

**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 St John of God Community Services Limited
Centre ID:	OSV-0002944
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Limited
Provider Nominee:	Sharon Balmaine
Lead inspector:	Conor Brady
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	26
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 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: 29 April 2015 09:00 To: 29 April 2015 18:30

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 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

The provider is St. John of God Community Services Limited (hereafter called the provider) which is a company registered as a charity. This was an unannounced inspection of a designated centre located on a large campus based setting owned by this provider. The purpose of this inspection was to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013) (hereafter called the Regulations) and the National Standards for Residential Services for Children and Adults with Disabilities 2013 (hereafter called the Standards).

As part of this inspection, the inspector met with the newly appointed person in charge, nursing staff, care staff, and residents. The inspector observed practice and reviewed documentation such as personal care plans, healthcare plans, medical/clinical information, accident and incident records, risk assessments, medication records and protocols, meeting minutes, policies, procedures and protocols (organisational and local), governance and management documentation, staff training records and staff files.

This designated centre comprised of six separate buildings. According to the Statement of Purpose this designated centre proposed that it could provide services to 27 residents. Several buildings (5) were on a row of terraced style properties

located on the provider's campus while the other building was a converted apartment located in close proximity. In total the inspector found 26 residents accommodated across these locations on the inspection date.

The inspector found this centre to be in substantive non-compliance with the Regulations and Standards. All of the outcomes inspected against were found to be in non compliance with the requirements of the Regulations and Standards. The inspector was informed of the recent transition (3 weeks prior to the inspection) of this designated centre to another service area/model within the organisation. The inspector was informed that a new management structure recently assumed responsibility for this designated centre.

The inspector found that there was not sufficient evidence that the provider had engaged with the regulatory requirements in relation to this designated centre since commencement of the regulatory process in 2013. The inspector found an institutional model of practice evident whereby resident's needs were being managed collectively as opposed to individually. The inspector found that this approach to care giving was resulting in a lack of choice, consultation and opportunity for all residents to enjoy a good quality of life in accordance with the Regulations and Standards.

The inspectors found significant non compliance with the requirements of the Regulations and Standards in the following areas,

- Admission and Contract for Provision of Services
- Social Care Needs
- Safe and Suitable Premises
- Health, Safety and Risk Assessment
- Safeguarding and Safety
- Healthcare Needs
- Medication Management
- Workforce/Staffing
- Records and Documentation

All of these areas are discussed in more detail in the main body of the report and in the accompanying action plan that outlines the failings identified that did not meet the requirements of the Regulations and Standards.

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

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

The inspector was not satisfied that admission and discharge procedures to the residential service occurred in a manner that was timely and/or in consultation with the residents pursuant to their assessed needs. Each resident was not found to have 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 and the fees to be charged. While the statement of purpose indicated that residents paid rent and utilities there was not evidence of agreements and contracts with residents (and families/advocates) to this effect.

The inspector found that while the new person in charge was trying to transition certain residents to more suitable locations and accommodation, based on their needs, inspectors found that residents were being moved/transitioned in a reactive manner without consultation with residents. For example, one resident's mobility needs requiring downstairs accommodation was only found to be very recently acted upon. In addition, residents who were not enjoying living together whereby there were adverse incidents as a result, were only (at the time of inspection) being considered for transition.

While it was positive that the recently appointed person in charge was found to be advocating change for residents, the inspector was concerned that the size, purpose and function of this designated centre needed to be fully re-assessed in terms of its ability to meet residents individual and collective needs. This will be discussed further under Outcome 6: Safe and Suitable Premises.

Judgment:

Non Compliant - Major

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Overall inspectors was not satisfied that all residents' social care needs were met in accordance with the requirements of the Regulations. There were a number of residents' personal plans that did not meet the requirements of the Regulations.

The inspectors spoke to a number of residents on inspection who told the inspector they were residing in the designated centre/campus for many decades. Residents were observed leaving for their day services and some spoke to the inspector about same. The inspectors observed routines of residents based on service provision available. For example, certain residents collectively attending campus based services, activities and meals.

One resident told inspectors that there were 'big changes coming' and that he had recently been told by staff that he would be 'going into the community more' and 'doing his own shopping'. The inspectors found that there had been some very recent engagement with resident's by the new management structure regarding moving the service towards a community service model. This was positive.

The inspectors reviewed a number of resident's personal plans and found that all plans were not reviewed and up to date. The inspectors found that review dates were omitted in some cases and/or there was no evidence of resident's plans having actually taken place and/or being appropriately reviewed. For example, personal planning information was not appropriately completed in some cases since 2010. In examining some resident's person centred plans the inspectors noted goals and objectives in these plans were not always updated to appropriately reflect resident's needs, wishes and preferences. For example, goals marked incorrectly as unachieved or left blank.

In exploring residents personal plans the inspectors found that a number residents' goals were either not pursued or did not happen for residents. For example resident's requesting to do community classes, join a gym and go on holidays. These pursuits were found to have not happened for residents.

