Health Information and Quality Authority
Regulation Directorate

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

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

Centre name:	Abbeytrinity Services
Centre ID:	OSV-0004067
Centre county:	Galway
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Ability West
Provider Nominee:	Breda Crehan-Roche
Lead inspector:	Anne Marie Byrne
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 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:	To:
24 January 2017 10:45	24 January 2017 19:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
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
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:
The purpose of this unannounced inspection was to monitor the centre's on-going regulatory compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres' for Persons (Children and Adults with Disabilities) Regulations 2013.

How we gathered our evidence:
The inspector met with four residents, two staff members and the Person in Charge (PIC) during the inspection process. The inspector reviewed practices and documentation, including residents' personal plans, incident reports, policies and procedures, fire management related documents and risk assessments.

Description of the service:
This centre is managed by Ability West and is located in Tuam, Co. Galway. Abbeytrinity Services provide both a respite and residential service to people with an intellectual disability, who have been identified as requiring low to high levels of support. The service can accommodate male and female residents, from the age of 18 years upwards.

The PIC had the overall responsibility for the centre. The PIC is supported in his role by the Person Participating in Management (PPIM). The PIC works directly within the centre, in both an administrative and operational capacity. The centre is a two storey house, which has spacious communal areas for residents' use.

There were five male residents residing in the centre on the day of inspection. Some residents were availing of the centres' respite service, while other residents were availing of the centres' residential service. Overall, the inspector found the centre provided a warm, pleasant and homely environment for residents.

Residents were observed to get on well with each other and were very sociable. Residents social care needs were well-promoted within the centre. Residents were supported to access local attractions, and various opportunities were created for residents to choose how they wished to spend their day. The inspector met with two staff members as part of the inspection. Staff spoke respectfully of residents and were found to be very knowledgeable of the residents care and support needs.

Overall judgment of our findings:

Although this centre provided very individualised and person-centred care to the residents, a number of improvements were required. The provider had documented that they had completed all actions from the previous inspection report. However, during this inspection, the inspector found that these outcomes remained non-compliant and that the improvements made, had not been sustained.

This inspection identified that of the 10 outcomes inspected, two outcomes were found to be substantially compliant and six outcomes in moderate non-compliance. Two outcomes were found to be in major non-compliance relating to social care needs and health and safety and risk management.

These findings are discussed further in the report and included in the action plan at the end of this report.

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

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
While actions from the centre's previous inspection report were satisfactorily completed, these had not been sustained and similar findings in relation to residents' freedom of choice were found during this inspection. Further improvements were also identified in relation to the management of residents' personal possessions and complaints management.

Residents had the opportunity to spend their day as they wished. On the day of inspection, some residents attended day-care services while others attended employment schemes. Staff spoken with were very familiar with residents' preferred routines. Residents' meetings were held on a weekly basis in the centre. Minutes of these meetings were reviewed by the inspector and were found to demonstrate residents' involvement in the daily operations of the centre. In general, residents' right to choice was promoted. However, the inspector found residents' freedom to exercise choice was impacted by restrictive practices which were in place. For instance, where the back door of the centre was locked, this impacted other residents gaining access to the back garden, without seeking permission from staff to unlock the back door.

Residents were supported to care for their personal belongings and to attend to their own laundry, if they wished. However, arrangements for the secure storage of their possessions when they were away from the centre overnight were inadequate, as residents' possessions were being stored in unlocked cupboards, which were accessible to other residents.

The centre's complaints policy identified nominated people in the centre to deal with

complaints. Photographs of these people were displayed to help residents identify them. An easy-to-read version of the policy was developed to support and guide residents on how to make a complaint. However, a copy of this complaints procedure was not prominently displayed within the centre for staff, residents and visitor reference. The centre had arrangements in place to maintain a record of complaints made, including details of any investigation, any action taken and the overall outcome of a complaint. However, the inspector found these records had not been maintained for more recently received complaints. Furthermore, the inspector found the complainants' satisfaction level following the outcome of a complaint was not routinely recorded.

