

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by St Hilda's Services
<b>Centre ID:</b>	OSV-0003261
<b>Centre county:</b>	Westmeath
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	St Hilda's Services
<b>Provider Nominee:</b>	Sheila Buckley Byrne
<b>Lead inspector:</b>	Ciara McShane
<b>Support inspector(s):</b>	Paul Pearson
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	4
<b>Number of vacancies on the date of inspection:</b>	1

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

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

**The inspection took place over the following dates and times**

From: 30 April 2015 09:20 To: 30 April 2015 16:30

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 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 18: Records and documentation

**Summary of findings from this inspection**

This was the centre's second inspection. The inspection was unannounced and took place over one day with two inspectors to monitor ongoing compliance with the Regulations. The inspectors followed up on the actions from the previous inspection and found that most had been addressed however improvements were required.

Resident's rights, privacy and dignity were found to be respected. A complaints log was maintained. The inspectors saw where complaints had been logged they were appropriately responded to by the person in charge. Each resident had their own bedroom and were able to receive visits family and friends should they wish. Advocacy arrangements were also found to be in place. Residents were consulted with regarding the running of the centre at resident's meetings.

The premises for the most part were found to be homely and well maintained. Improvements were required for one of the units. Health and safety procedures including risk management were in place. There were appropriate policies and procedures in the centre. Safe systems for the evacuation and management of fire were in place. Fire extinguishers and emergency lighting were within their service period and staff had appropriate training that was found to be in date. The centre

had a risk register which had recently been reviewed however not all risks had been identified.

Personal planning at the centre was found to be weak and required development to ensure that personal plans were holistic addressing all residents' needs including social, emotional and general health needs. Further improvements were also highlighted regarding goal setting and planning for both short term and long term goals.

The arrangements for governance and management were found to be adequate. Unannounced visits were completed to the designated centre and a report was generated. However no annual review of the quality and safety of care and support had been produced which reviewed all quality indicators. There were some audits in place such as health and safety audit with actions and learning identified within. However not all audit tools in use such as medication errors were sufficiently robust. 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):**

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

**Findings:**

Some actions from the previous inspection had been completed however improvements regarding resident's rights, dignity and consultation were required.

The inspectors saw that advocacy arrangements were in place for residents to avail off should they require it. This information was displayed on a notice-board and was also found within an easy to read folder that each resident had. The role of advocacy was also explained at house meetings as seen in the minutes of resident's meetings.

A complaints policy, dated February 2013, was in place. The inspectors reviewed the complaints policy and found that resident's complaints were being logged. The policy required further detail: the name and contact details for the complaints officer was not outlined. In addition the appeals process was not adequately outlined nor were contact details for third party contacts such as the ombudsperson. The complaints policy was also not displayed in the centre as required by the Regulations. The satisfaction level of the complainant, with the outcome, was not consistently recorded.

The action regarding the inflexibility of resident's bedtime routines had been completed. The rota had been changed to ensure residents could go to bed at a time that reflected their wishes.

The inspectors reviewed the system used to assist residents with the management of their finances. Residents were supported by staff to manage their finances and a record of same was maintained. A sample of these records were reviewed, the inspectors saw that these were accurate with the balance sheet and actual balance correlating.

Residents also maintained cash on their person and had a facility to safely store money in their bedroom.

**Judgment:**

Substantially 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 inspectors found adequate practices in place to ensure the various communication needs of residents were met. Resident's individual needs were outlined in their personal plans. The centre had multiple forms of easy to read documentation available to residents. Pictures and photographs were readily used to demonstrate activities for the day, meals and the staff roster. Televisions, radio and computers were also utilised; a touch screen computer was also in use at the centre. Resident's personal plans were displayed in an easy to read format that were accessible to residents.

**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:**

Improvements had been made regarding the contract of service however improvements were required. Further detail was required regarding the arrangements for transport in

particular the arrangements if taxis were being availed of for attending appointments. Further detail was also required regarding the acquiring of equipment such as occupational therapy aids. It was unclear what the service paid and what the resident was expected to pay for. For example the inspector saw an invoice addressed to a resident for a piece of equipment which they themselves paid for. However in the contract for the provision of services it stated that such equipment was paid for. Through further discussions with the person in charge it became evident that the service paid for a certain amount of equipment and any additional pieces the resident had to cover. This was not clear on reading the contract.

