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 Brothers of Charity Southern Services
Centre ID:	OSV-0004577
Centre county:	Cork
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Una Nagle
Lead inspector:	Julie Hennessy
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
01 March 2016 08:30	01 March 2016 17:30

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This monitoring inspection was the first inspection of this centre carried out by the Authority.

As part of the inspection, the inspector met with residents and members of the staff team. The inspector observed practices and reviewed documentation such as personal plans, medical records, risk assessments and staff training records.

The centre comprised a single two-storey house, which could accommodate five residents. Each resident had their own room and one resident had a separate adjoining kitchenette/utility and en-suite bedroom. Some residents choose to show their bedroom/apartment to the inspector, which were individualised. The house was warm, comfortable, appropriately furnished and well maintained.

Residents told the inspector that they liked where they lived and were happy with the service being provided to them. Staff were observed to support residents to communicate and to make choices. Staff and residents knew each other well and interactions between staff and residents were observed to be appropriate and warm. Additional support staff had commenced in the centre during specific hours in the evenings and at weekends to facilitate one-to-one time with residents. Staff said that the facilitation of such one-to-one time had proven very beneficial to meeting individual resident's wishes and needs.

However, non-compliances with the Regulations were identified in a number of core outcomes, with six of seven core outcomes at the level of moderate non-compliance. Some key failings related to the finding that it was not evidenced that a comprehensive assessment had been completed of all areas of residents' health and social needs, which informed residents' personal plans and was reviewed with relevant multi-disciplinary input. The impact of failings regarding the multidisciplinary development and review of the personal plan was evident in this centre mainly in relation to behaviour support plans. Improvements were also required in relation to simulating all possible scenarios in the event of a fire, care plans and the storage of medicines. Finally, the arrangements in place regarding the person in charge required review to support her to effectively participate in the operational management of the designated centre.

Findings are detailed in the body of the report and should be read in conjunction with the actions outlined in the action plan at the end of the 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 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, while residents had a personal plan, a link between assessment, the setting of personal goals and the review of the personal plan was not demonstrated.

Each resident had a personal file and a personal plan. These included a personal profile, pictures of residents' family and friends, health assessments and checks, personal goals and outcomes, individual likes and dislikes, week-day activity schedule and a record of appointments and multidisciplinary (MDT) supports. Where residents required additional plans, such as behaviour support plans, risk assessments or support plans to maintain the best possible health and promote safety, these had been completed.

However, it was not evidenced that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident was carried out as required to reflect changes in need and circumstances and no less frequently than on an annual basis.

Residents were involved in the development of their own personal plans and the inspector reviewed easy-read versions of personal plans. Personal goals were developed between residents, their key workers and their representatives, if appropriate. However, the supports required to meet such goals were not clearly outlined. In addition, it was not demonstrated that residents' plans, including personal goals, were based on a comprehensive assessment of residents' needs and abilities.

Family involvement in the review of personal plans was demonstrated. The review process involved a review of the previous year and the identification of priorities for the

coming year. However, the review process did not meet the requirements of the Regulations as the review of the personal plan was not multi-disciplinary.

The impact of failings regarding the multidisciplinary review of the personal plan was evident in this centre mainly in relation to behaviour support plans. This will be further discussed under Outcome 8.

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:
There were organisational policies in place for health and safety and risk management. Improvements were required in relation to fire safety, the use of risk assessments and infection control policies.

Precautions were in place for maintaining fire equipment, detecting, containing and extinguishing fires, giving warning of fires and evacuating the centre. Servicing and fire extinguisher records demonstrated that the fire alarm, fire extinguishers and emergency lighting was serviced and maintained as required. The fire evacuation procedure was readily accessible and in an accessible format. Fire doors had been recently installed in the centre.

The centre included a separate apartment style accommodation that comprised a kitchenette/utility room and an en-suite bathroom. The apartment was accessed via the kitchen of the main house. A fire alarm control panel, detector and fire alarm siren were all installed in the kitchen/dining area of this apartment, with emergency lighting installed in the bedroom, as necessary to provide warning of fires.

Each resident had a personal emergency evacuation plan (a 'PEEP'). The inspector reviewed PEEPs for all residents and found that the information contained within each PEEP was very specific.

