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A designated centre for people with disabilities operated by Brothers of Charity Services Ireland

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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:	A designated centre for people with disabilities operated by Brothers of Charity Services Ireland
Centre ID:	OSV-0005060
Centre county:	Tipperary
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Johanna Cooney
Lead inspector:	Caroline Vahey
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	13
Number of vacancies on the date of inspection:	2

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 March 2016 09:00 To: 02 March 2016 18:30

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

Summary of findings from this inspection

This was the first inspection of the designated centre.

The inspection took place over one day and seven outcomes were inspected against. The centre comprised of three units in total. Two units were purpose built single story units located nearby to a local town. The third unit was a two storey property also located close to a local town.

The team leader facilitated the inspection. The team leader, two service managers and the regional service manager attended a feedback meeting at the end of the inspection. As part of the inspection the inspector spoke to staff members, met residents and reviewed documentation such as personal plans, policies and procedures, risk management plans, staff training records and staff records.

Overall the inspector found the care and support for residents was not adequately resourced to meet their needs. Governance and management arrangements did not adequately develop and monitor the care and support for residents and the procedures in place for fire precautions, safeguarding and restrictive procedures were inadequate and not in line with best practice.

The centre was in compliance with one outcome, medication management. One moderate non-compliance was identified in social care needs. Five major non-compliances were identified in health and safety and risk management, safeguarding and safety, healthcare needs, governance and management and workforce. These non-compliances are discussed in the body of the report and the actions required to address these are set out in the action plan at the end of the report.

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

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

The inspector found that the arrangements to meet residents' assessed needs were not comprehensively set out in a personal plan. The assessments of need did not always reflect the needs of residents and were not subject to review as needs changed.

The inspector reviewed a sample of three personal plans. An assessment of need had been completed for some residents detailing the health, personal and social needs. However, documentary evidence was not available in a personal plan to confirm that an assessment of need had been completed for one resident. There were no details on the use of a restrictive practice in place for a resident and the assessment of need was not up to date to reflect that another restrictive practice had been discontinued. The assessment of need was subject to review on an annual basis but not subject to review as needs changed.

There was evidence that multidisciplinary team members had been involved in assessment and the development of plans. For example, the advice of a speech and language therapist and a dietician formed part of nutritional plans for some residents.

Plans had been developed for some assessed needs of residents for example, medication support plans and money management plans however, health care plans in the main were not developed.

Personal goals were developed for residents in line with their wishes and interests. Personal goals detailed the actions to be taken to realise goals and the persons responsible to support residents in achieving goals. Activity timetables were developed

to incorporate actions to achieve goals and staff supported residents in these activities for example, reflexology, horse riding and music sessions. There was also evidence in personal plans of a variety of activity sampling completed to support residents in achieving goals. Personal goals were reviewed on a three monthly basis.

Personal plans were available in an accessible format for residents.

There was annual meeting held with the resident, their relative and staff and areas such as health and goals were discussed at this meeting.

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):

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

Findings:

The inspector found that the health and safety of residents, visitors and staff was not promoted and protected to a sufficient degree. There were inadequate arrangements in place for the safe evacuation of residents and for the containment of fire. Improvement was also required in the risk management procedures and emergency planning.

The inspector reviewed personal emergency evacuation plans in place for residents which outlined the support required to assist residents to evacuate the centre in the event of a fire. However, the inspector found that the evacuation plan for one resident could not be implemented as it required two staff to support the resident to evacuate and there was only one staff on duty at night time. An immediate action plan was issued to the regional services manager (acting on behalf of the provider nominee).

Arrangements had been made by the end of the inspection, ensuring that a second staff member was on duty in the service unit to assist with the evacuation of the resident.

There were fire evacuation plans prominently displayed in each unit in the centre. Two of the three units had fire doors with self closures installed throughout however, the inspector found a number of doors wedged open by chairs or door wedges on the day of inspection. The third unit had no fire doors, fire alarm, emergency lighting or exit signs. Smoke detectors were installed at various points throughout this unit. The location of one downstairs bedroom in this unit presented a hazard in that the evacuation route would require the resident to exit the unit through a utility area.