**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 had a personal plan in place. The personal plan was made up of two files one was their 'working file' which was sent back and forth to the resident's day service. The second file was called a 'master file' that had more sensitive information regarding the resident. Further development of the system to record resident's assessed needs and details of the care provision to address these were required.

The inspectors reviewed a sample of resident's personal plans. Personal plans were not holistic and focused on limited aspects of the person's life. It was unclear what the assessed needs were for residents in all aspects of their lives emotionally, socially and from a health perspective. For example it was not explicitly clear what resident's needs were regarding aspects of health such as hearing, vision, dentist and health screening. An assessment of needs had occurred however the information yielded from the assessment was limited and for the most part resulted in a yes/no answer. Due to the fact there were two files there was a disconnect and posed a risk that resident's assessed needs would not be met in line with their care plan. For example for a resident in their working file it outlined their manual handling needs. However there was no care

plan present to address this. This care plan was however contained within the master file but not referenced as being so. The manual handling plan that was reviewed by the inspectors was found to be sufficiently detailed to guide staff in assisting the resident with the assessed need. However this plan had not been reviewed since September 2013. This was found to be true for other areas of the personal plan reviewed. It was evident that reviews did not routinely occur at a minimum annually or as changes arose. In addition to the manual handling plan an intimate care plan for a resident had last been reviewed in February 2014. Where aspects of the care plan were reviewed it was not evident that these were multidisciplinary or that the effectiveness of the plan was also reviewed. Elements of personal plans were also found not to be reviewed in line with recommendations from allied health professionals. An occupational therapist had indicated that a restrictive intervention assessment should be reviewed every three months. The inspectors found that it had last been reviewed January 2015.

With regards to resident's aspirations and preferences short term goals had been highlighted however it was unclear how these goals would be met, how they were progressing with the goal and who was assisting them to achieve it. In addition the goals that were outlined were short term preferences; it was not evident that long term aspirational goals had been assessed.

**Judgment:**

Non Compliant - Moderate

**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):**

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

**Findings:**

The action from the previous inspection had been completed; each resident had access to bathrooms facilities which met their needs.

The designated centre consisted of two units which were side by side located in a housing estate. The inspectors reviewed both premises and found them to be homely and well maintained for the most part. There was a shared back-garden which was well maintained and equipped with garden furniture. However, improvements were required.

A resident living in one of the units requires the use of a wheelchair. They had difficulty in accessing areas due to the poor design of the building. It was evident from damage



to the front door, and the entrance to the lounge room beside it, that there was insufficient space for the resident to turn with ease, exit the house with ease or enter the lounge room with ease. The person in charge told the inspectors that in order for the resident to access the lounge room they had to reverse in. This space required a review to ensure it met the needs of the resident.

Other areas for improvement were highlighted:

- Two tiles were missing from an ensuite bathroom.
- The light in the downstairs hall was without a bulb.
- There was a glass lampshade sitting on a sideboard in the hall.
- There was a lamp in a lounge room without a shade.
- A vacant room had a broken blind; a stained mattress in addition there was an odour present.
- Areas in one of the units required painting.
- The decking in the back garden required to be cleaned.

**Judgment:**

Non Compliant - Major

**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 inspectors found that the actions from the previous inspection were for the most part complete. The centre had a risk management policy in place that addressed the requirements of Regulation 26 (1). An emergency plan and procedure had also been developed since the previous inspection. However, further detail was required to ensure the contingency plans were robust and that the procedure guided staff sufficiently to respond to an emergency.

The centre had adequate systems in place to ensure effective fire safety. There were adequate means of escapes, fire fighting equipment in addition to emergency lighting at the centre. The evacuation procedure was clearly displayed in the designated centre and exits were seen to be kept clear. Fire fighting equipment including fire extinguishers were within their servicing period and there was a ski-evacuation sheet for a resident who would require same in an emergency. Although fire drills were simulated at intervals where staff received fire training additional drills were required to ensure that staff were able to respond in all scenarios. The centre had not simulated a night time

fire drill which was imperative considering the complex needs of one resident in particular at night-time. Personal emergency evacuation plans (PEEPs) were seen to be in place for each resident. Further detail was required to ensure that each resident's communication abilities along with their need for aids were outlined in their PEEPs. For example a personal emergency evacuation plan failed to outline that a resident required a ski-evacuation sheet due to their mobility needs.