The inspectors noted instances of inappropriate goal/objective setting in resident's

personal plans. For example, residents who had annual person centred goals to go to the doctor or get an eye test. These were basic healthcare needs as opposed to annual person centred social goals. In addition, the inspectors found a trend of reliance on resident's families to meet some residents goals, particularly in the area of facilitating holidays for residents. The inspectors were informed (by staff) that this was a staffing issue.

The level of maintenance of care-planning documentation highlighted to the inspectors that resident's plans were not being kept up to date and appropriately reviewed and therefore were not guiding practice. For example, communication, mobility, sexuality, behavioural assessment and safety screening tools were just some parts of resident's care plans that were found to be incomplete or significantly out of date.

In addition, the inspectors did not find that plans were in an accessible format for all residents and there was not sufficient evidence of resident input, consultation and involvement in their personal plans.

The inspector found there was no appropriate review system regarding the monitoring and effectiveness of residents plans in this designated centre. While some staff demonstrated some knowledge of resident's plans it was clear that for a number of residents their personal plans did not reflect the care they received. This is not in compliance with the requirements of the Regulations.

Judgment:

Non Compliant - Major

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):

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

Findings:

The inspector found that the design and layout of this centre was not fully suitable for its stated purpose and did not meet the resident's assessed individual and collective needs in a comfortable or homely way.

This designated centre comprised of five small terraced houses, one of which accommodated four residents, three of which accommodated five residents and one of which accommodated six residents. All of these terraced houses were of a very similar

size and layout. The rear of these houses backed onto the provider's main campus and the front of these houses opened onto a main street/road.

It was evident that the front of the houses (front door/gardens) were not used by residents and were not maintained or cleaned (front doors, windows, fascia/soffit, gardens). These five adjoining properties were therefore mainly accessed from the back doors and inspectors observed there was a lot of movement between residents and staff throughout all of these houses which could lead to a negative impact on privacy.

In addition, there was a building converted into an apartment adjacent to the rear of the terrace on the providers campus which accommodated one resident.

Overall the inspector found a number of limitations regarding premises in the terraced houses. For example, there was not:

- Adequate private and communal accommodation for residents, including adequate social, recreational, dining and private accommodation.
- Rooms of a suitable size and layout suitable for the needs of all residents.
- Adequate space and suitable storage facilities, insofar as is reasonably practicable, for the personal use of all residents.
- A separate kitchen area with suitable and sufficient cooking facilities, kitchen equipment and tableware.
- Baths, showers and toilets of a sufficient number and standard suitable to meet the needs of residents.

The inspector found that space was very much limited in the designated centre. Some resident's rooms were particularly small (box rooms) and the inspector found that while some efforts were made to personalise some rooms they were very basic and institutionalised in design.

Storage was limited due to the small size of some rooms. Residents who had a front room had a much larger room than residents who had not.

All rooms were not in a good state of repair with one room containing a hole/air vent that was not repaired and was located directly above a residents bed. The draft coming from this was considerable. The person in charge stated a request to fix this had been processed but it had not been repaired.

While conservatory areas had been converted to living areas and these were in some way decorated, the centre as a whole was not homely and was crowded when residents were observed present. There were other issues that also required attention from a premises perspective.

For example,

- Parts of décor and premises were poorly finished and or not maintained (flooring/walls/unfinished plaster and peeling paint due to dampness)
- There was only one bath over the six premises inspected.
- Curtains were off the rails and not repaired or re-hung.

- Kitchens were not equipped or used for cooking or food preparation and food storage areas were found to be inadequate.
- Staff lockers were a central feature in one of the kitchens (inappropriately located directly beside residents kitchen table)
- An internal staff office window looked out onto a kitchen table with no apparent rationale for same.
- Resident's information was openly displayed on walls in the centre and the language used on these 'documents' to describe residents was not person centred. The inspector instructed this matter be addressed immediately.
- Ventilation in en-suite toilets was poor with extractor fans not functioning.
- There was 2 kitchen tables in one house and staff stated this was to 'separate' previous residents who did not 'get on'. These residents had moved on according to staff but this was not reviewed with a number of residents who shared a home dining separately.

In addition to the above, the inspector observed a high degree of movement in the designated centre with staff, residents and other campus personnel (housekeeping, milk delivery, canteen staff, etc) walking freely in and out of resident's homes without knocking on the doors. This approach was found to be intrusive for residents.

Judgment:
Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

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

Findings:

Overall the inspector found that the arrangements in place regarding the health, safety and risk management require further improvement to meet the requirements of the Regulations.

The inspector found that while there were organisational policies and procedures in place, staff knowledge and understanding of same needed improvement. The inspector found that there was poor evidence of implementation and governance and management of this area. For example, inspectors found risk assessments for residents that did not correlate with the residents care planning information and residents who were highlighted as requiring risk assessments (in their care plans) who did not have any completed.

The inspector found a lack of appropriate and accurate assessment led risk management

to risks pertaining to resident's mobility, infectious diseases, behavioural management and fire evacuation. Regarding infectious diseases the inspector found that this was an issue which was required to be managed within the designated centre. The inspector found that all staff were not aware of this fact or the control measures in place to reduce and manage the risk regarding this issue.

