

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	The Birches Services
Centre ID:	OSV-0001500
Centre county:	Galway
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Ability West
Provider Nominee:	Breda Crehan-Roche
Lead inspector:	Ivan Cormican
Support inspector(s):	Nan Savage
Type of inspection	Unannounced
Number of residents on the date of inspection:	8
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 11 April 2017 09:00 To: 11 April 2017 19:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This inspection was carried out by the Health Information and Quality Authority (HIQA) to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The previous inspection of this centre took place on 05 and 06 August 2015. As part of this inspection, inspectors reviewed the 15 actions the provider had taken since the previous inspection. Inspectors found that three of these actions had not been addressed in line with the provider's response and remained non-compliant on this inspection.

How we gathered our evidence:

As part of the inspection, inspectors met with eight residents. The residents interacted warmly with staff and appeared to enjoy their surroundings. Residents stated that they felt happy and safe in their home and could complain to a staff member if they so wished. The residents' bedrooms were individually decorated with items of personal interest and photographs of family and friends. Inspectors also

spoke with four staff members, including the person in charge and an area manager. Inspectors briefly met three other staff members who were attending a team meeting. Inspectors observed interactions between residents and staff and work practices. Documentation such as personal plans, risk assessments, fire precautions, medication records and emergency planning within the centre was also reviewed.

Description of the service:

The designated centre comprised a large two-storey house that accommodated up to nine residents who have intellectual disabilities. Each resident had their own bedroom which was decorated to reflect their interests. The centre offered a respite service to a number of individuals who used the service on a shared basis. The house had an adequate amount of shared bathrooms and toilets, which were equipped to cater for the needs of residents. There were also adequate communal rooms available for residents, to have visitors such as family and friends. The house was located within walking distance of a large town, where taxis and public transport links could be accessed.

Overall judgment of our findings:

This inspection found compliance with the regulations under two outcomes, resources and records. Inspectors found that improvements were required in relation to outcomes including social care needs, premises, healthcare, medications and the statement of purpose. Inspectors also found that significant improvements were required in relation to outcomes including residents' rights dignity and consultation, health and safety, safeguarding, governance and management and work force, with each of these outcomes deemed as major non-compliant.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end.

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):

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

Findings:

On the day of inspection, inspectors found that residents were consulted in the running of the designated centre. The actions from the previous inspection had been addressed, with financial consent forms now signed for residents. However, improvements were required in regards to the dignity of residents and the displayed information about making a complaint.

Inspectors reviewed daily notes and night time logs which indicated, that a resident with high care needs and who was placed at a high risk of compromised skin integrity, was not supported on a regular basis to have their personal care attended to at night. Staff on duty indicated that the sleep over arrangements in the centre did not facilitate them to attend to residents personal care during night time hours. As such, inspectors found that the provider was not ensuring that the dignity of all residents was maintained in the designated centre.

Residents attended regular house meetings where items such as meals, activities and privacy were on the agenda. The minutes of these meetings were available for review.

The centre had suitable practices for the recording of residents finances and a log of personal property was maintained for all residents.

Information on residents' rights was available in the centre and advocacy was made available to residents who wished to access this service. Staff were also guided by intimate care plans which promoted the independence and dignity of residents.

The centre maintained a log of all complaints received in the centre. Inspectors found that all complaints had been responded to in a prompt manner and all complainants had received feedback as to the outcome of their complaint. Residents stated that they could complain to any staff member. However, information displayed in the centre on making a complaint referred to staff who were no longer in post within the organisation.

Judgment:

Non Compliant - Major

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

On the day of inspection, inspectors found that the social care needs of residents were being met. However, improvements were required in relation to residents' personal goals.

All residents, in the designated centre, had a personal plan in place on the day of inspection. The inspector reviewed a sample of personal plans and found they reflected the assessed needs of residents. Each plan contained details of the residents' family and friends, social interests, intimate care needs, healthcare needs and risk assessments plans.

The inspector reviewed the documented personal goals for residents. These goals had been formulated through circle of support meetings involving the resident, family members, key workers and staff. The inspector found that each goal had been supported by an action plan, which identified the person responsible for assisting the resident to achieve their goal and the timeline for its completion. However, inspectors found that goals for some residents were activities which were part of established practice within the centre, and some identified interests such as attending football matches were not identified as goals.

Residents stated that they had good access to the community and utilised local amenities on a regular basis. On the day of inspection residents were attending an

organised birthday party in a local restaurant. Residents were also supported to seek paid employment.

Judgment:

Substantially 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):

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

Findings:

On the day of inspection, inspectors found that the premises met the assessed needs of residents. The actions from the previous inspection had been addressed with adequate lighting in communal areas now available throughout the designated centre. Improvements were required in relation to ventilation, cleanliness of bathrooms and maintenance of vanity lights.

