

**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 Cheeverstown House Limited
Centre ID:	OSV-0004925
Centre county:	Dublin 6w
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Cheeverstown House Limited
Provider Nominee:	Brian Gallagher
Lead inspector:	Helen Lindsey
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	19
Number of vacancies on the date of inspection:	1

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 inform a registration decision. 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 April 2015 09:30	21 April 2015 18:30
22 April 2015 08:30	22 April 2015 19:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
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 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This registration inspection was announced and took place over two days. The inspector met with residents, relatives and staff members. The inspector also observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. The inspector received questionnaires from residents and relatives which were complimentary of the service being provided at the centre.

The designated centre is part of a larger campus. It comprises of four houses, which were two bungalows and two 2 storey houses, which the inspector visited. During the inspection some residents in all four houses were out all day at various activities

and day services, and so the inspector only met with them briefly.

As part of the inspection, a fit person interview was carried out with the nominated person on behalf of the service who subsequently notified the Authority of his retirement from the organisation. He was found to be knowledgeable in his role and the requirements of the regulations. Despite there being a management team with responsibility for the service, there was no nominated person in charge as required by the regulations. This is reported as a major non compliance in the report.

The role of clinical nurse managers was to provide cover for all of the campus based services of which the designated centre was part.

The inspector found that residents were engaged in a range of activities during the day, and there were opportunities for them to take part in activities of their choice in the evenings and at weekends, but this was limited due to the staffing levels.

Each resident had a personal plan in place, which in the most part, gave clear guidance to staff in order to provide individual care and support. Evidence was seen that residents were involved in setting some goals for their future, and were working towards meeting these. Improved paperwork was supporting this process to be more clearly documented. The process of review or residents' needs required improvement, to ensure changing needs were being met.

The inspector found that residents were supported to develop and maintain personal relationships and links with their family, and families were encouraged and welcomed to be involved in the lives of residents.

There were appropriate arrangements in place to support residents' health care issues as they arose, although some improvement was needed in guidance for staff in how to fully meet those needs.

Residents' communication needs were also assessed with communication passports in place for all, giving clear information on each individual's personal communication style.

There was some evidence that residents and relatives had an opportunity to contribute in how the centre is planned and run through family members.

The houses were clean and warm, and in the most part provided a comfortable environment for the residents. The one exception was where a resident did not have access to a bathroom in their house, and had to visit another house. This caused the resident a lot of distress. The resident and staff had complained about this over a long period of time using the complaints and safeguarding processes. Although this was agreed to be an unacceptable situation by the provider, swift action was needed to resolve this matter.

It was also identified as a concern that due to the size and layout of the multi occupancy bedrooms and bathrooms, dignity and privacy for all residents could not always be maintained.

A number of major non compliance are identified through the report relating to residents rights and dignity, premises, health safety and risk management, governance and management, use of resources and workforce. The provider was aware of the need to make improvements in these areas, and a number of areas were under review and had been identified as areas of concern within the organisation, for example governance and management and the premises.

Other areas for improvement included the development and implementation of contract of care, implementation of the risk management policies to guide staff practices, improvement in the management of resident's finances, to make the complaints procedures accessible in the designated centre, procedures around the identification and management of restrictive practice, and general governance and management procedures in the centre. There was also a need to improve staff training and supervision for staff appropriate to their role.

An annual report of the quality and safety of care and support in the designated centre was not available and the statement of purpose did not fully meet the requirements of the regulations.

Inspectors found that the provider had addressed four of the areas of non-compliance that had been identified on the previous inspection. These related to medication management. Two actions were partly addressed; however 16 actions had not been addressed.

The non compliances are discussed in the body of the report and included in the action plan at the end of this report.

The provider submitted two versions of an action plan response however, both did not fully address some of the non compliances, and therefore some of the action plan responses were not accepted by the Authority.

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 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector found that due to the layout of the premises, residents' rights and dignity were not well maintained. The inspector also noted that due to the routine practice in the centre, some residents were not supported to maintain choice in their daily life. The complaints procedure was not displayed and also the policy on finance was not being followed in practice.

There was some evidence that residents and relatives have an opportunity to contribute in how the centre was planned and run. The inspector found that residents' wishes were progressed to board level through the parents on the board of the centre.

Some residents gave examples of how they were involved in the running of the centre for example, deciding on their own meals, choosing the décor of the areas of the centre where they lived and for some, choosing how to spend their time.

Some of the staff spoke about resident's involvement with their local community including trips to the supermarket, visiting family members, going to the local shops and going out for meals with support.