Risk management procedures were found to be in place. The inspectors reviewed the safety statement which was complete with a risk register. The risk register was found to be up-to-date and had recently been reviewed February 2015. Resident's individual risk assessments were available in their personal plans and were also found to be up-to-date. Health and safety audits were also found to be complete. The inspector saw that where deficits had been identified an action was outlined to address the concern. However improvements were required as all risks had not been identified and mitigated. The inspectors found the hot water to be excessively hot in temperature, the shed was unlocked with sharp implements unsecured stored within the shed in addition to chemicals and a rusty garden chair that required to be disposed off. In addition a slip hazard was identified in the wooden decking in the back garden. The centre also had open fires however there were no carbon monoxide detectors in place.

The inspector saw that colour coding was used in the centre for items such as chopping boards and mops. However, further controls were required to ensure infection control was robust. The inspectors found that a resident's wheelchair was stored in the bathroom when not in use and two tiles were missing from behind the toilet.

**Judgment:**

Non Compliant - Moderate

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

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

**Findings:**

The inspectors found that the actions from the previous inspection were addressed. Medication was seen to be securely stored in a locked cabinet that staff on duty only had access to. It was evidenced that stock controls were taking place. From a review of the prescription sheets and administration records it was also evident that medication was administered in line with best practice. Staff dispensing medication had received appropriate training to do so which was found to be in date.

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The inspectors reviewed the statement of purpose and found that it had not being reviewed on an annual basis as required under the Regulations. The statement of purpose contained most of the information required by the regulations. Improvements were required:

- The detail provided in relation to staffing of the centre required further clarification as the staffing arrangements for weekends was unclear.
- The statement of purpose did not contain all of the information relating to the designated centre as provided in the certificate of registration.
- It was unclear upon reading the statement of purpose that the centre could only accommodate for one resident who required the use of a wheelchair. Further clarity was required regarding this.
- Details on the function of the rooms within the designated centre were listed but the sizes of the rooms were not provided as required by the Regulations.

**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):****Findings:**

The centre had a number of adequate systems and arrangements in place to ensure effective governance of the centre. However, improvements were required to comply with the Regulations.

There was a robust organisational structure in place with effective lines of reporting. The person in charge was supported by the provider nominee and attended frequent management meetings. The person in charge knew the centre well and has worked there for approximately nineteen years. They were very familiar with the needs of the residents and actively involved in the provision of services to these residents. Although the centre was not nurse led and followed a social care model there was a nurse available to the centre should they require clinical support. The nurse, who was employed with the provider, also carried out unannounced visits to the centre to oversee the health care needs of residents such as immunisation. There was also on-call out of hours support available, the inspectors found this system to be adequate.

On the day of inspection there was evidence that some audits were occurring regularly. For example the inspectors saw evidence of medication audits which were completed quarterly. The inspector saw that actions which had been previously identified had been addressed. Quarterly analysis also took place of accidents and incidents however it was unclear how the results of these audits fed into learning for the centre and mitigate the risk. The inspectors reviewed the health and safety audit which was robust and detailed reflecting areas for improvements and how/when this was to be achieved and by whom. The inspectors also reviewed an audit for personal care planning. These were not consistently completed; the most recent that the inspectors saw was for the period July - October 2013. The centre had no audit schedule in place at the time of inspection. However post inspection the provider shared information demonstrating their intention to introduce an audit schedule across their services.

The inspectors saw that unannounced visits, as required by Regulation 23 (2) occurred at six monthly intervals and reports to reflect these were developed. The report was not available on-site however a person participating in management made a copy available to the inspectors. From a review the inspectors found the unannounced visit and the produced report to be reflective of the service. Actions from previous regulatory inspections and the centres response to same were outlined. In addition the internal auditor, as delegated by the provider, looked at all areas of the service provision such as individualised supports and care and effective services. The centre did not have an annual review of quality and safety of care and support for the inspectors to review as required by Regulation 23 (1) (d).

**Judgment:**

Non Compliant - Moderate

**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):**

No actions were required from the previous inspection.

**Findings:**

Arrangements for the absence of the person in charge were in place and found to be appropriate. The provider was also aware of their responsibility to notify the Authority of an absence for the person in charge greater than 28 days.

**Judgment:**

Compliant

**Outcome 18: Records and documentation**

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

**Theme:**

Use of Information

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

No actions were required from the previous inspection.

