

**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 Peter Bradley Foundation Limited
Centre ID:	OSV-0005309
Centre county:	Donegal
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Peter Bradley Foundation Limited
Provider Nominee:	Stevan Orme
Lead inspector:	Mary McCann
Support inspector(s):	Marie Matthews
Type of inspection	Announced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 24 November 2015 11:00 To: 24 November 2015 17:00

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 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was an announced one day registration inspection. The provider has applied to register this centre, in order to transfer four residents who are currently accommodated in a centre which has been deemed by the provider not suitable to meet their needs.

The inspectors attended the new house which is the subject of the application to register and the house that currently accommodates the residents to meet with the residents and elicit their views. The service is run by Acquired Brain Injury Ireland and is funded by the Health Service Executive. This service provides a neuro-rehabilitation unit, the goal of which is to enable people to live as independent a life as possible according to their wishes and aspirations. The service is client driven to ensure a meaningful service is delivered with the resident at the core of the service.

As part of the application for registration the provider nominee was requested to submit relevant documentation to the Authority. The inspectors reviewed this documentation assessed the premises and reviewed records in respect of residents and other records for example the Statement of Purpose, residents' guide, complaints log, staffing records and risk management documentation. The views of residents were also sought. The process for planning and transitional care for residents with regard to transferring to the new centre was discussed with the provider representative and person in charge.

The person in charge has recently been appointed and through discussion throughout the inspection, she was found to have satisfactory knowledge of her role and responsibilities under the legislation and sufficient experience to undertake the role of person in charge. She displayed a positive attitude towards regulation and ensuring that the rights of residents were protected and their voices were heard. The nominated person on behalf of the provider has been met by staff of the Authority at other centres managed by the provider representative and has been deemed to have sufficient knowledge and experience to act as provider. He was also available on this inspection and facilitated the inspection. The inspectors found that residents had visited the centre and were increasingly spending more time in the centre, having coffee or lunch etc. All relatives were aware of the planned move and plans were in place for them to visit the centre. Residents were positive about their new home and told the inspectors they were looking forward to moving there. At the time of this inspection there was evidence of a substantial level of compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. Areas of non-compliance related to review of policies and environmental risk assessments, governance arrangements with regard to completing an annual review of the quality and safety of care in the centre.

Areas requiring improvement in order to ensure compliance with Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Quality Standards for Residential Services for Children and Adults with Disabilities are identified 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 evidence that residents were consulted with and participated in decisions around relocating to their new house. Each resident had a transitional plan, however this was in its infancy and required review to ensure that a staged process was documented to include dates of meetings, visits to the house and supports in place to assist residents with the move and ensure that their needs were met. While staff and residents told the inspectors of the plans that were in place to relocate to the new house, there was poor documentation in regarding what had occurred to date and what was planned to ensure a smooth transitioning to the new centre.

Residents' rights and dignity were promoted. Residents were consulted about the operation of the centre. Weekly residents' meetings were held. Minutes of these showed that residents were consulted about their daily routines including menu planning and activities they wished to partake in. Residents' religious, civil and political rights were respected. If residents wished to go to Mass this was facilitated by the staff. Residents were supported with managing their finances. All residents had a personal bank account. Personal ledgers were maintained and receipts were available for all monies spent.

Residents stated they enjoyed the food and their likes and dislikes were recorded in care files reviewed.

Inspectors reviewed the systems and documentation in place for the management of complaints. A comprehensive complaints document was available but this was a generic organisational document and did not detail local procedures. The complaints policy did not comply with regulation 34 in that it did not name or identify a designated complaints officer or a second person to be available to ensure that complaints were

appropriately responded to and records maintained. An advocacy service was available to the residents.

The person in charge was aware of the name on confidential recipient and this was displayed in the centre. The person in charge described how if any dissatisfaction with the service was noted, this was discussed by staff with the person in charge and was usually resolved swiftly. If not resolved it was passed to the provider representative who was described as being very supportive and would try to ensure that a resolution was found.

Training for staff was planned for December 2015 with regard to protection residents' rights.

Judgment:

Non Compliant - Moderate

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 assessed needs and preferences. Some residents were able to express their views and wishes. Staff were seen to be able to converse with residents who could not verbally express themselves.

Some easy to read documentation was available but this required further development with regard to person centred plans and the use of assistive technology. Communication passports were available for each resident. These provided a valuable tool if residents had to attend or be admitted to the local acute hospital. Residents had access to television and radio in the centre.

