

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Cumas New Ross
<b>Centre ID:</b>	OSV-0004739
<b>Centre county:</b>	Wexford
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Cumas New Ross
<b>Provider Nominee:</b>	Robert Smith
<b>Lead inspector:</b>	Caroline Connelly
<b>Support inspector(s):</b>	Maria Scally RO
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	8
<b>Number of vacancies on the date of inspection:</b>	4

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

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

From:	To:
21 October 2014 10:30	21 October 2014 20:30
22 October 2014 09:00	22 October 2014 17:00

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 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 17: Workforce

**Summary of findings from this inspection**

This was a monitoring inspection of a residential Service which is a designated centre that comes under the auspice of Cumas New Ross. Cumas New Ross provides a range of day, residential, respite and supported independent living services in and around New Ross. It is a not for profit organization and is run by a board of directors and delivers services as part of a service agreement with the Health Service Executive (HSE).

Cumas Residential Service consists of two houses, one house is located in the town of New Ross and can accommodate six residents and currently there are five residents living there. The second house is bungalow which is located in a rural location on the outskirts of the town of New Ross. This house can accommodate six residents but currently had 3 long-term residents. The centre provides residential care to residents who generally fall within the mild to moderate range of intellectual disability.

As part of the inspection the inspectors met with residents, the person in charge, the nominated provider, social care workers, the health facilitator and other care and

staff members. Throughout the inspection the inspectors observed practices and reviewed documentation which included residents' records, centre-specific policies and procedures in relation to the centre, medication management, accidents and incidents management, complaints, health and safety documentation and the emergency plan. Both houses were visited and inspected for their suitability and compliance with the regulations.

The inspectors spoke to the residents during the inspection and the collective feedback from residents was one of satisfaction with the service and care provided. Community and family involvement was encouraged and this was evident from talking to the residents; however, it was not evident in the personal plans. The person in charge was involved in the overall running of the centre and was found to be easily accessible to residents, relatives and staff. There was evidence of individual residents' needs being met and the staff supported residents to maintain their independence where possible.

There was an extensive range of social activities available to the residents and they were seen to positively engage in the social and community life; however, this was not fully reflected in their personal plans and substantial improvements were required in resident's personal plans.

The provider and person in charge were not familiar with the Health Act, 2007 and subsequent regulations. They were not fully aware of their responsibilities under the Act, therefore the inspectors identified a large number of non compliances with the regulations including a number of major non compliances.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

**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):**

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

**Findings:**

The inspectors viewed the admissions policy which outlined how admissions are managed. The HSE usually refers individuals to the service but the centre also take referrals from individuals, families and other service providers or agencies. Potential residents are assessed for their suitability by a HSE occupational guidance advisor and/or liaison nurse counsellor and are discussed with the services and quality manager and agreed acceptance with the general manager. However the criteria used for admission to the centre was not outlined in the statement of purpose as is required by legislation.

The person in charge informed inspectors that all prospective residents and their representatives were afforded an opportunity to visit the centre on numerous occasions and speak to staff prior to admission. The person in charge informed the inspectors that consideration was always given to ensure that the needs and safety of the resident being admitted were considered along with the safety and needs of other residents currently living in the centre. However, the admission policy did not take account of the need to protect residents from abuse from their peers as outlined in the regulations.

The inspectors reviewed copies of the written agreements in relation to the terms and conditions of residing in the centre which were tenancy agreements. It was noted that the documents did not detail the support, care and welfare of the resident and details of the services to be provided for that resident. It did not clearly identify the fee or what was included in this fee and what was excluded from the fee. It also did not include details of any additional charges that residents may incur. Contracts of care need to be developed for all residents as required by the regulations.

**Judgment:**

Non Compliant - Major

**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 inspectors were informed by staff that there were a number of options available for all residents in relation to activities. The inspectors visited the day service of the residents and saw that a number of group sessions took place and residents were involved in a large variety of activities and retail enterprise. Other activities that were available included computer skills, keep fit, arts and crafts, gardening, cookery classes and visits to town, the beach, restaurants and areas of interest. The inspectors noted that a number of residents participated in their own individualised activities; often on a one to one basis with staff.