Judgment:
Non Compliant - Moderate

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There were policies and procedures in place for admitting residents to the centre, including transfers, discharges and temporary absence of residents.

The centre had a recent admission to the centre. The pre-admission process for this admission was found to be in accordance with the statement of purpose. The admission process and assessment recorded the wishes, needs and safety of the individual and the safety of other residents currently residing in the centre.

There were written agreements in place for each resident. These agreements outlined the services to be provided to residents and all additional charges which may be incurred. However, the inspector observed that a resident, who was initially admitted to the centre under emergency circumstances, did not have an updated written agreement in place to reflect the service currently being received by them. The PIC informed the inspector that all efforts were being made by the centre to secure the appropriate written agreements for this resident. However, the PIC had not yet been advised by the organisation of when the revision of this written agreement would occur.

Judgment:
Non Compliant - Moderate

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

Findings:
Residents' wellbeing and welfare was, in the main, promoted within the service. All actions identified in the centre's previous inspection report, were found to be satisfactorily completed. However, the inspector found improvements were required in relation to the transition of residents to the centre and the timely completion of residents' personal plans.

Each resident had opportunities to participate in meaningful activities appropriate to their interests and preferences. The centre had a vehicle, which was used to transport residents to various activities. Residents informed the inspector that they were supported to attend appointments and various leisure activities.

There were personal plans in place which guided staff on residents' assessed needs, and how these needs would be met. However, the inspector found personal plans for recently admitted residents, were not completed within 28 days of admission. This was brought to the attention of the PIC on the day of inspection.

Residents' personal plans were found to include goals for leisure, family relationships and personal development. Action plans were developed by the centre for each personal goal showing those nominated to support the resident to achieve them, however the timeframes for completion of these goals, were in some cases, not specific. In addition, these action plans were not regularly updated with the progress made against each goal.

The centre had recently supported residents to transition to the service. Part of the transition included visits by the resident to the centre to meet with other residents and staff. Comprehensive assessments were completed to guide the centre on the residents' needs, however these did not lead to the development of a transitional support plan to guide staff once the resident moved to the centre.

Judgment:

Non Compliant - Major

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

Theme:
Effective Services

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

Findings:
There were policies and procedures in place for health and safety and risk management within the centre. Staff demonstrated good knowledge of the health and safety tasks assigned to them, in accordance with the centre's health and safety statement. Actions from the centre's previous inspection were satisfactorily completed. However, the inspector identified further improvements were required, in relation to fire management and risk management.

There were effective fire safety management system in place in the centre. The centre had suitable fire equipment, which was serviced on a six monthly basis. All staff had received up-to-date training in fire safety. Intumescent strips were in place on all fire doors within the centre. Regular fire equipment checks were being completed, however, the inspector found gaps in these routine checks. On the day of inspection, the inspector observed that the cover of the fire alarm panel was damaged. This was brought to the attention of the PIC who informed the inspector that the fire maintenance service had not been informed of the damage. The PIC contacted the fire maintenance service on the day of inspection to schedule the repair.

There were two means of escape located on the ground floor of the centre. There was no external first floor fire escape to support evacuation in the event of a fire in the hallway of the premises. However, the PIC informed the inspector that they had consulted with the local fire service and had agreed a suitable location on the first floor that residents could be evacuated from, by the fire service, in the event of a fire. This was clearly documented in residents' personal emergency evacuation plans (PEEPs). Staff spoken with were aware of this arrangement and of their responsibility in supporting residents in the event of an evacuation.

Suitable emergency lighting had not been provided from the rear of the building to the fire assembly point. In addition, the inspector noted that the gate at the side of the house, that residents would use to access the fire assembly point, had a padlock, while this was not in use at the time of inspection, the inspector brought this to the attention of the PIC.