The inspector found that the complaints policy met the requirements of the regulations; however this was not on display in the designated centre. Relatives spoken with were aware of the process of how to make a complaint, but did not always feel they knew the outcome.

There were no complaints available for review for the service. Information on how to

contact an external advocate was on display, and staff were aware of the process to contact them.

During inspection, all of the staff were seen to treat residents with dignity and respect. Staff were seen to know the residents needs well, and interacted with them in a positive way, or left them to have their own space if this was their preference.

All residents had a weekly schedule that set out their activities. Some attended day services or work opportunities offered by the provider, and others had a person centred plan for how they spent their days, based around the house they lived in. However, there were limits to the activities residents could take part in at evenings and weekends, due to the staffing levels available. For example if a resident needed the full attention of one member of staff, other residents were not able to access activities other than those in their house.

In some parts of the centre staff spoke of the lack of staffing attributing to the residents lack of access to activities that are meaningful and purposeful and reflected their interests and capacities. They also spoke of the ways they tried to reduce the impact of this on residents.

Due to the size and layout of the multi occupancy bedrooms and bathrooms, dignity and privacy for all residents could not be maintained. Staff described that with the multi functional bathrooms residents used a toilet in a cubicle while other residents had a shower behind a curtain in the same room. See outcome 6.

Some bedrooms had three residents sharing. Although the rooms were partitioned in to four areas, the spaces were limited, and although there were curtains for privacy, noise levels were seen to carry to all areas of the room.

There was also an arrangement where one resident had to go to another house to use the bathing facilities, as they could not use the stairs in their own house. This was upsetting to them, and they did not like having to leave their house in their nightwear to walk down round to the other house. The weather was impacting on them, with examples of them getting cold or wet. It had been acknowledged by the provider this was not an acceptable arrangement, and they had identified this as an area with high priority for a resolution to be found.

Support plans showed that staff facilitated residents to exercise religious rights. Residents were supported to access mass in the local church. Some attended services with their family.

There was a policy protecting residents' property and monies. However, the inspector found that entries were not always signed by two staff members, as set out in the policy.

Staff support residents to retain control over their property and where small amounts of monies were held by the centre there was a transparent procedure around this to protect both residents and staff. However, residents did not have a bank account in their own name, and resident's monies such as pensions or disability allowance were

paid directly into a centralised bank account belonging to the organisation. This was an action from the previous inspection and was not addressed.

Residents' bedroom areas were seen to be personalised, and reflected their personal choices for colour, and had their own belongings around them such as pictures. In one area staff had found a way to ensure residents could have canvas prints of their families around them, while not causing distress to a resident who didn't like picture frames with glass in them.

Judgment:

Non Compliant - Major

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

There were systems in place to assess and meet residents' communication needs.

There was a policy in place that set out the importance of identifying and meeting residents communication needs, and a system for identifying the level of support individuals would need to receive. The staff who developed this document explained that they were in the process of introducing new documents and assessments, and had a plan to put support systems in place for all residents who had communication support needs. At the time of the inspection this was not in place for all residents.

All residents whose records were reviewed as part of the inspection were seen to have communication passports in place that gave an overview of their communication style, and other key information people may need to know about them.

Some residents needed support around appropriate ways to communicate with other people and this was covered in their positive support plans. They focused on identifying how residents may express certain feelings, and also prompts for staff about how to respond in a range of circumstances. The plans were also seen to explain the possible causes for residents to communicate or behave in certain ways, and how best to support them during those experiences, including their environment.

Through the inspection inspectors saw that staff were communicating well with residents, and understood their individual ways of speaking and communicating. Residents appeared confident in making themselves understood, and were seen to be

having conversations about a range of things, including activities and preparing meals.

Residents had access to telephones, TV, radio, DVDs. Some also had access to mobile phones as was their choice. Residents were seen to be accessing local shops to buy items such as toiletries and food shopping. It was noted there was no broadband on the campus, and so residents would not be able to access email or social media, however this was not raised as an issue by the residents, family or staff in this centre.

Many of the policies and guidance documents were provided in an easy read format that would support some residents to understand them.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents were supported to develop and maintain personal relationships and links with the wider community and that family were encouraged and welcomed to be involved in the lives of residents.

Residents and relatives who spoke with the inspector confirmed that family members and friends could visit at any time and some residents said that they visited their family home regularly. Residents were supported to maintain friendships with those they knew in the other houses where they lived.

Staff and relatives told the inspector that family were very involved in the residents' annual assessment goal setting, some examples seen showed evidence of this.