Inspectors found that social areas of the centre were clean and well maintained; however, grouting in some bathrooms and cleanliness required attention. Inspectors also found that adequate ventilation was absent from a bathroom and that vanity lights were not working over some sinks.

Each resident had their own bedroom which was decorated to reflect their interests. Residents also had adequate storage for personal possessions and a suitable amount of bathrooms were available which met their needs.

The centre also maintained service records of equipment used to support the delivery of care to residents.

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:

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

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

Findings:

On the day of inspection, inspectors found that the provider had policies and procedures in place which promoted the health and safety of residents, staff and visitors. The actions from the previous inspection had been addressed, with all residents having taken part in regular fire drills. Residents' personal emergency egress plans (PEEPS) had also been reviewed since the previous inspection. However improvements were required in relation to fire precautions, risk management and infection control. Inspectors were unable to view records of adverse events and medications errors due to a technical fault on the day of inspection.

The provider was implementing fire precautions in the designated centre. Fire doors, emergency lighting and fire fighting equipment were available and staff were conducting regular checks of the fire alarm, extinguishers, lighting and emergency exits. Staff were also conducting regular fire drills. However, staff were not conducting regular checks of carbon monoxide alarms.

There were personal emergency egress plans (PEEPs) in place for residents, each of which detailed their individual emergency plan. However, PEEPs indicated that not all residents could be evacuated in the event of a fire at night time. This was brought to the attention of the area manager and the person in charge on the day of inspection. Subsequent to the inspection, interim measures were put in place by the provider to support all residents to evacuate the building in the event of an emergency.

The centre displayed procedures to be followed in the event of a fire. However, inspectors found that these procedures were not centre specific and failed to highlight the assembly point which was used in the event of an emergency.

The centre had a risk register which highlighted all identified risks within the centre. Inspectors found that the risk register did not include a risk management plan which promoted accessibility for residents with mobility needs.

Residents had individual risk assessments in place; however, inspectors found that current controls measures for identified risks were not included in some risk management plans.

The centre had infection control procedures in place. Hand washing was promoted and there was a cleaning schedule in place. Mops were colour coded to indicate which areas of the house they should be used for; however, inspectors found that suitable storage was not provided for mops.

Judgment:

Non Compliant - Major

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

On the day of inspection, inspectors found that policies and procedures were in place to safeguard residents from potential abuse. Residents stated that they felt safe in their home and staff were observed interacting with residents in a warm and friendly manner. However, the action from the previous inspection had not been appropriately addressed as procedures for the reporting of abuse were not followed, as noted during a review of documentation by inspectors.

Inspectors reviewed the record of complaints and found that a complaint made by a resident had been responded to and investigated promptly by the person in charge and that feedback had been given to the resident. However, inspectors also found that concerns relating to potential abuse, disclosed within the complaint, had not been identified and referred for further investigation. Subsequent to the inspection, the provider submitted the required notification to HIQA.

Staff had good knowledge of identifying and responding to allegations of abuse, including reporting procedures. Information on reporting allegations of abuse and the person responsible for managing allegations was on display within the centre.

Staff had good knowledge of behavioural support plans in place within the centre. There were no restrictive practices in use on the day of inspection.

Judgment:

Non Compliant - Major

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):

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

Findings:

On the day of inspection, inspectors found that the best possible health of residents was promoted in the designated centre.

The actions from the previous inspection had been addressed with health assessments and end-of-life care plans in place for residents. Improvements were required in relation to support plans to guide staff in caring for residents with specific medical conditions, and the ongoing review of tissue viability assessments.

Residents had frequent access to their general practitioner (GP), specialists and allied health professions. Inspectors found that all recommendations following a review by healthcare professionals had been implemented in a prompt manner by the staff team.

Inspectors reviewed a sample of personal plans and found that support plans were not available to guide staff in the care of residents with specific illnesses such as dementia, hypothyroidism and specific cardiac conditions.

Inspectors also found that tissue viability assessments for residents who were previously scored at a high risk of compromised skin integrity had not been recently reviewed, even though changes had been noted in the care of their skin. Inspectors also found that several tissue viability assessments were completed; however, the latest tissue viability assessment was incomplete.

Residents had free access to regular snacks and drinks. Home cooking was promoted in the centre and a menu of home cooked meals was on display, which detailed the availability of a varied diet for residents.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

On the day of inspection, the designated centre had policies and procedures in place for the safe administration of medications. However, improvements were required to the prescribing and administering of medications.

