

# eDeposit Ireland

## Coolgreaney, Wicklow

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**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Coolgreaney
<b>Centre ID:</b>	OSV-0005299
<b>Centre county:</b>	Wicklow
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Sunbeam House Services Limited
<b>Provider Nominee:</b>	John Hannigan
<b>Lead inspector:</b>	Karina O'Sullivan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	3
<b>Number of vacancies on the date of inspection:</b>	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: 02 December 2016 10:00 To: 02 December 2016 17:30

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

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 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

Background to the inspection:

This was the second inspection of this designated centre. This inspection was to monitor ongoing compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

How we gathered our evidence:

As part of the inspection, the inspector visited the designated centre, met with three residents and spoke with the person in charge and two staff members. The inspector viewed documentation such as, care plans, person-centred support plans, recording logs and policies and procedures. Over the course of this inspection residents communicated in their own preferred manner with the inspector. Residents allowed the inspector to observe their daily life in the designated centre. This included meal times and activities. The inspector spoke with three residents, one resident identified how happy they were in the new house and another resident stated "I love living here, I can go down to the shops and go for coffee when I want". The third resident outlined plans to decorate the house for Christmas as this is their first Christmas in the house. Residents provided the inspector a tour of their home and each resident identified aspects of the house they liked or items they picked out to decorate their home.

#### Description of the Service:

This designated centre is operated by Sunbeam House Services (SHS) Limited and is based in Arklow County Wicklow. Three residents resided in the designated centre at the time of this inspection. The provider had produced a document called the statement of purpose, as required by regulation, this described the service provided. The inspector found the service provided was in line with the statement of purpose. The designated centre aimed to provide residential accommodation for female adults over the age of 18 with intellectual disabilities as outlined in the statement of purpose. The designated centre is a four bedroom detached two storey house, located in close proximity to the town centre.

#### Overall Judgments of our findings:

Eight outcomes were inspected against and five outcomes were found to be moderately non-compliant. Three outcomes were found to be substantially compliant. Areas of improvement included, information contained within residents' files, staff training and supervision.

The person in charge facilitated the inspection.

All proposals outlined and plans agreed will be verified at the next inspection.

All inspection findings regarding compliance and non-compliance are discussed in further detail within the inspection report and accompanying action plan.

**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 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 the social care needs of each resident were being supported and facilitated in the designated centre. However, some residents plans were not reflective of practice and one resident did not have a plan completed in 2016.

The system of personal social plans within the designated centre involved personal outcome measures encompassing 23 quality of life indicators as an assessment. This plan was to be completed once every three years, all three residents had one on file. The information gained during the process contributed to the development of a personal plan. This plan was to be completed annually and reviewed every six months. The online system was currently under redevelopment therefore, staff members used a paper based version of plans.

The inspector viewed three residents' personal plans two were dated in 2016 with one dated in 2015.

Personal plans contained goals, some did not reflect the current residence of residents. Other goals included areas such as, holidays, increased levels of independence within the community and community activities. Some of these goals contained clear levels of progress however, others did not.

Residents spoke with the inspector about their goals and all were very knowledgeable in relation to what goals were identified in their plan and how these were progressing along with some new goals they wish to pursue next year.

Residents' family members were consulted in relation to the personal plans in line with residents and family members' preferences. There was evidence of this maintained within the resident's files.

The inspector viewed several examples of person-centred care provision. This included facilitating a resident to visit their family members, facilitating residents to have a day off from their day service and spend one to one time with a staff member doing activities of their choice. On the day before this inspection residents attended a Christmas craft exhibition and one resident decided not to go and went to visit family members instead.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found the designated centre was suitable and safe for the number and needs of residents. Improvements were required in the area of risk and sharp management.

Sharps were used within the designated centre and the inspector requested to see documentation in relation to the management and disposal of sharps. This was not available. The sharps box had no label or tagging system in place. The inspector was informed sharps boxes were transported by staff and residents within the passenger seat of the car. The inspector asked to view local guidelines in relation to the transportation of sharps as discussed during the previous inspection however, this was not available.

The designated centre had an organisational risk management policy in place this included the specific risks identified in regulation 26. The designated centre had a risk register, this recorded a number of risks within the house and the controls in place to address these. The inspector identified this document required updating for example, staying at home alone was no longer current and the water temperature was unregulated. The inspector brought this to the attention of the person in charge on the day of inspection.

The inspector also viewed individual resident's risk assessments in place however, some of these did not correspond with the location risk register for example, unexplained

absence.

The inspector viewed fire drills, however, there was no follow up in relation to some issues identified during drills. Issues were not reflected with in PEEP'S (personal emergency evacuation plans) or within subsequent drills.

The designated centre had a health and safety statement dated October 2015. The responsibilities of the various staff members within the organization were outlined. The statement referenced a wide range of policies and procedures that supported the statement and guided staff in their work practices. The designated centre had an emergency evacuation plan in place for a number of various events such as fire, adverse weather conditions, flooding and power failure.

There was certification and documentation to show the fire alarm, emergency lighting and fire equipment were serviced by an external company.

Staff members also had up-to-date training in manual handling and first aid training.

**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 inspector found appropriate measures to protect residents from being harmed were in place within the designated centre. Improvements were required in relation to behavioural support plans.

Behaviour support plans were in place. However, information within these plans were unclear and therefore, did not effectively guide practice. Within one file three versions of a positive behaviour support plan was present. The inspector found this did not guide staff members consistently or effectively in the management of displays of behaviours.

Another behaviour support plan was under review.

There was a policy in place on the prevention, detection and response to abuse. Staff members spoken with by the inspector were knowledgeable in relation to the management of an allegation of abuse. Staff members could outline the procedures to be followed should such an allegation arise. The designated officer for this designated centre had changed however, this was not reflected within documentation available within the designated centre.

Intimate care plans were in place for a number of areas depending on residents' needs.

**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:**

Each resident was supported to achieve best possible health. However, improvements were required in the information contained in resident's healthcare plans.

The healthcare needs of residents were completed via a plan entitled 'my health development plan'. From this a care plan and/or support plan was developed. The inspector viewed all three resident's plans. However, some healthcare conditions were not identified. There were no interventions in place within plans for various healthcare conditions for example, gastrointestinal issues, hypertension and diabetes.

Healthcare plans contained generic information not relevant to residents for example, the document stated staff teach me personal care, eating well, being more active, smoking alcohol and drug intake. Some of these documents were signed by the resident themselves. The inspector discussed this with the person in charge and some of these areas were not relevant to residents.

Residents had access to allied healthcare professionals, the inspector viewed evidence of this including optician and psychiatrist. However, some recommendations in relation to follow up reviews were not evident. The inspector viewed a dietician review dated 14 January 2015. Follow up was scheduled for April 2015, the outcome of this or if the resident was seen by the dietician was not available within the designated centre on the day of inspection.

Goals within some residents' healthcare plans were not based on any assessed needs, for example, oral hygiene these were discussed with staff members the day of inspection.

Residents had access to a G.P. (general practitioner), all residents had received an annual review, including phlebotomy tests as required for some residents due to medication prescribed.

Regarding food and nutrition the inspector found residents participating in mealtimes within the designated centre in accordance to the residents' preferences in relation to food choices. Residents participated in cooking and or meal preparation in accordance with their own preferences.

The inspector viewed user-friendly menu selection refreshments and snacks were available for residents outside mealtimes within the designated centre.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found the medication management system within the designated centre required some improvement in relation to the management and administration of medication.

Administration recording documents were in place for each of the three residents and three of these were viewed by the inspector. These were found to be up-to-date and showed staff administered and signed for medication. However, administration recording sheets did not match the administration records for example, the 24 hours clock was identified in one document and the 12 hours clock was specified in the other document.

No guidance was available in relation to the administration of some p.r.n. medicine (a medicine only taken as the need arises) medication. The inspector found staff members were not guided effectively and consistently in the administration of medication for example, when a resident was experiencing pain.

The inspector crossed checked balances of some medication and found accurate records

were not maintained as the actual stock balance did not correspond with the documented stock balance.

The maximum dosage of p.r.n. medicines was specified for the sample of p.r.n. medicatine viewed.

The designated centre had written policies and procedures related to the administration, transcribing, storage, disposal and transfer of medicines. Medication was supplied to the designated centre by a local pharmacist and medication was recorded when received and a stock check was carried out once a week.

There was a system in place for recording, reporting errors and reviewing medication. The inspector viewed incidents which occurred within the designated centre and found preventative measure were put in place to mitigate the risk of future reoccurrences.

The inspector found the signature bank within the designated centre was completed.

The inspector observed all medication was stored in a secure, locked cabinet and the keys to access the medication cabinet were held securely by staff.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found improvements were required in the monitoring of the quality of care and experience for residents, and staff supervision.

The inspector found limited auditing of areas within the designated centre. For example, no medication administration audits had taken place. The lack of auditing was discussed with the person in charge.

The person in charge did not have access to previous supervisions conducted with staff

members. The inspector was informed only the supervisee and the person conducting the supervision had access to this. As the current person in charge had not supervised all members of staff they did not have access to this information. This arrangement did not ensure the effective support, development 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. The inspector did view supervisions conducted between the person and charge and the senior service manager.

There was no annual review of the quality and care completed in this designated centre as the designated centre opened in January 2016.

There was a person nominated on behalf of the provider to carry out an unannounced visit on a six monthly basis. This reviewed the safety and quality of care and support provided in the designated centre. The inspector viewed one completed on the 27 July 2016 there was an action plan developed for the areas identified.

The inspector viewed minutes the senior management team meeting dated 26 July 2016 and the 25 October areas discussed related to the whole organization including training, budgets, safeguarding and protection and plans for 2017 in relation to the structure of meetings and topics. These were available for the person in charge to read within the computerised system.

The person in charge met with the senior service manager along with other persons in charge within the region (cluster meetings) dated 17 June 2016 and the 27 October 2016 Issues relating to transport, volunteers, complaints, staffing and safeguarding procedure was discussed during this meeting.

The inspector viewed minutes of staff meetings within the designated centre. The inspector was informed the minutes from the previous meeting dated 15 November 2016 were not available yet. The inspector viewed minutes from August and September. Items discussed included the providers 6 monthly unannounced visit, health and safety issues, updated complaints policy and resident's updates.

The inspector found there was a clearly defined management structure with lines of authority and accountability identified. From speaking with the person in charge in length over the course of the inspection it was evident they had knowledge of the individual needs and support requirements of each resident. The person in charge was supported in their role by senior service manager. The person in charge was aware of their statutory obligations and responsibilities with regard to the role of person in charge, the management of the designated centre and the remit of the Health Act (2007) and Regulations. Throughout the course of the inspection the inspector observed all residents knew the person in charge and were very comfortable in approaching and speaking with them. The person in charge worked on a full time basis between this designated centre and another designated centre.

**Judgment:**

Non Compliant - Moderate

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

No actions were required from the previous inspection.

**Findings:**

The inspector found there were sufficient staff numbers with experience deployed to meet the assessed needs of the residents. Improvements were required in relation to staff training.

From a sample of eight staff members training records reviewed, four staff members required refresher training in safeguarding and protection. One staff member required training in behavioural support two staff required refresher training in the area.

The inspector viewed the proposed and actual staff rota and found them to be accurately maintained.

Staff files were not reviewed as part of this inspection as these are held within the organizations head office off-site these were reviewed as part of the previous inspection.

The inspector observed residents received assistance in a respectful manner.

There were no volunteers within the designated centre.

**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.*

<b>Theme:</b> Use of Information
<b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.
<b>Findings:</b> Over the course of the inspection the inspector found the retrieval of schedule 3 documents difficult. Some documents were present in duplicate versions for example, behavioural support plans, support and care plans and outdated documents remained within some files.
<b>Judgment:</b> 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:***

Karina O'Sullivan  
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 Sunbeam House Services Limited
<b>Centre ID:</b>	OSV-0005299
<b>Date of Inspection:</b>	02 December 2016
<b>Date of response:</b>	30 December 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 05: Social Care Needs

**Theme:** Effective Services

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

One plan was not reviewed in 2016 and contained information relating to another designated centre.

**1. Action Required:**

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are

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

reviewed annually or more frequently if there is a change in needs or circumstances.

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

The residents plan is currently under review and updating which will be fully completed by the end of January.

**Proposed Timescale:** 31/01/2017

**Theme:** Effective Services

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

Some personal plan reviews did not assess the effectiveness of each plan and take into account changes in circumstances and new developments.

**2. 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:**

All personal plans are currently under review and updating. All progressions or changes to the plan will be logged in the plan by keyworkers.

**Proposed Timescale:** 31/03/2017

**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:**

The assessment, management and ongoing review of both the location risks and individual risks required updating.