**Findings:**

The inspectors reviewed the directory of residents; further detail was required to comply with the requirements of the regulations. Further detail was required regarding the contact details for the next of kin and the resident's general practitioner. The inspectors also reviewed Schedule 5 documentation and saw all were in place with the exception of a policy on the provision of information for residents.

**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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by St Hilda's Services
<b>Centre ID:</b>	OSV-0003261
<b>Date of Inspection:</b>	30 April 2015
<b>Date of response:</b>	26 June 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 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

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

The policy reviewed by the inspectors did not adequately outline the appeals process.

**Action Required:**

Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed promptly of the outcome of their complaints and details of the appeals process.

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

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

The Complaints policy has been updated to outline the Appeals Process.

**Proposed Timescale:** 25/05/2015

**Theme:** Individualised Supports and Care

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

A copy of the complaints procedure was not displayed in the centre.

**Action Required:**

Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

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

A copy of the Complaints procedure is on display in the centre

**Proposed Timescale:** 25/05/2015

**Theme:** Individualised Supports and Care

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

The person nominated to deal with complaints, or their contact details, was not outlined in the complaints policy.

The satisfaction level of the complainant was not consistently recorded.

**Action Required:**

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

Contact details for the Nominated Person have been added to the Complaints policy. Contact details for the Ombudsperson have been updated. The details of the HSE Confidential Recipient for vulnerable persons have been added to the complaints policy. See Attached.

The Person in Charge will ensure that the satisfaction level of the complainant is recorded. This will be reinforced at next Team/Supervision meeting on the 11th June 2015.



**Proposed Timescale:** 11/06/2015

**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:**

As outlined in the body of the report further detail was required regarding the service provided to residents; in particular those relating to transport arrangements and occupational therapy equipment.

**Action Required:**

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 extra costs to residents in relation to transport i.e. Taxies and Occupational Equipment and Aids. This amended agreement will be explained to families and Service Users and will replace the existing after sign off.

**Proposed Timescale:** 12/06/2015

**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:**

Personal plans were not reviewed at a minimum annually or as outlined by allied health professionals.

**Action Required:**

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

The Personal Plans (called PCP by the Provider) will be reviewed every 6 months in line with the Provider Policy on PCP. Allied Health Professional recommendations will be adhered to going forward. A review of the outstanding MDT as recommended will take place by 30th June 2015. The PCP quality and procedure will be discussed at Supervision meeting on 11th June 2015.

**Proposed Timescale:** 30/06/2015

**Theme:** Effective Services

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

The reviews that had occurred were not evident as being multidisciplinary.

**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:**

The PCP for each person will be reviewed to assess for meaningful activities and opportunities for development. The PCP will be written with specific objectives, measurable and identify the person responsible.

All PCP review meetings will be conducted inviting all relevant Multi-Disciplinary parties. A family member/guardian and Key Worker will always be present in the best interest of the service user.

**Proposed Timescale:** 30/06/2015

**Theme:** Effective Services

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

The reviews that occurred did not evidence the effectiveness of the plan was assessed.

**Action Required:**

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

The PCP of each person will be reviewed to assess for meaningful activities and opportunities for development. The PCP will be written with specific objectives, measurable and identify the personal responsible.

**Proposed Timescale:** 30/06/2015

**Theme:** Effective Services

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

The personal plan did not reflect all needs of the residents including social, emotional and health 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 PCP will be reviewed to take account of the social, emotional and health needs of each person. This will be discussed for clarity at Supervision meeting on 11th June.  
Implementation 30/6/15

**Proposed Timescale:** 30/06/2015

**Theme:** Effective Services

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

Where short term goals had been outlined for residents it was unclear how these would be met.

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:**

This will be discussed for clarity at Supervision meeting on 11th June in the context of PCP review for each person. Guidelines will be issued to further support staff.  
Implementation 30/6/15

**Proposed Timescale:** 30/06/2015

**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 front door area of the house in addition to entry into the lounge room required a review to ensure all residents had ease of movement and access.

**Action Required:**

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

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

The Provider has written to the HSE (Property owners) seeking a meeting to review the access issues outlined in the body of the report. The Provider will pursue this issue with the HSE and agree a resolution to ensure work is done within the 2015 HSE budget.