A record was maintained of contact with relatives and this confirmed that relationships were supported by staff if needed, for example in supporting phone calls.

Both residents and staff confirmed that space was made available to meet a visitor in private, they could use the resident's bedroom, the office or the sitting room if this was free at the time.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that the admissions policy only briefly set out the arrangements for admitting new residents to the centre.

There was a contract of care in place to detail the supports, care and welfare of the residents in the designated centre. This was called the memo of service provision. This was supported by a "manage my money" document. However the contract of care did not fully include the details of the services to be provided for that resident. The inspector found that many of these agreements had not been signed.

Judgment:

Substantially Compliant

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector found residents had a personal plan available that was person centred and

set out their individual needs. It was noted that significant work had taken place in two areas to improve the documentation, and this was being transferred to the other two houses in the designated during the inspection. Some improvement was needed to ensure there was clear guidance on how all residents needs were to be met.

For each resident there was a personal plan, safety plan, health plan and intimate care plan. These were supported by assessments from a range of professionals, and in most cases there was clear guidance in how residents' needs were to be met.

There was some evidence of residents being involved in the development of their personal plans, and setting their goals and aims for the future. How well this had been implemented depended on the skills and communication needs of the residents.

The assessments had clear evidence of multidisciplinary input, for example speech and language therapy, psychiatry and psychology. Staff spoken with were knowledgeable about the needs of the residents, and the plans were seen to inform the service delivered. For example behaviour support plans, likes and dislikes and occupational therapy assessments setting out moving and handling techniques.

There was some evidence of reviews of personal plans, however it was not possible in all of the files reviewed to identify if there had been recent reviews or residents health, personal and social care needs. This was partly due to the fact a number of documents were not dated. For example there were minutes seen for multidisciplinary meetings, and behaviour support meetings that showed residents support needs had been reviewed. However the health plan and health screening plan in at least three files did not have dates on them. Of the five personal goals reviewed, three did not record if the goal had been reached. One resident had received recent medical support in relation to a healthcare need, but their personal plan had not been altered to reflect the change.

The provider had acknowledged the deficits in the documentation and had recently introduced a new planning document and staff had received training. The inspector found that when this was introduced it would address many of the deficits identified.

The personal plans contained important information such as details of family members and other people who are important in their lives and information regarding residents' interests.

There were a number of protocols that set out how a residents needs were to be met in certain circumstances, for example if they had epilepsy or were at risk of falls. It was noted that for some areas of healthcare need identified there was no care plan in place to set out how that need was to be met, for example migraine and specific dietary needs. See Outcome 11.

Evidence was seen that staff were using social stories with residents in some cases, and this set out in picture format and plain English different scenarios and their outcomes. This was to support some residents in areas that were difficult for them, for example, what to do if they fell.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector found that the physical environment in the centre did not meet the requirements of the Regulations and impacted on the rights and dignity of residents. There were an insufficient number of showers and toilets to meet residents' needs in two of the four houses and the multi occupancy rooms did not maintain residents' dignity.

While these issues had been discussed at the property committee, there was no plan as yet in place to address all the deficits in the premises.

As already discussed in Outcome 1 the multi-occupancy rooms were not suitable in terms of personal space and the privacy and dignity of residents. In order to reach the beds at the rear of the room it was necessary to walk past residents' beds located beside the door and through their personal space. A number of the beds were located beside the wall, so staff would need to move the bed out to facilitate safe manual handling practices.

There were an insufficient number of toilets for residents' needs. In one house there was only one room which housed a bath, shower, three toilets, and sluice. Inspectors asked the staff what occurs if a resident is bathing or showering and another resident needs to use the bathroom. Staff informed inspectors that a curtain would be pulled around the resident bathing or showering to allow the toilets to be used, or in some cases the door may be locked so residents would need to wait outside. This was not meeting the needs of the residents in terms of privacy and dignity, for those bathing/showering and for those wishing to use the toilet.

The centre consisted of four houses, located on a campus close to each other.

One house was made up of two single rooms and two dorm rooms. Seven residents lived there. There was one very large central living area connecting doors to all other rooms and one additional smaller living room. As explained about the access to toilets

and showers did not meet residents' needs as there was only one bathroom. In it was a chairlift bath and shower, two toilet cubicles (one wheelchair accessible. There was also a kitchen/dining area, office with staff toilet and a laundry room.