The inspectors were informed that the social care staff and healthcare facilitator fulfilled the role of individual residents' key workers in relation to individual residents care and support. The residents were enabled to choose their own key worker and the key workers' primary responsibility was to assist the individual to maintain their full potential. They were responsible for pursuing objectives in conjunction with individual residents in each resident's personal plan. The inspectors reviewed a selection of personal plans which the person in charge said they had recently commenced. Some of the plans seen had personalised information and detailed some resident's requirements in relation to their social care and activities. However, the majority of the plans were not completed; there were gaps in information and there was limited information available. There was no evidence of a range of assessment tools being used and ongoing monitoring of residents needs including residents' interests, communication needs and daily living support assessments. There was also no evidence of an annual review, family involvement and no evidence of a multidisciplinary review as required by legislation. The person in charge informed the inspectors that the personal plans were kept in the day centre which led the inspectors to conclude that they were not live documents that directed care as residents spent the majority of evenings, weekends and holidays away from the day centre.

Although the staff said families were very involved in residents care, there was no evidence in residents' personal plans that the resident and their family members where appropriate, were involved in the assessment and review process and attended review

meetings.

**Judgment:**

Non Compliant - Major

**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 fire policies and procedures seen by the inspectors were centre-specific. The fire safety plan was viewed by the inspectors and found to be satisfactory. There were notices for residents and staff on 'What to Do in the Case of a Fire' throughout the building. The inspector viewed records which confirmed that regular fire drills took place which the staff confirmed. The inspectors examined the fire safety records with details of all checks and tests carried out. All fire door exits were unobstructed and fire alarms had been tested in August 2014. However, fire fighting equipment in the houses had not been checked and serviced annually with the last check completed in one house dated 2011. The person in charge arranged for the equipment to be checked and serviced after this was identified by the inspectors and the inspectors saw that this had taken place on the second day of inspection, 22 October 2014. Individual fire management plans were not available for residents and the response of the resident during the fire drills was not documented.

Staff interviewed demonstrated knowledge and understanding of what to do in the event of fire. However training records confirmed that fire training was last held in 2009, therefore all staff required immediate updated fire training.

The centre had received an inspection from the Health and Safety Authority in June 2014 and they made a number of requirements and recommendations that the provider was working towards. There was a copy of the draft safety statement which included risk assessments given to the inspectors; however, this was not a finalised document and was not implemented in practice.

There was a risk management and risk assessment policy in place however it did not meet the requirements of legislation as the policy did not adequately include the measures and actions in place to control the following specified risks:

- absence of residents
- accidental injury to residents or staff
- aggression and violence
- and self-harm

From a selection of personal plans reviewed the inspector noted that individual risk assessments had not been conducted. These included any mobility issues such as screening for falls risks, challenging behaviour and daily living support plans such as diet and weight management. One of the residents who smoked did not have an individual risk assessment for the risks associated with smoking and control measures such as up to date fire fighting equipment, or staff alert systems were not provided in the area that the resident smoked.

The environment of the houses was generally homely and visually clean and well maintained. The person in charge and staff informed inspectors that the cleaning of the centre was undertaken by the staff once their caring duties were undertaken. It was recommended that this was kept under review particularly in relation to best practice with infection control and the requirement for routine deep cleaning. There were not measures in place to control and prevent infection, hand gels and hand hygiene posters were not readily available.

The inspectors viewed training records which showed that staff had not received up to date training in moving and handling of residents.

There was not a comprehensive emergency plan for the centre, although there was a plan that detailed the actions to be taken in the event of fire. All other emergencies such as power outage, lack of water, adverse weather conditions and vehicle breakdown were not included. There was no lone worker policy available and workers regularly worked alone for long periods of time.

**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:**

The person in charge informed the inspectors that she was the designated person to deal with any allegations of abuse. There were easy to read posters available with a photo of the designated person and instructions on how to report any allegation or suspicion of abuse. These details were also put on cards which were made available to residents and staff. There were some policies and procedures in place for the

prevention, detection and response to abuse. However, these were not comprehensive and did not detail fully the action to be taken in the event of any allegations of abuse. Staff with whom the inspector spoke knew what constituted abuse and they demonstrated to the inspector an awareness of what to do if an allegation of abuse was made to them. The person in charge as the designated person had completed training in protection and investigation training. She told the inspectors that she had provided this training to staff. However, there was no evidence of this training maintained in training records and a number of staff informed the inspectors they had not received the training.

There was evidence that previous allegations of abuse had been reported to the person in charge which were documented and fully investigated and involving all the relevant people. Residents to whom the inspector spoke confirmed that they felt safe and spoke positively about the support and consideration they received from staff. The inspectors noted a positive, respectful and homely atmosphere and saw easy dialogue between residents in their interactions with staff.