Judgment:

Substantially Compliant

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

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

<p>Theme: Individualised Supports and Care</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: Residents were supported to develop and maintain positive personal relationships with their family members and links with the wider community. A copy of the minutes of the annual review meetings reviewed supported that family members were invited and some attended. Residents participated in their community by attending local events and places of personal interest to them. Some attended a day service programme. Residents who were able to express their views stated they were happy with the activities they attended.</p>
<p>Judgment: Compliant</p>

<p>Outcome 04: Admissions and Contract for the Provision of Services <i>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.</i></p>
<p>Theme: Effective Services</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: Each resident had a contract of care in place outlining the service to be provided and the finances in regard to same. Some residents spoken with by the inspector were aware they had a contract and that they paid a certain sum of money to the organisation. An admissions policy was available, no respite or emergency admissions are facilitated. The person in charge was clear that existing residents' 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 service user to be admitted. The person in charge confirmed that a total of four residents would reside in the proposed new centre initially, although their application for registration was to accommodate five residents as the new centre was larger than the current premises.</p>

Judgment:

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:

Each resident's personal centred plan (PCP) contained a comprehensive assessment of their health, personal and social care needs. A person-centered approach was promoted that met the health and social care needs of residents. Daily notes were maintained which detailed how the resident spent their day. Residents and members of the multi disciplinary team were involved in the development of the personal files.

All residents' had a key worker, who promoted and facilitated their independence, assisting and encouraging them to achieve their personal goals and increase their quality of life. There was a system of individualised assessment and care planning to meet resident's individual needs. All stated that they were looking forward to moving to their house which was much more spacious and would meet their needs to a higher level than the current premises.

There were opportunities for residents to participate in meaningful activities appropriate to their interests and capabilities. A weekly timetable was available for each resident. Activities included shopping, attending the cinema, attending a day service, gardening or going for a cup of coffee in the local cafes.

Judgment:

Compliant

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 new centre's design and layout was in line with the statement of purpose and would meet the needs of the residents whilst promoting safety, dignity, independence and wellbeing. The premises had suitable heating, lighting and ventilation. There were some areas where the floor was uneven and doors were stiff to open. (This is also discussed under outcome 7). An occupational therapy assessment is required to ensure that any additional aids to enhance resident's independence are installed. Communal accommodation consisted of a living Room, Kitchen cum dining area, utility room and therapy room and a quiet room. A staff office was also available. Six single bedrooms were available four of which were en-suite with a further two bedrooms which had a shared bathroom. A communal bathroom with various storage areas completed the structural layout.

The house has not been furnished as yet. The person in charge informed the inspector that plans are in place to furnish the house within the next few weeks. Residents are involved in choosing the furniture, fittings and what items they wish to bring from their current accommodation. Each room will be decorated to the residents' choice, with their own personal items and other items of interest to residents.

Judgment:

Substantially Compliant

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:

A risk management policy and a local risk register was available, however both these policies required review on moving to the new house. A risk register for the new premises was required prior to moving in to include environmental risks for example the uneven floor, the stiffness of the doors, lack of call bells in bedrooms. The person in charge informed the inspector that there was an overriding thermostatic control that controlled the temperature of the water to a maximum of 43 degrees Celsius at all water outlets to ensure residents were protected.

Training records confirmed that fire training for all staff was up to date. Fire drills were carried out at regular intervals and a personal evacuation plan was available for each resident. However some of these required updating as the centre had obtained evacuation mats for some residents and the use of these was not included in the personal emergency evacuation plan. The fire extinguishers were serviced and a contract was in place for servicing on an annual basis and the fire alarm quarterly. Suitable fire safety equipment was provided and there was adequate means of escape. Some residents spoken with by the inspectors stated if they heard the fire alarm they would vacate immediately. Suitable emergency lighting was in place. A system was in place for incident reporting and investigation of same. Local auditing of incidents was not occurring to evaluate trends and reflective practice to prevent re-occurrence.

An emergency plan was in place with a place of safety identified should evacuation be deemed necessary. Vehicles used to transport residents were roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who were properly licensed and trained. The centre was a purpose built new build and was clean. Infection control policies were available.

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:

Some measures to protect residents being harmed or suffering abuse were in place, however not all staff had received training on safeguarding. Residents who could verbalise their views to the inspectors stated that they were 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. A restraint free environment was promoted however one resident had bed-rails in place. There was an inadequate assessment in place with regard to ensuring they were safe to use and the least restrictive option available.

