Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	A designated centre for people with disabilities operated by RehabCare
Centre ID:	OSV-0003405
Centre county:	Louth
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Provider Nominee:	Michael O'Connor
Lead inspector:	Ann-Marie O'Neill
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	5
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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
20 January 2016 10:15	20 January 2016 19:00
21 January 2016 09:50	21 January 2016 16:20

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 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the first inspection of the centre by the Authority.

The centre was part of RehabCare and located in Dundalk. It was a two storey modern, detached residence located in the suburbs of Dundalk town and close to local amenities which residents could walk to if they wished.

The inspector reviewed and discussed records, spoke with staff and residents and observed the provision of supports and services to residents. Based on these inspection findings and the evidence that informed them, the inspector was satisfied

that residents had a good quality of life.

However, there were inadequate systems in place for the comprehensive assessment, development and review of residents' social care needs which in turn led to a number of non compliances throughout outcomes on this inspection. There were ineffective systems in place to ensure residents' needs were assessed and reviewed through allied health professional input where it was required.

The person in charge was not in their post in a full time capacity and worked most of their time in another part of RehabCare. This arrangement did not meet with the matters as set out in the Regulations which set out that the person in charge must be full time in their role.

Supervision arrangements for staff working in the centre were not adequate with staff working on their own most times without direct consistent supervision. There were inadequate systems in place to review residents' person centred goals and develop documented action plans to support them achieving them.

While fire safety procedures were suitable in the most part, there were inadequate means of escape from one bedroom in the centre. The provider was required to ensure an adequate means of escape was available to any resident that used that bedroom. Measures in place to contain smoke and fire in the centre were also inadequate and the provider was also required to address this.

Of the eighteen outcomes inspected the provider was judged to be compliant or substantially compliant with eight Outcomes. Eight Outcomes had moderate non-compliance and two were found to have major non compliance.

The findings to support these judgments are in the body of the report; the action plan with the provider's response in addressing the identified failings is found at the end of the 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):
This was the centre's first inspection by the Authority.

Findings:
There were arrangements in place to ensure residents' rights, privacy and choice were encouraged in the most part. However, where a resident chose not to participate in their designated day service an alternative arrangement had not been explored that met with the resident's choice. Complaints were well managed but complainant's satisfaction with the outcome was not documented.

Residents had access to advocacy services and information about their rights was available in the centre. The identity and contact detail of advocates were available to residents within the centre and in the residents guide. A resident in the centre was a member of NRAC (National RehabCare Advocacy Council).

They had been elected onto the committee by residents across RehabCare services throughout Ireland. Their role was to represent the residents' from the Dundalk region. There were established dates for committee meetings identified for the coming year which the resident would attend. She spoke with the inspector and outlined some of the issues she would be raising on their behalf. She was very excited about the role and proud to have been chosen by her peers to be part of the committee.

Arrangements were in place to promote and respect residents' privacy and dignity, including receiving visitors in private. Resident meetings formed part of the arrangements for consultation and decision-making processes in the centre. The inspector spoke with all residents during the inspection and asked them how they were consulted in the running of the centre. They outlined they made decisions on what household jobs were delegated. They were also included in the decision making around

meals and social activities/holidays.

Residents' had individual financial arrangements which offered them choice and control over their financial affairs. Some residents required more support than others. Each resident had their own bank and/or post office account with bank cards and PIN numbers. Ledgers with in/out logs, balances and receipts for purchases made were maintained for some residents while others maintained their own financial affairs independently with some support from staff. Each week residents wrote down their expenditure for the week and could see how their money was being spent and their financial balances.

Residents paid a fixed sum of money for their rent and a contribution towards household bills/food. However, residents did not receive a receipt of proof of payment.

Procedures and arrangements were in place and described by the person in charge to enable residents to exercise choice and control over their lives in accordance with their preferences and to maximise their independence. Choice was supported in the most part but the inspector was not satisfied this extended to residents' choice of what type of day service they would attend based on their interests and capabilities.

A resident had expressed they no longer enjoyed going to the same day service they had attended for many years. The other alternative offered to the resident had been employment which was not a feasible option for specific reasons. As a result the resident rarely attended their day service out of their choice and sometimes spent long periods of the day at home without any meaningful engagement opportunities available to them.

A complaints policy was in place. An associated complaints procedure was displayed in the kitchen of the centre and an easy-to-read version was also available. A dedicated log book for recording complaints was available. The inspector reviewed a number of logged complaints. There was evidence to indicate the nominated person to deal with complaints, the person in charge, had followed the complaints procedure well and had responded in spoken and written format to the complainant detailing the investigation and outcome of their complaint.