Inspectors saw that residents had easy access to personal monies and generally could spend it in accordance with their wishes. However, the inspectors found that the systems in place to record and safeguard residents' finances were not sufficiently robust. Residents' money was signed into a book and maintained for safekeeping. The inspectors viewed the records maintained and saw that a number of transactions made were not signed for by staff or residents. Written receipts were retained for all purchases made on residents' behalf but these receipts were disposed of within the year and no copies are kept to ensure an effective auditing of the system by the person in charge. There were no ongoing checks and balancing of the residents accounts and no double checking. Overall the inspectors formed the opinion that the system in place was not sufficiently robust to ensure residents' financial arrangements were safeguarded through appropriate practices and record keeping.

There was no policy available on challenging behaviour and the inspectors were informed that a number of staff had undertaken the train the trainer course in management of behaviour that is challenging and are planning to roll this out to staff but not all staff have not had this training to date. From a selection of personal plans viewed by the inspectors it was noted that behavioural interventions records did not give clear directions to staff on how best to prevent or appropriately respond to behaviour that challenges.

There was no restraint in use in the centre at the time of the inspection but there was no policy in place in relation to restrictive practices.

**Judgment:**

Non Compliant - Moderate

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Services

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

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

**Findings:**

The inspectors saw that there was a process for recording any incident that occurred in the centre. However, the provider and person in charge told the inspectors that they were not aware of their legal obligations to notify the Authority following any incident that required to be notified to the Authority immediately, within three days and at the end of each quarter period.

There had been a number of incidents including a fracture, deaths and power outages that had occurred in the centre over the last nine months which had not been reported to the Authority as required by legislation.

**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:**

The inspector saw that residents were assisted to access community-based medical services such as their own general practitioner (GP) and were supported to do so by staff that would accompany them to appointments and assisted in collecting the prescription as required. Out of hours services were provided by the local doctor on call service who attended the resident at home if necessary. Psychiatry and psychology services were available as required through the community and there was a social worker available.

Inspectors viewed the personal plans of the residents. There was no evidence of pre-admission assessments by a health professional and personal plans did not show ongoing assessments as is required by legislation. There were records of medical visits and referrals kept in a separate resident book in the houses by the staff and GP's kept their own notes in their surgery. There was no evidence that residents receive an annual medical health check which is signed by the GP and that medications are reviewed on a regular basis. The inspectors found that these were not comprehensive personal plans for medical needs as staff did not have evidence of all referrals or recommendations of specialist assessments carried out by other professionals. Copies of these assessments

or medical reviews were not maintained on the resident's files and there was no evidence of multidisciplinary input in the personal plans.

The inspectors found that one of the residents had complex physical needs yet there was no evidence that resident's well-being and welfare was maintained by a good standard of evidence-based care and appropriate medical and allied healthcare as there was no evidence of validated tools in use in the service. This was particularly relevant to a resident who had sustained a fracture in the day centre and there was no falls risk assessment tool or mobility assessment completed pre or post the fall. Documentation in relation to the fall and post fall was not comprehensively completed and lacked times and signatures.

Overall the inspectors found that there were significant deficiencies in documentation meaning not all residents identified needs are being assessed and planned for accordingly. Improvements were required in pre-admission assessments and in the development of comprehensive personal plans which include involvement of the GP and multidisciplinary team as required by legislation.

The inspectors noted that the care delivered encouraged and enabled residents to make healthy living choices in relation to exercise, weight control and dietary considerations. There was a health facilitator who provided ongoing health promotion education and training to the residents and staff. The inspectors saw that residents were involved in the menu planning. The staff demonstrated an in-depth knowledge of the residents likes and dislikes. The food was seen to be nutritious with adequate portions and the staff encouraged health eating. Residents to whom inspectors spoke stated that they enjoyed their meals and that the food was very good. They also liked to eat out and often had meals out particularly at weekends. The residents, where possible, assisted in the food preparation and in the cleaning away afterwards and inspectors observed that residents had access to fresh drinking water at all times.

**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:**

There were centre-specific medication management policies and procedures in place which were viewed by the inspectors and found to be comprehensive. The inspector saw that the residents own GP prescribes all residents medication and this is obtained from the residents' local pharmacist for each resident. Photographic identification was

available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed were clear and distinguished between PRN (as required), short-term and regular medication. However, the signature of the GP was not in place for each drug prescribed in the sample of drug charts examined, just a bracket and one signature for numerous medications. There was also not a maximum dose prescribed in 24 hours for as required medications. These could lead to medication errors.

