

**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 Daughters of Charity Disability Support Services Ltd.
Centre ID:	OSV-0003945
Centre county:	Tipperary
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd.
Provider Nominee:	Marie Grimes McGrath
Lead inspector:	Julie Hennessy
Support inspector(s):	Geraldine Ryan;
Type of inspection	Unannounced
Number of residents on the date of inspection:	7
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 14 January 2015 09:00 To: 14 January 2015 14:30

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

Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the first inspection of this designated centre carried out by the Authority. This unannounced inspection took place as part of increased monitoring activity across the service arising from a concern received by the Authority in December 2014.

As part of the inspection, inspectors met with residents, the house manager and care staff on duty. Inspector observed practices and reviewed documentation such as personal plans, medical records, risk assessments and policies in place.

The centre provides residential accommodation for adults with an intellectual disability. The centre comprises two units. This inspection took place in one unit, itself comprising two community residential houses. The two houses can accommodate seven residents and there were no vacancies on the day of inspection.

Inspectors found that the houses were warm, homely, appropriately furnished and well-maintained. Inspectors found evidence of person-centred care that was delivered to a high standard. Overall, residents' health and social needs were met by staff in the centre. The house manager and staff on duty knew the residents well and interacted with residents in an appropriate, respectful and warm manner.

Residents told inspectors that they were happy, that staff were kind to them and that they were spoken to and treated in an appropriate manner. Inspectors observed this to be the case on the day of inspection. Residents were also supported to participate in meaningful activities, appropriate to their individual preferences and abilities.

Seven core outcomes were inspected and two additional outcomes were included to capture non-compliances relating to the organisation's medication management policy and contracts of care. Compliant core outcomes included healthcare, health and safety and governance and management of the designated centre. Non-compliant core outcomes included social care needs, safeguarding and safety and workforce/staff training, which are detailed in the body of and the action plan at the end of this 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 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:

One aspect of this outcome was included in this inspection relating to contracts of care. Inspectors found that while the fees to be charged were set out in a separate policy relating to long-stay charges; they were not set out in contracts of care, as required by the Regulations.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Inspectors found that residents' wellbeing and assessed needs were being met and that residents had opportunities to participate in activities that were meaningful to them. While overall, the personal plan and review process was detailed and person-centred, some improvements were required which are outlined below.

Inspectors reviewed a sample of residents' records. Records were organised and easy to retrieve. A specific tool was used to document each residents' assessment of their health, personal and social care needs, abilities and wishes. Where needs, supports or risks were identified, other specific plans had been completed including health plans, risk assessments, behaviour intervention plans and intimate care plans. Some plans related to supporting residents to live as healthily as possible or to develop life skills including for example, plans relating to fitness, safety awareness, healthy eating, community involvement and on-going monitoring of sight or hearing.

Each resident had a written personal plan. Personal plans were individual and person-centred and contained information such as key people in the resident's life, special events, favourite outings or places and a range of likes and dislikes. Information was in an accessible format, for example, a resident's personal preferences were displayed in pictorial format. Each resident had a timetable that outlined what he or she did on a daily and weekly basis. Information included both day services and activities that the resident participates in and enjoys. Activities included swimming, games, baking and catering. Where supports were required for residents to engage in opportunities for activities or achieve specified goals, such supports were specified.

There was a system in place to review personal plans and there was evidence of multi-disciplinary input into this review process. However, improvements were required to ensuring that personal plans were reviewed annually (or more frequently if necessary), as required by the Regulations. For example, one plan was due for review in May 2014 and the review had not taken place and was scheduled for February 2015 (8 months outside of its annual review date).

Information relating to how goals will be achieved, whether goals are short- or long-term and any challenges to meeting goals was maintained for each resident. Any challenges to achieving such goals was documented as was progress made in relation to challenges encountered. In one file, inspectors noted that almost all of the goals set for the previous year had been achieved (11 of 12) and plans were in place to re-arrange the remaining goal this year. Family involvement in personal planning was not documented

However, the participation of the resident in their personal plan and other plans was not always documented. For example, inspectors reviewed examples of intimate care, financial and consent documentation that had not been signed or dated by the resident, or their representative where appropriate.