While there was evidence to indicate complaints were well managed and responded to in a timely manner, there was no documentation of the complainant's satisfaction with the complaints process or outcome. Therefore, it was unclear if the complaint was actually dealt with to their satisfaction or if they had been given an opportunity to avail of the appeals process if not satisfied.

Judgment:
Non Compliant - Moderate

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

Findings:
There was an organisational policy on communication which met the requirements of Schedule 5 of the Care and Welfare Regulations.

Residents had access to radios and televisions in the main living room and also their bedrooms as they wished. Residents used social media, newspapers and the Internet. They also used personal mobile phones and were knowledgeable how to use them and where to purchase phone credit. Residents were well informed on local events and activities available in their community.

Some residents required aids and/appliances to assist with their communication needs. Some wore glasses or hearing aids to ensure communication supports were in place. They attended relevant appointments where their visual and auditory needs were reviewed also.

Brief communication profiles for residents were documented in their personal plans. All residents demonstrated good literacy and numeracy skills which enhanced their independence and opportunities to develop new skills.

Judgment:
Compliant

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

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
A policy was in place relating to visitors. The policy supported residents to be facilitated to receive visitors in private with no restrictions on family visits, except when requested

by the resident or due to a health and safety risk.

Residents were supported to develop and maintain personal relationships and links with the wider community. Families were encouraged to get involved in the lives of residents in accordance with residents' wishes.

Transport arrangements were in place which ensured residents had access to the wider community and could attend activities, employment and visits in line with their personal choice.

Residents attended various different community based activities, for example, during the inspection some residents attended Bingo in the town. They enjoyed going and went regularly.

Residents accessed their community independently when they wanted go shopping or to meet friends. They had good links with the local taxi service and shops nearby and were recognised and fully included in their local community. Some residents had an interest in politics and were well informed with regard to their local government representatives and county council.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Each resident had a signed and agreed tenancy agreement in place. They also each had an agreed and signed contract of care/service provision. The contract was clearly presented, in the most part, and outlined the supports and services to be provided.

However, the contract of care did not set out certain recurring fees that were payable by residents. For example, residents paid their rent and then a separate contribution to household bills however, these fees were not set out in the contract of care.

Residents that required support from staff when going on holidays were expected to pay for staff travel expenses such as flights, train tickets and/or accommodation, but not staff salaries. While reference was made to this in the contract, it was vague and

required more explicit information to ensure residents were fully informed, setting out specific parameters of what residents were expected to pay and not in those circumstances.

Judgment:
Non Compliant - Moderate

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Improvements were required to the overall assessment, support plan development and review of residents' social care needs.

The assessment of needs for residents was based on a person centred model which identified the predominant needs for residents with regard to various important aspects of their lives. However, individual action plans were not adequate or up to date across a sample of personal plans reviewed by the inspector. Residents social care assessments were not comprehensive and did not cover a diverse range of areas for residents focusing predominantly on social activities.

For example, an action plan developed to help a resident achieve the goal of going on a cruise was comprehensive. It outlined each step of the plan, person responsible for supporting the resident to carry out the plan and the date it was achieved. However, it was no longer relevant as the goal had been achieved July 2015. No new action plans had been drafted which identified residents' current goals.

While social supports were available for residents, their personal plans did not reflect them. For example, all residents required varying levels of support with their financial matters. However, financial management support plans in place were not detailed enough. They did not outline how the resident's individual financial support was to be implemented. Without a specific social care plan in place it was difficult to assess if residents' financial management skills were improving or if the measures in place were adequately supporting them. Residents that engaged in behaviours that challenge from

time to time did not have support plans in place to direct staff supporting them in how to manage them.

While residents had achieved some goals, such as going on holidays, travelling to other countries to meet their families and obtaining a passport. There was little evidence to indicate other social care needs were being supported through a goal and action plan process. Residents' personal plans did not adequately identify residents' educational, healthcare and independence goals, for example.

Residents' support plans were based primarily on residents' goals, and did not capture their current social care needs, which would include healthcare. Therefore, it was not possible for the inspector to find substantial evidence that residents' health care needs were being adequately met in the absence of a multi-disciplinary led assessment.

While residents had access to allied health professionals there was little evidence of recommendations by multidisciplinary professionals to guide staff practice or in the creation of support plans to meet their needs. For example, a resident with high cholesterol did not have a specific low cholesterol diet support plan in place.