The inspector did not see any residents that required their medications to be crushed and the staff informed the inspector they endeavoured to get liquid medication wherever possible. They demonstrated an awareness of the requirement of the GP to prescribe crushed medications as drugs which are crushed are used outside their licensed conditions and only a medical practitioner is authorised to prescribe drugs in this format.

Non nursing staff had undergone a day training on safe medication administration; and they were assessed as competent by a nursing staff - the health care facilitator prior to any administration of medications to residents. However the inspectors did not see evidence of this training for all the staff that worked in the residential services training records or on their staff files. The staff told the inspector that the pharmacist gives advice to the residents and staff in relation to the medications provided. Staff who spoke to the inspector were generally knowledgeable about the residents' medications. Residents' medication were generally stored and secured in a locked cupboard and the medication keys were held by the staff on duty. However, in one of the houses some medications were stored on top of the medication cupboard and not locked into it. There were no residents that required scheduled controlled drugs at the time of the inspection.

**Judgment:**

Non Compliant - Moderate

**Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

A recently updated statement of purpose was available and reviewed by the inspectors. The statement of purpose described and reflected the day-to-day operation of the centre and the services and facilities provided in the centre.

The inspector noted that there was a copy of the Statement of Purpose available for residents in the centre.

The statement of purpose did not include the following items that are required by Schedule 1 of the Regulations:

- criteria for admission to the centre
- arrangements made for contact between residents and their relatives
- requires further details in relation to complaints management
- requires details on the fire precautions and procedures.

**Judgment:**

Non Compliant - Minor

**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:**

Cumas New Ross provides a range of day, residential, respite and supported independent living services in and around New Ross. It is a not for profit organisation and is run by a board of directors and is grant aid funded by the HSE. Funds are also raised through organised events and donations to the service. The board of directors meet on a bi-monthly basis.

The general manager who is the nominated provider reports directly to the Board. The management team consists of the person in charge who is the services and quality manager, the general manager and two team leaders who have responsibility for a house each.

The person in charge works full-time and has worked in disability services for numerous years and has worked in Cumas New Ross since 2006. She holds a certificate in health management and has been involved in change management in her previous roles.

The person in charge and provider were actively engaged in the governance and operational management of the centre, and based on interactions with them during the inspection, they acknowledged that they were not familiar with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities. The inspector saw that although there was a copy of the National Standards available, the Regulations were not available to staff along with other relevant documentation.

The inspector noted that residents were familiar with the person in charge and approached her with issues during the inspection. Residents and staff identified the person in charge as the one with overall authority and responsibility for the service. Staff who spoke to the inspector were clear about who to report to within the organisational line and of management structures in the centre. However, there was no appraisal system implemented for staff.

The inspector noted that throughout the inspection the provider, person in charge and staff demonstrated a positive approach towards improving standards of care for residents. The provider was not aware of his legal obligation to undertake unannounced visits to the centre and he had not completed a written report on the safety and quality of care and support provided in the centre and put a plan in place a plan to address any concerns regarding the standard of care and support as required by the regulations.

There was some auditing of various aspects of the service which included accidents/incidents. But the inspectors found that a comprehensive ongoing auditing system required implementation to ensure that there were systems in place to monitor the quality of care and experience of the residents and that support and promote the delivery of safe quality services through ongoing audit and review.

**Judgment:**

Non Compliant - Moderate

**Outcome 15: Absence of the person in charge**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

There had been no periods where the person in charge was absent from the centre for 28 days or more and there had been no change to the person in charge.

The provider acted up for the person in charge in her absence but consideration was being given to having the team leaders in the houses acting up in the future.

**Judgment:**

Compliant

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff*

*have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

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

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

**Findings:**

There was a policy on recruitment and selection of staff and a comprehensive staff handbook in place, which outlined procedures in relation to all aspects of staff's employment with the service. The inspectors reviewed a sample of staff files and noted that all of the requirements of Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities were not available in that references from the last employer were not in place for a number of staff. Some staff qualifications and accredited training were also not available on their staff files.

During the inspection, inspectors observed the person in charge and staff interacting and speaking to residents in a friendly, respectful and sensitive way. Based on observations of inspectors, staff members were knowledgeable of residents individual needs. Residents spoke very positively about staff saying they were caring and looked after them very well. The inspectors spoke to staff on duty during the inspection, staff were competent and experienced and were aware of their roles and responsibilities. Although they worked alone, they stated they felt well supported by the person in charge and could call her for advise or assistance at any time.