Although overall the information viewed in personal plans was comprehensive; the information in one file pertaining to the management of behaviour that challenges and restrictive practices was not sufficient and some information was not current. This will be further discussed under Outcome 8: Safeguarding and Safety and in the associated

action.

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 systems were in place to protect the health and safety of residents, staff and visitors.

The inspector reviewed the risk management policy, which included the risks specifically required by the Regulations and the arrangements in place to control named risks. The arrangement involved the completion of a risk assessment for each risk named in the Regulations at centre-level. The inspector found that such risk assessments had been completed in the designated centre.

There was a safety statement in place and an incident management policy in place that were both within the required review date.

A system was in place to complete risk assessments. A range of generic risk assessments for different work activities and work areas had been completed including manual handling, trips and falls, fire safety, the use of chemicals and smoking. Some risk assessments were not relevant to the centre as they referenced lifts, wood working tools and gardening machinery. Risk assessments had also been completed recently specific to the centre (October 2014). These included risk assessments to address identified hazards such as lone working, kitchen hazards, absent without notice, accidents and incidents and medication management in the designated centre.

Incidents were being recorded and reported and there was evidence of learning from incidents.

The inspector found that there were a range of fire safety arrangements in place. The inspector found that all of the required checks and services were in order including weekly fire alarm and fire door checks. Records indicated that all staff had up-to-date training in fire safety.

There was a prominently displayed evacuation plan in place. Inspectors viewed documentation of regular fire drills, which were carried out on a regular basis. The inspector spoke with staff and found that they were knowledgeable about what to do in the event of a fire.

Suitable fire equipment was provided. Fire exits were unobstructed and there were adequate means of escape. The inspector viewed servicing records and found that the fire alarm was serviced on a quarterly basis and fire safety equipment and emergency lighting was serviced as required on an annual basis. Regular fire drills were completed and recorded. Staff had signed fire safety guidelines as read. Fire risk assessments for the residence had been completed in April 2014.

Guidelines in place for the prevention of infection were signed as read by staff. Information relevant to infection prevention and control was available, including hand washing guidance and documented relevant advice relating to specific topics. Inspectors observed that the two houses visited were visibly clean and tidy.

There were systems in place to ensure oversight of health and safety and fire safety within the organisation, including a health and safety and fire safety committee. The organisation has competent persons in the areas of quality and safety, risk management and fire safety.

Judgment:
Compliant

Outcome 08: Safeguarding and Safety

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

Theme:
Safe Services

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

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

Findings:

Measures were in place to protect residents from abuse. While there was evidence of a positive approach to behaviour that challenges, improvements were required in relation to the documentation and management of behaviour that challenges and restrictive practices.

Relevant policies were in place, including in relation to the protection of vulnerable adults, restrictive practices, behaviours that challenge, the provision of personal intimate care and residents' personal finances and possessions.

Not all staff had received mandatory training in the protection of vulnerable adults or the management of behaviour that challenges. The inspector spoke with the house manager and a member of staff who were knowledgeable of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse.

The inspector spoke with a resident who confirmed that s/he felt safe in the centre, that staff were kind to residents and spoke to residents in an appropriate manner.

There was a nominated person to manage any incidents, allegations or suspicions of abuse in the service and staff were able to identify the nominated person.

The inspector reviewed personal plans, plans to support behaviour that challenges and risk assessments and spoke with the house manager and care staff in relation to behaviour that challenges. The inspector found evidence of a positive approach to behaviour that challenges with supports provided to manage these behaviours. There was input from relevant professionals into the review process.

The inspector reviewed the file of a resident with behaviour that challenges and found that a comprehensive management plan had been completed that reflected a positive approach to supporting the resident to manage their own behaviours. Although the management plan included a proactive strategy and management strategy, it was eight months outside of its annual review date (as previously referenced in Outcome 5: Social Care Needs). Relevant documentation had been completed to identify trends and these indicated recent incidents of behaviour that challenges (one incident in November 2014 and two incidents in January 2015). The house manager confirmed that an up-to-date risk assessment had not been completed for this resident. The house manager also confirmed that the assessment of the staff ratio required to support this resident was not current. The inspector reviewed documentation pertaining to the use of restrictive practices in place for the same resident and discussed the use of chemical restraint with the house manager. The inspector found that information pertaining to the use of chemical restraint was too broad to guide practice. Also, the resident's behaviour management plan did not indicate when chemical restraint should be administered. The house manager confirmed that restrictive practices were included on the restrictive practice register and subject to review by the psychiatrist.