The inspector found ambiguity on the part of staff as to the reporting and recording mechanisms for incidents and accidents. For example, the inspector found that there were complaints forms, behavioural incident forms, adverse incident forms and allegations of abuse forms. The inspector was not satisfied with the standard of staff understanding of policy governing these processes, the implementation of these processes or the maintenance of associated documents. For example, it was not clear that all incidents and accidents were being appropriately reviewed. In addition, residents' care plans and risk assessments were not found to be updated to reflect incidents and accidents. For example, incomplete safety screening tools, behavioural assessments and manual handling assessments for some residents were observed. In reviewing this documentation and discussing same with staff it was difficult for the inspector to ascertain the risks prevalent and control measures in place.

Regarding the management of fire safety, the inspector found there was a safety statement, evacuation plan (in some locations of the designated centre) and fire safety equipment present such as fire alarm panels, fire extinguishers, fire blankets and emergency lighting. However the inspector found that all staff did not demonstrate competence in this area on inspection. For example, all staff members were not aware of evacuation procedures and emergency plans and some staff stated they had not read same. There was not sufficient evidence that all staff had undergone appropriate training in this area.

The inspector found that some checks/charts were used to monitor staff/resident numbers, fire panel check and exit checks. The inspector found some evidence of fire drills/evacuations taking place however the inspector noted that individual evacuation plans required more clarity and needed to be updated. For example, where residents required mobility assistance this was not reflected in their evacuation plan.

Other evacuation plans were found to be inaccurate whereby residents support needs had changed. In discussing evacuation with some staff the inspector received conflicting information as to the procedures to be followed in the event of an emergency.

Judgment:
Non Compliant - Major

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

The inspector found that while there were organisational policies/processes regarding the protection of residents from harm and abuse, the management of behaviours that challenge and the safeguarding and safety of residents, improvement was required to ensure the implementation and governance and management of these processes.

The inspector found that there was a designated process assigned to deal with allegations of abuse and the centre did have procedures in place to respond to allegations, disclosures or suspected abuse. However the inspector found that some staff were unclear as to these processes.

The inspector reviewed a number of instances whereby allegations of abuse had been reported by staff and found that a process of preliminary screening and review had taken place. The inspector found that a designated liaison person (DLP) (and deputies) were in place in the form of a Social Work Department. The inspector found that all allegations of abuse were sent directly to these persons.

The inspector found the newly appointed person in charge was not aware of all allegations and a clearer/formalised system of communication between the person in charge, the DLP and staff team was required to ensure compliance with the Regulations and Standards. This would ensure the person in charge is at all times fully aware and informed of all investigations within the designated centre as is required by the Regulations.

In addition, the inspector found a clearer protocol and follow up was required (particularly relating to instances of alleged peer to peer abuse) whereby potential inappropriate resident mix is apparent. For example, the inspector found that a number of residents had made complaints regarding their living arrangements and the behaviours displayed by some of their housemates.

As discussed earlier in this report the inspector was informed of some recent action in this regard due to two residents 'not getting along' and reviewed incidents that indicated instances of residents negative behaviours and hitting out.

The inspector found that further consideration was required regarding the overall designated centre make-up and premises/space limitations (private and communal). This was particularly evident whereby five and six residents were sharing small spaces in these houses.

The inspector was concerned that in reviewing staff files and training records all staff had not undergone training in safeguarding residents and the prevention, detection, response to abuse.

While some staff demonstrated knowledge of the different forms of abuse, the inspector found inconsistencies in terms of staff responses as to how they would report abuse and the reporting mechanisms they would follow. The inspector found this could lead to inconsistent or ineffective handling of this information.

Also in reviewing staff files and training records there was not evidence that all staff were appropriately trained in the management of behaviours that challenge, de-escalation techniques and appropriate therapeutic intervention. This required action as there were residents who demonstrated these behaviours within this designated centre.

All of these areas require further attention to ensure compliance with the requirements of the Regulations and Standards.

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 inspector was not satisfied that from the documentation reviewed that residents were supported to achieve and enjoy the best possible health. In addition, staff spoken with were very unclear as to where particular documents were stored, reviewed or how they could be accessed. The inspector was concerned that this could seriously impact on the delivery of safe and quality healthcare to the residents.

The inspector found that some resident's plans did reflect some access to appropriate allied health professionals including, GP, psychiatry, psychology, chiropody. However there was not sufficient evidence of follow up or review in certain areas for certain residents. For example, speech and language therapy (SALT), dental services,

physiotherapy follow up for certain residents. The inspector found that staff were unclear as to whether appointments occurred for residents and could not find records to reflect this.

The inspector found that all residents did not have an annual health assessment in place in line with organisational policy inclusive of the provision of basic health checks in all necessary/required areas. This did not assure the inspector that residents healthcare needs were being met in full and appropriately reflected in their care plans. For example, nursing staff could not demonstrate that all residents had access to a doctor, dentist or follow up appointments.

Monthly weights and blood pressure checks (where prescribed) were not found to be reviewed and staff could not locate residents healthcare information when requested for same. Staff stated that they did weigh residents and the inspector found some evidence of this but this information was not informing residents care planning.

The inspector found a number of incomplete health assessments in resident's care plans and some care plans with no health information pertaining to the residents at all.