A second house was made up of two single rooms and two dorm rooms. Seven residents lived in this house. There was one central living area surrounded by a corridor and one additional smaller living room. This house had one bathroom that included a chairlift bath and shower. There were two separate toilets, one wheelchair accessible, were accessible at all times. The washing machine and dryer were located in the bathroom. There was a large kitchen/dining area and access to private and secure outdoor garden.

The third house was a two story building with four bedrooms. This house was being used by two residents and was being used like two flats, one upstairs and one downstairs. Downstairs consisted of a bedroom with sitting area, and a kitchen diner. There was a small toilet cubicle that the resident did not like using as it felt closed in, and would only use it with the door left open. To access a bathroom this resident had to leave their house, and walk through the campus to another house with a ground floor bathroom. As discussed in outcome 1 this arrangement was distressing for them.

Upstairs access was directly past the toilet the resident would only access with the door open. The upstairs area consisted of a staff office, bedroom, sitting area with some food preparation equipment and a bathroom. The food preparation area did not have the standards found in a usual kitchen area such as tiled areas and wipe clean surfaces.

The fourth house was a two story building. The three bedrooms were all upstairs. Three residents lived in this house. There was a kitchen/dining area separated by a screen, and one living room. There was one toilet at the base of the stairs and one bathroom upstairs (bath, shower and toilet). This house was in need of maintenance and decoration in order to meet with the regulations. The lounge area was in the process of being improved; most notably the office had recently been removed from this room to a separate area improving on its use for residents to use as they chose.

In this house it was seen that the front window frame was rotted and falling apart. This was particularly a risk due to the residents living in the house and the possibility of it being pushed on or knocked.

All houses were noted to have suitable levels of natural and artificial lighting, heating and ventilation.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector found that the provider had put risk management measures in place; however, they needed to be significantly improved. For example, risks associated with fire safety, and parts of the environment. Arrangements to manage the risk of fire also needed to be improved.

The centre had policies and procedures relating to health and safety and these were seen in practice.

The inspector found that there was a Health and Safety Statements for each location, however this did not include the environmental issues in each house, it also did not include any risk assessments or any control measures to mitigate any risks. While there was a corporate risk register, it did not include all risks associated with the locations, for example lack of access to toilets in houses where there was one bathroom that may be in use by another resident. The provider described the plans to address this.

There was a new risk management policy, which was revised from the previous inspection and information was provided to staff on the policy. The systems for the identification, assessment and management of risk required improvement and measures put in place following adverse incidents to prevent them from recurring required improvement.

Staff explained that this was a new area, and they were not knowledgeable in the management of risk or the completion of risk assessments; however a number had been completed in the designated centre and did set out the hazard identified and the control measures in place. They told the inspector they would welcome additional training.

The managers undertook a review of all incidents and accidents. A report was available on a three monthly basis. However this information was not being used in the houses to improve care for residents. While recommendations were identified they had not been consistently implemented. This information was not being fully analysed to improve the service, minimise the risk of future occurrences and this was a missed opportunity to share any learning for the period.

It was noted that in at least one example incidents were being reviewed in the house, and changes in practice were being implemented to reduce the risk of the incident occurring again. This was good in the area of falls for individual residents.

The inspector found that there were centre specific emergency plans in place. This detailed the procedure for evacuation, contact numbers and the location of mains valves for electricity, water and gas (where applicable). The plan also included the location of alternative accommodation and means of transport should these be needed.

Fire compliance

Overall fire safety required improvement. The inspector viewed the fire training records and found that staff had received up-to-date mandatory fire safety training and this was confirmed by staff. Staff spoken with were knowledgeable about what to do if an evacuation was needed. However, the fire procedures on display would not guide practice.

Regular fire drills were carried out by staff at suitable intervals as defined by the Regulations.

There was evidence that fire equipment was serviced regularly. There was evidence that the fire extinguishers, fire alarms and emergency lighting were serviced.

The inspector found that all fire exits were unobstructed on the day of inspection, however a number of fire doors were seen to be wedged open, and another house had door that would not close in the event of a fire.

While residents had individual evacuation plans, some would guide practice, and others did not provide sufficient information. The inspector found that they could not be fully implemented in practice in the locations where one staff was on duty at night time. Also impacting on this was the fact that several of the houses on campus were linked up to one alarm system and would all need to be evacuated in the case of an emergency.

The provider was aware of many of the deficits and had an action plan to address the issues.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector found that there were arrangements in place to safeguard residents and protect them from the risk of abuse. However, these required improvement. The system around restrictive practice also required review.