The centre had appropriate storage facilities for medications and a log of received and returned medications was maintained. Staff who were administering medications were trained to do so. However, staff were observed administering medications while referring to the administration recording sheets and not the prescription sheet, which had been produced and signed by the general practitioner.

Inspectors reviewed a sample of prescription sheets and found that, for the most part, they contained the relevant information to guide staff in the safe administration of medications; however, some prescription sheets did not contain the routes of administration for all medications.

Residents had been assessed to self medicate but no residents were self medicating on the day of inspection.

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):

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

Findings:

On the day of inspection the designated centre had a statement of purpose in place. However, inspectors found that this document did not meet the requirement of the regulations; also, the actions from the previous inspection had not been addressed as the management structure of the provider had not been updated to reflect recent changes.

The statement of purpose did not meet the requirement of the regulations and required improvement in the following areas:

- supervision of therapeutic techniques
- current management structure of the organisation
- specific care which the service is supporting

- criteria for emergency admissions was not centre specific.

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):

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

Findings:

On the day of inspection, inspectors found that the centre had effective governance and management systems in place. The actions from the previous inspection had been addressed with any issues identified on internal audits being addressed in a prompt manner. However, improvements were required in relation to implementing actions following provider-led audits and the annual review of quality and safety of care in the designated centre.

The person in charge was in a full-time role and had protected time to carry out their duties. Staff in the centre stated that they felt supported by the person in charge and attended regular staff meetings. The person in charge and the staff team were conducting regular audits of health and safety, fire precautions, medication practices and residents finances.

The provider had not carried out the annual review of quality and safety of care as required by the regulations. The provider had recently carried out a six monthly audit of the service provided within the centre. However, inspectors found that an action plan had not been formulated to address failings highlighted in this report. The person in charge stated that they had begun to address failings which were identified but no evidence of this was available on the day of inspection.

Judgment:

Non Compliant - Major

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

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

Findings:

On the day of inspection, inspectors found that the designated centre was adequately resourced to meet the assessed needs of residents. The centre had appropriate staff numbers to ensure that residents had access to the community. The action from the previous inspection had been addressed with suitable equipment now in place to support the care of residents.

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):

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

Findings:

On the day of inspection, inspectors found that there were inappropriate staff numbers to meet the assessed needs of residents. Inspectors also found that improvements were required in relation to volunteers. The actions from the previous inspection had been addressed with staff receiving appropriate training in the care of older people.

Inspectors discussed the care needs of residents with staff members, the person in charge and an area manager. Inspectors found that night-time staffing arrangements were not meeting the assessed needs of residents in relation to providing personal care. Inspectors also found that meeting the night-time care requirements of residents depended on the good will of staff and was not delivered in a consistent manner.

Inspectors found that staff were up to date with training needs. The person in charge maintained a staff roster which was found to be accurate. Staff received regular support and supervision and stated that they felt supported by the person in charge.

There were two volunteers in place in the designated centre; however, volunteers were not receiving support and supervision as required by the regulations. The provider also failed to ensure that volunteers had their roles and responsibilities set out in writing.

Judgment:

Non Compliant - Major

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

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

Findings:

On the day of inspection, inspectors found that records were maintained to a good standard. The actions from the previous inspection had been addressed with an updated medication policy and manual handling policy now in place. The centre also maintained the policies as required in Schedule 5 of the regulations.

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:

Ivan Cormican
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 Ability West
Centre ID:	OSV-0001500
Date of Inspection:	11 April 2017
Date of response:	11 May 2017

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:

The provider failed to ensure that the dignity of all residents was maintained in the designated centre.

1. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

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

dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

Night Duty staffing has been put in place to ensure that the dignity of all residents is maintained on a 24 hour basis.

Completed

Proposed Timescale: 11/05/2017

Theme: Individualised Supports and Care

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

The provider failed to ensure that information on making a complaint was up-to-date.

2. Action Required:

Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

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

Up to date information regarding making complaints is in place.

Completed

Proposed Timescale: 11/05/2017

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 provider failed to ensure that residents' goals included all identified areas of interest.

3. 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 Person Centred Plans in the designated centre are being reviewed to ensure that resident's goals include identified areas of interest.

Proposed Timescale: 12/06/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The provider failed to ensure that some bathrooms were appropriately cleaned.

4. Action Required:

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

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

Deep Clean of bathrooms has taken place.

Completed

Proposed Timescale: 11/05/2017

Theme: Effective Services

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

The provider failed to ensure that bathrooms had adequate ventilation and that all bathroom lights were in good working order.

5. 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:

Ventilation issue is being addressed and bathroom lights are to be repaired/replaced as required.

Proposed Timescale: 16/06/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The provider failed to ensure that;

A risk management plan had been developed which promoted the accessibility of the centre

All control measures were listed on risk management plans

Carbon monoxide alarms were regularly checked.

