

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Peamount Healthcare ID Community Based Service
<b>Centre ID:</b>	OSV-0003504
<b>Centre county:</b>	Co. Dublin
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Peamount Healthcare
<b>Lead inspector:</b>	Helen Thompson
<b>Support inspector(s):</b>	Marie Byrne
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	23
<b>Number of vacancies on the date of inspection:</b>	7

## 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 un-announced and took place over 2 day(s).

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

From:	To:
04 January 2018 08:45	04 January 2018 17:30
05 January 2018 08:30	05 January 2018 13:20

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 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

**Background to the inspection**

This was a short announced inspection to assess the centre's compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. It was conducted as part of the provider's application to register this centre. This was the centre's fifth inspection. The inspection was conducted by two inspectors over a two day period. The required actions from the centre's previous inspection in August 2017 were also followed up as part of this inspection.

**How we gathered our evidence**

The inspectors met with a number of the staff team which included nursing staff, healthcare assistants, social care staff and the person in charge. Additionally, in assessing the quality of care and support provided to residents, the inspectors spent time observing staff engagement and interactions with residents. Over the two day period inspectors met with, and chatted to 14 residents about their experience of

living in the centre. Overall, they all expressed satisfaction with the quality and safety of care provided to them.

As part of the inspection process the inspectors spoke with the aforementioned staff and reviewed various sources of documentation which included the statement of purpose, residents' files, centre data sets and a number of the centre's policy documents. The inspectors also completed a walk through of the centre's premises.

#### Description of the service

The service provider had produced a statement of purpose which outlined the service provided within this centre. The centre is operated by Peamount Healthcare and consists of three community locations. The locations are situated across an 11 kilometre geographic spread, with two of them in close proximity. From each location residents have access to community facilities and public transport networks. One location is leased from a third party and the other two are the property of Peamount Housing Association.

The statement of purpose stated that the centre provided residential care to male and female residents with an intellectual disability, some of whom also have medical needs, physical and sensory challenges and mental health support needs. There was capacity for 30 residents across the three locations and on the day of inspection it was home to 23 residents over 18 years of age.

#### Overall judgment of our findings

Twelve outcomes were inspected against and in summary, significant improvements were found in the centre's level of compliance with the regulations. Eleven outcomes were observed to be in either full or substantial compliance. This included residents' safety, safeguarding, social care, healthcare, and medication needs. However, some improvements were still required with the centre's premises to ensure that all locations supported the residents' needs in a homely manner.

In general, the centre's governance and management structures and systems had stabilised since the previous inspection. The centre's workforce had also progressed, particularly with regard to skill mix changes. However, some further improvement was required with the supervision and performance management of staff, and with the security of tenure for two of the centre's houses.

These findings along with others are further detailed in the body of the report and the action plan at the end.

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

**Outcome 01: Residents Rights, Dignity and Consultation**

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

Inspectors found that the required actions from the centre's previous inspection had been addressed. These included the review and updating of residents' intimate care plans to reflect their preferences and wishes.

Additionally, the centre's complaints process was observed to support residents, and to be operated in line with regulatory requirements.

**Judgment:**

Compliant

**Outcome 02: Communication**

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

Overall, the inspectors found that since the previous inspection, progress had been made with regard to the supporting of the resident's communication needs. However, further improvement was required with regard to the facilitation of internet access for each resident.

Inspectors found that as appropriate to the resident's individual profile, communication passports were available to inform and guide staff. Alternative augmentative communication systems were present in the resident's environment, and staff were observed to utilise these when interacting with the resident.

Since the previous inspection, the provider had moved forward with regard to the provision of internet access across the centre. This included meeting with residents to assess their interest level, skills ability and ascertain further supports or education that they required. In general, internet usage was noted to be fostered and encouraged with the resident.

At the time of inspection, residents in one of three locations had access, and plans were imminent for the incremental roll out of internet access to residents in a second location of the centre.

**Judgment:**

Substantially Compliant

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

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

**Findings:**

Overall, the inspectors found that residents' wellbeing and welfare was maintained through a good standard of evidence-based care and support. Residents' needs were assessed, supported and reviewed through a care planning system which involved the resident. Members of the multidisciplinary team (MDT) also contributed to the care planning process. Residents were facilitated with opportunities to participate in meaningful activities of their choice which included availing of community facilities. Times of change and transition in the residents' lives were supported.

From interviews with residents, a review of their files and observations during the inspection process the inspectors found that residents' needs were recognised, assessed, supported and reviewed. This encompassed a number of assessment tools with the resident and members of the MDT involved as appropriate. Subsequently, plans were present to inform and guide staff practices and support delivery. Inspectors noted improvement since the last inspection with the provision of residents' healthcare plans.

Residents' social care needs were found to be assessed, supported and reviewed. The assessment process included checklists to garner residents' interests and hobby preferences. Inspectors observed that residents were self-directing this aspect of their lives and were engaging in a varied number of activities in line with their preferences. Some residents attended a more formalised day service, some were involved in vocational type activities and others participated in activities of their choice from their home.

In general, residents were noted to avail of a number of community based activities which included shopping, outings to restaurants/cafes, going to bingo and accessing local religious services. Planning and supporting of holiday breaks for residents was also noted. Some of the staff complement was especially assigned to support residents' activities.

The management team recognised to inspectors that the provision of residents' social care needs was a continuous work in progress. Additionally, the need to facilitate further skills teaching with residents was recognised.

Inspectors observed evidence of consideration, assessing and the supporting of residents' needs at times of change and transition in their lives. The centre management team liaised with the service wide transfer committee to ensure that residents' evolving needs were appropriately supported.

**Judgment:**  
Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**  
Effective Services

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

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

**Findings:**

Inspectors observed that a number of areas required care and attention to ensure that

the centre's premises supported the residents' needs in a homely and comfortable manner.

Inspectors completed a walk about of the three locations that constituted the centre and observed the following deficits with the upkeep of the premises:

- painting was required in two of the locations visited
- general decoration and updating of furniture, for example, the kitchen units and provision of soft furnishings/blinds in one location
- additionally, in the same location the overall standard of cleanliness required improvement as some tables and presses were noted to be grubby.

Inspectors acknowledged that the management team had identified areas that required improvement, for example, painting, with plans made to address same.

Also, some improvements, for example, wires hanging off a wall fitting, that were highlighted during the inspection process were addressed whilst inspectors were present.

**Judgment:**

Substantially 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):**

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

**Findings:**

Overall, inspectors found that the health and safety of residents, visitors and staff was promoted and protected in the centre. There were policies and procedures in place for risk management and emergency planning, health and safety and incidents where a resident goes missing. There was an up-to-date health and safety statement in place in the centre. There was evidence of the completion of monthly health and safety checklists.

There was an emergency response system in place in the centre. Some residents wore a pendant which they could press if they required staff support.

There were satisfactory procedures in place for the prevention and control of infection. There were sufficient hand washing facilities and antibacterial soap was available at all sinks. There were disposable hand towels available. Cleaning schedules were completed and maintained in the centre.

The risk management policy was implemented throughout the centre. There was a local

risk register in place which outlined risks and controls to mitigate risks. It was evident from reviewing the document that they were reviewed and updated regularly. There were individual risk assessments in place in residents' personal plans. There was evidence that they were reviewed and updated regularly in line with residents' assessment of need documents.

Arrangements were in place for investigating and learning from serious incidents in the centre. There was evidence that incident reports were reviewed by the person in charge via an incident analysis form. There were also "close out forms" in place which reviewed the type of occurrence, the risk rating, whether the event needed to be notified to HIQA, complaints checklist and a section for final sign off by the person in charge. A community incident summary and trends form was also in place in the centre. It was a comprehensive document which looked at all incidents in the centre, and reviewed emerging trends. The trends identified were in line with the risk register and had appropriate risk ratings and control measures in place.

Overall, inspectors found that there were effective fire safety management systems in place in the centre. Suitable fire equipment was in place and there was documentary evidence that equipment had been recently serviced and tested. There were adequate means of escape which were unobstructed. There were prominently displayed procedures in place for the safe evacuation of the centre.

Each resident had a personal emergency evacuation plan in place which outlined the supports they required to safely evacuate the centre in the event of a fire. Inspectors spoke to a number of residents who outlined how they would safely evacuate in the event of a fire. Staff had received training and were knowledgeable on what to do in the event of a fire. There was evidence of regular fire drills in the centre. The most recent fire drill reviewed by inspectors was a night time drill. It was completed in conjunction with the health and safety co-ordinator and involved all residents in the premises and the waking night staff. It was a successful drill where all residents evacuated in a timely manner.

**Judgment:**  
Compliant

**Outcome 08: Safeguarding and Safety**

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

**Theme:**  
Safe Services

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

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

**Findings:**

Overall, the inspectors found that there were measures in place in the centre to protect residents from being harmed or suffering abuse. There was a positive behaviour support approach evident for residents that engaged in behaviour that was challenging. The centre promoted a restrictive free environment for residents.

Inspectors found that there were systems in operation for responding to incidents, allegations and suspicions of abuse and that these were being appropriately utilised to ensure that residents were protected. Evidence of review and learning from safeguarding incidents was noted. Residents' personal and intimate care needs were outlined in plans which informed and guided staff practices.

Residents' emotional, therapeutic and behavioural support needs were observed to be recognised and supported. Residents were supported by members of the multidisciplinary team which included a clinical nurse specialist in behaviour. A restrictive free environment was fostered and inspectors noted that an environmental restriction had been discontinued since the previous inspection.

During the inspection staff were observed to treat residents in a warm and respectful manner with the inspector observing that residents appeared contented. Also, residents noted to inspectors that they felt safe in the centre.

The centre had the policies in place as required by regulation.

**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):**

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

**Findings:**

Overall, inspectors found that residents in the centre were supported to enjoy best possible health. Each resident had access to a medical practitioner of their choosing in the community. Each resident's health needs were appropriately assessed and met by the care provided in the centre. Residents had access to the support of allied health care professionals in line with their diverse care needs. Each resident had a hospital passport

in place.

Inspectors reviewed a number of personal plans in the centre. The personal plans reviewed had a health and wellbeing summary. Following this, relevant assessments and risk assessments were completed. Care plans were in place for each identified need in line with the health and wellbeing summary and the assessment documents. The care plans were detailed and clearly guided staff practice.

Inspectors reviewed the personal plan of a resident who had recently been discharged from hospital following a short illness. All relevant care plans, assessments and risk assessments had been updated following their discharge.

Residents were supported to buy, prepare and cook food in the centre in line with their ability and preferences. There was plenty of meals and snacks available to residents. Equipment was adapted as necessary to support residents to cook independently.

Residents who required support to eat and drink were provided with this support in a sensitive and appropriate manner. The advice of dieticians and speech and language therapists were implemented in line with the residents' personal plans. Meal times were observed by inspectors to be a positive and social event.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

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

**Findings:**

Overall, inspectors found that each resident was protected by the policies and procedures for medication management in the centre. There were up to date policies in the centre relating to the ordering, prescribing, storing and administration of medicines to residents.

Individual medication folders were in place for each resident which contained relevant information to guide staff practice. Included in the folder was a picture of the resident, their date of birth, unique identifier, hospital passport and a pain assessment chart. Each resident had a "my medication" administration plan which was detailed and in an accessible format. Some residents had medication risk assessments in place and were supported to self-administer in line with their risk assessment. Detailed "As Required" medication protocols were also in place to guide staff practice.

A number of healthcare assistants and social care workers had completed safe administration of medication training since the last inspection. From speaking with residents, staff and reviewing documentation it was evident that this was improving outcomes for residents. Residents reported to inspectors that they were now receiving their medicines and treatments in a timely manner.

There were appropriate procedures in place for the handling and disposal of unused and out of date medicines. They were in a locked box in a locked press in the office. There were medication disposal forms in place in the centre. Medication audits and medication event report forms were completed in the centre on a regular basis with evidence of learning and follow up on actions.

**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 centre had a written statement of purpose in place. The statement of purpose was reviewed in line with regulatory requirements. It contained the information required by Schedule 1 of the regulations.

It outlined the aims and objectives of the centre, and described the facilities and services provided for residents in the centre.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

Overall, the inspectors found that since the previous inspection, improvement had been achieved with regard to the centre's overarching governance and management system. This encompassed progress with the centre's management structure and systems, and with the monitoring of the resident's experience in the quality of care delivered. However, some further improvement was required with regard to the supervision of member's of the workforce and evidence of security of tenure for some of the centre's premises. These matters were previously identified.

Inspectors observed that there was a clearly defined management structure with distinct lines of authority and accountability. The person in charge (PIC) had commenced working in the centre in October 2017 and post induction, and a comprehensive handover process had taken up the role of PIC. She clearly demonstrated sufficient knowledge of the legislation and of her statutory responsibilities. Also, the PIC was very familiar with, and clearly identifiable by residents. Staff acknowledged the support and improvements made with the appointment of a new PIC.

The person in charge worked in a fulltime capacity from Monday to Friday and had responsibility for this centre only. She was supported in the fulfilling of her role by an assistant director of nursing and by the provider representative.

Additionally, there was a local centre management team who were noted to work collaboratively to ensure the supporting and delivery of the resident's care needs. Inspectors reviewed minutes of meetings that underpinned this process. It was noted that the PIC also attended service management meetings where operational and ancillary matters were raised. Learning from previous HIQA inspections was noted to be shared and generalised.

An on-call management system operated across the service's centres and provided additional support over the 24 hour period.

The centre had self-monitoring systems in place which included audits, the provider's unannounced visits and a system for tracking the implementation of the centre's action plan.

Staff meetings were taking place in the centre and staff reported that they now had opportunities to raise concerns with regard to the quality and safety of service delivery. Inspectors observed that a system for the supervision and performance management of staff had just commenced. The PIC outlined her plans to fully implement this process with all staff, including relief, and to increase her on-site presence/availability across the centre's locations.

**Judgment:**

Non Compliant - Moderate

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

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

**Findings:**

Overall, inspectors found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents. Staffing levels in the centre were in line with the statement of purpose. There was a planned and actual roster in place.

A number of vacancies had been filled in the centre since the last inspection. It was evident during the inspection that the overall increase in staffing numbers and changes to the skill mix in the centre was impacting positively on continuity of care and improved outcomes for residents.

A review of nursing supports had taken place since the last inspection. There were now nurses working in the centre including a Clinical Nurse Manager and a number of staff nurses. From discussions with residents and staff, and from reviewing documentation in the centre, it was evident that this was improving outcomes for residents. Residents reported to inspectors that they could access staff support in a timely manner.

There was a marked decrease in reliance on relief staff in the centre. Where the use of relief staff was deemed necessary, there were systems in place to ensure continuity of care for residents through the use of regular relief staff in the centre.

In general, staff in the centre had up-to-date mandatory training and access to education and training in line with the assessed needs of residents. However, a small number of staff required facilitation with training or refresher training.

Staff were found by inspectors to be aware of the relevant policies and procedures relating to the general welfare and protection of residents, and demonstrated a good awareness of the regulations and standards.

**Judgment:**

Substantially Compliant

**Outcome 18: Records and documentation**

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

**Theme:**

Use of Information

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

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

**Findings:**

Overall, it was observed during the inspection process that records were available as required in the centre. Though, inspectors did note that further improvement was required with the maintenance and upkeep of some residents' documentation. Some records in the residents' files were not dated, and did not clearly record/reflect who had completed the assessment of need process with the residents.

These matters were discussed with the management team during the inspection process.

**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:**

Helen Thompson  
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 Peamount Healthcare
<b>Centre ID:</b>	OSV-0003504
<b>Date of Inspection:</b>	04 January 2018
<b>Date of response:</b>	22 February 2018

### 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 02: Communication

**Theme:** Individualised Supports and Care

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

Internet access was not available to each resident in all locations of the centre.

#### 1. Action Required:

Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and

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

internet.

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

Shared PC with internet access will be installed in communal areas in each centre.

**Proposed Timescale:** 30/04/2018

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

As outlined in the body of the report, some areas of the premises required care and attention.

**2. 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:**

Ongoing refurbishment plan in progress. 3 bedrooms in one location have been identified for painting. Painting has commenced and is in progress in one of the bedrooms.

As discussed with inspectors, the second location was under review at the time of the inspection. The decision has been made to close this location, this process is expected to be completed by 31st March 2018.

**Proposed Timescale:** 31/03/2018

**Theme:** Effective Services

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

One location in the centre required improvement with the general standard of cleanliness.

**3. Action Required:**

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

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

The area has been cleaned. The plan to close this location has been initiated.

**Proposed Timescale:** 31/03/2018

## Outcome 14: Governance and Management

**Theme:** Leadership, Governance and Management

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

The provision of the lease arrangement for two houses in the designated centre remained outstanding at the time of inspection.

### **4. 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:**

The plan to close this location has been initiated.

**Proposed Timescale:** 31/03/2018

**Theme:** Leadership, Governance and Management

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

Further improvement was required with the supervision and performance management of staff.

### **5. Action Required:**

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

We have put in place a system to ensure that supervision of relief staff takes place. All relief staff will receive supervision and this process has commenced.

**Proposed Timescale:** 31/03/2018

## Outcome 17: Workforce

**Theme:** Responsive Workforce

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

A small number of staff in the centre required training or refresher training in line with

the assessed needs of residents.

**6. Action Required:**

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

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

Training has been organised for the small number of staff who still required training. A number of sessions have taken place since inspection and others are scheduled for the coming weeks until all staff are trained. Refresher training is ongoing for all staff at times of renewal.

**Proposed Timescale:** 31/03/2018

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

As outlined in the body of the report, some residents' documentation was not comprehensively maintained.

**7. Action Required:**

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

Review of all files has commenced to identify omitted dates and signatures and amend as appropriate to ensure they clearly reflect who completed the assessment of need process.

**Proposed Timescale:** 28/02/2018