Staff were generally knowledgeable about what constituted abuse and how they would respond to any suspicions of abuse. The inspector found that fifty percent of staff had not received training on safeguarding vulnerable adults in the past three years. Further training was planned to include the national policy. The action for this is made under outcome 17.

The policy on safeguarding residents from abuse contained guidelines on how any allegations of abuse would be managed. The provider had appointed a designated adult protection officer. The responsibilities for this person were contained in the policy, and the officer was a resource to staff should they need to discuss any concerns they had.

There was evidence that incidents of all allegations of abuse were appropriately investigated, however the inspector found that appropriate action was not always taken in a timely way to maintain the safety of all residents following an allegation of abuse. For example peer on peer assault recurring over a period of time.

Due to the layout of the premises, there was the risk that staff would not be able to maintain residents' privacy during the delivery of intimate care. All residents had an intimate care plan in place, which did have a focus of respect of residents' skills and working to maintain privacy and dignity.

There was a policy on the management of behaviour that is challenging. There was also a new policy that had been approved and was going to be circulated to staff. The focus of the new policy was strongly focused on the rights of residents, promoting positive approaches and identifying and addressing any causes for residents' distress.

Staff had received training on crisis prevention intervention but not specifically in the management of behaviours that were challenging, there were plans in place to provide training on the new policy and procedure. There was evidence that the GP, psychology and psychiatric services were involved in the care as required.

There were behaviour support plans for resident where this need had been identified, and they set out clear information on the things that may cause the resident distress, and how staff should manage that. One area of known behaviour was seen to be missing from one resident's behaviour support plan, but in all other cases they provided clear detail and management strategies.

The inspector reviewed the use of restrictive practices in the centre. Where interventions used were identified as a restriction, residents were reviewed at the rights committee. Staff were clear where there were rights restrictions in place for individuals in some of the houses.

However, some areas that could be considered restrictions were not assessed as such, for example a bedroom alarm to alert staff when a resident was leaving their part of the room.

The review of the restriction was not consistently documented. Risk assessments for the use of the restriction were not available in all cases, and therefore the control measures were not documented and the evidence of the options that were tried prior to the use were also not documented.

Inspectors did not see a restraint register for the centre to include all approved restrictive practice in use.

Where residents were using bed rails there were risk assessments completed, and the staff monitored the resident on an hourly basis.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that the staff had maintained records of all accidents and incidents that had occurred in the centre. These were reviewed by the nurse managers. The provider was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date and to the knowledge of the inspector, all relevant incidents had been notified to the Chief Inspector.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents' general welfare and development was being facilitated. However, this could be further developed.

There was a policy on access to education and training. This committed to all residents, even those on respite, being supported to engage in learning opportunities. Records reviewed, and discussions held with residents and staff, confirmed residents had a variety of opportunities to engage in.

Each resident had their own weekly schedule that set out the range of activities they were involved in. Most residents attended a day service for a period of time during the day. Some residents had regular trips to local restaurants, to local shopping centres or trips out to see their family. There were also examples of residents accessing activities off campus that were of particular interest to them.

As stated in outcome 1 there was no access to broadband, which meant residents were not able to access email, social media or e-learning programmes. However, this was not raised as an issue by any of the residents or staff during the inspection of this centre.

As discussed in Outcomes 1 and 17, there were some limits to residents' opportunities.

Judgment:

Compliant

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector found that there were appropriate arrangements in place to support residents' health care issues as they arose. The staff in the houses were very familiar with residents needs and had responded when the need arose. Some improvement was needed to ensure where residents healthcare needs were identified they were met.

Where the inspector reviewed personal files it was identified that all residents had 'My health plan' in place that gave an overview of their health care needs. However, for

some it had been written in 2013, also it was not clear when additional information was added as it was not signed or dated. There was also an additional document that gave an overview of residents' health needs, for quick reference, however again examples were seen where it was not dated.

In each of the houses residents had a range of needs, and systems were in place to monitor their health specifically in relation to those needs. For example weight monitoring, records of seizures, and use of 'as required' medication, PRN. There were also a number of protocols in place to describe how care was to be provided in certain cases, for example if a resident had an epileptic seizure and needed rescue medication.

In one case an example of a care plan was seen, and this related to falls prevention.

Staff had created links with the health services within the organisations internal allied health professionals. There were clear records showing contact with the dietician, occupational therapist and physiotherapist in the centre.

External specialists were also involved as required, for example consultants from local hospitals. There was a record of all medical appointments, and also information about when next appointments were due.

Records showed residents had access to a general practitioner (GP), including an out of hour's service. There was also evidence that residents accessed other health professionals such as chiropodists, opticians and physiotherapist.