6. 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:

Occupational Therapy assessment of accessibility of centre carried out on 25/04/2017, Recommendations of this report are being implemented, with completion date of 16/06/2017

Risk management plans have been reviewed and updated as necessary to ensure that control measures are listed.

Completed 09/05/2017

Carbon Monoxide alarms checked and results recorded on monthly basis as per schedule in centre.

Completed 12/04/2017

Proposed Timescale: 16/06/2017

Theme: Effective Services

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

The provider failed to ensure that appropriate storage facilities was available for mops.

7. 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:

Appropriate storage for mops is now in place.

Completed

Proposed Timescale: 11/05/2017

Theme: Effective Services

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

The provider failed to ensure that all residents could be evacuated from the designated centre in the event of a fire.

8. 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:

Revised and updated fire evacuation procedure now in place which ensures that all residents can be evacuated from the designated centre in the event of a fire. PEEPS and CEEP updated accordingly and will be reviewed on a ongoing basis.

Fire drill completed utilising updated procedure.

Completed

Proposed Timescale: 11/05/2017

Theme: Effective Services

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

The provider failed to ensure displayed fire precaution were centre specific.

9. Action Required:

Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the designated centre.

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

Fire procedures now on display are centre specific.

Completed

Proposed Timescale: 11/05/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The provider failed to recognise potential abuse which was reported through the complaints process.

10. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

All allegations of abuse are being submitted via the required notification process to HIQA.

Completed – Submitted 13/04/2017

Notifications will be discussed at next team meeting (Wed 17/05/2017), as well as feedback regarding issues identified on this inspection. Minutes of meeting will be provided to all staff.

Proposed Timescale: 30/05/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

The provider failed to ensure that support plans were in place to guide staff in the care of residents with specific medical conditions.

The provider also failed to ensure that tissue viability assessments were carried out to meet the changing needs of residents.

11. 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:

Care Plans have been drawn up as appropriate to guide staff in the care of residents with specific medical conditions.

Completed

Waterlow and Braden Risk assessments have been carried out and will be completed and reviewed regularly to ensure service meets the changing needs of residents.

Completed

Public Health Nurse has been consulted, Continence advisor has visited, and their recommendations are being followed.

Completed

Proposed Timescale: 11/05/2017

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 provider failed to ensure that medications were administered in line with best practice. The provider also failed to ensure that prescription sheets contained the routes of administration for all medications.

12. 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:

All staff have been informed of necessity to adhere to Medication Policy and Procedures.

Notice in place informing staff that Prescription is the overarching medication document and that all subsequent documentation must match this prescription.

Completed 18/04/2017

This issue will be discussed at next team meeting on Wed 17/05/2017.

All Prescriptions to be reviewed by Medical Practitioners to ensure they contain all required information to be completed by 07/06/2017

Proposed Timescale: 07/06/2017

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The provider failed to ensure that all requirements of the regulation was contained in the statement of purpose.

13. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The statement of purpose has been reviewed to ensure that all requirements of the regulation are contained therein.

Completed

Proposed Timescale: 11/05/2017

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 failed to ensure that an action plan had been put in place to address

failings which had been identified following a provider lead six monthly audit.

14. 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:

An action plan has been developed to address the issues identified in the most recent provider led six monthly audit.

Completed

Proposed Timescale: 11/05/2017

Theme: Leadership, Governance and Management

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

The provider failed to ensure that the annual review of the quality and safety of care and support in the designated centre had been carried out as required by the regulations.

15. Action Required:

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

The annual review of the quality and safety of care and support in the designated centre is being completed as required by the regulations. Completed

Proposed Timescale: 11/05/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The provider failed to ensure that the designated centre was adequately resourced to meet the assessed needs of residents.

16. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and

skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

Night Duty staffing has been put in place to ensure the designated centre is adequately resourced to meet the assessed needs of residents.

Completed

Proposed Timescale: 11/05/2017

Theme: Responsive Workforce

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

The provider failed to ensure that volunteers had their roles and responsibilities laid out in writing.

17. Action Required:

Under Regulation 30 (a) you are required to: Set out the roles and responsibilities of volunteers working in the designated centre in writing.

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

Volunteers have had their roles and responsibilities laid out in writing as per Volunteers policy and procedure.

Completed

Proposed Timescale: 11/05/2017

Theme: Responsive Workforce

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

The provider failed to ensure that volunteers received support and supervision.

18. Action Required:

Under Regulation 30 (b) you are required to: Provide supervision and support for volunteers working in the designated centre.

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

Support and supervision schedule for volunteers in place in line with their usual attendance schedule.

Completed

Proposed Timescale: 11/05/2017