<p>Judgment: Non Compliant - Moderate</p>

<p>Outcome 09: Notification of Incidents <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i></p>
<p>Theme: Safe Services</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: A record of all incidents occurring in the designated centre was being maintained and where required, notified to the Chief Inspector.</p>
<p>Judgment: Compliant</p>

<p>Outcome 10. General Welfare and Development <i>Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: Residents had opportunities to engage in social activities. External activities were available through person centred activities and one resident attended a day service.</p>
<p>Judgment: Compliant</p>

<p>Outcome 11. Healthcare Needs <i>Residents are supported on an individual basis to achieve and enjoy the best possible</i></p>

health.

Theme:

Health and Development

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

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

Findings:

Staff and residents described good access to the local general practitioner and there was evidence available of this in files reviewed. An out of hour's service was also available. A specialist acquired brain injury health and social care team was available locally to the service. This service included psychological, mental health and behavioural input. This team had increased supports to the centre to compliment the smooth transition to the new service. Allied health services to include dentist, physiotherapy, occupational therapy and chiropody were available to residents as required. The provider representative informed the inspectors that they were planning to complete an occupational therapy assessment of all residents prior to moving into the new centre.

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:

A medication management policy was in place to guide practice and included the arrangements for storing and administration of medicines to residents. The inspector reviewed the prescriptions and medication administration records and found that they were clearly written and complied with best practice. Medications were stored appropriately, and there were no medications that required strict control measures (MDA's) at the time of the inspection. There was a system in place for the reporting and management of medication errors.

All medications were administered by a rehabilitative assistant worker. Each resident's medication was supplied in a blister pack. Staff confirmed that they had undertaken safe medication management training including practical competency assessments.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The statement of purpose (SOP) detailed the aims of the centre and described the facilities and services which were to be provided for residents. The SOP contained all of the information required by Schedule 1 of the Regulations.

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:

There was a clearly defined management structure that identified the lines of authority and accountability. The Person in Charge had recently been appointed and was found to be suitably qualified and experienced. She worked full-time and displayed a good knowledge of the residents. She reported directly to a Regional Manager who reported to senior management located in the Dublin offices. In the absence of the person in charge, an on-call arrangement is in place.

The provider was aware of his responsibility to carry out a bi-annual unannounced visit and to prepare a written report on the safety and quality of care and support provided in the centre. This had not been completed to date.

Judgment:

Non Compliant - Moderate

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

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

Findings:

There were suitable deputising arrangements in place. The regional manager who was the provider nominee deputised in the absence of the person in charge.

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:

Sufficient resources were provided to meet the needs of residents. The new centre was purpose built and was fit for purpose. There were two service owned vehicles, which were solely for the use of this centre.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The inspector was satisfied that there was an appropriate number of staff in the designated centre. There were three staff on duty in the am and four in the afternoon and two staff in the evening. On night duty there was one sleep over staff. A rota was available detailing staff on duty. Where staff were on annual leave or absent regular locum staff replaced them. Regular staff meetings were held. Minutes were available of these.

The inspectors reviewed staff files and found that not all required documentation for staff employed in the centre was in place as outlined 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 were in place. Evidence of vetting disclosure in accordance with the national vetting bureau and two written references including a reference from the most recent employer were not available. The provider stated that these documents were available for staff but were kept in head offices in Dublin.

Records evidenced a range of training was on-going. Training in food hygiene, epilepsy awareness and infection control had been undertaken by staff. Mandatory fire training was in date for all staff, adult safeguarding training was scheduled for December.

Judgment:

Substantially 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)

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 complete and accurate records. Records as outlined in Schedule 3 and 4 of the Regulations were in place. Records were paper based and were securely maintained and easily accessible. Written operational policies were in place, however these required review as they were not localised and failed to guide and inform staff in the delivery of safe care. A record of residents' assessment of needs and a copy of their personal plan was available.

Judgment:

Substantially Compliant

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 report¹

Centre name:	A designated centre for people with disabilities operated by Peter Bradley Foundation Limited
Centre ID:	OSV-0005309
Date of Inspection:	24 November 2015
Date of response:	04 January 2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Each residents transitional plans required review to ensure that a staged process was documented.

1. Action Required:

Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability,

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

participates in and consents, with supports where necessary, to decisions about his or her care and support

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

- Review of all resident transitional plans with resident with key workers
- Review of all resident transitional plans with Psychologist and keyworkers
- Review of all resident transitional plans in Team Meetings

Proposed Timescale:

- 01/12/15 – 31/01/16
- 29/01/16
- 18/12/15 & 20/01/16

Proposed Timescale: 31/01/2016

Theme: Individualised Supports and Care

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

The complaints policy did not comply with regulation 34 in that in did not name or identify a designated complaints officer.