The inspector read the safety plans for residents which included detailed up to date information, relevant to the resident's identified needs.

It was difficult to identify if some healthcare assessments were being reviewed and kept up to date due to the lack of dates on the documents. However, other areas were clearly kept under review including occupational therapy assessments and dental needs. Across the records reviewed it was noted that in a small number of areas a healthcare need had been highlighted in medical documentation, for example consultant letters, but it was unclear if there was a current need, and how that was to be met, for example if someone needed a coeliac diet.

In relation to residents' diets, it was noted that there were some clear guidelines and recording sheets, in a two examples it was not possible to identify if resident's dietary needs had been addressed in the diet they were following, for example in one case low cholesterol and high fibre. Staff informed the inspector the dietician would have been able to answer the questions but was on leave. However, this meant people preparing meals were not clear in all cases of what dietary needs they needed to take account of.

Overall residents appeared to enjoy their evening meal when they returned to the centre. There were different arrangements in the houses. Staff were seen to be cooking meals chosen by residents in one house; other houses were cooking meals as part of an agreed menu, and in one house residents cooked for themselves with support from staff.

It was observed that if any resident did not like what had been prepared, there was a range of alternatives available. Residents were supported to have a snack at any time of the day or night if they preferred.

Residents enjoyed going out for a meal at times. The inspector found that there was an ample supply of fresh and frozen food. Fresh fruit and juice was available during the day which residents could access.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector was satisfied that each resident was protected by the designated centre's policies and procedures for medication management. The medication policy was revised following the previous inspection. The inspector acknowledged that action had been taken following the previous inspection, and some improvements were noted.

The inspector read a sample of completed prescription and administration records and saw that overall they were in line with best practice guidelines. The pharmacist was involved in medication safety and provided support and advice as required. Information pertaining to each resident's medication was available in the resident's files.

Many of the staff nurses had received training in this area and were familiar with the medications in use. There were also clear instructions available for staff where specific procedures were in use, for example Percutaneous endoscopic gastrostomy (PEG) There were no medications that required strict controls in place, but staff outlined the procedure they would follow.

Staff knew about the procedures for reporting medication errors, but said there had been very few.

Medication audits were not completed for each location to identify areas for improvement; therefore there was a missed opportunity for learning.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

The inspector found that the Statement of Purpose did not fully meet the requirements of the regulations. It reflected the centre's aims, ethos and facilities. It did not fully describe the care needs that the centre is designed to meet, as well as how those needs would be met. The room sizes were also not included.

Feedback was provided to the management team on the deficits in this document.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The inspector was concerned that there was no identified person in charge to manage the centre as per the requirements of the Regulations.

The inspector found that the management arrangements provided insufficient oversight of key areas such as dignity and privacy, fire safety arrangements or risk management,

as discussed throughout this report.

The inspector found that while there was a management team in place, there was no person in charge nominated to oversee the management of the designated centre as required by the regulations. This concern was brought to the attention of the provider, director of services and senior management during the inspection. They are aware of their requirements under the Act and the Regulations.

There was a senior management team in place. The team included the provider, director of service, assistant director of services, medical director, financial controller, operations and quality manager, human resources manager, employment and training manager. The provider was in the process of planning retirement and a new interim provider met with the inspector during the inspection.

In the designated centre, a team of nurse managers oversaw the day to day running of the centre, and the service was in the process of a management review. The provider assured the inspector that a programme of supervision and mentoring was being planned for nurse managers. However, in the interim, the lines of accountability and responsibility for the provision of the designated centre at service level were not clearly defined or effective.

While clinical nurse managers were in post, there was a lack of supervision and support for staff in the designated centre to ensure that the needs of residents are met; incidents are responded too, personal plans implemented and staff supervised. However, in this designated centre significant progress was being made in putting systems in place to support more effective oversight of whether residents' needs were being assessed and met. This included an organised resident file with all pertinent information set out clearly.

The provider had established weekly clinical nurse manager meetings and overall weekly staff meetings were held in each location. Staff said they have access to the nurse managers by phone, and that they did visit the house regularly.

The provider had undertaken reviews of the service and an action plan was provided to the inspector. The management team were working through the action plans from the previous inspection. The centre had been externally accredited for quality.

While clinical data was collected, it was not being utilised to improve the service. There were no audits available for review. An annual report of the quality and safety of care and support in the designated centre was not available.