Fire exits were marked on the floor plans located in the hallway of the centre. An easy-to-read fire notice was displayed within the centre, which showed residents where the centre's fire assembly point was located. Staff spoken to were aware of the fire and

evacuation procedures. However, the fire procedure was not prominently displayed within the centre.

A sample of residents' personal emergency evacuation plans (PEEPs) were reviewed by the inspector and were found to give clear guidance on how to evacuate each resident, in the event of a fire. However, the PEEPs did not guide staff on the management of behaviours that challenge in the event of an evacuation.

Records of fire drills showed a maximum evacuation time of two minutes and 43 seconds. At the time of inspection, staff were providing daytime one-to-one support to some residents, who were receiving respite care. These residents did not require one-to-one support at night while sleeping, however the inspector found the evacuation procedure did not guide staff how to access one-to-one support for these residents during a night time evacuation should this be required.

Risk assessment and management were, in the main, completed in line with the centre's risk management policy. Potential risks and hazards within the centre were identified, assessed and risk rated using risk assessment tools.
However, the inspector observed the following risks had not been appropriately identified and managed by the centre:
- The safe storage of residents' alcoholic beverages was not guided by policy and procedure or appropriate risk assessment
- Combustible waste from the centre was being stored in the residents' designated smoking area.

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

Findings:
Actions from the previous inspection report were satisfactorily completed, however these had not been sustained by the provider and similar findings were identified during this inspection. Improvements were identified in relation to the provision of behavioural

support plans and in the timely review of residents' safeguarding interventions.

Restrictive practices were in place at the time of inspection, which included the locking of the back and front door during some respite visits to the centre. A protocol to guide staff on the implementation of this restrictive practice was in place. Staff were aware of their role in ensuring this restrictive practice was implemented in line with this protocol. The centre regularly sought the guidance of the Human Rights Committee in relation to the use of restrictive practices. The centre were not using chemical restraint at the time of inspection.

There were residents residing in the centre at the time of inspection who required behavioural support. Staff spoken with informed the inspector of residents' behavioural types and of various de-escalation techniques frequently used by them, in the management of specific residents' behaviours. Although staff demonstrated good knowledge of the management of specific residents' behaviours, staff practice was not guided by behavioural support plans. This was brought to the attention of the PIC on the day of inspection.

Staff could demonstrate their understanding of their role in the protection of vulnerable residents. There were interim safeguarding plans in place at the time of inspection. However, the inspector found these interim safeguarding plans were not reviewed in line with the review dates scheduled. In one instance, interim safeguarding plans should have been reviewed in September 2016, however this had not occurred. The inspector also found not all staff had up-to-date safeguarding training at the time of inspection.

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

Findings:
Actions from the centres' previous inspection report were found to be satisfactorily completed. However, improvements were identified upon this inspection in relation to personal planning for residents' healthcare needs.

A dining room was available for residents to use at mealtimes. The weekly menu was displayed in the dining room for residents' reference and menu planning was included as part of weekly residents' meetings. All meals were prepared by staff members and

residents were supported to access the kitchen for snacks and refreshments as they wished. The inspector observed residents assisting staff with tasks such as the setting of the dining room table for meals.

Staff demonstrated a clear understanding of their daily role in caring for each resident. Personal plans were in place for residents with specific healthcare needs. A sample of these plans were reviewed and were found to contain clear guidance to staff on the monitoring, response and treatment of specific conditions. However, the inspector observed gaps in a personal plan for a resident with nutritional healthcare needs. For example, where residents present with specific nutritional allergies, personal plans did not clearly inform staff on the daily support to be provided to these residents to help them manage these allergies.

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

Findings:
There were written operational policies and procedures relating to the ordering, prescribing, storage and administration of medications. Actions identified in the centres' previous action report were found to be satisfactorily completed for this outcome. However, further improvements were identified in relation to medication administration and storage practices.

Staff spoken with were familiar with the centres' medication management policies. Staff demonstrated a clear understanding of medication incidents that warranted reporting and their responsibilities to residents, in the event of a medication error. Staff had received training in the safe administration of medications.