The inspector found one resident highlighted as having diabetes in their care plan documentation. On discussing same with staff around the healthcare control measures in place the inspector was informed that this resident did not in fact have diabetes. This demonstrated a disconnect between care plans and care provided and indicated omission of basic health-care planning.

Regarding food and nutrition the inspector found that the residents living on campus were restricted in their opportunities and choice to buy, prepare and cook food. Residents' food was supplied from the campus canteen and brought to the designated centre on trays at set times.

The inspector found that choice and consultation regarding food and resident's opportunities to be actually and meaningfully involved in choosing and preparing their meals was not occurring in the designated centre.

The provision of food was done so in a manner that was observed to be institutional. The inspector observed that trays of food were carried into the centre in sealed tinfoil tubs and placed in a food heater for residents. This process happened at set times every day and residents had no meaningful involvement in same. The inspector found that neither staff nor residents were aware as to the food that was being served.

Judgment:

Non Compliant - Major

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:

The inspector was very concerned at the lack of governance and oversight by the provider and persons participating in the management of this centre as evidenced by the high number of non compliances. This lack of compliance does not demonstrate that the provider has engaged in the regulatory process since commencement. The failure of the provider to review and engage in oversight of the service provided to residents has resulted in negative outcomes for these residents.

Overall the inspector was not satisfied that the management systems in place ensured the residents were provided with a service that was fully safe, appropriate to residents needs and consistently and effectively monitored. This finding was based on the levels of non compliance found in all outcomes inspected against the Regulations and Standards in this designated centre.

The inspector was informed that a new person in charge was recently seconded and a new service model and management structure was in the process of being implemented for this designated centre at the time of inspection. The inspector found that the newly appointed person in charge met the requirements of the Regulations in terms of her qualifications, experience and knowledge and found she was appropriately aware of her responsibilities regarding the Regulations and Standards. However this person in charge was in place a short duration (less than 3 weeks) and was therefore only at an introductory stage in terms of her governance and management of this designated centre. This person in charge was also responsible for another designated centre.

Based on the findings of this inspection the inspector was not satisfied that effective governance, operational management and administration of the designated centre was meeting the requirements of the Regulations since commencement.

For example, there was not effective management and implementation of regulatory requirements in the areas of Social Care Needs, Health, Safety and Risk Management, Safeguarding and Safety, Healthcare Needs, Safe and Suitable Premises, Records and Documentation, Contracts for Provision of Services.

The inspector found there was not evidence of appropriate workforce management as

staff were not fully familiar with the new service model, performance management/appropriate staff supervision was not being implemented, staff team meetings were not occurring and appropriate review of staff training requirements was not evident.

The inspector found that there was not sufficient evidence of effective auditing and annual review of the service provided to ensure residents were provided with a safe and quality service. While some auditing and review was found, there was not sufficient follow up or implementation of audit findings. For example, health and safety and learning from incidents/accidents, maintenance and upkeep of premises, infection control and fire safety.

The inspector found auditing and reviews completed to date that had not been followed up or implemented in these areas. This highlighted a disconnect between senior management and the actual care provided to residents. The new person in charge stated audits were carried out by the previous management and discussed her plans to take a proactive approach to auditing moving forward.

It was evident that the new management structure were attempting to work towards compliance and the inspector was provided with a action plan/self assessment audit (completed the week prior to inspection) to address regulatory failings. The person in charge and persons participating in management highlighted that a lot of change was currently taking place within the organisation and a lot of this change was necessary to work towards compliance with the Regulations.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

Overall the inspector found that improvement was required regarding the provision of consistent and suitable staffing. Furthermore the inspector found that there were gaps in mandatory and required centre specific training in reviewing staff files and training schedules.

From the staff available on inspection and on the staffing roster the inspector found that there appeared to be sufficient staff available to support residents. Many residents were not in the designated centre and were attending local or campus based day programmes. The inspector discussed the staffing levels with staff who highlighted the need for more staff. The inspector found that staff across all locations of this designated centre worked quite separately yet the inspector observed a continued movement/transience of staff across different designated centres on the campus which did not provide for consistency of care in all cases.

As outlined earlier in this report the inspector was concerned with the skill mix and levels of staff knowledge of key areas such as risk management and healthcare, knowledge of residents and specific training deficits was an issues was impacting on the delivery of consistent care for residents.

The inspector found in reviewing training schedules that there were gaps in staff training records. For example, manual handling, was not evident for all staff in this designated centre.

The inspector was not satisfied that staff were being provided with the necessary training and the system to reflect training needs was not found to be accurate. For example, inspectors found instances whereby staff had attended training that was not reflected in the training records and other instances whereby there was no evidence to confirm whether training had been completed by staff or not. The inspector discussed this issue with the person in charge and persons participating in management at preliminary feedback.

The inspector found that agency staff were not always reflected on the staffing roster which did not make it clear who was on duty in the centre on a given date whereby agency were used. The inspector found that where new staff were working in the centre the induction to areas of risk and residents specific care-planning needs was not evident in the induction process.

The inspector reviewed a sample of files for staff working in the centre and found these files contained most of the records required by the Regulations. There were instances whereby qualifications/training were not always reflected in staff documentation. There was one instance whereby Garda Vetting of staff was not on file (this was provided following the inspection).