In addition, the resident's involvement in their own behaviour management plan was not captured in any format.

The inspector reviewed arrangements in place for managing residents' finances and found a clear system in place that involved the logging and tracking of all transactions. An auditing system was in place.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

The inspectors found that residents overall healthcare needs, including nutritional needs, were met and residents had access to appropriate medical and allied healthcare services.

The inspector reviewed residents' files and there was evidence of timely and frequent access to their GP. Residents had access to other medical professionals and appointments were organised as required. Records of referrals and reports were maintained in residents' files. Residents had access to MDT and inspectors reviewed referrals including to a speech and language therapy (SALT), optician and dentist. Input from medical and allied health professionals was documented in residents' care plans.

The inspector found that residents' nutritional needs were met. Each house had a suitably equipped kitchen and dining area, which were clean and homely. The fridges and cupboards were well-stocked with a variety of drinks and foods including fresh fruit and vegetables. However, not all staff had received training in food safety as required by relevant food safety legislation for food handlers; raw chicken was observed defrosting on the kitchen counter at room temperature, which posed a risk of food-borne illness to residents. This will be further discussed under Outcome 17: Workforce and in the associated action.

Weekly meals were planned and residents were involved in the weekly shop. Advice relating to dietary needs was sought from the dietician and speech and language therapist as required and recommendations were reflected in residents' care plans.

Residents were supported to make healthy living choices. For example, some residents had been supported in relation to healthy eating and hand hygiene was promoted amongst all residents and aided by posters in pictorial format.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

The inspector found that overall residents were protected by safe medication management policies and practices. Improvements were required to transcribing practices and to the organisation's policy in relation to the transcription of prescription or medication order.

There was a written policy in place relating to the ordering, prescribing, storing, administration and disposal of medications.

The inspector reviewed a sample of residents' files and found that individual medication plans were implemented and reviewed as part of the personal plan review process.

Prescription charts and administration charts reviewed were completed in line with relevant professional guidelines and legislation.

Medications were transcribed by a nurse prescriber. However, inspectors found that the practice of transcription was not in line with An Bord Altranais agus Cnáimhseachais na hÉireann guidance. Transcribed orders had not been signed and dated by the transcribing nurse or co-signed by a second person checking the prescription transcribed. In addition, the organisation's policy did not include the need for a second person to check the prescription transcribed. This is further discussed under Outcome 18: Records and Documentation and in the associated action.

There were no residents prescribed controlled medications or crushed medications at the time of inspection. Medications that required refrigeration were stored in a dedicated locked fridge. A daily log of temperature readings was being maintained.

Any changes, updates or medication errors were captured in a centralised system. The house manager confirmed that oversight of chemical restraint was by a psychiatrist and this was confirmed by documentation.

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:

Inspectors spoke with staff on duty and found that they were clear in relation to lines of authority.

There was a system in place for the completion of annual staff appraisals. Inspectors spoke with staff who confirmed that such appraisals took place.

The person in charge was full-time and was the person in charge for two designated centres. The person in charge was not present for this inspection.

There were systems in place to support the person in charge, including a house manager who oversaw both houses involved in this inspection. Inspectors found that the house manager was very aware of the capabilities and any needs of the residents in the two houses. Staff confirmed that the house manager was very supportive and approachable.

Regular house meetings took place and minutes were kept of such meetings. Inspectors viewed such minutes and found that they included discussion of issues relevant to the quality and safety of care provided to residents.

Monthly managers meetings were held that included the person in charge and the provider nominee. Meetings were attended by other persons depending on specific topics under discussion.

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:

The inspector found that overall, the number and skill mix of staff was appropriate to the number and assessed needs of the residents on the day of inspection and that the staff rota was properly maintained. However, at weekends staffing was not organised around the needs of the residents. Also, an up-to-date assessment of the staff ratio had not been completed for one resident as necessary.

As previously mentioned under Outcome 5: Social Care Needs; there were times when residents' activities were dictated by staffing levels and this had a negative impact on residents. When asked to describe staffing levels at the weekends, staff explained that there was a two hour period (from 2 to 4pm) that there was only one staff member on duty. As a result, staff agreed that they could not go out with residents during this time period.

Also, as previously mentioned under Outcome 8: Safeguarding and Safety; the house manager confirmed that there was no up-to-date assessment of the staff ratio required to support a resident with behaviour that challenges.

The house manager described a clear system in place for new staff. This involved a 'shadow' system involving supervision by either the house manager or senior staff on duty. The inspector reviewed an induction log that had been completed for a new staff member. This included centre policies, observation skills, incident reporting and the management of any behaviours that challenge.

There was a training plan in place and the annual staff appraisal system facilitated the identification of staff training needs. Inspectors spoke with staff who confirmed what training they had received and records of training were reviewed. However, not all mandatory training required by the Regulations had been provided. As previously mentioned under Outcome 8: Safeguarding and Safety: not all staff had received mandatory training in the protection of vulnerable adults or the management of behaviour that challenges. Also and as previously mentioned under Outcome 11: Healthcare Needs: not all staff had received training in food safety as required by relevant food safety legislation for food handlers; raw chicken was observed defrosting on the kitchen counter at room temperature, which posed a risk of food-borne illness to residents. Manual handling training for one staff which had been outstanding was

scheduled this month (January 2015).

Staff had completed other training or instruction relevant to their roles and responsibilities. This included training in relation to hand hygiene, advocacy and specific topics such as the use of a tool to assess an individual's risk of malnutrition and dehydration and the safe administration of medication.

Staff appraisals were completed on an annual basis and staff confirmed that such appraisals took place.

Staff files were not reviewed on this inspection as they are held centrally off-site and not in the designated centre.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

Organisational policies were reviewed as part of this inspection.

The majority of policies required under Schedule 5 of the Regulations were in place. One outstanding Schedule 5 policy was in draft format; 'access to education, training and development'.

As previously discussed under Outcome 12: Medication Management, improvements were required to the medication management policy and its subsequent implementation in practice regarding the transcribing of medication orders from an original prescription to the current medication administration record.

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:

Julie Hennessy
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 Daughters of Charity Disability Support Services Ltd.
Centre ID:	OSV-0003945
Date of Inspection:	14 January 2015
Date of response:	4 February 2015

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:

Contracts of care did not set out the fees to be charged in the designated centre.

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

Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

While a copy of fees was sent out to the family, it was not in the residents file. A copy will be placed in Residents file by 06.02.2015

Proposed Timescale: 06/02/2015

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 participation of the resident in their personal plan and other plans was not always documented. For example, inspectors reviewed examples of intimate care, financial and consent documentation that had not been signed or dated by the resident, or their representative where appropriate.

Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

Documentation in relation to consent and participation in plans for residents will be signed by residents and families as appropriate.

Proposed Timescale: 13/02/2015

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:

Not all staff had received mandatory training in the protection of vulnerable adults or the management of behaviour that challenges.

Action Required:

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

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

Training in ongoing in the management of behaviour that challenges and the protection of vulnerable adults.

Proposed Timescale: 18/03/2015

Theme: Safe Services

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

Improvements were required in relation to the documentation and management of behaviour that challenges and restrictive practices.

Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

The resident who has been identified in this report has a review date for his Person Centred Care Plan and Behaviour Management Plan.

Proposed Timescale: 27/02/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

The assessment of the staff ratio required to support a resident with behaviour that challenges was not current. At weekends, staffing was not organised around the residents' needs.

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:

Nominee Provider and Person In Charge will review the Human Resources of this centre in consultation with the director of H.R against the assessed needs of the residents.

Proposed Timescale: 27/02/2015

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 mandatory training in the protection of vulnerable adults or the management of behaviour that challenges. Not all staff had received training relevant to their roles including training in relation to food safety as required by relevant food safety legislation for all food handlers.

Action Required:

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

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

Training in ongoing in the management of behaviour that challenges and the protection of vulnerable adults.

Two staff outstanding for food safety and HACCP training, will be trained by 12.03.2015.

Proposed Timescale: 18/03/2014

Outcome 18: Records and documentation

Theme: Use of Information

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

The organisation's policy and resultant practice for the transcription of a prescription order was not in line with An Bord Altranais agus Cnáimhseachais na hÉireann guidance.

Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

Section four of the DOCS 015 Medication policy will be amended as required through circulation of an addendum.

Proposed Timescale: 13/02/2015