Judgment:

Non Compliant - Major

Outcome 15: Absence of the person in charge

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

centre during his/her absence.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There was no nominated person in charge of the designated centre as required by the regulations. This is discussed under Outcome 14 and the relevant action plan is also under Outcome 14.

Judgment:

Non Compliant - Major

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

The inspector found that insufficient resources had been provided at times to meet the needs of residents.

There were some examples seen of residents being supported to achieve their personal plans and routines.

However, there were clear examples seen where the staffing levels available in the designated centre were impacting on the outcomes for residents. Some residents were limited in their access to the community or activities external to the house depending on the staff available. In another house there were high levels of incident relating to resident not getting along well together and limited staff to manage this when it arose.

In two houses there were insufficient bathroom facilities to meet the residents' needs.

Judgment:

Non Compliant - Major

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector found that overall there was a very committed and caring staff. Staff knew the residents well. However, there were significant deficits identified in the number and skill mix of staff and this placed residents at risk.

There were areas for improvement noted in the number of staff on duty on a consistent basis to meet residents' needs. The provider told the inspector that he was actively recruiting new staff to address the deficits. There was still a reliance on agency staff.

The inspector found that the provider had established a relief panel since the previous inspection, with an aim of providing a consistent service to residents. Staff reported that this was giving better consistency for residents in the houses.

The inspector found that the staff number and skill mix was not consistent to meet the residents' needs.

In two houses this related to residents having support needs around managing the way they were communicating and behaving which put pressure on the staff to support them, and not the other residents. In another house it was linked to residents both needing one to one support to access the community, and often there was only one member of staff. In another house it linked to outings being planned around other residents' trips home.

There was no process to capture this information, therefore management were not aware of the scale of the problem.

Staff files were reviewed and contained all of the documents as required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. This was identified at the previous inspection and was addressed.

While performance reviews were in place, as previously stated the supervision of staff required improvement. The follow through of the training needs identified were not

always in place.

Training records were reviewed by the inspector. There were some gaps noted in the mandatory training (moving and handling of residents and prevention and awareness of abuse). However the provider was aware of these gaps and inspectors reviewed a schedule of training which responded appropriately and in a timely fashion.

While staff had access to training, they were not kept up to date on residents' specific issues. Staff had not received recent training to care for residents with specific intellectual, sensory and physical needs such as restrictive practices, mental health issues, risk management and infection control.

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

The inspector found that records were accurate, up to date, maintained securely and were easily retrievable.

The inspector was satisfied that the records listed in schedules 2, 3 and 4 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. However, not all policies were implemented in practice, for example the risk management policy and the finance policy.

The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations. This included the infection control policy and end of life policy. These policies had been revised since the previous inspection and were in the process of being rolled out to guide practice.

An up to date insurance policy was in place for the centre which included cover for

resident's personal property and accident and injury to residents in compliance with all the requirements of the regulations.

Judgment:
Non Compliant - Minor

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:

Helen Lindsey
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 Cheeverstown House Limited
Centre ID:	OSV-0004925
Date of Inspection:	21 and 22 April 2015
Date of response:	18 June 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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Residents dignity was not well maintained as outlined in outcome 1.

Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional

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

consultations and personal information.

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

"The action plan submitted by the provider does not satisfactorily address this failing identified in this report".

Proposed Timescale:

Theme: Individualised Supports and Care

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

The arrangements in place for the management of residents money within the organisation accounts were not in line with the regulations.

Action Required:

Under Regulation 12 (4) (a) and (b) you are required to: Ensure that the registered provider or any member of staff, does not pay money belonging to any resident into an account held in a financial institution, unless the consent of the resident has been obtained and the account is in the name of the resident to which the money belongs.

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

The service implements fully the guidelines of patient private property accounts as outlined by the HSE.

The service has opened individual bank accounts for people in their own name.

The system to implement the roll out of these bank accounts to residents will be in place by mid July 2015

The service will cease to hold money on behalf of residents unless specifically requested to do so by 30th September 2015

Proposed Timescale: 30/09/2015

Theme: Individualised Supports and Care

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

The complaints procedure was not displayed in the centre.

Action Required:

Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

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

The accessible version of the Complaints Procedures will be on display in each

residence; this will include a picture of the Complaints Officer, contact details and details of the Appeals Process. The full Complaints Policy is also available in each house but not on public display

Proposed Timescale: 30/06/2015

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 contract of care did not outline the services to be provided.

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:

The service will ensure that the agreement for each resident (Memorandum of Understanding) is in line with the regulations.

In this regard the Memorandum of Understanding will state the amount of each resident's long stay charge following their assessment

Proposed Timescale: 30/06/2015

Outcome 05: Social Care Needs

Theme: Effective Services

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

In some cases it was not described how residents identified health needs would be met.

Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

"The action plan submitted by the provider does not satisfactorily address this failing identified in this report".

Proposed Timescale:

Theme: Effective Services

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

Not all residents health, personal and social needs had been reviewed to reflect their changing needs.

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:

"The action plan submitted by the provider does not satisfactorily address this failing identified in this report".

Proposed Timescale:

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Not all areas of the designated centre were suitably maintained or decorated.

Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

"The action plan submitted by the provider does not satisfactorily address this failing identified in this report".

Proposed Timescale:

Theme: Effective Services

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

The premises did not provide a useable bathroom to meet the needs of a resident.

Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

"The action plan submitted by the provider does not satisfactorily address this failing

identified in this report”.

Proposed Timescale:

Theme: Effective Services

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

The design and layout of the centre did not meet the residents needs as outlined in the inspection report.

Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

“The action plan submitted by the provider does not satisfactorily address this failing identified in this report”.

Proposed Timescale:

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The risk management policy was not being fully implemented in practice in relation to the identification, assessment and management of risk.

Action Required:

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

“The action plan submitted by the provider does not satisfactorily address this failing identified in this report”.

Proposed Timescale:

Theme: Effective Services

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

The arrangements in place for the evacuation of residents from the centre at night time

required improvement.

Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

"The action plan submitted by the provider does not satisfactorily address this failing identified in this report".

Proposed Timescale:

Theme: Effective Services

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

Fire doors were seen to be wedged open in some areas of the designated centre.

Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

This issue has been addressed.
Completed

Proposed Timescale:

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Restrictive practices were not consistently managed in line with evidence based practice or the national policy.

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 action plan submitted by the provider does not satisfactorily address this failing identified in this report".

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

Due to the layout of the premises, residents privacy and dignity was not always maintained in relation to intimate care.

Action Required:

Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

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

"The action plan submitted by the provider does not satisfactorily address this failing identified in this report".

Proposed Timescale:**Outcome 11. Healthcare Needs****Theme:** Health and Development**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Not all healthcare needs had a clear plan available setting out how the need would be met.

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:

"The action plan submitted by the provider does not satisfactorily address this failing identified in this report".

Proposed Timescale:**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 meet the requirements of the regulations as it was

not centre specific and did not reflect the actual units in the centre.

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:

"The action plan submitted by the provider does not satisfactorily address this failing identified in this report".

Proposed Timescale:

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 identified person in charge to manage the centre as per the requirements of the regulations.

Action Required:

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

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

The Person In Charge has now been appointed and the service is processing the necessary paperwork for submission to the registration department in HIQA.

"AT THE TIME OF REVIEW THE DOCUMENTATION WAS NOT RECEIVED BY THE AUTHORITY"

Proposed Timescale: 12/06/2015

Theme: Leadership, Governance and Management

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

The lines of accountability and responsibility for the provision of the designated centre at service level were not clearly defined or effective.

Action Required:

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

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

"The action plan submitted by the provider does not satisfactorily address this failing identified in this report".

Proposed Timescale:

Theme: Leadership, Governance and Management

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

The annual report of the quality and safety of care and support in the designated centre was not available.

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:

The service will provide an annual report of the Quality and Safety of Care and support.

Proposed Timescale: 30/11/2015

Outcome 16: Use of Resources

Theme: Use of Resources

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

The inspector found that there were insufficient resources provided to meet the residents needs.

Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

"The action plan submitted by the provider does not satisfactorily address this failing identified in this report".

Proposed Timescale:

Outcome 17: Workforce

Theme: Responsive Workforce

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

There were deficits identified in the number of staff on duty to meet 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:

"The action plan submitted by the provider does not satisfactorily address this failing identified in this report".

Proposed Timescale:

Theme: Responsive Workforce

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

The system of staff supervision required improvement.

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:

"The action plan submitted by the provider does not satisfactorily address this failing identified in this report".

Proposed Timescale:

Theme: Responsive Workforce

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

Staff did not have up to date training in all areas to meet residents needs.

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:

"The action plan submitted by the provider does not satisfactorily address this failing identified in this report".

Proposed Timescale:

Outcome 18: Records and documentation

Theme: Use of Information

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

Policies in place were not consistently implemented in practice. For example, the risk management and finance policy.

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:

Existing policies will be reinforced and implemented.

The roll out of the Risk Management Policy and staff training in risk assessments will address this issue

Proposed Timescale: 30/09/2015