2. Action Required:

Under Regulation 34 (2) (a) you are required to: Ensure that a person who is not involved in the matters the subject of a complaint is nominated to deal with complaints by or on behalf of residents.

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

- Complaints poster to identify nominated (uninvolved) person to deal with complaints
- Local Complaints policy to be developed for the service listing local complaints officer and protocol

Proposed Timescale:

- 19/12/15
- 31/01/16

Proposed Timescale: 31/01/2016

Theme: Individualised Supports and Care

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

The complaints policy did not comply with regulation 34 in that in did not name a second person to be available to ensure that complaints were appropriately responded

to and records maintained.

3. Action Required:

Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

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

- Organisational complaints policy to include named person to ensure complaints are responded to appropriately and records of complaints maintained.
- Local complaints policy to include named person to ensure complaints are responded to appropriately and records of complaints maintained.

Proposed Timescale: 31/01/2016

Outcome 02: Communication

Theme: Individualised Supports and Care

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

Some easy to read documentation was available but this required further development with regard to person centred plans and the use of assistive technology.

4. Action Required:

Under Regulation 10 (3) (b) you are required to: Ensure that where required, residents are facilitated to access assistive technology and aids and appliances to promote their full capabilities.

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

Annual resident IRP reviews to identify further communication aids and assistive technology requirements of clients

Proposed Timescale: 31/01/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

An occupational therapy assessment is required to ensure that any additional aids to enhance resident's independence are installed.

5. 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:

- OT assessment of new building in line with resident needs to be facilitated through HSE
- In the event of no HSE availability of OT assessment, private OT assessment to be accessed.

Proposed Timescale: 31/01/2016

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:

A risk register for the new premises was required prior to moving in to include environmental risks for example the uneven floor, the stiffness of the doors and lack of call bells in bedrooms.

6. Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

Risk assessment of building to be conducted by Regional Manager & PIC

Proposed Timescale: 31/01/2016

Theme: Effective Services

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

Fire drills required updating as the centre had obtained evacuation mats for some residents and the use of these was not included in the personal emergency evacuation plan.

7. 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:

Service's Fire Rep to update fire evacuation protocol and drills to include Ablac mats

Proposed Timescale: 31/12/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

One resident had bedrails in place. There was an inadequate assessment in place with regard to ensuring they were safe to use.

8. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

- OT assessment conducted on suitability of Bedrails for resident, and assessment concluded that these should be removed and replaced by bed supports
- OT advised bed supports to be purchased , and once installed bed rails to be removed

Proposed Timescale:

- 07/12/15
- 31/01/16

Proposed Timescale: 31/01/2016

Theme: Safe Services

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

One resident had bedrails in place. There was an inadequate assessment in place with regard to ensuring that this was the least restrictive option available.

9. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

- OT assessment conducted on suitability of Bedrails for resident, and assessment concluded that these should be removed and replaced by bed supports
- OT advised that bed supports to be purchased , and once installed bed rails to be removed

Proposed Timescale:

- 07/12/15
- 31/01/16

Proposed Timescale: 31/01/2016

Theme: Safe Services

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

Not all staff had received training on safeguarding.

10. 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:

Safeguarding training to be scheduled for all staff

Proposed Timescale: 07/03/2016

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 provider was aware of his responsibility to carry out a bi-annual unannounced visit and to prepare a written report on the safety and quality of care and support provided in the centre. This had not been completed to date.

11. 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:

- Bi Annual regulation 23 audits to commence
- Annual quality & safety report to be completed for 2015

Proposed Timescale:

- 01/01/16 (Subject to registration with HIQA)
- 31/01/16

Proposed Timescale: 31/01/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Evidence of vetting disclosure in accordance with the national vetting bureau and two written references including a reference from the most recent employer were not available.

12. Action Required:

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

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

Evidence of Garda Vetting and two written references for all staff now on file at service

Proposed Timescale: 08/01/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

Written operational policies were in place, however these required review as they were not localised and failed to guide and inform staff in the delivery of safe care.

13. 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 organisational policies to be reviewed in intervals not exceeding 3 years
- Local Complaints Policy to be developed
- Local Safeguarding protocol in line with organisational policy to be developed

Proposed Timescale:

- 17/12/15
- 31/01/16
- 31/01/16

Proposed Timescale: 31/01/2016