Records of practice fire drills were maintained. However, the most recent record included a range of times provided for each resident to leave the building so it was not clear what the actual evacuation time was as the times added up to between 4.5 minutes and 7.5 minutes. Records did outline required actions, which were meaningful and included discussion of visual support to aid evacuation.

However, due to the layout of the premises, in the event of a fire it was possible that the resident sleeping in the apartment could be cut off from staff in the main house. The PEEP for this resident identified that prompting by staff was required during practice fire drills. The scenario whereby staff could not gain access to the resident to provide such prompting had not been simulated to ensure either self-evacuation without prompting or failing this, that staff could gain access to the bedroom from outside in the event of a fire. The person in charge undertook to simulate such a scenario with the resident without delay and to include such information in this resident's PEEP.

Procedures were in place for the prevention and control of infection. An organisational policy was in place as well as a community-based information booklet. The inspector reviewed hand hygiene assessments completed for all staff by a certified hand hygiene auditor. A sample of training records indicated that staff had received hand hygiene training. However, while arrangements were in place in the centre, the organisation's policy did not reflect the good practices in place for preventing and controlling healthcare associated infections. For example, procedures in place as they related to hand hygiene training and assessment/auditing of hand hygiene practices were not outlined in the policy.

Risk assessments were in place in the centre and the sample reviewed were up to date. In addition, an 'individual risk profile' had been completed for each resident, which informed a summary risk management plan. These risk assessments fed into the organisation's risk register. The inspector reviewed risk profiles and risk management plans for all residents and found that they were overall very individual and informative. Some improvement was required to ensure that the risk management plans reflected recent changes (such as on-going incidents of a specific nature) and that required actions were specific and kept up to date.

The organisation had an incident recording system in place. The person in charge demonstrated how the system facilitated her to maintain oversight of incidents in the centre. The link between incidents and the risk register was not very clear i.e. if there was an increase in incidents how this would be reflected in the relevant risk assessment and risk register.

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:
Residents told inspectors that they felt safe in the centre and that they knew who to report any concerns to in the event of an incident occurring. Staff interactions with residents were observed to be appropriate and supportive.

The organisation had a local procedure in place for the prevention, detection and response to abuse. Staff were aware of the procedure and the steps to follow in the event of an allegation, suspicion or incident of abuse.

There was a policy in place for the provision of personal intimate care. In each resident's personal plan was an individual support plan for intimate and personal care.

Staff had received training in relation to the management of behaviours that may challenge, as required by the Regulations.

Where residents had behaviours that may challenge, social stories, visual schedules and risk assessments were in place and were being used. The person in charge outlined how they endeavoured to identify and alleviate the cause of resident's behaviour that may challenge. For example, where resident's required personal space and quiet time, this was facilitated both in a practical way but also by making changes to the physical environment to create additional places where residents could go to be alone. Staff were observed to support residents to manage their own behaviours that may challenge.

Behaviour support plans were in place and had been developed by keyworkers. The person in charge told the inspector that staff had attended training in relation to the development of such plans and the training had been delivered by a psychologist. A review of the incident book did not provide re-assurance that all plans were effective. In addition, a referral had been sent to an occupational therapist on 13 October 2015 in relation to self-injurious behaviour and while the person in charge told the inspector that a referral had also been sent to a psychologist, a copy or record of this referral could not be located. As a result, the inspector found that it was not demonstrated how the provider had ensured the effectiveness of all behaviour support plans in place. It was not evidenced that behaviour support plans were based on a comprehensive assessment of residents' needs and that they were reviewed to reflect changes in need (such as on-going incidents) as part of the personal planning process with relevant multi-disciplinary input.

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:
As previously mentioned under Outcome 5, an assessment was in place with respect to residents' healthcare needs. For many healthcare needs, a care plan had been developed to direct the care and support to be provided to residents. For example, where residents were on a special diet, a care plan was in place relating to their altered consistency diet.

Residents had access to medical and nursing professionals as required. These included residents' own general practitioner and nurse practitioners in the area of diabetes. Access to consultants was ensured where required, including immunology, neurology and psychiatry. An out-of-hours on-call medical service could be contacted if required. There was an on-call system in place in the service where a nurse was accessible at all times. Residents had access to allied health professionals to meet identified healthcare needs, such as a chiropodist, dentist and dietician.