**3. Action Required:**

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

The risk register will be reviewed and updated by the PIC and old risks no longer deemed necessary will be archived.

**Proposed Timescale:** 30/04/2017

**Theme:** Effective Services

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

Procedures and standards in relation to the management and transportation of sharps were not in place in the designated centre.

**4. Action Required:**

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

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

New local transport and management guidelines of sharps will be drafted to guide staff at the designated centre.

**Proposed Timescale:** 30/04/2017

**Theme:** Effective Services

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

Adequate follow up arrangements for evacuating all persons in the designated centre was not evident.

**5. 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:**

We continue to do monthly fire evacuations, where specific problems are identified, we will document how these problems have been addressed on CID and at resident's meetings. More fire evacuations may also be necessary to ensure problems are resolved. The safety statement will be updated to include overnight accommodation for residents in the case they are unable to return to the designated centre in an emergency.

**Proposed Timescale:** 30/04/2017

**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:**

Behaviour support plans did not ensure staff members had up-to-date knowledge

appropriate to their role, to respond to displays of behaviours and to support residents to manage their behaviour as multiple versions of these documents were contained within the one file.

**6. 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 Positive Behavioural Support Plan's at the designated centre, will be updated to guide staff members effectively in the management of displays of behaviour.

**Proposed Timescale:** 30/04/2017

**Theme:** Safe Services

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

Documentation in relation to the reporting structure and the designated officer was not current in the designated centre.

**7. Action Required:**

Under Regulation 08 (5) you are required to: Ensure that the requirements of national guidance for the protection and welfare of children and any relevant statutory requirements are complied with where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child.

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

The PIC will ensure that the documentation in relation to the reporting structure and current designated officer in the designated centre will be made much clearer.

**Proposed Timescale:** 31/03/2017

**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:**

Follow up services from allied health professionals such as dieticians were not evident within the designated centre.

**8. Action Required:**

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

All follow up appointments from health care professionals will be documented on CID and also available for viewing in profile folders for the next inspection.

**Proposed Timescale:** 31/03/2017

**Theme:** Health and Development

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

Some healthcare plans were not reflective of the assessed healthcare needs of residents and other healthcare plans contained support plans not related the assessed needs of residents.

Generic information not relevant to some residents were contained within healthcare plans.

**9. 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:**

All resident's health care plans will be reviewed and updated. Plans that are not relevant will be archived. All health care plans will concur with the assessed needs of the residents.

**Proposed Timescale:** 30/04/2017

**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:**

Administration recording sheets did not match the administration records for example, the 24 hours clock was identified in one document and the 12 hours clock was specified in the other document.

No guidance was available in relation to the administration of some p.r.n. medication.

Accurate records were not maintained for some medications as the actual stock balance did not correspond with the documented stock balance within the designated centre.

**10. 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:**

New administration recording sheets will be drafted to concur with the 24hr clock on other associated documents. Clearer local guidelines in relation to the administration of PRN Medication will be drafted. Regular medication audits will ensure safe and suitable practices are in place.

**Proposed Timescale:** 30/04/2017

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

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

The person in charge did not have access to all members of staff supervision to ensure 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.

**11. 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:**

Supervision has taken place for some staff, all will be completed by the second week in January. Supervision will be done every three months. These supervision documents will be available to view at the next inspection.

**Proposed Timescale:** 31/01/2017

**Theme:** Leadership, Governance and Management

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

There was limited auditing taking place within the designated centre.

**12. 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:**

More auditing will take place from January 2017 by the Person in Charge. 6 monthly internal audits and health and safety audits will continue as normal.

**Proposed Timescale:** 31/03/2017

### **Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Four staff members required refresher training in safe guarding and protection one staff member required training in behavioural support two staff required refresher training.

#### **13. 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:**

All staff have been booked onto internal training refreshers/courses for 2017 by the Person in Charge.

**Proposed Timescale:** 31/03/2017

### **Outcome 18: Records and documentation**

**Theme:** Use of Information

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

The retrieval of schedule 3 documents was difficult. Some documents were present in duplicate versions for example behavioural support plans, support and care plans and outdated documents remained within some files.

#### **14. 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:**

The Person in Charge plans to audit all documentation to have the most up to date documents only in the resident's person files and archive outdated documents.

**Proposed Timescale:** 30/04/2017

