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

Long term goals had not been outlined for residents to ensure their personal development was maximised.

Action Required:

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

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

The Documentation used by St. Hilda's Services for Person Centred Plan (PCP) is currently being revised. The new template will identify long term goals on PCP and short term goals in the monthly review. All templates are still under review and will have further amendments.

Proposed Timescale: 14/09/2015

Theme: Effective Services

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

It was not evident, that where required and where personal plans were reviewed, there was multidisciplinary input. For example a resident who had been identified as having a weight management issue was not linked in with appropriate services.

Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

A new Care Plan for each resident using the revised template will be completed. The Person in Charge will ensure multidisciplinary input where needs are identified. Care Plans will be completed using new template by 25th September 2015.

Proposed Timescale: 25/09/2015

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:

Although the centres policy outlined the need to identify hazards, the inspector found not all hazards had been identified and outlined in the risk register.

Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

A review of all risks in the centre will take place and will be completed by the 31st July 2015.

Proposed Timescale: 31/07/2015

Theme: Effective Services

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

Improvements regarding risk management were required. The emergency planning required more detail to ensure it was robust and guided staff practice should there be an emergency such as flooding.

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 Risk Management Policy has been amended to include further details regarding adverse weather conditions including the risk of flooding. The amended policy will be submitted for Board approval 4th August 2015.

A review of all risks in the centre will take place and will be completed by the 30th July 2015

Proposed Timescale: 04/08/2015

Theme: Effective Services

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

Although monthly unannounced drills occurred at the centre. The centre had not simulated a night-time fire drill.

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:

A simulated night – time fire drill has been conducted in the centre 23/7/15. A night-time simulated drill will be carried out on a monthly basis going forward.

Proposed Timescale: 23/07/2015

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:

All aspects of Schedule 1 were not outlined in the statement of purpose and function.

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:

The Statement of Purpose has been amended to include the following:

Registration Number - 0030026.

Date of Registration - 14 April 2014.

Expiry of Registration - 13 April 2017.

Proposed Timescale: 07/08/2015

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 provider had not completed an annual review of the quality and safety of care and support.

Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

The structure of the report has been revised to meet the requirements of the Health Act 2007 (Regulations 2013) – 23 (1) d, e. This draft template will be used for all future reviews of Quality and Safety of Care and Supports in all centres following approval from the provider. All Persons in charge have been made aware of this going forward.

Proposed Timescale: 25/09/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

As outlined in the body of the report not all training for all staff was up-to-date.

Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

A schedule of training is provided annually and additional training is provided where needs / numbers are identified. Staff due refresher training will have completed same by the end of the services training year, Nov 27th 2015.

Proposed Timescale: 27/11/2015

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 policy referring to Communication with residents required a review to ensure it was

in line with national best practice and referred to national stakeholders.

Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

The Communication with Residents policy will be reviewed and amended accordingly.

Proposed Timescale: 14/08/2015