Emergency lighting, a fire alarm and emergency exit signs were available in two of the three units. There was adequate means of escape throughout the centre however, the inspector found that a side passage in one unit, used as a route to evacuate residents was blocked by a coal bunker and bins. Fire extinguishers and a fire blanket were available in all units. The fire alarms in two of the units were serviced on a quarterly basis and fire extinguishers and blankets had recently been serviced. However, the inspector found there was no documentary evidence to confirm if emergency lighting in these two units had been serviced.

The centre had policies in place for risk management and emergency planning. The inspector reviewed the procedures in place for emergency planning however, the procedures did not identify the arrangements for alternative accommodation should this be required. The risk management policy included the measures and actions to control the risks of unexplained absence of a resident, accidental injury to residents, visitors and staff, aggression and violence and self harm. There was a risk register identifying some identified risks in the centre and the actions to be taken to mitigate the risk. Site specific risk assessments were developed for lone workers, slips, trips and falls and unsupervised residents in hospital however, the inspector found there were no risk assessments in place for infection control, use of chemicals or manual handling. Individual risk assessments had been developed in areas such as choking and road safety.

There was an up to date health and safety statement which outlined the roles and responsibilities of personnel employed in the service. The policy also outlined guidelines for challenging behaviour, emergency procedures, incident reporting and first aid.

There was a policy in place for infection control. Satisfactory arrangements were in place for the prevention and control of infection. Personal protective equipment such as gloves and aprons were available and there were adequate hand washing facilities throughout the centre. Colour coded chopping boards and colour coded mops and buckets were available in the centre.

Arrangements were in place for investigating and learning from adverse incidents in the centre. The procedure for incident management included the immediate care and the arrangement for follow up actions, for example, team meeting if required. Records of incidents were not reviewed as part of this inspection.

Reasonable measures were in place to prevent accidents for example, the centre was fully accessible for residents, and mobility support plans were developed identifying the supports required for safe transfers.

A sample of four staff training records were reviewed and staff had received training in moving and handling of residents.

All units had their own transport and a sample of one vehicle's records were checked and found to have up to date insurance and certificate of roadworthiness.

Judgment:

Non Compliant - Major

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

Overall the inspector found the measures in place in response to abuse were inadequate and the use of restrictive practice was not effectively monitored.

There was a policy on, and procedures in place for, the prevention, detection and response to abuse. Staff had received training on safeguarding. There had been one incident of abuse which involved a staff member occurring in the centre which the Authority had been notified. This was discussed with the team leader however, the team leader informed the inspector she had no knowledge of any such incident. As a result the inspector judged there were inadequate procedures in place in respond to incidents of abuse and appropriate arrangements were not in place to support residents following an incident of abuse as key staff were not aware of the risks. The investigation in relation to this incident had been concluded and the inspector deemed there was no immediate risk at the time of inspection.

Staff members were observed to treat residents in a warm, friendly and respectful manner.

The inspector also found that the rights of residents were not protected in the use of restrictive procedures. One such procedure was discussed with the team leader and a staff member. Staff were unaware of the reason why this restrictive procedure was in place and of the nature or degree of the risk to the resident or peers. The guidelines in place had been issued by a service management and monitoring committee however, staff were unable to clarify the remit of this committee. These guidelines also outlined the restrictive procedure, i.e. that the resident was to be put in their bedroom with a door alarm activated, was to be implemented when staffing levels were inadequate to ensure safe supervision. These guidelines were discussed with the regional service manager during the inspector however, the regional service manager was unaware these guidelines had been issued. This restrictive procedure was not subject to regular review and a risk assessment was not in place for this restrictive practice. Due to the

lack of knowledge and understanding of the use of the restrictive practice, no measures had been taken to alleviate the underlying causes of behaviour prior to the use of the restrictive procedure.

One other restrictive procedure in place had been reviewed by the service's human rights committee in November 2015 however, the recommendations arising from this review had not yet been implemented. For example, the committee had recommended that this restriction be reviewed by a multidisciplinary team, a plan developed and signed by the multidisciplinary team and to be reviewed every three months. This was discussed with the team leader, who informed the inspector she had requested this case be reviewed by the multidisciplinary team on several occasions since the recommendations had been made however, a date had yet to be confirmed.

There was a policy in place for behavioural support and the use of restrictive practice. A policy was also available on the provision of personal intimate care.

Behaviour support plans were in place where required. These had been developed by a psychologist in consultation with the staff team. Behaviour support plans identified behaviours and clearly outlined the measures to prevent behaviours that challenge and reactive strategies to support residents during incidents of challenging behaviours. Behaviour support plans were subject to regular review.

Judgment:
Non Compliant - Major

Outcome 11. Healthcare Needs

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

Theme:
Health and Development

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

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

Findings:

Overall, the inspector found that residents had timely access to most health care services however improvement was required in access to nursing care and the development of some health care plans in order to reflect the assessed needs of residents.

Residents accessed a general practitioner in the community and on review of personal plans the inspector found residents were supported to attend their general practitioner on a regular basis. Residents also had access to a range of health professionals such as a speech and language therapist, a dietician, a psychiatrist and a psychologist. The inspector reviewed records of appointments and residents had regular reviews with

appropriate healthcare professionals as required.

However, the inspector found access to nursing care was limited to weekdays and there had been no assessment of the skill mix required to meet the care and support needs of residents. In addition, nursing care was required for the implementation of an emergency clinical procedure however, in the absence of a nurse the clinical procedure required to be implemented in emergency hospital services. The inspector found this to be inadequate as the resident had been transferred to emergency hospital services due to a lack of nursing resources.

Health care plans had not been developed for a number of identified healthcare needs. Although residents had a range of clinical interventions and prescribed medications, in the main the inspector found that there was an absence of health care plans in order to ensure safe, effective and consistent care and support and to guide practice. For example, some residents were on medication to treat mental health disorders, preventative medication for eye disorders, gastrointestinal disorders and cardiovascular disorders however, there were no corresponding health care plans in place. In the absence of health care plans there was a risk that positive outcomes for residents may be compromised and a deterioration in residents' conditions and the effectiveness of care and interventions could not be adequately monitored.

Meals were planned with residents and a visual meal planner was prominently displayed in the dining area. The food offered to residents was nutritious and varied. Residents were observed to assist in the preparation of drinks for an evening meal. The team leader outlined the procedure for assisting residents in private where required with supplementary nutritional feeding. The inspector observed the facilities available for these procedures and found these to be well maintained, comfortable and private.

The advice of a dietician and a speech and language therapist formed part of nutritional plans for residents where required.

Judgment:

Non Compliant - Major

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

The inspector found that residents were protected by the centre's policies and procedures for medication management.

There were written operational procedures relating to medication management. The procedures in place for the ordering, prescribing and administration of medication were safe and in line with national guidelines. The inspector reviewed three medication prescription and administration records and found that all the required documentation was in place. Medications had been administered as prescribed to the resident for whom they were prescribed.

Medications were securely stored in a locked medication cupboard.

There were suitable arrangements in place for the disposal of medications. Unused or out of date medications were securely stored separate from regular medication and a record of all medication returned to the pharmacy was maintained.

Individual medication plans formed part of residents' personal plans and were subject to regular review. Where medications required to be crushed this had been approved by the prescribing doctor.

There were no controlled drugs in use in the centre.

Medication management audits were completed on an annual basis in areas such as ordering, prescription and administration records, storage, labelling medication errors and staff training. Where required staff had completed training in medication management.

The centre availed of the services of a community pharmacist and the pharmacist had visited the centre and completed an audit.

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):

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

Findings:

Overall the inspector found effective management systems were not in place to support and promote the delivery of safe and quality care services.

There was no person in charge appointed in the centre.

There was a defined reporting structure in the centre. There was a team leader employed as a clinical nurse manager, who reported to a service manager. There were no formal meetings between the team leader and the service manager however, the service manager was available on a daily basis by phone for support if required. There was no documentary evidence available of the support that had been requested or delivered through this arrangement. Group senior staff meetings were held on a monthly basis with the service manager and all team leaders within the service manager's remit. The service manager reported to the regional service manager who in turn reported to the provider nominee. However, the inspector found that in the absence of meetings or documentary evidence of interactions, management systems were not in place to monitor the effectiveness of services and to ensure the service provided was safe and appropriately meeting residents' needs.

The inspector found that risks identified during the inspection in safeguarding and safety and in health, safety and risk management had not been either monitored or addressed effectively by management and as such there were no clear lines of authority or accountability in the management of these issues. The inspector also found that deficiencies in the delivery of healthcare and the deployment of an appropriate workforce had not been considered by the management.

An unannounced visit had been completed by a team leader and a clinical nurse manager on behalf of the provider nominee in 2014. Actions had been developed to address identified issues. The team leader outlined an unannounced visit had been completed in 2015 however, this had not been made available in the centre and therefore the team leader was not aware of actions, if required arising from this unannounced visit. The inspector found this was not in line with the requirements of the Regulations, Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013.

There had been an annual review of the quality and safety of care completed in 2014 and actions had been developed to address identified issues. However, the inspector found that the views of relatives had not been considered as part of this review. There was no annual review of the safety and quality of care and support in 2015. In the absence of timely unannounced visits by the provider nominee or annual reviews of the quality and safety of care and support, the inspector found the quality of care and experience of the residents was not monitored and developed on an ongoing basis.

Supervision records were not reviewed as part of this inspection

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):

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

Findings:

The inspector found there were insufficient staff numbers to ensure the safe delivery of services. The skill mix required to ensure the effective delivery of care and support to residents had not been adequately considered. Appropriate staffing levels were not in place at night time. This is discussed under Outcome 7.

The centre consisted of three units. Two units were staffed during the day and night by care staff with two nurses on duty Monday to Friday from nine to five pm. However, the inspector found one of these nurses was the team leader and was required to fulfil management duties on two days per week both within these units and the third unit located nearby. A social care worker and a part time social care leader were also employed in one of these units. Two care staff worked in the third unit and were on sleepover duty from the afternoon to the following morning.

The inspector found the needs of the residents had not been considered in the deployment of staff and that the skill mix required to meet the needs of the residents had not been assessed. The inspector also found the absence of a number of health care plans with insufficient skilled staff to develop these plans, the risk of which is discussed in Outcome 11. Nursing staff required to implement an emergency clinical procedure was not available at all times.

There was an actual and planned rota available.

The inspector reviewed four sample records of staff training and all mandatory training had been completed in safeguarding, manual handling, fire safety and medication management.

The inspector reviewed four staff records and all the requirement of Schedule 2 were in place. Where required staff had an up to date registration with the relevant professional body.

Judgment: Non Compliant - Major

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:

Caroline Vahey
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 Brothers of Charity Services Ireland
Centre ID:	OSV-0005060
Date of Inspection:	02 March 2016
Date of response:	08 April 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:

An assessment of need was not available for one resident.

1. 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

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

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:
This individual's assessment of needs is now available in the person's file.

Proposed Timescale: 05/04/2016

Theme: Effective Services

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

The assessment of need did not reflect changes in residents' needs or circumstances.

2. Action Required:

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

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

The Person in Charge will schedule reviews of individuals assessed needs on an annual basis or more frequently as needs change.

Proposed Timescale: 07/04/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The procedure in place for emergency planning did not include the arrangements for alternative accommodation should it be required.

There were no risk assessments in place for infection control, use of chemicals and manual handling.

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:

Risk assessments have been completed for infection control, use of chemicals and manual handling.

Emergency plan has been updated and identifies arrangements for alternative accommodation.

Proposed Timescale: 07/04/2016

Theme: Effective Services

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

Documentary evidence was not available to confirm emergency lighting has been serviced.

4. Action Required:

Under Regulation 28 (2) (b)(iii) you are required to: Make adequate arrangements for testing fire equipment.