In addition, inspectors found that performance management was not conducted and a formal system of staff supervision was not evident in the designated centre. The inspector found that staff were not sufficiently aware of the Regulations and Standards. For example, there were not consistent team meetings, information sessions taking place whereby regulatory requirements were discussed and/or staff were appraised of specific responsibilities, e.g. updating care plans, healthcare plans, reviewing risk assessments and ensuring all resident's were supported appropriately in accordance with regulatory requirements. Staff spoken to by the inspector did not demonstrate knowledge of the Regulations and Standards.

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):

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

Findings:

The inspector was not satisfied that policies were implemented and records and documentation were maintained in a manner that ensured clarity, accuracy and ease of retrieval.

As highlighted throughout this report the inspector found that the standard and maintenance of documentation required considerable improvement in this designated centre. The inspector found that resident's information such as their personal care plans, health care information and recording of specific care needs (e.g., dietary, mobility, personal/intimate care, behavioural plans and documentation) was not maintained in line with regulatory requirements.

The inspector found that records were not being kept under an appropriate level of review and found outdated information and resident's plans that were not guiding practice. Staff were observed as not being appropriately familiar or knowledgeable with resident's care plans and could not find certain parts of care plans when requested for same. It was evident to the inspector that as care plans were not reviewed and updated they were not guiding practice.

The inspector found that the provider and person in charge were not meeting regulatory requirements in terms of ensuring the implementation of all policy and procedure in accordance with Schedule 5 of the Regulations. For example, in the areas of risk management, healthcare and food and nutrition.

In addition, the inspector found clear omissions of Schedule 3 (Residents Records) and Schedule 4 (General Records) apparent in the designated centre. For example, the inspector found large parts of residents care plans either out of date, not completed or

not present in their files.

Regarding Schedule 4 (General Records), the inspector found that when seeking specific documentation and records such as residents guide, information on financial charges to residents, complaints records, residents transfer/discharge records, this information was either not presented, could not be located or there was ambiguity as to where this information was kept.

The inspector found that all records pertaining to this centre appeared to be maintained in one location (one house) which led to this house becoming the central area for staff. While accessible for staff, the inspector found resident's information was not secure at all times. For example, other personnel/residents were observed walking in and out of the house.

In addition, the inspector was very concerned that residents information was found to be put up on the walls in communal areas of this designated using language that was not person centred. This practice was observed to be unacceptable from a confidentiality, respect and privacy perspective. The inspector instructed management to immediately address this matter.

Overall the inspector found that the records and documentation in this centre required substantive improvement to meet the requirements of the Regulations.

Judgment:

Non Compliant - Major

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Conor Brady
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 St John of God Community Services Limited
Centre ID:	OSV-0002944
Date of Inspection:	29 April 2015
Date of response:	1 July 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:

There were no contracts for the provision of services for residents in place.

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

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

terms on which that resident shall reside in the designated centre.

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

A) Supports agreement will be developed with each resident in DC 7; detailing supports services and charges for each resident, in line with schedule 4.

Proposed Timescale: 31/10/2015

Theme: Effective Services

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

There was no information pertaining to fee's charged to residents (specifically outlined) in contract of services.

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:

A) Supports agreement will be developed with each resident in DC 7; detailing supports services and charges for each resident, in line with schedule 4.

Proposed Timescale: 31/10/2015

Theme: Effective Services

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

There were no agreements/contracts in place pertinent to resident's assessed needs.

Action Required:

Under Regulation 24 (4) (b) you are required to: Ensure the agreement for the provision of services provides for, and is consistent with, the resident's assessed needs and the statement of purpose.

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

A) Personal Outcome Measures Information gather and assessment will be carried compiled with each resident.

Proposed Timescale: 31/10/2015

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 resident's care plans were not based on comprehensive assessment.

Action Required:

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

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

A) As above Personal Outcome Measures information gather and assessment will be carried out with each resident.

B) A Person Centred Plan based on the health, personal and social care needs of each resident in DC 7 will be completed.

Proposed Timescale: 31/10/2015

Theme: Effective Services

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

The resident's assessed needs were not fully facilitated.

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:

A) As above Personal Outcome Measures information gather and assessment will be carried out with each resident.

B) A Person Centred Plan based on the health, personal and social care needs of each resident in DC 7 will be completed.

Proposed Timescale: 31/10/2015

Theme: Effective Services

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

All plans were not accessible to residents.

Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are

made available in an accessible format to the residents and, where appropriate, their representatives.

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

- A) An up to date personal plan will be developed for each resident in DC 7 using the Personal Outcomes assessment planning tool.
- B) My personal plan file/format (MPP) will be put in place for each resident.
- C) Accessible service user friendly information in line with the residents support needs will be available in each residents MPP file.
- D) All information will be individualised in each MPP.

Proposed Timescale: 31/10/2015

Theme: Effective Services

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

Resident's personal plans were not appropriately reviewed.

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:

- A) All personal plans will have one annual review; which will include an information gather and planning meeting, and three quarterly reviews.
- B) A schedule will be put in place for each location in DC7; which will be reviewed at local staff meetings and meetings with Programme manager and Co-ordinator (PIC); to ensure target dates for review of plans are maintained.

