Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0003365
Centre county:	Sligo
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Teresa Dykes
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	2

About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
07 July 2015 10:00	07 July 2015 20:00
08 July 2015 10:00	08 July 2015 13:00

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 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 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 was the first inspection of this centre. The centre is part of Sligo Group Homes Services. The centre comprises of two community residences situated approximately 1 km apart. One house is a refurbished bungalow which is referred to as House 1 throughout this report. The other residence is a semi detached two storey house is referred to as House 2 throughout this report. This centre provided residential accommodation and support services to six residents with a mild to moderate intellectual disability on the day of inspection. There were two vacancies in House 2 on the day of inspection. Residents gave consent to the inspector to enter their home and review documentation relating to them and accompanied the inspector to view their bedrooms.

The inspector met with the Person in Charge, residents and staff and observed practices and reviewed documentation such as personal care plans and health records. There was evidence of compliance, in a range of areas, with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. However, the inspector found that the care and support currently provided to residents did not sufficiently reflect their assessed needs and wishes. Staff encouraged and supported residents to pursue their hobbies and interests. Residents outlined how they enjoyed living in the centre and how they spent their days, commenting positively on the assistance they received from staff.

The personal plans did not reflect any planning for the future for a change in circumstances or retirement and there was no transition plan drawn up to support residents should their needs change. Some residents attended day services full-time even though they were over retirement age and there was no indication in personal plans reviewed that this was the resident's choice. There was poor documentary evidence of regular reviews or a system to assess the effectiveness of the plans. Areas of non-compliance related to ensuring the changing needs of residents is assessed and a plan is put in place to meet these needs, ensuring timely review of goals identified in personal plans, completion of adequate maintenance of premises and compilation of an auditing schedule and audit report under Section 23 of the regulations. These are discussed further in the report and included in the Action Plan at the end of this report.

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

Outcome 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):
This was the centre's first inspection by the Authority.

Findings:
There was policy on the care of residents' property and finances, as required by the Regulations. The centre was involved in the management of residents' finances. Satisfactory arrangements were in place to protect the property and the finances of residents with a signature of a staff member for all transactions and a log of all monies maintained and receipts available. Residents' finances were reviewed weekly by senior staff and a random sample was audited independently each year.

Judgment:
Compliant

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

Findings:

Residents were supported and assisted to communicate in accordance with their needs. The inspector met with all residents who were accommodated on the day of inspection. All residents could make known their views and wishes, and spoke freely with the inspector. Hospital passports were available for each resident. These provided a valuable tool if service users had to attend or be admitted to the local acute hospital. Service users had access to television and radio in the centre and the internet at the day service.

The inspector observed staff and service users communicating freely. There were no service users who were displaying behaviour that challenged at the time of this inspection. Easy to read versions of some documents were available.

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

Findings:
The admissions process was appropriately managed and contracts of care were in place. The inspector spoke with the person in charge with regard to arranging new admissions to the centre as House 2, currently has two vacancies. Prior to admission to the service, a consultation process with the existing residents occurs. Risk assessments would be completed and a transitional plan would be developed. The person in charge described how this ensured a smooth transition for all involved. An admission policy was in place. The person in charge was clear that existing residents safety and needs took precedence over a new admission and that any future admissions would only occur having regard to the needs wishes and safety of the existing residents in the centre and of the resident to be admitted.

Each resident had a contract of care in place outlining the service to be provided and the finances in regard to same. All service users were charged the same weekly living allowance. There was no discussion recorded with regard to agreeing the contract of care with the resident in the residents' records.

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

Findings:
The inspector found that the care and support currently provided to residents did not sufficiently reflect their changing needs. Residents in Centre 1 all attended the day service full-time. Due to the way staffing was arranged there was no option for them to attend later, go home early or attend part-time even though some were over 75 years of age. The personal plans did not reflect any planning for the future for a change in circumstances or retirement. There was no transition plan drawn up to support residents should their needs change for example development of poor mobility, deterioration in physical health, dementia or other common associated problems.

All residents living in the centre had personal plans in place. These plans included information relating to residents' health care needs, communication needs and goals identified. While goals were set there was no commencement date so it was not possible to see when the goal was identified and in some instances if the goal was current. There was poor documentary evidence of regular reviews or a system to assess the effectiveness of the plans. The Inspector spoke to residents who confirmed their involvement in the development of their support plans. The overall template with regard to the personal plan did not lend itself to assisting staff with planning and reviewing the personal plans.

Transport was available for the centre and staff supported residents to partake in local activities especially at the weekend. On a Saturday there was two staff available from 09:00 to 14:00hrs and staff and residents commented positively on this arrangement. A weekly meeting was held in House 1 where residents chose what activities they wished to partake in over the weekend. Staff confirmed that this depended on the wishes of the residents. In House 2, one resident was independent with regard to accessing the community and the other resident was supported by staff to attend activities of their choice. Daily records were maintained outlining how residents spent their day.

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):

Findings:
House 1 was a bungalow and was specifically designed and laid out to meet the needs of elderly dependent residents. It was homely, clean, comfortable and clutter free and promoted residents, safety, dignity, independence and wellbeing and provided a safe environment for residents.

House 2 required re-decoration in many areas. The following required attention. The Kitchen ceiling was stained and cracked, the
trap door was dirty and the bathroom ceiling was stained. Skirting and window sills throughout the house had chipped paint posing a difficulty to clean properly.Two free rooms require complete redecoration prior to occupation. A drawer in chest of drawers was broken in an occupied bedroom. The garden at back required landscaping to create a pleasant environment.

There were adequate shower/bathroom and toilet facilities in both houses. There is no private area in either house for residents to spend private time with visitors. Residents told the inspector that they use the dining room. Residents told the inspector they were happy with this arrangement however it does not ensure privacy and if used by residents it is not available to the other residents accommodated.

Judgment:
Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

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

Findings:
An overall environmental audit of risks had not been completed to take into consideration any risks posed to residents, for example access to the garden, the stairs, step down into downstairs toilet etc. An emergency plan was in place that specified responses to be taken by the staff in relation to possible emergencies.

A health and safety statement was in place but this was not reviewed within the last year. A comprehensive risk management policy was in place. There was evidence available that the emergency lighting was checked quarterly. A system was in place to manage adverse events. An accident/incident report was completed for all incidents and these were reported to senior personnel. There had been no recent incidents or near misses recorded.

Fire safety
The inspector found that some fire precautions were in place. There were regular fire drills. Fire fighting equipment and a fire alarm was provided and documentation was available to support that the fire alarm system had been serviced recently. Fire exits were observed to be unobstructed.

Fire drill records were not comprehensively completed to ensure any impediments to safe evacuation for example length of time to evacuate or any environmental factors are recorded and deficits addressed in subsequent drills.
All staff had completed training in fire safety.

The person in charge was in the process of developing personal evacuation plans (PEEP's) for each resident. Training for staff in this area was scheduled for the 15 July 2015. These are required so that all staff are aware of the residents personal evacuation needs in the event of an emergency evacuation. The inspector spoke with the staff that were able to tell the inspector what they would do if the fire alarm was activated and how they would evacuate residents and, described the sequence of steps to follow in an emergency and were aware of which residents would require assistance. The inspector also spoke with residents and found they were clear that they would immediately evacuate night or day if the fire alarm was activated. Alternative safe accommodation for residents was available should evacuation be required.

Judgment:
Non Compliant - Moderate

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:
Staff spoken with were knowledgeable with regard to what constituted abuse and stated they would report any suspicion or allegation of abuse immediately to their manager or senior person on call. Staff had received training in Safeguarding Vulnerable Persons. The person in charge confirmed that they had a copy of the revised HSE safeguarding vulnerable person's policy, but staff had not been trained in this policy.(This is actioned under Outcome 17 - Staffing).

Residents informed the inspector that they felt safe and well cared for by staff and could talk to staff. Procedural guidelines on the provision of personal care to residents to include respecting residents privacy and dignity was available. There have been no allegations of abuse reported to date at this service.There were no restraints in place at the time of this inspection. No residents with behaviours that challenge were accommodated in the centre.

Judgment:
Compliant

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents, within three working days. As this centre had recently been reconfigured to become a designated centre, there have been no notifications to date.

The current person in charge is assuming the role as person in charge on a temporary measure as the person in charge is on secondment to a sister centre. As no incidents have occurred in this centre since the commencement of regulation a nil return notification is required.

Judgment:
Substantially 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):
This was the centre's first inspection by the Authority.

Findings:
Staff supported residents to access community health services as/when required. A staff member was available to accompany residents to any medical appointments. Some residents were accompanied by a family member according to the individuals/family's wishes. There was evidence available of medical review in files reviewed. An out of hour's service was also available. Health promotion initiatives were also in place. Allied health services to include dentist, physiotherapy, occupational therapy and chiropody were available to service users as required. Staff reported that all residents were healthy at the time of inspection.

The inspector spoke with all residents with regard to their diet. Residents received their main meal in day services which was cooked for them. Staff assisted residents to prepare their evening tea. They said that they enjoyed the food and had a choice of meal and were happy with the quality of the food. Residents supported by staff completed the weekly grocery shop and told the inspector that they were given the opportunity to make their views known and have them taken into account about what food they liked and wanted. Care plans contained information about food that people liked and disliked. Regular weights were recorded and reviewed monthly to ensure weight loss or gain was noted. Residents told the inspector that they often enjoyed Sunday lunch in local restaurants as part of a social outing. Snacks and drinks were freely available. There were no restrictions on access to the kitchen

Judgment:
Compliant

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
All medications were administered by a care worker but no care staff had completed safe medication management training or completed any practical competency assessments with regard to medication administration.(This is actioned under Outcome 17 Staffing) Each resident's medication was supplied in a blister pack. These were stored in a locked filing cabinet. No resident was self-administering their medication at the time of this inspection.

A medication management policy was in place but this was not centre specific and did not detail local procedures in place for the administration of medication or arrangements for storing or obtaining medication for residents. (This is actioned under Outcome 18 - Documentation).The inspector reviewed the prescriptions and medication administration records and found that they were clearly written and complied with best practice with a signature of the prescribing doctor for all medication administered and a date and signature for any medication discontinued. The maximum dose prescribed for as required (PRN) medications was stated on the medication charts.

Judgment:
Substantially 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):
This was the centre's first inspection by the Authority.

Findings:
The statement of purpose set out the services and facilities provided in the designated centre. The aims, objectives and ethos of the centre were defined. The statement of purpose had recently been reviewed and met the requirements of Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013.

Judgment:

Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The provider was aware of her responsibility to ensure a bi-annual unannounced visit together with a written report on the safety and quality of care and support provided in the centre was completed. While the person in charge informed the inspector that an unannounced visit by persons nominated by the provider had occurred in the centre no report was available of these visits. There was insufficient evidence available that a comprehensive system was in place to review the quality and safety of care provided to residents.

All staff reported to the person in charge, who in turn reported to the provider nominee. The clinical nurse manager had recently taken on the role of person in charge. She is employed full-time and her role includes management of nine houses, the day service and the resource centre. Many of the residents from the houses attend the resource centre and the day service. She qualified as a registered nurse – Intellectual Disability (RNID) in 1985 and has worked in disability services post qualification. She has worked as a staff nurse in this service for 14years and has recently being appointed clinical nurse manager. The inspector found that she demonstrated adequate clinical knowledge and knowledge of her statutory responsibilities and was actively engaged in the governance and management of this centre. The person in charge is supported by two experienced nurses who work across the residential services. Weekly meetings are held between the Person in Charge and these two nurses to discuss day to day management of the centres.

Judgment:
Substantially Compliant

Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated

centre during his/her absence.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
There were suitable deputising arrangements in place whereby one of the two experienced nurses deputised in the absence of the person in charge. An on call rota was in place and a member of the management team was always on call.

Judgment:
Compliant

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

Findings:
The service delivered to ensure that plans are in place to respond to residents changing needs requires review. The inspector found that there was insufficient resources to ensure the effective delivery of care and support in accordance with the Statement of Purpose as the current staffing compliment did not allow elderly residents choice as to how they spent their day. House I which catered specifically for residents who were over retirement age had no staff scheduled from 10:00hrs to 16:30 hrs. The inspector found that there were adequate resources to meet the current needs of the residents in house 2.

There was a service owned vehicle which the two houses shared. Both staff and residents confirmed that this was a suitable arrangement.

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:
The inspector reviewed the staffing roster and found that a staff member was on duty each evening from 16:00rs until midnight, with a sleep over until 08:00 and waking duty until 10:00hrs. An additional staff member was available on Saturdays 09:00 to 14:00 in House 1. The inspector observed that staff members knew residents well and there was a relaxed and comfortable environment in the both houses. Residents were complimentary of the staff.

Regular staff meetings were held where staff met with the Person in Charge. The Person in Charge also dropped into the centre on an ad hoc basis to see staff and residents. Two experienced nurses worked across the services to provide advice and support to staff. Staff were complimentary of the Person in Charge and service users confirmed that they knew the Person in Charge and seen her regularly. Staff confirmed that support was available to them out of hours.

Judgment:
Compliant

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 found that there were systems in place to maintain records as outlined in Schedule 3 and 4 of the Regulations. Records were paper based and were securely maintained and easily accessible. Written operational policies were in place to inform practice and provide guidance to staff, some of these required review as they had not been reviewed in the past three years. A directory of residents entitled 'Service Users Directory 'was maintained in the centre. A record of service users' assessment of needs and a copy of their personal plan was available but this required review as detailed under Outcome 5.

The inspector found that a record of nursing and medical care provided to the resident including any treatment or intervention was maintained. A record was maintained of all referrals/appointments and residents' notes were updated accordingly with the outcome of the appointment.

The inspector reviewed a sample of staff files and found that not all required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were in place. No files contained a full employment history, together with a satisfactory history of any gaps in employment.

Judgment:
Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Mary McCann
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0003365
Date of Inspection:	07 and 08 July 2015
Date of response:	05 October 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 was no discussion recorded with regard to agreeing the contract of care with the resident in the residents' records.

1. Action Required:
Under Regulation 24 (3) you are required to: On admission agree in writing with each

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

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 contract of care will be discussed and amended during the annual review. This will take into consideration agreeing the contract with the resident / next of kin.

Person responsible: PIC

Proposed Timescale: 30/11/2015

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 personal plans did not reflect any planning for the future for a change in circumstances or retirement. There was no transition plan drawn up to support residents should their needs change for example development of poor mobility, deterioration in physical health, dementia or other common associated problems.

While goals were set there was no commencement date so it was not possible to see when the goal was identified and in some instances if the goal was current. There was poor documentary evidence of regular reviews or a system to assess the effectiveness of the plans.

2. 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:
•All personal goals will reflect for any changes in circumstances
including retirement and changing health needs. Transition plans will be drawn up to support residents changing needs.
•All goals will be reviewed regularly, clearly written and will include a commencement and a review date.

Person responsible: PIC

Proposed Timescale: 30/11/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
House 2 required re-decoration in many areas. The kitchen ceiling was stained and cracked, the
trap door was dirty and the bathroom ceiling was stained. Skirting and window sills throughout the house had chipped paint posing a difficulty to clean properly.Two free rooms require complete redecoration prior to occupation. A drawer in chest of drawers was broken in an occupied bedroom. The garden at back required landscaping to create a pleasant environment.

3. 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:
•An application was made to maintenance supervisor for complete redecoration in July 2015 and are awaiting works to commence.
•Carpets and furniture have been ordered with an expected delivery date in October 2015.
•Landscaping will commence in the spring of 2016

Person Responsible: PIC

Proposed Timescale: 30/04/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
An overall environmental audit had not been completed to take into consideration any risks posed to residents, for example access to the garden, the stairs, step down into downstairs toilet etc.

4. 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:
•Environmental audits have commenced and will be completed by the 31/10/2015

Person responsible: PIC

Proposed Timescale: 31/10/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Fire drill records were not comprehensively completed to ensure any impediments to safe evacuation for example length of time to evacuate or any environmental factors are recorded and deficits addressed in subsequent drills.

5. 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:
•Fire drill records will be comprehensively completed to ensure any impediments to safe evacuation are recorded and deficits addressed in subsequent drills.
•Length of time to evacuate will be recorded and deficits addressed.

Person responsible: Local team leader

Proposed Timescale: 30/11/2015

Outcome 09: Notification of Incidents

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
As no incidents have occurred in this centre since the commencement of regulation a nil return notification is required.

6. Action Required:
Under Regulation 31 (4) you are required to: Where no incidents which require to be notified have taken place, notify the chief inspector of this fact on a six- monthly basis.

Please state the actions you have taken or are planning to take:
•Nil return notification will be sent to the chief inspector on six monthly bases.
Person responsible: PIC

Proposed Timescale: 31/12/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The person in charge informed the inspector that an unannounced visit by persons

nominated by the provider had occurred in the centre but no report was available of these visits.

There was insufficient evidence available that a comprehensive system was in place to review the quality and safety of care provided to residents.

7. Action Required:
Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

Please state the actions you have taken or are planning to take:
•Unannounced visits are planned to be carried out on a bi-annual basis by a provider representative and a written report on the safety and quality of care will be provided

Person Responsible: PIC

Proposed Timescale: 31/12/2015

Outcome 16: Use of Resources

Theme: Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was insufficient resources to ensure the effective delivery of care and support in accordance with the Statement of Purpose as the current staffing compliment did not allow elderly residents choice as to how they spent their day.

8. 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:
•Support staff has been identified and will be in place by the end of October 2015
•The residents will have choice in how they carry out their daily activities

Person responsible: PIC

Proposed Timescale: 31/10/2015

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:
All medications were administered by a care worker but no care staff had completed safe medication management training or completed any practical competency assessments with regard to medication administration.

9. 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:
•Medication management training for health care assistants will commence in the service in mid October.

Person responsible: PIC
29.02.2016 for completion of training in overall Sligo Community Group Home service.

Proposed Timescale: 29/02/2016

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A medication management policy was in place but this was not centre specific and did not detail local procedures in place for the administration of medication or arrangements for storing or obtaining medication for residents.

Some written operational policies required review as they had not been reviewed in the past three years.

10. 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:
•All Medication policies are currently under review will be centre specific and will include local procedures for administration and storing /obtaining of medication.
•Policies will be reviewed within the required time frames

Person responsible : PIC

Proposed Timescale: 31/12/2015

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
No staff files contained a full employment history, together with a satisfactory history of any gaps in employment.

11. Action Required:
Under Regulation 21 (1) (a) you are required to: Maintain, and make available for inspection by the chief inspector, records of the information and documents in relation to staff specified in Schedule 2 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:
•Staff files will be reviewed and will contain all required information.

Person responsible: PIC

Proposed Timescale: 30/11/2015