Records of appointments and reports of any reviews were on file for each resident. Each resident had a 'hospital passport' that outlined key information in the event of a resident being admitted to the acute hospital sector.

Where healthcare assessments had identified healthcare needs and required supports, overall the supports required were clearly outlined. Required healthcare checks were completed and records were maintained of these checks. However, some improvement was required to care plans to ensure that they clearly directed the care and support to be given to residents. For example, one care plan relating to diabetes was not signed or dated and did not reference the point at which emergency treatment and rescue medication may be required.

Required healthcare checks were completed, such as monitoring of blood pressure, weights, blood glucose levels and any seizure activity.

Judgment:
Non Compliant - Moderate

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

Theme:

Health and Development

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

Findings:
The organisation had a medicines management policy in place and there was also a local medicines management policy for this centre.

The policy detailed the procedures for safe ordering, prescribing, storing and disposal of medicines. The policy also outlined the procedures in place for the management of PRN ("as required") medicines.

Medicines were ordered on a monthly basis from the pharmacy and any returns to the pharmacy were recorded. A 'biodose' system was in use in the centre. The person in charge articulated the steps that would be taken in the event of a medication dose being changed or withheld. However, this was not reflected in the local policy, meaning that it could not be guaranteed that where the prescriber gave an instruction to withhold a medicine, that staff would be facilitated to do this.

The person in charge demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. Training had been provided to staff in relation to medicines management, including the administration of rescue medication.

The inspector noted that unrefrigerated medicines were stored securely and there was a robust key holding procedure. Medicines requiring refrigeration were stored in a dedicated fridge. However, the inspector saw that the temperature had not been monitored for the previous five days to ensure the reliability of the refrigerator. On checking, the inspector found that the fridge was broken. The person in charge took corrective action and ensured that the medicines in the fridge at the time would be put out of use and alternative arrangements made.

The person in charge confirmed that medicines requiring additional controls were not in use at the time of inspection.

A sample of medication prescription and administration records was reviewed by an inspector. The medication administration records identified the medications on the prescription sheet and allowed for the recording of the time and date medicines were administered.

Where residents were prescribed PRN medicines, a PRN protocol was in place. The maximum PRN dose was clear to staff administering the medication. From a sample of records reviewed, PRN medication was administered as prescribed.

A system was in place for reviewing and monitoring safe medicines management practices. The inspector reviewed the results of a medication management audit completed on 23 November 2015. No issues were identified at that time.

A system was in place to identify, report and investigate medication related incidents. Any medication-related incidents were analysed by the person in charge.

Judgment:
Non Compliant - Moderate

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

Theme:
Leadership, Governance and Management

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

Findings:
There was a clearly defined management structure in place in the centre. The provider nominee on behalf of the Brothers of Charity was the director of services for the Cork area. The person in charge reported to the sector manager, who in turn reported to the provider nominee. Staff were clear in relation to lines of authority and accountability.

The person in charge was a registered nurse in intellectual disability. The person in charge was suitably qualified and experienced to discharge her role, in accordance with the Regulations. However, she was appointed as person in charge for six centres in total. In addition to being the person in charge of these six designated centres, she was the manager of the Day Services which provided a range of activities and work placements for people with a disability. It was not demonstrated how this arrangement ensured the effective governance, operational management and administration of this designated centre. For example, the person in charge could not confirm that she visited the centre even on a weekly basis. In addition, she did not attend reviews of residents' personal plans or other regular service reviews of residents' progress.

The person in charge was supported in her role by a community liaison officer, who was identified as a person participating in the management of the centre. The community liaison officer was a registered nurse in intellectual disability nursing and had supervisory responsibilities in this and one other designated centre. The community liaison officer ensured that residents' needs were met on a day to day basis and attended reviews of residents' personal plans and regular service reviews of residents' progress. In this way, the failings related to the person in charge arrangements identified above did not result in any demonstrable negative impact on the care and support received by residents.