Proposed Timescale: 31/10/2015

Theme: Effective Services

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

Resident's plans did not contain evidence of maximum participation of residents.

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:

- A) Key workers will be identified for each resident.
- B) Key workers will be responsible for supporting the resident to plan and identify goals

and support needs; involving the resident in the personal planning process.
C) Personal Outcome Measures documentation will be used to evidence this process.
D) Residents will be involved in all planning meetings along with family and or advocates who will form their 'circle of support'.

Proposed Timescale: 31/10/2015

Theme: Effective Services

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

The effectiveness of plans was not being reviewed.

Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

A) Each resident's personal plan, once developed will be reviewed quarterly in a calendar year to review progress and update.

B) Details of review, progress and any changes; new actions will be documented and maintained in residents MPP file.

C) Personal Plan reviews will be an agenda item at local staff meetings; house reviews with social care leaders; and programme manager and co-ordinator (PIC) meetings.

Proposed Timescale: 31/10/2015

Theme: Effective Services

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

Resident's plans were not formulated on the basis of clear and appropriate objectives, with timeframes and persons responsible for actions identifiable.

Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

A) All recommendations arising from the quarterly review or any reviews which may occur sooner due to changing needs; will be documented in each residents MPP file.

B) All actions will be documented using a SMART plan with clear time frames and responsible persons identified.

Proposed Timescale: 31/10/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The premises is not designed to meet the assessed needs and number of all residents in the designated centre.

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:

A) A review of premises will be carried out and a redevelopment action plan will be devised.

B) Renovation and re-decoration of all houses in DC 7 will be carried out.

A) By end August 2015

B) By end October 2015

Proposed Timescale:

Theme: Effective Services

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

The premises were not found in a good state of repair throughout.

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:

A) Review of day to day maintenance required.

B) Outstanding minor maintenance to be completed.

C) Maintenance identified as required and forwarded to maintenance department and PIC/ co-ordinator for action.

A) By end July 2015

B) By end August 2015

C) Immediate Action

Proposed Timescale:**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Premises were not suitably decorated throughout.

Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

- A)Renovation and re-decoration of all houses in DC 7.
- B)Residents will be involved in choosing any new furnishings/equipment/colour schemes etc.
- C)This process will be evidenced in local residents 'speak up' meeting minutes.

Proposed Timescale: 31/10/2015**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

All components of Schedule 6 requirements were not in place.

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:

- A)Development committee established to identify suitable/alternative accommodation. Two meeting have taken place to date.
- B)Review of number of residents in each house. Plan to have no more than four residents per house in DC 7; no box rooms as bedrooms.
- C)Renovation and re-decoration, review of bathroom facilities and communal spaces.
- D)Washing machines and tumble dryers to be put in houses so residents can wash and dry their own clothes with staff support.

Proposed Timescale:

- A)Commenced and on-going
- B)Commenced and on-going
- C) By end October 2015
- D) By end October 2015

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:

There were not robust systems in place regarding the assessment, management and review of risk within the designated centre.

Action Required:

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

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

A) Risk Management policy for DC 7 will be reviewed and updated with an action plan reflecting the risks associated with in the DC; including infectious diseases, behaviour management and fire evacuation.

B) Adverse incident reporting system in place. Adverse incidents are reviewed by programme manager and co-ordinator (PIC).

C) Control measures identified for all adverse incidents to reduce the re-occurrence of adverse incident; follow up monitored by co-ordinator.

D) Emergency plan for DC 7 will be reviewed and updated to reflect the support needs of residents.

E) Risk assessment training will be scheduled for front line supervisors and co-ordinators

F) Clear process for reporting incidents and accidents and review of same will be put in place; this will be discussed with staff teams at local staff meetings.

G) Infection control policy will be disseminated to all staff in DC 7 for staff to read and sign.

Proposed Timescale:

A) By end July 2015

B) From end April 2015

C) From end April 2015

D) By end July 2015

E) By end September 2015

F) By end July 2015

G) By end August 2015

Proposed Timescale:

Theme: Effective Services

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

There was not sufficient evidence that all residents/staff were protected from infectious diseases in this designated centre.

Action Required:

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

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

A) Infection control procedures will be reviewed and updated in line with the standards for the prevention and control of health care associated infections as published by the authority.

B) Infection control procedures will be disseminated to all staff in DC 7 for review and sign off.

C) All risk concerning infectious diseases will be assessed with appropriate control measures put in place to measure the risk.

Proposed Timescale:

A) By end August 2015

B) By end August 2015

C) By end June 2015

Proposed Timescale:

Theme: Effective Services

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

Evacuation plans were not accurate and all staff were not familiar with evacuation procedures.

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:

A) All residents' personal evacuation plans will be reviewed and updated by end July 2015

B) Evacuation plans will be discussed with staff at each location and noted in staff meeting minutes.

Proposed Timescale: 31/07/2015

Theme: Effective Services

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

Fire evacuation drills and procedures were not sufficient to ensure all residents and staff were fully clear on same.

Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

- A) Firedrill evacuation carried out in DC 7/ all locations.
- B) Further fire drills to be scheduled on a quarterly basis; relevant documentation will be maintained.
- C) All staff to be re-inducted in evacuation procedure and assembly point/s for DC 7
- D) Evacuation procedure/assembly points will be discussed at staff meetings.

Proposed Timescale:

- A) Completed May 2015
- B) On-going
- C) By end July 2015
- D) By end July 2015

Proposed Timescale:

Theme: Effective Services

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

There was not evidence of up to date suitable staff training in fire prevention, emergency procedures, fire fighting equipment, fire control techniques and arrangements for the evacuation of residents. All staff did not demonstrate sufficient knowledge of evacuation procedures.

Action Required:

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

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

- A) All staff in DC 7 will have training in fire safety and the use of fire equipment.
- B) On the job induction sheet/records will be reviewed to include fire safety precautions, evacuation procedures applicable to DC 7 locations.
- A) By end October 2015
- B) By end of July 2015

Proposed Timescale:

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:

All staff did not have evidence of training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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:

A) All staff will be trained in MAPA (Management of actual or potential aggression).

B) Schedule one day workshops in Multi-Element Behaviour Support for staff.

Proposed Timescale:

A) By end October 2015

B) By end November 2015

Proposed Timescale:

Theme: Safe Services

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

There was not evidence that all staff received training and understood the processes of reporting allegations of abuse.

Action Required:

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

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

A) All staff have received training in relation to safeguarding residents and the prevention, detection and response to abuse.

B) This training is mandatory for all new staff commencing employment within the service.

C) Local procedure/ process for reporting allegations of abuse will be discussed and reviewed at local staff meetings in DC 7.

Proposed Timescale:

A) By end June 2015

B) Ongoing

C) By end August 2015

Proposed Timescale:

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Resident's healthcare plans were found to be of a poor standard making it very difficult to ascertain resident's access to healthcare services.

Action Required:

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

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

A) A health assessment will be completed for/with each resident; along with action plan.

B) Health assessment and action plan will be reviewed on an annual basis or sooner if required should health care supports change. Schedule in place by end October 2015

C) Health assessment will be maintained in each residents MPP file.

Proposed Timescale: 31/10/2015

Theme: Health and Development

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

There was not evidence that all residents were being supported to access all required services.

Action Required:

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

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

A) All GP, clinical appointments, or appointments with any allied health professionals will be recorded on each residents appointments calendar in their MPP file.

B) Details of prognosis, actions and follow up from all appointments will be recorded and maintained in relevant section of each residents MPP file.

Proposed Timescale: 31/10/2015

Theme: Health and Development

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

There was not evidence of consultation with residents in terms of their healthcare needs and accessing services/information in their wider community (off campus).

Action Required:

Under Regulation 06 (2) (e) you are required to: Support residents to access appropriate health information both within the residential service and as available within the wider community.

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

A)Residents will be supported as required to access healthcare services/information in the community.

Proposed Timescale: 31/08/2015

Theme: Health and Development

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

Residents were not supported to buy, cook or prepare their own food.

Action Required:

Under Regulation 18 (1) (a) you are required to: Support residents, so far as reasonable and practicable, to buy, prepare and cook their own meals if they so wish.

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

A)Stall will receive training in basic food handling and hygiene

B)Cooking equipment required for kitchens will be identified and acquired.

C)Meals coming from the main campus based kitchen will cease; staff will support residents to prepare meals in their own homes.

D)Residents will be supported to prepare a shopping list and do daily weekly grocery shopping in local supermarkets.

Proposed Timescale: 30/09/2015

Theme: Health and Development

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

Residents were restricted in terms of choice at mealtimes in terms of having little to no control over when and what they ate/drank.

Action Required:

Under Regulation 18 (2) (c) you are required to: Provide each resident with adequate quantities of food and drink which offers choice at mealtimes.

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

Choice will made available to residents through; daily meal planning with residents.

Residents choosing food items in daily/weekly shopping list. Shopping lists created in a user friendly accessible format for residents with reading difficulties.

Proposed Timescale: 30/09/2015

Theme: Health and Development

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

There was not adequate quantities of food or facilities to have meals outside canteen hours.

Action Required:

Under Regulation 18 (4) you are required to: Ensure that residents have access to meals, refreshments and snacks at all reasonable times as required.

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

A)Meals, refreshments and snacks will be made available to residents in their own homes.

B)Staff will monitor supply, ensuring sufficient supply and choice is available to residents on a daily basis.

C)Residents will be supported to prepare a shopping list and do daily/weekly grocery shopping in local supermarkets.

Proposed Timescale:

A)By end July 2015

B)By end July 2015

C)By end September 2015

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:

Effective systems were not in place (to date) to monitor the service provided to residents.

Action Required:

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

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

A)Social Care Leader will be appointed to DC 7.

B)Co-ordinator appointed to DC 7.

C) Rosters will be organised to facilitate bi-weekly staff meetings chaired by the SCL.
D) Monthly house review meetings will be scheduled with SCL, programme manager and co-ordinator.