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

Service documents are now in situ.

Proposed Timescale: 05/04/2016

Theme: Effective Services

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

There was no emergency lighting or exit signs available in one service unit.

The side passage of one service unit, used as an evacuation route, was blocked on the day of inspection.

5. 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:

Side passage of house was cleared on 04/03/2016.

Alternative accommodation with the appropriate fire safety measures is being sought and an application for registration will be made to the Health Information and Quality Authority by the 30/05/2016.

Proposed Timescale: 31/07/2016

Theme: Effective Services

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

A number of fire doors were held open by wedges or furniture and as a result adequate arrangements were not in place for the containment of fire.

There were inadequate arrangements in place for the containment of fire in one service unit. There were no fire doors in place.

6. 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:

Alarm activated mag-locks are due to be fitted to the affected doors by 12th May 2016.

Alternative accommodation with the appropriate fire safety measures is being sought and an application for registration will be made to the Health Information and Quality Authority by the 30/05/2016.

Proposed Timescale: 31/07/2016

Theme: Effective Services

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

There was no fire alarm installed in one service unit.

7. Action Required:

Under Regulation 28 (3) (b) you are required to: Make adequate arrangements for giving warning of fires.

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

Alternative accommodation with the appropriate fire safety measures is being sought and an application for registration will be made to the Health Information and Quality Authority by the 30/05/2016.

Proposed Timescale: 31/07/2016

Theme: Effective Services

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

Adequate arrangements were not in place for the safe evacuation of residents at night time.

The arrangements for the evacuation of one resident presented a hazard.

8. 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:

Additional night time sleep over staffing put in place from the 02/03/2016 to assist the waking cover staff in the event that an evacuation is required. Planning permission for the change of a window to an emergency exit door has been submitted to the local Council and a response is awaited on same.

Proposed Timescale: 02/06/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Restrictive procedures were implemented where there were inadequate staffing levels to appropriately supervise residents.

Staff and management were not clear on the reason for the use of a restrictive procedure or on the risk to the resident or peers.

Risk assessments were not developed in conjunction with the use of a restrictive procedure.

Restrictive procedures were not subject to regular review.

Recommendations arising from a review of a restrictive procedure had not been actioned in a timely manner.

9. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

1. Additional staffing resources have been put in place from 8am to 10.30pm to provide for adequate supervision of the residents.

2. A review of this individual's safeguarding files was undertaken by staff, Person In Charge and Designated Officer on 30th March and 4th April 2016 to inform the rationale for the safeguarding measures.

3. Risk assessments are now complete in relation to the identified risks and associated restrictions.
4. The individual's restrictions were reviewed at a meeting of the 11/04/2016.
5. The Person in Charge will schedule reviews for these restrictions at six monthly intervals.

Proposed Timescale: 11/04/2016

Theme: Safe Services

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

No effort had been made to alleviate the underlying causes of a behaviour prior to the implementation of a restrictive procedure.

10. 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:

A Multi – Disciplinary Behaviour Support Plan is in place for this individual to support the reduction of the behaviours of concern. A safeguarding plan is also in place devised by Team in conjunction with the Designated Officer to address the reduction of restrictive procedures. A Forensic Psychiatry Assessment has been sought.

Proposed Timescale: 07/04/2016

Theme: Safe Services

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

There were inadequate procedures in place in response to incidences of abuse. Appropriate arrangements were not in place to support residents following an allegation, suspicion or disclosure of abuse.

11. Action Required:

Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

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

A meeting was held with Designated Officers and the Services Managers/Persons in Charge on the 16th March 2016 and a further meeting held on the 12th April 2016 to

ensure clarity of procedures in response to incidences of abuse and to ensure appropriate supports to residents following allegation, suspicion or disclosure of abuse.

Proposed Timescale: 12/04/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Appropriate healthcare was not provided in line with residents' personal plan.

Health care plans were not developed for some residents' assessed health care needs.

There was no documentation to guide practice and to effectively monitor a deterioration in residents' conditions or the effectiveness of treatments and interventions.

12. Action Required:

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

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

1. Additional funding for nursing support has been put in place and permanent post holders are being recruited and will be in situ by 30/06/2016. In the interim agency nursing staff are being utilised.

2. Health care plans have been developed for the residents' assessed health care needs and are in place since 02/05/2016.

3. Protocols to guide practice and monitor the presentation of individual conditions are in place since 02/05/2016.

Proposed Timescale: 30/06/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

There was no person in charge appointed in the centre.

13. Action Required:

Under Regulation 14 (1) you are required to: Appoint a person in charge of the designated centre.

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

The Person in Charge was appointed on the 02/01/2016, relevant PIC documentation was submitted on 08/03/2016 and NF30 notification received by the authority on the 24/03/2016.

Proposed Timescale: 10/05/2016

Theme: Leadership, Governance and Management

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

The management structure in place did not clearly identify the lines of accountability or authority.

14. Action Required:

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

The organisation will review its structures to ensure effective governance and management of the designated centre with clear roles of authority and accountability.

Proposed Timescale: 30/05/2016

Theme: Leadership, Governance and Management

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

Management systems were not in place to monitor the safety and effectiveness of the care delivered.

15. Action Required:

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

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

The Person in Charge will implement a system of monitoring to ensure that the service provided is

1. Safe – review medication audits, risk register, complaints log, accidents/incidents log fortnightly, monthly reviews of personal finances, plan and review fire drills, carry out quarterly health and safety audits, and plan and review medication management system audits bi-annually

2. Appropriate to needs - meet fortnightly with each staff team to review the needs of the individual residents and the supports provided, escalate referrals to health and allied health professionals as appropriate and amend staff support levels accordingly in consultation with the Team Leader. Schedule annual reviews with multi-disciplinary personnel for each person.

3. Consistent - carry out staff supervision sessions and meet with the staff team fortnightly to review their practices in supporting the residents. Review the residents' support plans and records on a monthly basis to ensure that staff practice is in line with the individual's support needs.

4. Monitored – report on the above on a monthly basis to the Registered Provider and plan for any improvements, and review and measure these on an ongoing monthly basis.

Proposed Timescale: 06/04/2016

Theme: Leadership, Governance and Management

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

An annual review of the quality and safety of care and support had not been completed since 2014.

16. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

An annual review and an easy read annual review will be completed for 2015.

Proposed Timescale: 29/04/2016

Theme: Leadership, Governance and Management

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

The annual review completed in 2014 had not considered the views of relatives.

17. Action Required:

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

The annual review for 2015 will take into consideration the views of relatives which will be gathered via questionnaire.

Proposed Timescale: 29/04/2016

Theme: Leadership, Governance and Management

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

Documentary evidence was not available on the day of inspection to confirm a six monthly unannounced visit had been completed by the provider nominee in a timely manner in line with the Regulations.

18. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

Documentary evidence in relation to future unannounced visits will kept on file and made accessible within the house.

Proposed Timescale: 05/04/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

The skill mix of staff was inappropriate to meet the assessed needs of residents and to ensure the timely and safe delivery of care and to ensure the effective development of some personal plans.

The skill mix of staff had not been assessed to ensure appropriate delivery of care and support.

19. 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 organisation has assessed the skill mix of staff and identified a requirement for additional nursing resources at evenings and weekends. Additional funding for nursing support has been put in place and permanent post holders are being recruited and will be in situ by 30/06/2016. In the interim agency nursing staff are being utilised to meet the identified needs of the residents.

Proposed Timescale: 30/06/2016

Theme: Responsive Workforce

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

Nursing care was not consistently provided in line with residents' assessed needs.

20. Action Required:

Under Regulation 15 (2) you are required to: Ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.

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

The organisation has assessed the skill mix of staff and identified a requirement for additional nursing resources at evenings and weekends. Additional funding for nursing support has been put in place and permanent post holders are being recruited and will be in situ by 30/06/2016. In the interim agency nursing staff are being utilised to meet the identified needs of the residents.

Proposed Timescale: 30/06/2016