**Proposed Timescale:** 31/12/2015**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Repairs were required:

- Two tiles were missing from an ensuite bathroom
- The light in the downstairs hall was without a bulb.
- There was a glass lampshade sitting on a sideboard in the hall
- A vacant room had a broken blind

**Action Required:**

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

Two tiles will be replaced in the ensuite bathroom 5/6/15

The light in the downstairs hall has been replaced /28/5/15

Glass lampshade has been removed /28/5/15

Broken blind has been removed from the vacant room /28/5/15

**Proposed Timescale:** 05/06/2015**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Areas of the premises required an upgrade:

- There was a lamp in a lounge room without a shade
- A vacant room had a stained mattress in addition there was an odour present.
- Areas in one of the units required painting
- The decking in the backgarden required to be cleaned.

**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:**

All of the above have been addressed on the 28/5 15 with the exception of item 3.

The Hallway will be dealt with in the context of the design and access issues to be addressed by HSE with Provider.

**Proposed Timescale:** 31/12/2015

### **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:**

Improvements were required to ensure that the system to manage risk including responding to emergencies was adequate. For example:

- The emergency procedure was not sufficiently robust.
- The risk register required updating to ensure all risks were identified and appropriate controls were in place to mitigate risk.

**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 Emergency procedure has been reviewed by the PIC and Provider. This is currently being implemented. The new procedure will be revised in line with the discussions and documented by 10th June 2015. The new procedure will be formally clarified at Supervision meeting on the 11th June 2015.

**Proposed Timescale:** 11/06/2015

**Theme:** Effective Services

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

Improvements relating to infection control were identified:

- A resident's wheelchair was stored in the bathroom when not in use.
- Two tiles were missing from behind the toilet.

**Action Required:**

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

The wheelchair will be stored short term in the vacant room immediately. The storage implications will be considered in the redesign of hall/lounge space currently under discussion with HSE.

**Proposed Timescale:** 31/12/2015

**Theme:** Effective Services

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

A night time fire drill had not been simulated to ensure management at night time was effective in respect of fire safety.

**Action Required:**

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

Night time fire drills have commenced since the 7th May and will be carried out quarterly there after.

**Proposed Timescale:** 07/05/2015

**Theme:** Effective Services

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

Resident's personal emergency evacuation plans required a review.

**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 review of all personal emergency evacuation plans will be carried out by the 11th June 2015

**Proposed Timescale:** 11/06/2015

### **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:**

As outlined in the body of the report further detail was required to ensure the statement of purpose contained all the detail as outlined in Schedule 1.

**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 reviewed as outlined in schedule 1 of the regulations. The amended Statement of Purpose has been sent to rsa.

**Proposed Timescale:** 28/05/2015

**Theme:** Leadership, Governance and Management

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

The statement of purpose had not been reviewed at a minimum annually.

**Action Required:**

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

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

The Statement of Purpose has been reviewed as outlined in schedule 1 of the regulations.

**Proposed Timescale:** 28/05/2015

**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:**

An annual review of the quality and safety of care and support had not been completed or available in the designated centre.

**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 Annual Review conducted within the service has been changed in line with the

judgement framework. The Service will complete an annual review by the 28th July 2015 for presentation to the CEO and the Board.

**Proposed Timescale:** 28/07/2015

**Theme:** Leadership, Governance and Management

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

From a review of a number of audits which had been conducted it was unclear how these were linked to learning to further develop the service provided to residents.

**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 Provider has a management system in place to ensure the service at the centre is safe and appropriate to residents needs. The Service has a Quality & Safeguarding committee that review the audits, complaints to improve practice going forward and report to the Board Subcommittee on quality & Safety. The next meeting is scheduled for 23rd June and all audits will be reviewed. The committee will ensure recommendations for improvements are circulated for implementation for each location based on their review and ask each centre team to include in monthly meeting and report back to subcommittee on progress.

**Proposed Timescale:** 30/06/2015

**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 centre did not have a policy on providing information for residents available at the designated centre.

**Action Required:**

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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:**

Each Resident has an information guide outlining all information regarding the centre. This was completed and distributed in 2013.



A Policy on the Provision of Information to the people we Support has been developed and will be distributed to all centres

**Proposed Timescale:** 29/05/2015

**Theme:** Use of Information

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

The directory of residents required further detail to comply with Schedule 3 as outlined in the body of the report.

**Action Required:**

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 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 Directory of Residents has been amended to include all schedule 3 requirements.

**Proposed Timescale:** 25/05/2015