Proposed Timescale:

- A) By end July 2015
- B) By end June 2015
- C) By end September 2015
- D) By end July 2015

Proposed Timescale:

Theme: Leadership, Governance and Management

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

All staff were not supported and performance managed in accordance to their role.

Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

- A) Performance development reviews will be scheduled with all staff in DC 7.
- B) PDRs will be carried out by supervisor/SCL of DC 7.
- C) The PDR process will be monitored on a quarterly basis by the co-ordinator; performance management will be discussed at house review meetings with co-ordinator and programme manager.

Proposed Timescale:

- A) By end December 2015
- B) By end December 2015
- C) By end July 2015

Proposed Timescale:

Theme: Leadership, Governance and Management

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

Auditing and Annual Reviews (findings/action plans) completed by the provider were not followed up, reviewed or implemented at local level.

Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by

the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

A)All registered provider unannounced visit reports will be reviewed by co-ordinator and SCL of DC 7. Action plans will be devised forming part of th equality enhancement plan.

B)All actions for DC7 quality action plan will be reviewed for progress on a weekly basis with co-ordinator and programme manager and with SCL on a monthly basis at house review.

C)Quality enhancement plan will be in place for DC 7.

Proposed Timescale:

A)By end July 2015

B)By end July 2015

C)Commenced April 2015

Proposed Timescale:

Outcome 17: Workforce

Theme: Responsive Workforce

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

Ensure the skill mix of staff (including agency staff) can meet the assessed needs of all residents.

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:

A)Recruitment of social care staff to fill vacancies in DC 7.

B)All agency staff will complete on the job induction prior to commencing shift.

C)Mandatory training records will be sought for every agency staff prior to commencing shifts.

A)By end September 2015

B)By end July 2015

C)By end July 2015

Proposed Timescale:

Theme: Responsive Workforce

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

The planned/actual rosters did not reflect agency staff on duty.

Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

- A) Rosters for all locations in DC 7 will be reviewed; new rosters will be introduced.
- B) Rosters will be in compliance with regulatory requirement with planned actual staff roster.
- C) All staff working in DC 7 will be identified on the roster.

Proposed Timescale:

- A) By end September 2015
- B) By end July 2015
- C) By end July 2015

Proposed Timescale:

Theme: Responsive Workforce

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

Staff were not trained in all areas required and the training system data requires review.

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:

- A) The system for maintaining training records has been reviewed.
- B) Going forward all training records from HR department will reflect when training as completed.

Proposed Timescale:

- A) By end May 2015
- B) By end May 2015

Proposed Timescale:

Theme: Responsive Workforce

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

Staff were not appropriately supervised in their role.

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:

- A) Co-ordinator (PIC) appointed.
- B) Social Care Leader appointed to provide supervision in DC 7.
- C) Performance Development Reviews will be scheduled with all staff in DC 7.

Proposed Timescale:

- A) By end June 2015
- B) By end July 2015
- C) By end December 2015

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 demonstrate awareness of the Regulations and Standards.

Action Required:

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

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

- A) Practice development workshops will be scheduled to familiarise staff with Health Act 2007, HIQA standards and regulations.
- B) HIQA standards and regulations and compliance with same will be an agenda item on all scheduled staff meetings as per terms of reference.
- C) HIQA standards and regulations folder provided to each staff room in DC 7. Staff to review and sign off that they have understood responsibilities.

Proposed Timescale:

- A) By end September 2015
- B) By end July 2015
- C) By end July 2015

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:

All Schedule 5 policies were not understood by staff and being implemented at local level.

Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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:

- A) Policy and procedure folders have been placed in all staff rooms in DC 7.
- B) All staff will read and sign off on policy and procedures.
- C) All residents personal plans will be updated into new MPP format.
- D) Schedule of review of personal plans will be put in place.
- E) All residents information has been removed from walls of communal areas.

Proposed Timescale:

- A) Completed end April 2015
- B) By end August 2015
- C) By end September 2015
- D) By end September 2015
- E) By end May 2015

Proposed Timescale:

Theme: Use of Information

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

There was not evidence a resident's guide had been provided to each resident.

Action Required:

Under Regulation 20 (1) you are required to: Prepare a guide in respect of the designated centre and provide a copy to each resident.

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

- A) An up to date resident's guide will be furnished to each resident in DC 7.
- B) The residents guide will be discussed at the local residents meetings (speak up) at each location.

Proposed Timescale: 31/07/2015

Theme: Use of Information

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

Resident's information was not appropriately maintained.

Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

All residents personal plans will be updated into new MPP format; in line with schedule 3 information as required.

Proposed Timescale: 30/09/2015

Theme: Use of Information

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

All Schedule 4 documents were not found to be maintained or made available to the inspector.

Action Required:

Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 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:

A)Statement of Purpose will be reviewed and updated to reflect new management structures.

B)Statement of Purpose will be maintained in each staff room in DC 7.

C)Each resident will receive an up to date residents guide.

D)Notification log will be maintained by PIC in the service main office (Abbey).

E)Supports agreement to be developed with each resident in DC 7; detailing supports, services and charges for each resident in line with schedule 4.

Proposed Timescale:

A)By end August 2015

B)By end August 2015

C)In effect from April 2015

D)By end October 2015

Proposed Timescale: