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Weavers Hall, OSV-0005653, 18 January 2018

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**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Weavers Hall
Centre ID:	OSV-0005653
Centre county:	Louth
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Company Limited By Guarantee
Lead inspector:	Jillian Connolly
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 18 January 2018 10:30 To: 18 January 2018 17:30

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

Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This was the second inspection of the centre. The inspection, prior to this, was conducted in September 2017 following an application by the provider to register the centre under the Health Act 2007. At this time, the centre was not occupied. The purpose of this inspection was to identify if the provider had implemented appropriate systems to meet the needs of the residents now residing in the centre.

How we gathered our evidence:

As part of this inspection, the inspector met all four residents. The inspector also met with staff, observed practices and reviewed documentation such as residents' personal plans, health and safety documentation and audits. Residents, management and staff facilitated the inspection.

Description of the service:

The designated centre is one house located in Co. Louth. Services were provided to male residents over the age of 18. The centre is operated by St. John of God Community Services Limited.

Overall findings:

The inspector found work had commenced in supporting residents to become accustomed to their new home and environment. Staff were observed to engage with residents in a respectful and dignified manner.

The inspector found that the residents were safe and well cared for, with efforts being made to maximize their personal development. However, there was an absence of oversight of the day to day practices in the centre and inconsistent staffing resources. As a result, the opportunities residents had to meet their social care needs were inconsistent. On arrival to the centre, the inspector was informed that there had been a change to the people participating in the management of the centre, including the person in charge. This had not been notified to HIQA.

Within this report, the inspection findings are presented under the relevant outcome. The action plan at the end of the report sets out the failings identified during the inspection and the action required by the provider to comply with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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 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):

No actions were required from the previous inspection.

Findings:

The inspector reviewed a sample of written agreements between the resident and the provider and found that they did not relate to the centre. The agreements outlined the terms and conditions of residency in the former home of the resident and the fees to be paid in that home.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that work had commenced developing personal plans for residents

which outlined the supports that they required to ensure that their health and social care needs were met. However, a comprehensive assessment had not been completed prior to or on admission for all the health and social care needs of residents. Therefore all aspects of the personal plan had not been reviewed or updated following the residents' admission to the designated centre. Some of the information related to their previous home.

The inspector reviewed a sample of personal plans and found that goals had been identified for residents. It had been identified that residents required support to integrate within their wider community, develop skills to be independent in day to day life and maintain links with their family. Specific activities had been identified to support residents to achieve these goals. For example, it was identified that a resident could attend a local music session in a pub and attend mass to assist in developing links with their community. The progress towards achieving these goals was monitored on a weekly basis.

However, the inspector observed other elements of the personal plan which had been transferred to residents' personal plan from their previous placement. They had not been reviewed following admission to ensure that the information was still relevant and part of the day to day life of a resident. For example, there was reference to residents attending a music session in their previous home. This was no longer occurring. There was also reference to individuals who were no longer part of the life of a resident. This also applied to the health plans of residents. The inspector identified that plans of care had been developed prior to their health assessment being completed. There had been no review following the assessment to ensure that the plans of care in place were still relevant and identified the supports residents required in their new home.

Residents retained access to the allied health professionals who supported them in their previous home. Recommendations from these reviews were incorporated in the personal plan. Staff were familiar with the supports residents required.

There had been no discharges from the centre since it opened.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The provider had systems in place for the health and safety of residents, visitors and staff. This included a risk management policy which contained all of the information as required by regulation 26. There was also a site specific safety statement and risk register which identified clinical and operational risks. However, the inspector observed risks in the centre which had not been assessed. For example, the inspector observed that the exit was on a road which did not have clear visibility of oncoming traffic. This had not been identified and therefore the appropriate control measures were not identified or in place. There was also no assessment of risks associated with practices such as medication and/or manual handling which were prevalent in the centre.

The inspector reviewed the accident/incident register and found appropriate action was taken if an accident occurred.

The inspector observed that the centre was visibly clean and there were procedures in place to ensure that this was the standard practice.

The provider had installed systems for the prevention and management of fire. However, the inspector found that additional oversight was required to ensure that the fire system and associated equipment was serviced at the appropriate intervals and drills occurred to ensure that all residents could be evacuated to a place of safety if required.

The inspector observed that the emergency lighting and fire alarm had not been serviced at quarterly intervals as required by the policy of the organisation. The provider had installed fire doors for the containment of fire. However, they had not been provided with self closers. The inspector observed the doors to be open on the day of inspection. The necessity to manually close these doors in the event of a fire had not been included in the site specific emergency plan. Two staff had also not received fire safety training.

Residents had individual evacuation plans in place which identified that high support was required in the event of an emergency. Staff were able to inform the inspector of the supports residents required. However, no drills had occurred to assess if these supports were appropriate and enabled residents to be evacuated to a place of safety in the event of an emergency.

The inspector also observed that a final fire exit was key operated. However, there were no safety mechanisms in place to ensure that the key was accessible in the event of an emergency.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

The provider had policies and procedures in place for the safeguarding of vulnerable adults. Staff were aware of what constitutes abuse and the action to be taken if an allegation or suspicion of abuse was to occur. There had been no allegations or suspicions of abuse in the centre since it opened.

The supports residents required, to ensure that their intimate care needs were met, were identified in their personal plan.

Positive behaviour support was a requirement in the centre. However, not all staff were aware of this. The plans had been developed by allied health professionals and identified proactive and reactive strategies. The inspector observed that the proactive strategies residents were required were not provided. For example, it stated that a trigger to a resident becoming distressed was if they were bored and not engaging in a meaningful schedule. During the inspection the inspector observed indicators that a resident was bored. However, a meaningful schedule was not provided. Not all staff had received training in positive behaviour support and breakaway techniques.

Restrictive practices were in place to promote residents safety. They had been authorised by the committee which had oversight for the authorisation and implementation of restrictive practices. A record was maintained of the times they were used and demonstrated that they were used appropriately.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

The personal plans of residents identified that the health and wellbeing of residents was considered and planned for. However, improvement was required to ensure that staff demonstrated that the support provided to residents was in line with their plans of care.

Each resident had a general practitioner (GP). They were supported to attend their GP, if required. Residents were also supported to make appointments with other healthcare professionals. There were plans of care in place for conditions such as epilepsy and osteoporosis.

Plans of care clearly outlined the supports residents required. However, improvement was required to ensure that staff documented the food intake for residents who had risks associated with specific diagnosis, in line with their plan of care.

The menu was decided on a weekly basis. Staff supported residents to complete the grocery shopping and to take part in the preparation of meals if they chose to. The inspector observed that the food provided to residents in line with their needs. Overall, residents who were at risk of being underweight had gained weight and there had been an overall improvement to their digestive system since moving in.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

There were systems in place for the receipt, storage and administration of medication. This was supported by policies and procedures. However, improvement was required to ensure that management had oversight of the medications administered to residents to ensure that policies were adhered to.

Staff had received training in the safe administration of medication and the administration of emergency medication in the event of a seizure. The inspector observed that medication was stored in a secure location. The inspector reviewed a sample of prescription records and confirmed that they contained all of the relevant information. They also included the method of administration and staff were clear on the procedure to be followed. The maximum dosage for PRN medicines (medicines only taken as the need arises) was stated. There was also individual guidance in place for

each PRN medication. The inspector noted that there had been a significant decrease in the amount of PRN medications residents received since admission to the centre.

However, a review of administration records identified an instance in which it was not recorded that a resident had received a medication at the times prescribed.

Medication was counted when picked up from the pharmacy. However, there had been no audits completed to date and there had been no stock checks to ensure that the medication present in the centre was correct considering what had been administered to residents.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The inspector found that the provider had identified appropriate systems to ensure adequate oversight of the service provided. However, the inspector found that they were not being implemented as of the day of inspection.

There was a management structure in place. The person in charge reported to the director of care and support who in turn reported to the regional director. The person in charge was due to be supported by a person participating in management. This post was vacant as of the day of inspection. The inspector found that the person in charge had sufficient knowledge of their statutory responsibility and met the requirements of the regulations. The person in charge had the responsibility of two designated centres. The person in charge informed the inspector that as they had assumed responsibility for the centre in recent days, they were in the process of identifying the management support the centre would require.

However, in the interim, the inspector determined that additional immediate support would be required as the findings of this inspection identified that there was an absence of oversight of the practices in the centre.

As the centre had only been operational for four months, there was no requirement for an unannounced visit or annual review. However, management were aware of the need for an annual review of the quality and safety of care. The quality team of the provider would also have the responsibility of conducting the unannounced visits in the centre as required by regulation 23.

Judgment:

Substantially Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

A new person in charge had been appointed to the centre, three days prior to the inspection. The relevant information had not been submitted to HIQA at the time of writing this report.

Judgment:

Non Compliant - Major

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector observed that there was sufficient staff available on the day of inspection to meet the needs of residents. However, a review of rosters demonstrated that this staffing level was not consistently provided. The inspector found that there was a minimum of two staff on duty at any given time. While this ensured that the basic care needs of residents could be met, it impacted on residents' ability to engage in activities in line with their interests and capabilities and access the wider community, in line with their personal plans. Residents were observed to be comfortable in the presence of staff and familiar with them.

The inspector was provided with the training records of staff and found that there was oversight of the training requirements of staff. However, as stated, there were areas in which training had not been provided to staff.

Staff had not received formal supervision to date. The inspector also found that informal supervision was minimal due to the frequency that management were present in the centre. There had been no team meetings since the centre had opened, with the first scheduled for the following week.

There were no volunteers in the centre.

The inspector reviewed a sample of staff files and confirmed that they contained all of the items as required by Schedule 2 of the regulations.

Judgment:

Non Compliant - Moderate

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:

Jillian Connolly
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Company Limited By Guarantee
Centre ID:	OSV-0005653
Date of Inspection:	18 January 2018
Date of response:	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 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The agreements outlined the terms and conditions of residency in the former home of the resident and the fees to be paid in that home.

1. Action Required:

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

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

New contracts outlining services, and all fees and charges, have been posted to all residents families/next of kin for signing on behalf of each resident.

Proposed Timescale: 14/02/2018

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:

A comprehensive assessment had not been conducted of all of the health and social care needs of residents prior to them moving into the centre.

2. Action Required:

Under Regulation 05 (1) (a) 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 prior to admission to the designated centre.

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

1. IPPs have been reviewed.
2. Assessments and associated actions, related to health and social care needs, will be updated from those in place prior to the residents transition their new home.

Proposed Timescale: 20/03/2018

Theme: Effective Services

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

The inspector observed aspects of personal plans had been transferred to residents' personal plan from their previous placement. They had not been reviewed following admission to ensure that the information was still relevant and part of the day to day life of a resident.

3. Action Required:

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

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

1. IPPs have been reviewed.
2. Assessments and associated actions will be updated from those in place prior to the residents transition their new home.

Proposed Timescale: 20/03/2018

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The inspector observed risks in the centre which had not been assessed.

4. 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 review of risks will be undertaken and appropriate controls identified and implemented to address them, with specific attention to road safety, medication management and manual handling.

Proposed Timescale: 20/03/2018

Theme: Effective Services

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

Emergency lighting and the fire alarm had not been serviced at quarterly intervals as required by the policy of the organisation.

5. Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

1. Maintenance schedule for emergency lighting and fire alarms has been updated.
2. Emergency lighting and fire alarms scheduled for service.
3. Door closers have been fitted

Proposed Timescale: 20/02/2018

Theme: Effective Services

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

The inspector also observed that a final fire exit was key operated. However, there were no safety mechanisms in place to ensure that the key was accessible in the event of an emergency.

6. Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

Additional keys to open the final fire exit have been provided and their location documented in the fire safety plan.

Proposed Timescale: 22/02/2018

Theme: Effective Services

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

The inspector observed fire doors to be open on the day of inspection.

7. 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:

Door closers have been fitted

Proposed Timescale: 22/02/2018

Theme: Effective Services

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

No drills had occurred to assess if the identified supports residents required were appropriate and enabled residents to be evacuated to a place of safety in the event of an emergency.

8. Action Required:

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

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

1. A night fire drill has been completed.
2. A day time drill has been scheduled.

Proposed Timescale: 23/02/2018

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:

Not all staff had received training in positive behavior support.

9. 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:

1. The 5 staff requiring positive behaviour support training have been booked into training dates.

Proposed Timescale:

1. Two booked for 26/02/18, two on 23/04/18 and one on 16/07/18.

Proposed Timescale: 16/07/2018

Theme: Safe Services

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

Not all staff had received training in breakaway techniques.

10. Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

1. The 2 staff requiring training in breakaway techniques have been booked into training dates.

Proposed Timescale:

1. One booked in on 22/3/2018 the other for 27/03/18

Proposed Timescale: 27/03/2018

Theme: Safe Services

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

The inspector observed that residents were not supported in line with their positive behavior support plan.

11. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

1. The supports provided to each resident will be reviewed to ensure compliance with the needs identified in their plans.
2. PIC and newly appointed additional CNM (shared with Greenmount View) will ensure that staff are fully aware of the strategies to appropriately support residents' behaviour plans.

Proposed Timescale: 22/03/2018

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Improvement was required to ensure that staff documented the food intake for residents who had risks associated with specific diagnosis, in line with their plan of care.

12. Action Required:

Under Regulation 18 (2) (d) you are required to: Provide each resident with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.

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

PIC and CNM will ensure that staff document the food intake for residents who have additional identified risks associated with their specific diagnoses.

Proposed Timescale: 22/03/2018

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:

Improvement was required to ensure that management had oversight of the medications administered to residents to ensure that policies were adhered to.

13. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

The PIC and CNM will provide oversight for the administration of medications and compliance with policies in the Centre, through a combination of observation, monitoring, direct supervision and auditing.

Proposed Timescale: 23/02/2018

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 findings of this inspection identified that there was an absence of oversight of the practices in the centre.

14. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

PIC and CNM will provide oversight, monitor and audit practices within the Centre.

Proposed Timescale: 20/02/2018

Outcome 15: Absence of the person in charge

Theme: Leadership, Governance and Management

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

HIQA had not been notified that the person in charge was absent from the centre.

15. Action Required:

Under Regulation 32 (3) you are required to: Provide notice in writing to the Chief Inspector where the person in charge is absent as a result of an emergency or unanticipated event, as soon as it becomes apparent that the absence concerned will be for a period of 28 days or more, specifying (a) the length or expected length of the absence and (b) the expected dates of departure and return.

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

Notification has been provided subsequent to the inspection.

Proposed Timescale: 22/02/2018

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staffing levels in the centre were not consistent and impacted on residents' ability to achieve their goals.

16. 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:

The PIC will ensure that that staffing levels in the Centre are consistent with the Statement of Purpose.

Proposed Timescale: 22/02/2018

Theme: Responsive Workforce

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

Staff were not appropriately supervised.

17. 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:

Informal supervision will be provided and documented by the PIC, and by the CNM during rostered time in the house.

Formal supervision has commenced, consistent with the organisation's policy.

Proposed Timescale: 22/03/2018