An annual review of the quality and safety of care of the service dated July 2015 had been completed. The review looked at issues in each house separately and not the overall centre. This review looked at a limited number of issues namely: residents' rights; personal care planning; risk management (including fire safety); safeguarding/safety and; education/training opportunities for residents. However, the annual review did not consider all key aspects of the quality and safety of care and support in the designated centre. In addition, while gaps were identified, no action plan was available to ensure that all identified actions were completed. The inspector did however follow up on a sample of actions identified in the annual review and found that they had been completed. The person in charge told the inspector that the service were aware that the previous annual review required development.

There was no report of previous unannounced visits to the centre available for review in the centre, as required on a biannual basis. The person in charge told the inspector that one had been completed but could not be located due to a change in the post of the sector manager.

Audits were completed by the sector manager and the person in charge. The person in charge met regularly with the sector manager. While the person in charge outlined that she met with the provider nominee and sector managers as issues arise, there were no formal scheduled contact that encompassed all members of the management team.

The service had recently introduced a system of staff appraisal to support staff to deliver a quality and safe service.

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:
At the time of inspection, there were sufficient staff with the right skills, qualifications and experience to meet the needs of residents.

Staff told inspectors that additional support staff had commenced in the centre during

specific hours in the evenings and at weekends to facilitate one-to-one time with residents. Staff said that the facilitation of such one-to-one time had proven very beneficial to meeting individual resident's wishes and needs.

One volunteer had recently commenced in the centre, to facilitate community outings for a resident as part of a volunteer programme. The inspector reviewed the file for this volunteer and found a vetting disclosure had been obtained and three references sought, in accordance with the organisation's policy for vetting of volunteers.

The inspector reviewed a sample of staff files and found that they met the requirements of Schedule 2 of the Regulations.

Staff meetings were held at regular intervals. A copy of the actual off-duty was maintained in the centre. The off-duty matched the required staffing levels as described by staff and the person in charge.

The inspector reviewed staff training records in the centre. The sample of records reviewed indicated that mandatory training and training required by staff to meet residents' assessed needs appeared to be up to date. A training needs analysis had been completed for 2016 and identified any training required by staff to support residents.

Judgment:
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:

Julie Hennessy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Southern Services
Centre ID:	OSV-0004577
Date of Inspection:	01 March 2016
Date of response:	29 March 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 05: Social Care Needs
Theme: Effective Services **The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:** It was not evidenced that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident was carried out as required to reflect changes in need and circumstances and no less frequently than on an annual basis.

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

1. Action Required:
Under Regulation 05 (1) (b) 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 as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

Please state the actions you have taken or are planning to take:
The format of the annual assessment of health, personal and social care needs of each resident carried out by the staff team will be reviewed to ensure it is sufficiently comprehensive and reflects the changes in need and circumstances of the individual residents. A review of the assessment template is being carried out in conjunction with the Quality Department and will be implemented in this centre.

Proposed Timescale: 31/05/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
It was not demonstrated that residents' goals and personal plans were based on a comprehensive assessment of residents' needs and abilities.

2. Action Required:
Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

Please state the actions you have taken or are planning to take:
The revised annual personal plan template will have a system of crosschecking identified residents' goals against the Individual's Comprehensive Assessment of Needs.

Proposed Timescale: 31/05/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The review of the personal plan was not multi-disciplinary.

3. Action Required:
Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

Please state the actions you have taken or are planning to take:
The system of review of the personal plan will be multidisciplinary i.e. all relevant multidisciplinary supports will be asked to review the assessment of needs and goals derived therefrom. Any amendments to the plan arising from this review will be

incorporated into the plan.

Proposed Timescale: 31/05/2016

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:
As detailed within the findings, some improvements were required to ensure that the systems in place facilitated the management and on-going review of risk.

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:
When a risk is identified in the centre a Hazard Notification form is completed by local staff team and the risk is entered onto the Centre Risk Register by the Community Liaison Officer. The PIC/Area Manager will review the register with the CLO and will agree actions to be taken. The Register will be reviewed at all Team meetings or more frequently if required. An update briefing on this process will be delivered to staff in the centre by 12.04.16

Proposed Timescale: 12/04/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The organisation's policy did not reflect the good practices in place for preventing and controlling healthcare associated infections. For example, procedures in place as they related to hand hygiene training and assessment/auditing of hand hygiene practices were not outlined in the policy.