Staff informed the inspector that they had tried to follow a low cholesterol diet for the resident but it hadn't worked. There was no documentation in the resident's personal plan to substantiate this or show evidence of how they reviewed what had been implemented to ascertain how they could improve outcomes for the resident or determine a referral to dietician for review was warranted.

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

Findings:
The location, design and layout of the centre was suitable for its stated purpose and aimed to meet residents' individual and collective needs in a comfortable and homely way. There were appropriate facilities and the layout promoted residents' safety, dignity, independence and wellbeing.

The centre comprised of a spacious two-storey detached house on the outskirts of Dundalk town, which was suitably furnished and fitted for occupancy by five adult residents.

The residence included five single-occupancy bedrooms, one with an en-suite. There was a suitable sized communal bathroom upstairs and a shower room on the ground floor and toilet. The centre also contained a kitchen and dining room, conservatory, sitting room and utility room. A staff bedroom/office was located on the first floor. A patio and garden space, with garden furniture, was well maintained with space for a resident's rabbit hutch.

The centre was clean, bright, suitably decorated and well maintained. Furnishings and decorations were tasteful and modern and residents' personal preference and choice was taken into consideration in the decoration throughout. Residents all told the inspector they really liked their home and were proud of it. They participated in household chores and maintained the upkeep of their home to a high standard.

There was suitable heating, lighting and ventilation throughout. Arrangements were in place for the safe disposal of general waste and recyclables.

The kitchen had adequate storage space for food, dry goods, pots, pans, kitchen appliances and cutlery. A large oven and hob were also available for residents to cook home cooked meals. The fridge was a suitable size to store resident's food both fresh and frozen.

Each bedroom had storage options for residents' clothes and personal belongings.

The centre was fitted with a security alarm. Doors to all exits were secure and the side entrance gate to the property could be locked to prevent intruder access, for example.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
There were arrangements in place to ensure that the health and safety of residents, visitors and staff were promoted in the most part. However, the arrangement in place for means of escape from one bedroom was not adequate. There were also some

inadequate arrangements in place for the containment of fire and smoke in the centre.

The centre had prominently displayed procedures for the safe evacuation from parts of the house in the event of fire. The fire alarm had been serviced on a regular basis and fire safety equipment had been serviced on an annual basis.

One resident had a personal evacuation plan in place which identified the specific supports they would require in the event of an evacuation. However, not all residents had such a personal evacuation plan.

Fire drills had been carried out during the day and night on two occasions in the previous six months. Through the implementation of the drills it had been established that a resident required further supports in place to alert them of an evacuation as they had not heard the alarm. A visual alert beacon had been installed in their bedroom which would further alert them in the event of the fire alarm being activated due to smoke or fire.

While there were arrangements in place for the detection and response to a fire in the centre there were inadequate arrangements in place for the containment of smoke and fire in the centre. There were no smoke or heat seals on doors within the centre. Equally there were no self closing devices, which activate on the sounding of the fire alarm, on doors to high risk areas of the centre such as the utility or kitchen.

The arrangements in place for the means of escape from one bedroom were not adequate. The only means of escape from the bedroom was through the utility room to the back door. The resident using the bedroom required an alternative escape route arrangement.

While all staff that worked in the centre had received fire safety training, three relief working staff for the centre were yet to complete a centre specific fire training.

There were policies and procedures in place for risk management and emergency planning. The centre had policies and procedures relating to health and safety which were up to date.

Suitable procedures and arrangements were in place for the prevention and control of infection given the purpose and function of the centre. For example, paper towels and hand washing facilities were available in all toilets/bathrooms of the centre. Alcohol hand gel was located at the entrance of the centre.

A risk management policy was in place which included the matters set out in Regulation 26 including identification and management of risks, the measures in place to control identified risks and arrangements for identification, recording, investigation and learning from serious incidents.

Arrangements for investigating and learning from serious incidents and or adverse events involving residents were in place. Incidents were logged on an electronic logging system. Incidents were risk rated based on their severity and likelihood to occur again. Measures were put in place following reviews of incidents to mitigate risks.

A thermostatic valve had been fitted to ensure hot water supplied to taps was at a safe temperature to prevent risk of scalds.

A carbon monoxide monitor was installed in the centre however, there were no documented checks to ensure it was working or the battery was suitably charged.

Judgment:
Non Compliant - Major

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Arrangements were in place to ensure that measures to protect residents being harmed or suffering. Residents told the inspector they felt safe in the centre and would feel comfortable telling staff, their family or the manager if they experienced abuse.