The inspectors were satisfied that the staff available during the inspection was appropriate to meet resident's needs; however, they were concerned that the staff worked for long periods on their own for example from Saturday morning to 09.30 on a Monday morning. There was no lone worker policy available and supervision of staff was limited. There was no appraisal system in place for ongoing performance review.

As discussed in previous outcomes, based on a review of training records viewed by inspectors, not all staff had received up-to-date mandatory training in fire, adult abuse prevention and moving and handling. Training records confirmed that a number of staff had received training on personal plans, occupational first aid, community inclusion, management of behaviour that challenges, cancer screening and medication management.

Staff with whom inspectors spoke were able to articulate clearly the management structure and reporting relationships however staff did not demonstrate a working knowledge of the regulations and confirmed these had been made available to them.

The inspector noted that some staff meetings took place and that staff were facilitated to communicate with fellow staff and the person in charge around issues relevant to the

residents and the centre.

**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:***

Caroline Connelly  
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 Cumas New Ross
<b>Centre ID:</b>	OSV-0004739
<b>Date of Inspection:</b>	21 October 2014
<b>Date of response:</b>	02 December 2014

### 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 is failing to comply with a regulatory requirement in the following respect:**

The criteria used for admission to the centre was not outlined in the statement of purpose as is required by legislation.

**Action Required:**

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission

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

to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

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

Management team to review Statement of Purpose and include criteria for admission from admissions procedure.

**Proposed Timescale:** 31/01/2015

**Theme:** Effective Services

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

The admission policy did not take account of the need to protect residents from abuse from their peers as outlined in the regulations.

**Action Required:**

Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

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

Management team to review admissions procedure and include need to protect residents from all forms of abuse including abuse from their peers.

**Proposed Timescale:** 31/01/2015

**Theme:** Effective Services

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

There were no contracts of care in the centre for residents that met the criteria of legislation.

**Action Required:**

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:**

Management team, residential staff/facilitators and individuals to work together to create and implement contracts of care.

Service Provider to create a schedule of individuals' contributions to food and utilities and details of additional charges that residents may incur.

Service Provider and residential staff/facilitator to meet with individuals to implement schedule of individuals contributions.

**Proposed Timescale:** 31/01/2015

## 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:**

The majority of the personal plans were not completed there were gaps in information and there was limited information available. There was no evidence of a range of assessment tools being used and ongoing monitoring of residents needs including residents' interests, communication needs and daily living support assessments

**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:**

Action Taken:

Person Centred Plans (PCP) are being developed with each individual in conjunction with their Health Facilitator, Day Facilitator and their Residential Facilitator. The PCP accompanies the individual to/from day service location.

Action Planned:

PCP will be reviewed on a minimum of a monthly basis. Individual Care Plans will be developed in conjunction with the Health Facilitator, Residential Facilitator and the GP to include health, social and communication needs. Annual review dates will be set into the document.

**Proposed Timescale:** 31/03/2015

**Theme:** Effective Services

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

There was also no evidence of an annual review of the personal plans.

**Action Required:**

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

Action Planned:

As part of the development of Individual Care Plans a review will be undertaken with each individual.

In agreement with the individual invitations to the review will be extended to the individuals' family, their facilitators, the Liaison Nurse Community and medical professionals as appropriate.

In addition a full annual medical check up and medication review will be carried out by

appointment with the relevant GP.

Where appropriate/relevant a review with Psychiatric and/or Psychological services will also be carried out.

Proposed Timescale: 30th April 2015 or earlier depending on the availability of professional appointments.

**Proposed Timescale:** 30th April 2015 or earlier depending on the availability of professional appointments.

**Theme:** Effective Services

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

There was no evidence of multidisciplinary review in the residents personal plans

**Action Required:**

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

Evidence of the multidisciplinary reviews undertaken as part of compliance in the previous action will be documented in the residents individual care plan.

**Proposed Timescale:** 30/04/2015

## **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:**

There was a risk management and risk assessment policy in place however it did not meet the requirements of legislation as the policy did not adequately include the measures and actions in place to control the following specified risks:

- absence of residents
- accidental injury to residents or staff
- aggression and violence
- and self-harm

**Action Required:**

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

Management team to review the risk management and risk assessment policy and include measures and actions to control the above specified risks.

**Proposed Timescale:** 28/02/2015

**Theme:** Effective Services

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

Individual risk assessments had not been conducted for issues such as screening for falls risks, challenging behaviour and daily living support plans such as diet and weight management. One of the residents who smoked did not have an individual risk assessment for the risks associated with smoking and control measures such as up to date fire fighting equipment, or staff alert systems were not provided in the area that the resident smoked.

There was not a comprehensive emergency plan for the centre.

**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 Management and Risk Assessment Policy to be reviewed and measures and actions to be included for risks specified in previous action.

Individual risk assessments against all of the criteria specified in the Regulations to be carried out by the Residential and Health Facilitators.

Comprehensive emergency plan for the centre to be created and implemented

**Proposed Timescale:** 28/02/2015

**Theme:** Effective Services

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

There were not measures in place to control and prevent infection, hand gels and hand hygiene posters were not readily available.

**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:**

Actions Taken:

Hand gels and hand hygiene posters have been put in each bathroom in the centre.

Hand gels, hand hygiene posters and gloves have been put in each Staff Room.

Hand gels have been put in each kitchen.

Actions Planned:

Universal Health Precautions document that will include the prevention and spread of infection is being developed by the Health Facilitator and will be issued to each member of staff.

**Proposed Timescale:** 31/12/2014

**Theme:** Effective Services

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

Staff did not have up to date fire training the last training was provided in 2009

**Action Required:**

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

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

Actions Taken:

Fire awareness training has been sourced and awaiting quote.

Actions Planned:

Fire awareness training is scheduled to be carried out in January, awaiting date confirmation.

**Proposed Timescale:** 31/01/2015

## **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:**

There was no evidence of adult abuse protection training maintained in training records and a number of staff informed the inspectors they had not received the training.

**Action Required:**

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

Actions Taken:

Training carried out on 30th May 2013.

Letter sent to all individuals, families/guardians, employees and board of directors on 6th June 2013 detailing how the organisation manages allegations of abuse. It also included a copy of the organisations procedure for the handling of abuse allegations and a HSE information leaflet on the Protected Disclosures of Information. Copies have

been placed on staff files.

All new employees get this information as part of their induction.

All staff training records have been updated to reflect the above actions.

All residential staff have been briefed on what constitutes formal training.

Safeguarding training has been included on the Staff Mandatory Training Matrix.

**Actions Planned:**

Refresher training has been scheduled for May 2015.

**Proposed Timescale:** Completed and 31/05/2015

**Theme:** Safe Services

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

The system in place to manage residents finances was not sufficiently robust.

**Action Required:**

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

**Actions Taken:**

All residential staff have been informed both by mail and in the handover notes in the centre of the following:

All receipts for purchases made in support of individuals are to be signed on the back by both the staff member on duty and the individual concerned.

All cash withdrawals from individuals bank accounts are to be made by the individuals themselves and supported by a full-time member of staff. Withdrawal receipt to be signed on the back by both the staff member and the individual concerned.

Amounts kept in the centre on behalf of an individual has been reduced to a maximum of €50.00.

Where possible the individual pays for purchases or services by Laser and receipt is signed by both the individual and the staff member on duty.

All major purchases are facilitated by a full-time member of staff.

**Actions Planned:**

Residential staff, financial staff, Service Provider and PIC to develop a policy on the management of resident's finances including recording of same and independent auditing.

Residential staff to be trained in the implementation of the policy.

**Proposed Timescale:** 28/02/2015

## Outcome 09: Notification of Incidents

**Theme:** Safe Services

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

The provider and person in charge told the inspectors that they were not aware of their legal obligations to notify the Authority following any incident that required to be notified to the authority immediately, within three days and at the end of each quarter period.

There had been a number of incidents including a fracture, deaths and power outages that had occurred in the centre over the last nine months which had not been reported to the authority as required by legislation

**Action Required:**

Under Regulation 31 (1) (d) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any serious injury to a resident which requires immediate medical or hospital treatment.

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

Service Provider and person in charge have made themselves aware of and familiar with Regulation 31 (1) (d) and their respective responsibilities in relation to same. Service Provider and person in charge have also made themselves aware of and familiar with HIQA publication Statutory Notifications, Guidance for registered providers and persons in charge of designated centres; published July 2014.

**Proposed Timescale:** 02/12/2014

**Theme:** Safe Services

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

The provider and person in charge told the inspectors that they were not aware of their legal obligations to notify the Authority following any incident that required to be notified to the authority immediately, within three days and at the end of each quarter period.

There had been a number of incidents including a fracture, deaths and power outages that had occurred in the centre over the last nine months which had not been reported to the authority as required by legislation

**Action Required:**

Under Regulation 31 (3) (e) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any deaths, including cause of death, not required to be notified under Regulation 31 (1)(a).

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

Service Provider and person in charge have made themselves aware of and familiar

with Regulation 31 (3) (e) and their respective responsibilities in relation to same. Quarterly report was submitted and acknowledged on 4th November 2014. An alert on the joint diary of the service provider and person in charge has been set up for required quarterly reports. Service Provider and person in charge have also made themselves aware of and familiar with HIQA publication Statutory Notifications, Guidance for registered providers and persons in charge of designated centres; published July 2014.

**Proposed Timescale:** 02/12/2014

**Theme:** Safe Services

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

The provider and person in charge told the inspectors that they were not aware of their legal obligations to notify the Authority following any incident that required to be notified to the authority immediately, within three days and at the end of each quarter period.

There had been a number of incidents including a fracture, deaths and power outages that had occurred in the centre over the last nine months which had not been reported to the authority as required by legislation

**Action Required:**

Under Regulation 31 (1) (c) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any fire, any loss of power, heating or water, and any incident where an unplanned evacuation of the centre took place.

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

Service Provider and person in charge have made themselves aware of and familiar with Regulation 31 (1) (c) and their respective responsibilities in relation to same. Quarterly report was submitted and acknowledged on 4th November 2014. An alert on the joint diary of the service provider and person in charge has been set up for required quarterly reports. Service Provider and person in charge have also made themselves aware of and familiar with HIQA publication Statutory Notifications, Guidance for registered providers and persons in charge of designated centres. Published July 2014.

**Proposed Timescale:** 02/12/2014

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

There was no evidence that resident's wellbeing and welfare was maintained by a good standard of evidence-based care and appropriate medical and allied health care as

there was no evidence of validated tools in use in the service. There were significant deficiencies in documentation meaning not all residents identified needs are being assessed and planned for accordingly.

**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:**

Individual Care Plans will be developed in conjunction with the Health Facilitator, Residential Facilitator and the GP to include all health, social and communication needs. A full annual medical check up and medication review will be carried out by appointment with the relevant GP.

Where appropriate/relevant a review with Psychiatric and/or Psychological services will also be carried out.

All documentation in relation to the resident's wellbeing and welfare will be kept in their files and incorporated into their Individual Care Plans.

**Proposed Timescale:** 30/04/2015

**Theme:** Health and Development

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

There was no evidence that residents receive an annual medical health check which is signed by the GP and that medications are reviewed on a regular basis. The inspectors found that these were not comprehensive personal plans for medical needs as staff did not have evidence of all referrals or recommendations of specialist assessments carried out by other professionals. Copies of these assessments or medical reviews were not maintained on the resident's files and there was no evidence of multidisciplinary input in the personal plans.

**Action Required:**

Under Regulation 06 (2) (b) you are required to: Facilitate the medical treatment that is recommended for each resident and agreed by him/her.

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

Residential Facilitator, Health Facilitator and PIC will review all files for each individual's and ensure that all information is centralised into one file per individual.

Health Facilitator and PIC will ensure that all assessments are copied into the individual's central file.

The individual's file will be kept onsite in the centre.

**Proposed Timescale:** 31/03/2015

**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:**

In one of the houses some medications were stored on top of the medication cupboard and not locked into it.

The signature of the GP was not in place for each drug prescribed in the sample of drug charts examined, just a bracket and one signature for numerous medications. There was also not a maximum dose prescribed in 24 hours for as required medications.

**Action Required:**

Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

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

Actions Taken:

All medications are now locked into the medication cupboard.

The Kardex's have been audited and where necessary resubmitted to the GP for correct signature.

Actions Planned:

All Kardex's, including PRN Kardex's are being reviewed and updated in conjunction with scheduled annual medicals and medication reviews.

**Proposed Timescale:** 31/03/2015

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The statement of purpose did not include the following items that are required by schedule 1 of the regulations

- criteria for admission to the centre,
- arrangements made for contact between residents and their relatives
- requires further details in relation to complaints management
- requires details on the fire precautions and procedures

**Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

Management Team to review the Statement of Purpose and include the items required by schedule 1 of the regulations.

**Proposed Timescale:** 31/01/2015

**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 formal annual review of the service undertaken by the provider

**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:**

Upon completion of all of the actions specified in this action plan an annual review of the service is scheduled for the 30th June 2015

Upon completion of the annual review and implementation of recommendations from the review, the organisation will apply for Registration.