5. 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:
The Infection Control Policy, including hand hygiene guidelines, will be reviewed in line with the latest HSE Guidelines

Proposed Timescale: 30/04/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
As detailed within the findings, improvements were required to the recording of practice fire drills to demonstrate that residents could evacuate the centre in the event of a fire.

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

Please state the actions you have taken or are planning to take:
The template for recording fire evacuation drills has been amended to include a column to record the actual evacuation time of each drill

A fire evacuation drill for the resident sleeping in the apartment has been completed. A secure keybox on the exterior of the apartment will be available for staff to access the apartment bedroom from the patio door.

Proposed Timescale: 08/04/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
As detailed in the findings, it was not demonstrated that all scenarios in the event of a fire had been satisfactorily considered and reflected in residents' personal evacuation plans.

7. 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:
All Personal Evacuation Plans will be reviewed to ensure that evacuation plans cover all scenarios.

Proposed Timescale: 08/04/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
As outlined in this outcome and outcome 5, it was not demonstrated how the provider had ensured the effectiveness of all behaviour support plans in place. It was not evidenced that behaviour support plans were:

based on a comprehensive assessment of residents' needs;

reviewed to reflect changes in need (such as on-going incidents) or;

reviewed as part of the personal planning process with relevant multi-disciplinary input.

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

Please state the actions you have taken or are planning to take:
An updated Comprehensive Assessment of Needs will be carried out for all residents which will include a review of behavioural support requirements. The individuals' personal plans will be reviewed based on these assessments and the Services' Positive Behavioural Support Services (PBSS) will be asked to be part of the review where appropriate.

Where individuals already have behaviour support plans, the PBSS will be asked to input into the Periodic Service Review at least once a year or more frequently as required.

Proposed Timescale: 31/05/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Improvement was required to care plans to ensure that they clearly directed the care and support to be given to residents. For example, one care plan relating to diabetes was not signed or dated and did not reference the point at which emergency treatment and rescue medication may be required.

9. 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:
The care plan relating to diabetes has been updated to include reference to the point at which emergency treatment and rescue medication may be required. The plan has been

signed and dated. 8 March 2016

The Care Management Plan will be reviewed to ensure that the Plan identifies emergency provisions and for monitoring of progress to be recorded. (30 April 2016)

Proposed Timescale: 30/04/2016

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The arrangements in place to ensure that medicines that required refrigeration were stored safely were not adequate:

The fridge temperature had not been monitored for the previous five days to ensure the reliability of the refrigerator.

10. Action Required:
Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

Please state the actions you have taken or are planning to take:
•A short term interim arrangement to store medication was put in place
•A new fridge was purchased
•Staff have been instructed to record temperatures daily
•Staff have been advised to follow procedures and to report any faults using Medication Error Notification Form which will be logged on incident management system.

Proposed Timescale: 08/03/2016

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
It could not be guaranteed that medicines would always be given as prescribed:

The local policy did not outline the steps to be taken where a medicine was to be withheld or a dose altered and the pharmacy was not open.

11. Action Required:
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered

as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:
The local policy has been updated to include steps to be taken when a medicine is to be withheld or a dose altered and the pharmacy is closed.

Proposed Timescale: 25/03/2016

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:
It was not demonstrated how the arrangements relating to the person in charge ensured the effective governance, operational management and administration of this designated centre.

12. Action Required:
Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

Please state the actions you have taken or are planning to take:
The Provider Nominee and the Person in Charge have agreed a timetable whereby the PIC has dedicated time in the Centre and with the Community Liaison Officer who attend the Centre on a daily basis. This will be fully implemented on 1 April 2016.

Proposed Timescale: 01/04/2016

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no report of previous unannounced visits to the centre available for review in the centre, as required on a biannual basis.

13. 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:
1.Two reviews of the Centre for 2016 have been scheduled.

2.The timetabling of reviews is overseen by the Quality Department who will ensure that reviews are carried out on a timely basis in future.

Proposed Timescale: 30/04/2016

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The annual review did not meet the requirements of the Regulations as it did not demonstrate that care and support received by residents was in accordance with standards.

14. Action Required:
Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

Please state the actions you have taken or are planning to take:
The format of the Annual review has been amended to ensure it is conducted to identify and reflect on the standard of care and support received by residents

Proposed Timescale: 30/06/2016