There was a policy on and procedures in place for, safeguarding residents. There was also a policy in place for providing personal intimate care to residents. No residents in the centre required detailed intimate care plans in place as all residents were independent with their personal care and hygiene.

There were policies, procedures and training arrangements in place to keep residents safe and protect them from abuse. All staff had received training on the detection, prevention and response to abuse with refresher training available when required.

Systems were described and outlined in policy documents to ensure any incidents, allegations or suspicions of abuse were recorded, appropriately investigated and responded to in line with the centre's policy, national guidance and legislation.

Staff had received training in non violent crisis intervention training for the management of behaviours that challenge. The organisation had recently rolled out a new training module for the management of behaviours that challenge however, not all staff were trained in this.

There were no restrictive practices used in the centre. There was an organisational policy and procedures in place as required in Schedule 5 of the Care and Welfare regulations.

Judgment:
Substantially Compliant

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

Findings:
Arrangements were in place to ensure a record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

However, an allegation of abuse, which had been brought to the attention of the person in charge through the complaints procedure, had not been notified to the Chief Inspector.

Judgment:
Non Compliant - Moderate

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

Findings:
The general welfare and development needs of residents were promoted and residents were afforded opportunities for new experiences, social participation and employment.

Social activities, internal and external to the centre are to be made available to residents to promote general welfare and development. Residents had achieved social goals in relation to holidays and visits to family members overseas in places such as Liverpool and Australia.

Residents living in the centre had opportunities to attend day activity services and paid employment with opportunities to change jobs if they wished.

Judgment:
Compliant

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Residents were supported to look after their health care needs through accessing their own General Practitioner (GP) and using a primary care team. However, there was no system in place to monitor and review if residents' health needs were being met, or if residents required any additional support to meet their own health care needs.

As described in the statement of purpose, the designated centre did not provide clinical or nursing care for residents. Residents did not require this type of support. They predominantly looked after their own health care needs. There was a determined commitment to the promotion of their independence by the provider, person in charge and staff. Residents independently accessed their GP if they felt unwell. They were also supported to attend outpatient clinic appointments as required.

Residents did not receive an annual global health check which could identify health care issues that residents themselves may not be aware of. Health care support systems were not adequate to meet residents' changing health needs.

Residents were supported to buy, prepare and cook their own meals if they so wished. Staff supported residents when choosing and preparing meals. Residents planned their meals in advance and had a choice of menu each week.

Residents' nutritional needs were monitored in line with the nutritional policy for the organisation. Residents' weights were documented monthly to monitor fluctuations in weight which could alert staff to nutritional risks. Some residents had attended local

weight loss classes and had achieved success.

There were adequate facilities for the storage, preparation and cooking of nutritious meals in the centre. Storage cupboards had a good supply of sauces, condiments and dry goods. The fridge was well stocked with fresh produce and there were facilities available for the frozen goods also.

The temperature of the fridge was monitored to ensure it was maintained at the optimum temperature. Colour coded chopping boards were used to prevent cross contamination of raw and cooked foods, for example. All staff had completed food hygiene training and there were adequate facilities to ensure good hand hygiene, necessary for the preparation of meals.

Judgment:
Non Compliant - Moderate

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The inspector found in the most part that the medication management policies and practices were suitable and safe. However, assessment of residents' self administration of medication abilities was not robust. The self assessment did not set out clear criteria to be met to determine residents' abilities or independence.

Medications were safely stored in the centre. Medication administration charts were legible, up to date and resident's identity details were clearly marked. Each medication prescribed had a doctor's signature alongside it and administration documentation was accurate and up to date in the sample reviewed by the inspector.

Some residents took responsibility for taking their own medication and this practice was supported in the most part by policies and procedures in place in the centre. The organisational policy set out clear guidelines for this practice and a self administration assessment was part of this policy.

Each resident engaging in self administration of medication had an assessment completed. However, on review of the assessments the inspector was not assured they were robust enough to assess risks related to this practice.

While the assessments reviewed areas such as literacy and numeracy skills, for example, the assessment did not set out clearly the criteria to be met before the assessor could sign off that the resident was competent to self administer independently, for example, the number of yes answers required to determine full independence.

From the sample of assessments reviewed by the inspector they had been signed by a support worker only which was not in line with the organisation's policy. The policy set out that a suitably trained and competent person carry out the assessment and sign the assessment.

Medication management audits had been carried out at regular intervals. The purpose of medication audits was to ensure practices and procedures in the centre were in line with the organisation's policies and procedures for safe medication management.

However, medication management audits had not picked up on the inadequate completion of self administration of medication assessments for residents. They also did not include provision for the regular review of residents' skills and abilities in managing their own medications.

Medication errors were logged on the electronic incident accident system. There had been no high risk medication errors logged for the previous 6 months of the inspection as per the sample of incidents reviewed by the inspector.

Judgment:
Non Compliant - Moderate

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The statement of purpose did not meet the requirements as set out in the Care and Welfare Regulations (as amended) 2013.

It did not include adequate information with regards to the governance and management arrangements for the centre with regard to the person in charge. It also required more information in relation to the governance and management arrangements of the centre in their absence as they were not allocated to work there full time.

The whole time equivalent (WTE) numbers for the centre were not accurate. The person in charge was indicated as being 0.1 WTE for the centre, however, they informed the inspector that they spent more than this documented time in the centre.

The statement of purpose did not set out in enough detail in either narrative or picture format the size of all rooms in the centre.

Judgment:
Non Compliant - Moderate

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Arrangements were in place to ensure that the quality of care and experience of residents were monitored on an ongoing basis by the provider and senior managers of the organisation.

However, governance and management systems in place were not adequate to ensure effective support to residents and to consistently promote the delivery of safe, quality services. The person in charge was not full time in the centre and there were inadequate systems in place for the management of the centre in their absence.

The person in charge reported to a regional manager who in turn reported via the national head of operations to the provider nominee who has overall governance and management responsibility.

While the person in charge demonstrated good management and leadership skills and abilities, they were not engaged in the day to day management of the centre in line with the care and welfare regulations, (as amended 2013), which sets out a person in charge of a designated centre must be full time. The person in charge was designated 0.1 whole time equivalent for the centre. They were also responsible for a resource centre located in Navan for the rest of their week.

The person in charge was not allocated enough time in the centre to ensure their responsibilities could be comprehensively implemented and reviewed. This was evident in the lack of comprehensive personal plans, healthcare supports and supervision of staff working in the centre which lead to a number of non compliances throughout Outcomes.

Equally staff did not have protected time to update residents' personal plans or goals, the person in charge had failed to ensure time was allocated to staff to fulfil their responsibilities in this regard.

Staff spoken with told the inspector they were able to contact the person in charge when they needed to. On call arrangements for evenings, nights and weekends were clearly set out for staff in the centre and updated weekly where a regional manager assumed on-call responsibility for a number of centres including the centre referred to in this report.

The provider nominee for the centre had assumed their role while the organisation was in active recruitment for a new provider nominee. The provider nominee (temporary) was knowledgeable of the centre and had a good understanding of the regulations and their regulatory responsibilities. They had an extensive background in quality and auditing and had brought about a number of improvements to the provider led auditing system within the organisation.

The provider had met their regulatory requirements in relation to auditing of the centre and there had been a number of unannounced visits with associated reports ad action plans. These had also identified a number of areas that required review, for example, person centred plans for residents.

An annual review had also been carried out of the centre by the provider and at the time of inspection the person in charge was actively addressing the actions from this audit.

At the time of inspection the provider had failed to submit a complete application to register.

Judgment:
Non Compliant - Major

Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The person in charge had not been absent for more than 28 days, the provider nominee was aware of their responsibilities in relation to notifying the Authority of their absence.

Judgment:
Compliant

Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The facilities and services in the centre reflected the statement of purpose and there were sufficient resources for the provider to meet residents changing needs as they arose.

Judgment:
Compliant

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Residents were highly complementary of all staff that worked in the centre.

The inspector observed practices and interactions during the course of the inspection and noted there was a genuine rapport between residents and staff. Staff spoken with were knowledgeable on abuse prevention and responses and outlined ways in which they were supporting residents to achieve their goals.

Staff worked on their own when rostered for duty. In the absence of the person in charge the staff member on duty assumed responsibility of the centre and its general running. The governance arrangements for the centre provided inadequate support and supervision of staff to ensure they were carrying out their duties to a high standard within the policies and procedures for the organisation and in line with the regulations.

Equally staffing numbers were not adequate to ensure residents' support needs were reviewed and evaluated regularly. Residents had busy schedules with appointments, work commitments and social activities requiring staff to support them. This left little time for staff to review personal plans and prescribed supports for residents as they worked on their own during their rostered work shift.

Staff were supported to attend mandatory training and refresher training to ensure their skills were up to date. All staff had attended mandatory training in fire safety, manual handling and protection of vulnerable adults. They had also received training in person centred planning and food hygiene.

Staffing records were maintained for all staff working in the centre and met with the requirements as set out in Schedule 2 of the Care and Welfare Regulations, (as amended) 2013.

No volunteers worked in the centre.

A planned and actual rota was maintained in the centre which was updated regularly, however, the person in charge was not indicated on the roster.

Judgment:
Non Compliant - Moderate

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Overall the inspector was satisfied that 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 were in place.

There was documentary evidence that the provider had appropriate insurance in place.

There were policies that satisfied regulatory requirements of Schedule 5 of the Regulations.

The residents guide satisfied regulatory requirements and was available in a format that enhanced its accessibility and usefulness to residents. The residents guide was available in the centre.

A directory of residents was maintained and available. There had been no recent admissions or discharges from the centre.

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:

Ann-Marie 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 report[1]

Centre name:	A designated centre for people with disabilities operated by RehabCare
Centre ID:	OSV-0003405
Date of Inspection:	20 January 2016
Date of response:	25 February 2016

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:
Choice was supported, in the most part, but the inspector was not satisfied this extended to residents' choice of what type of day service they would attend based on their interests and capabilities.

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

1. Action Required:
Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

Please state the actions you have taken or are planning to take:
Multiple meetings have taken place with the HSE and the day service provider in relation to the provision of day service supports to the service user in question.
The service provider has advocated at the specific requests of the service user at these meetings.

Meeting dates took place on:
13/04/15
11/05/15
08/06/15
09/12/15

A further meeting has taken place in relation to the specific individual at our team meeting team meeting on 19 Feb 2016 where the community nurse from the HSE attended and the issues have been addressed again.

Outcome:

1: Refer her to HSE Psychologist/ Psychiatrist
2: Psychologist has agreed to meet and discuss issues of concerns and if appropriate to devise a plan/strategy going forward.

This will be continuously reviewed with an outcome by 31st May 2016.

Proposed Timescale: 31/05/2016

Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents paid a fixed sum of money for their rent and a contribution towards household bills/food. However, residents did not receive a receipt of proof of payment.

2. Action Required:
Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

Please state the actions you have taken or are planning to take:
Process now in place where all service users will be issued with a receipt going forward.

Proposed Timescale: 15/02/2016

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
While there was evidence to indicate complaints were well managed and responded to in a timely manner, there was no documentation of the complainant's satisfaction with the complaints process or outcome.

3. 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:
Service Provider wrote to complainant 15 Feb 2016 to ascertain whether they were satisfied with the service providers complaints process and the outcome of same.

Proposed Timescale: 08/03/2016

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The contract of care did not set out certain recurring fees that were payable by residents. Contributions to household bills were paid by residents, for example, residents paid their rent and then a separate contribution to household bills. Residents who went on holidays with the support of staff also incurred certain fees and this was not clear in the contracts.

4. 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 contract of care is currently being updated to reflect all contributions required by the residents. This will be issued by the 31st March 2016.

Proposed Timescale: 31/03/2016

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:
Residents social care assessments were not comprehensive and did not cover a diverse range of areas for residents' development instead focusing predominantly on social activities.

5. Action Required:
Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

Please state the actions you have taken or are planning to take:
Each of the five service users will have a full review of their support plan to include the following:
•Physical
•Mental
•Mobility
•Medication
•Menstrual Cycle
•Sleeping
•Nutrition
•Senses
•Bathing
•Aids & Appliance
•Social Skills
•Community Involvement
•Advocacy
•Day Service
•Education
•Employment
•Housing Status
•Feeling Safe at Home
•Transport
•Personal Safety
•Shopping
•Meal Preparation
•Money Management
•Assistive Technology
•Community Inclusion
Individual support and training will be provided for each staff member working with their key person. Action Plans and Keyworker System will be implemented at the same time.

Proposed Timescale: 27/04/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A resident with high cholesterol did not have a specific low cholesterol diet support plan in place.

There was a lack of behaviour support plans in place for residents that required specific supports from time to time.

6. 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 resident who requires support with high cholesterol - An appointment has been made with their GP on 25th Feb 2016 and a referral has been made with the dietician.

The resident who requires a behaviour support plan: A request has been made to the internal Behavioural Support Team on 25th February 2016.

Also renewed input sought from HSE Behavioural Psychologist on 19 Feb 2016.

Process commenced and follow up will be made by service provider to ensure that this is completed in a timely manner. 30th April 2016.

Proposed Timescale: 30/04/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
While residents had access to allied health professionals there was little evidence of recommendations by multidisciplinary professionals to guide staff practice or in the creation of support plans to meet their needs.

7. 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 review of support plans as detailed in Outcome 5, will identify resident's requirements for Multidisciplinary input, any referrals required will be made in consultation with the HSE's Adult Disability Team.

Proposed Timescale: 27/04/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The effectiveness of plans was not consistently reviewed. Staff informed the inspector that they had tried to follow a low cholesterol diet for a resident but it hadn't worked. There was no documentation in the resident's personal plan to substantiate this or show evidence of how they reviewed what had been implemented to ascertain how they could improve outcomes for the resident or determine a referral to dietician for review was warranted.

8. 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:
1.GP requested for referral to dietician 25 Feb 2016., PIC will ensure this has been secured by March 9th.

2.The resident will be supported to attend the consultation with the Dietician.

3.The resident will be supported by staff to implement any strategies as recommended by the dietician.

4.See details in actions under Outcome 11 below for proposed actions to ensure residents have current and robust health management plans informed as required by relevant health professionals.

Proposed Timescale: 27/04/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A carbon monoxide monitor was installed in the centre however, there were no documented checks to ensure it was working or the battery was suitably charged.

9. 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:
A further Carbon Monoxide alarm has been positioned in the utility room on 13 Feb 2016.

A weekly check sheet is in place for checking activation and battery life since 13 Feb 2016

Proposed Timescale: 13/02/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were inadequate arrangements in place for the containment of smoke and fire in the centre.

10. Action Required:
Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

Please state the actions you have taken or are planning to take:
Site visit from Architects on 28 Jan 2016.
Follow up made through the housing association (the landlord) on 16 Feb 2016 and again on 24 Feb 2016.
In the meantime the Fire Risk Assessment was updated on 28 Jan 2016 and signed off by all staff on 29 Jan 2016.

Actions to be implemented:

Remove down lighters and reinstate ceiling to achieve 30 minute fire separation.
External Rear Door – change cylinders to provide thumb turns instead of Keys in break glass units
Fire Doors – fit door closers to reduce risk of smoke to below locations:
-Bedroom 6
-Door from Hall to Sitting Room
-Door from Hall to Kitchen

Proposed Timescale: 31/05/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The arrangements in place for the means of escape from one bedroom were not adequate. The only means of escape from the bedroom was through the utility room to the back door. The resident using the bedroom required an alternative escape route arrangement.

Not all residents had a personal evacuation plan.

11. 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:
The recommendation from Architects is to build a 30 minute partition and door to contain the utility room and reverse the kitchen door to open into the kitchen and install doors closers to both utility and kitchen doors. This will create a safe passage from bedroom 5 to outside via the rear door. Architect also stated in their report, that bedroom 5, in its current condition, is compliant with TGD part B (paragraph 1.5.8.1) based on the escape window currently insitu.
Further Actions which will be taken:

In the meantime the Fire Risk Assessment was updated on 28 Jan 2016 and signed off by all staff on 29 Jan 2016. The back door and patio door needs to have the lock changed to a thumb turn lock. Personal Emergency Evacuation Plan has been completed for each service user 19 Feb 2016.

Proposed Timescale: 23/04/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
While all staff that worked in the centre had received fire safety training, three relief working staff for the centre were yet to complete a centre specific fire training.

12. Action Required:
Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

Please state the actions you have taken or are planning to take:
All staff received this training on the 29th January 2016.

Proposed Timescale: 29/01/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff had received training in non violent crisis intervention training for the management of behaviours that challenge. The organisation had recently rolled out a new training module for the management of behaviours that challenge however, not all

staff were trained in this.

13. Action Required:
Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

Please state the actions you have taken or are planning to take:
All remaining staff that had not previously received the Management of Actual and Potential Aggression training received this training on 08 and 09 Feb 2016

Proposed Timescale: 09/02/2016

Outcome 09: Notification of Incidents

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
An allegation of abuse, which had been brought to the attention of the person in charge through the complaints procedure, had not been notified to the Chief Inspector.

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

Please state the actions you have taken or are planning to take:
The alleged abuse was notified by the service manager on 29 January 2016 as a result of the feedback received from the inspection.

Proposed Timescale: 29/01/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents did not have an annual health check which could identify health care issues that residents themselves may not be aware of. Health care support systems were not adequate to meet their changing circumstances.