**Proposed Timescale:** 30/06/2015

**Theme:** Leadership, Governance and Management

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

The provider was not aware of his legal obligation to undertake unannounced visits to the centre and he had not completed a written report on the safety and quality of care and support provided in the centre and put a plan in place a plan to address any concerns regarding the standard of care and support as required by the regulations.

**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:**

Actions Taken:

The provider has made himself aware of his legal obligation under Regulation 23 (2) (a).

Actions Planned:

The provider will develop a list of criteria based on the regulations that he will be assessing against during unannounced visits.

The provider will prepare a written report and action plan as needed after each visit.

The provider will schedule an unannounced visit before the 31st March 2015.  
The provider will schedule further unannounced visits on an ongoing basis.

**Proposed Timescale:** 31/03/2015

**Theme:** Leadership, Governance and Management

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

There was not an appraisal system implemented in the centre.

**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:**

Actions Taken:

A 360 performance review and appraisal system is currently being beta tested in the Day Service.

Actions Planned:

Provider and PIC will research different performance review and appraisal systems including the 360 review, determine the most effective based on best practice and implement same.

**Proposed Timescale:** 30/06/2015

**Theme:** Leadership, Governance and Management

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

There was not a comprehensive ongoing auditing system implemented to ensure that there were systems in place to monitor the quality of care and experience of the residents and that support and promote the delivery of safe quality services through ongoing audit and review.

**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 management team will develop an auditing system that will include the six monthly unannounced visits, financial auditing, complaints review, incident/accident review, individual's annual multidisciplinary review and annual family and individual satisfaction surveys.

**Proposed Timescale:** 30/06/2015

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

References from the last employer was not in place for a number of staff and some staffs qualifications and accredited training were also not available on their staff files.

**Action Required:**

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

Actions Taken:

Discussed reference requirement with Inspector.

Documentation on accredited training in relation to Safeguarding has been placed on staff files.

Actions Planned:

PIC to audit all staff files.

Any missing documentation will be sought and filed.

Any last employer references that are not available for long serving staff (for example due to the cessation of the business or that the organisation was the first employment) a character reference will be sought and a note of explanation will be placed on the person's file.

**Proposed Timescale:** 31/01/2015

**Theme:** Responsive Workforce

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

Not all staff had received up-to-date mandatory training in fire, adult abuse prevention, challenging behaviour and moving and handling as required by legislation.

**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:**

Actions Taken:

Training Matrix for all training mandated by the Regulations has been developed.

Adult Abuse Prevention training took place on the 30th May 2013.

Challenging behaviour training took place on the 9th June 2011.

Challenging behaviour train-the-trainer for two staff took place from 6th to 10th October 2014 inclusive.

Person moving and handling training sourced and scheduled for 16th December 2014.  
Fire Safety Awareness training sourced.

Actions Planned:

Adult Abuse Prevention refresher training being scheduled for May 2015.

Challenging behaviour training to be scheduled and completed for all staff by end March 2015.

Fire Awareness training being scheduled for January 2015.

Person moving and handling training scheduled for 16th December 2014.

**Proposed Timescale:** 31/03/2015

**Theme:** Responsive Workforce

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

Staff worked for long periods on their own for example from 11.00 hrs on Saturday morning to 09.30hrs on a Monday morning. There was no lone worker policy available and supervision of staff was limited. There was no appraisal system in place for ongoing performance review.

**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:**

Actions Taken:

Copies of Lone Worker Policies requested and received from a number of other agencies.

Actions Planned:

Management team to develop and implement a Lone Worker Policy based on best practice by 28th February 2015.

Management team to develop and implement a Performance Review and Appraisal system by 30th June 2015.

**Proposed Timescale:** 28/02/2015 and 30/06/2015.

**Theme:** Responsive Workforce

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

Staff did not demonstrate a knowledge of the Health act and regulations and confirmed these had been made available to them.

**Action Required:**

Under Regulation 16 (1) (c) you are required to: Ensure staff are informed of the Act and any regulations and standards made under it.

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

## Actions Taken:

Copies of the publication HIQA National Standard for Residential Services for Children and Adults with Disabilities in centre since June 2013.

Audit of publication availability in centre completed and verified.

Staff informed by memorandum of the location of copies of both the HIQA publication and the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

A Copy of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 sent by mail to all full-time and locum residential staff.

## Actions Planned:

Review of the Health Act will be placed on the agenda of monthly staff meetings.

Three outcomes are to be reviewed at each staff meeting, with all outcomes reviewed by the end of June 2015.

**Proposed Timescale:** 30/06/2015