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

Please state the actions you have taken or are planning to take:
1.All residents will be encouraged and offered support to avail of an Annual Health Check, this will be completed by April 10th 2016.
2.As part of the review of each of the Residents Support Plans the sections on physical and mental health will be detailed with supports required for the individual to maintain good physical and mental health. This review process will be led by the PIC with input requested from Community Nurses on the HSE Louth Adult Disability Team. Review of this plan will be ongoing with at minimum one annual formal review. The current review of support plans will be complete by April 29th.
3.If on review of the Support Plans unmet needs are identified the PIC will make the relevant referrals in conjunction with the HSE Louth Adult Disability Team. Any such referrals will be made by April 29th.
4.Records of all visits to the GP will be maintained on RehabCare Standard documents – GP Visit Form. All other interactions with health professionals will be recorded RehabCare Standard Document – Health Visit Form.
5.Any relevant reports received from GPs, consultants or allied health professionals will be held on the individuals file.
6.The Health Section of each Resident's Support Plan will be updated following visits where changes occur in support requirements and guidance from professionals will be used to update the support plan.

Proposed Timescale: 27/04/2016

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Each resident engaging in self administration of medication had an assessment completed. However, on review of the assessments the inspector was not assured they were robust enough to assess risks related to this practice.

From the sample of assessments reviewed by the inspector they had been signed by a support worker which was not in line with the organisation's policy. It required that a suitably trained and competent person carry out the assessment and sign the assessment.

Medication management audits had not picked up on the inadequate completion of self administration of medication assessments for residents. They also did not include provision for the regular review of residents skills and abilities in managing their own medications.

16. Action Required:
Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

Please state the actions you have taken or are planning to take:
Service User self medication assessment will be completed by a qualified internal medication assessor. The supports required by each service user will be reviewed by the internal medication assessor each time new medication is prescribed by the GP.

Assessment will be completed by 31st March 2016. Ongoing reviews will be done as required.

Proposed Timescale: 31/03/2016

Outcome 13: Statement of Purpose
Theme: Leadership, Governance and Management **The Registered Provider is failing to comply with a regulatory requirement in the following respect:** The statement of purpose did not meet the requirements as set out in the Regulations. **17. 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:** SOP was updated and forwarded to the inspector on 08 Feb 2016 in line with the feedback session on 21 Jan 2016 in particular addressing changes under the Governance section and attaching updated detailed architects drawings. **Proposed Timescale:** 08/02/2016

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:** At the time of inspection the provider had failed to submit a complete application to register. **18. Action Required:** Under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. you are required to: Provide all documentation prescribed under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
A revised A1 Form has been submitted to HIQA, details of the Company Secretary were posted to HIQA on Feb. 24th. One board member still needs to sign the form, this person is currently out of the country and will return in Mid March, the form will be signed on March 14th and returned to HIQA.

Proposed Timescale: 19/03/2016

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The person in charge was not full time in the role.

19. Action Required:
Under Regulation 14 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge has the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.

Please state the actions you have taken or are planning to take:
This has been reported to the HSE in CHO 8 for additional funding to support the service, as at present the HSE is only funding for frontline staff. To address the above the service provider through the interim PIC will be onsite for three afternoons per week to support and supervise staff. This commenced 29th February and will be ongoing.

Proposed Timescale: 29/02/2016

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staffing numbers were not adequate to ensure residents support needs were reviewed and evaluated regularly.

20. Action Required:
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
This has been reported to the HSE in CHO 8 for additional funding to support the service, as at present the HSE is only funding for frontline staff. To address the above the service provider through the interim PIC will be onsite for three afternoons per week to support and supervise staff. This commenced 29th February and will be ongoing.

Proposed Timescale: 29/02/2016

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A planned and actual rota was maintained in the centre which was updated regularly, however, the person in charge was not indicated on the roster.

21. Action Required:
Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

Please state the actions you have taken or are planning to take:
PIC now appears as a separate person on the Rota since 01/02/2016

Proposed Timescale: 01/02/2016

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The governance arrangements for the centre provided inadequate support and supervision of staff to ensure they were carrying out their duties to a high standard within the policies and procedures for the organisation and in line with the regulations.

22. Action Required:
Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

Please state the actions you have taken or are planning to take:
This has been reported to the HSE in CHO 8 for additional funding to support the service, as at present the HSE is only funding for frontline staff. To address the above the service provider through the interim PIC will be onsite for three afternoons per week to support and supervise staff. This commenced 29th February and will be ongoing.

Proposed Timescale: 29/02/2016