No residents were taking responsibility for their own medications at the time of inspection. Staff spoken with informed the inspector that residents within the centre would not have the capacity to take responsibility for their own medications. However, there was no assessment of capacity completed for residents to guide this.

Medications were found to be dispensed in blister packs, which were clearly labelled with residents' details. Blister packs were locked in a medication cupboard, however, nutritional supplements were found to be stored in an unlocked fridge, located in the

dining room.

A number of prescription sheets were reviewed by the inspector. These were found to provide details on the identification of the resident, what the medication was prescribed for, the name of the medication prescribed, the dosage, route and time of administration. Prescription sheets were signed by the prescribing General Practitioner (GP). Medication administration records were also reviewed by the inspector. On the day of inspection, the inspector was made aware of a recent change to a resident's medications. However, upon review of the records for this recent medication change, the inspector was unable to unable to determine if the resident had received their medication, in accordance with the change in prescription. This was brought to the attention of the PIC on the day of inspection.

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):
No actions were required from the previous inspection.

Findings:
No actions were required in relation to this outcome from the previous inspection.

The leadership and management structure within the centre had changed since the last inspection. The PIC was appointed to the role in November 2015. The PIC was supported in his role by the person participating in management (PPIM). The PIC informed the inspector that he has regular interaction with the PPIM via phone and email. The PPIM visits the centre regularly. Six monthly audits were completed for the centre, and plans were in place to action areas requiring improvement. The annual report for the centre for 2016 was still in progress at the time of inspection.

The PIC was found to be knowledgeable of the operations of the centre and of the legislative responsibilities associated with his role. The PIC held both an administrative and operational role within the centre. The PIC was allocated administration time each week, which was outlined on the centre's roster. However, the inspector observed gaps in the overall governance and management systems in the centre which would ensure

the service provided was consistently and effectively monitored. One the day of inspection, various managerial activities were found to be delayed, and the PIC did not have up-to-date information available on the centre's current operational status. Significant delays were observed in providing staff with relevant guidance documents. Additional delays were observed in relation to the centre's ability to follow up on various multi-disciplinary meetings. The centre was supported by various internal personnel to include behavioural support specialists and designated officers. However, staff were observed to rely on these external personnel to complete residents' specific documentation.

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):
No actions were required from the previous inspection.

Findings:
On the day of inspection there were appropriate staff numbers and a suitable skill mix to meet the assessed needs of residents.

There was a planned and actual roster for the centre. An out of hours on-call system is in place within the organisation to assist staff. A relief staff panel is also in place, which is utilised by the PIC, as required, to cover annual leave and sick leave. However upon review the inspector noted that the roster did not provide the following information:
- the full name of each staff member was not documented on the roster
- where staff members were on split shifts, the start and finish times of these shifts were not documented.
- there was no differentiation between am and pm start and finish times of each shift. For example, where staff were on duty from 15.00 - 21.00, this was observed by the inspector to be written as "3-9".

Training records reviewed demonstrated the nature of staff training conducted within the centre. Staff had received training and refresher training in areas such as client protection, behaviour support, fire safety and medication management. However, not all staff had received up-to-date manual handling training.

No volunteers were working in the centre at the time of inspection.

Judgment:
Non Compliant - Moderate

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:
Policies and procedures were available within the centre for staff reference. Actions from the previous inspection report were found to be satisfactorily completed. However, some policies and procedures were found to be outside the three yearly review. Further improvements were identified in relation the recording of the information required within the centres' directory of residents.

Information in the centre was accessible and in easy-to-read versions. Schedule 5 policies and procedures were available in the centre, however some policies and procedures had not been reviewed within a three year interval, to include:
- Admission policy was last reviewed on the 18th June, 2013.
- Restraint management policy was last reviewed on the 25th of November, 2013.
- Health and safety policy was last reviewed on the 12th of July, 2013.

The inspector reviewed the directory of residents and found to include all the required information as detailed in Schedule 3 of the regulations.

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:

Anne Marie Byrne
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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 Ability West
Centre ID:	OSV-0004067
Date of Inspection:	24 January 2017
Date of response:	13 March 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 residents' freedom to exercise their choice was not impacted by the centres' restrictive practices.

1. Action Required:
Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the

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

freedom to exercise choice and control in his or her daily life.

Please state the actions you have taken or are planning to take:
The Person in Charge has ensured that all residents are in possession of their own keys to both the front and the back door at the times when a resident with necessary restrictive practices in place is in on respite. This will allow the residents to have access and freedom of choice at all times.

Proposed Timescale: 01/03/2017

Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure secure storage arrangements were in place for residents' personal possessions when they were not staying in the centre.

2. Action Required:
Under Regulation 12 (3) (d) you are required to: Ensure that each resident has adequate space to store and maintain his or her clothes and personal property and possessions.

Please state the actions you have taken or are planning to take:
A new secure latch was placed on a resident's wardrobe on 01/02/2017, to secure his possessions while he is away from the centre.

Proposed Timescale: 06/02/2017

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 the complaints management procedure for the centre ensured the following:
- a record of all complaints was not being maintained
- the complainants satisfaction level of following a complaints was not consistently recorded.
- A copy of the centres' complaints procedure was not prominently displayed in the centre.

3. 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:
- The Person in Charge has undertaken a review of the complaints recording and

management system and all complaints will be dealt with in a timely manner through the Quality Management Information System (QMIS) as per policy.
- Following the review of complaints, all complainants' satisfaction levels following a complaint and the resolution are recorded and signed off on QMIS by the Person in Charge.
- The Person in Charge designed a new complaints procedure on 31/01/2017, to suit the needs of the residents within the centre and it is now prominently displayed.

Proposed Timescale: 31/01/2017

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure each resident had a written agreement in place which described the service being provided to them.

4. Action Required:
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

Please state the actions you have taken or are planning to take:
Admission documentation for the resident has been completed by the Person in Charge. A contract of care will be issued to this resident, which will outline the provisions of service being provided.

Proposed Timescale: 17/03/2017

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 a personal plan was in place for all residents within 28 days of admission to the centre.

5. 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 Person in Charge arranged a meeting with the multi-disciplinary team on 14/02/2017 to finalise the resident's personal plan. Actions from this meeting are being addressed.

Proposed Timescale: 17/03/2017

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 residents' personal plans were regularly updated to show the progression of personal goals.

6. 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:
The Person in Charge has compiled a status check list which will ensure regular review of personal plans and details of progression of all personal goals. This will be reviewed on a monthly basis and signed off by keyworkers and the Person in Charge to update on progress.

Proposed Timescale: 28/02/2017

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 information was provided on the supports and services required by residents who were transitioning between services.

7. Action Required:
Under Regulation 25 (3) (a) you are required to: Provide support for residents as they transition between residential services or leave residential services through the provision of information on the services and supports available.

Please state the actions you have taken or are planning to take:
A full transition plan was completed for the resident on 14/02/2017 at a multi-disciplinary meeting. Actions from this meeting to establish the necessary support system for this resident have been prioritised.

Proposed Timescale: 14/02/2017

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 the following risks were assessed and managed within the centre:
- Safe storage of residents' alcohol beverages
- The smoking shed was maintained free of waste.

8. 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:
- Risk management in relation to alcohol storage has been updated and a risk assessment was added to the Risk Register on 25/01/2017. A new storage area for alcohol has been put in place.
- The smoking shed at the rear of the property has been cleaned. The waste collection company were contacted on 25/01/2017 to ensure regular pick up of household bins on a weekly basis.

Proposed Timescale: 31/01/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no emergency lighting from the rear of the building to the fire assembly point.

9. Action Required:
Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

Please state the actions you have taken or are planning to take:
New emergency lighting to the rear and side of the building was fitted on 10/02/2017 for easy access to the assembly point at night.

Proposed Timescale: 10/02/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure arrangements for the safe evacuation of residents from

the centre guided on the following:
- where residents may present with behaviours that challenge during an evacuation
- where one to one support may be required by residents in an evacuation

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

Please state the actions you have taken or are planning to take:
A fire drill was carried out on 01/03/2017 to assess the evacuation procedures required for a new resident. PEEP and CEEP have been updated to provide guidance to staff regarding 1-1 support in the event of a fire.
Critical Incident Response Plan includes protocol for the contacting of local staff to provide extra staffing support in an emergency.

Proposed Timescale: 10/03/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure the damage to the centre's fire panel was repaired in a timely manner.

11. Action Required:
Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

Please state the actions you have taken or are planning to take:
A new fire panel was fitted in the centre on 20/02/2017.

Proposed Timescale: 20/02/2017

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 put in place behavioural support plans to guide staff on the management of behaviours that challenge.

12. Action Required:
Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

Please state the actions you have taken or are planning to take:
All staff are trained in Studio III. A referral has been made to the behavioural support team for this resident. A behaviour support plan will be devised to guide staff.

Proposed Timescale: 31/03/2017

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure the timely review of safeguarding plans.

13. Action Required:
Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

Please state the actions you have taken or are planning to take:
The Person in Charge has met with the Designated Officer and Allocated Social Worker on 14/02/2017 to discuss and review the Interim Safeguarding plan.
Significant ongoing safeguarding measures are in place for an individual resident.
Designated Officer and Social Worker are meeting with HSE safeguarding team to review interim Safeguarding plan on 13/03/17

Proposed Timescale: 31/03/2017

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure all staff had received up-to-date training in safeguarding.

14. 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:
The Training Department has been notified that all staff within the centre require Safeguarding Training, this will take place by 31/03/2017. This training will be facilitated by the Designated Officer.

Proposed Timescale: 31/03/2017

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 personal plans guided staff on the specific daily management of residents presenting with specific nutritional care needs.

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

Please state the actions you have taken or are planning to take:
A nutritional management plan was updated for the resident on the 08/02/2017 to guide staff within the centre on the nutritional care needs of this resident.

Proposed Timescale: 08/02/2017

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 an assessment of capacity was completed to encourage residents to take responsibility for their own medication.

16. Action Required:
Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

Please state the actions you have taken or are planning to take:
Self-Administration of medication assessments have been completed for all residents.

Proposed Timescale: 28/02/2017

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 all medications that is kept in the centre is stored securely.

17. 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:
All medications within the centre have now been stored appropriately. Staff have been reminded of the safe storage of medication as per medication policy. The pharmacy has been contacted to ensure clear labels are on all medications that require specific storage arrangements.

Proposed Timescale: 25/02/2017

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 put in place adequate arrangements to ensure all medications were administered as prescribed.

18. 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:
Updated MARS and Kardex documents have been received from the pharmacy and have been stored in the medication folder. All staff have been reminded that medication must be signed for once administered on the new MARS sheets in accordance with medication policy.

Proposed Timescale: 25/02/2017

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 systems were in place to ensure the service provided was consistent and effectively monitored.

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

Please state the actions you have taken or are planning to take:
The Person in Charge has devised and implemented a comprehensive auditing schedule to promote a more effective way of operationally managing the centre.

Proposed Timescale: 24/02/2017

Outcome 17: Workforce

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 the planned and actual roster accurately reflected the staff members on duty and the exact times they commence and finish their shift in the centre.

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

Please state the actions you have taken or are planning to take:
The Person in Charge has updated the duty roster within the centre which includes full staff name and exact times of commencement and finish time of shift. A clear and legible roster which differentiates between AM and PM is now in place.

Proposed Timescale: 26/01/2017

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 all staff had received up-to-date training in manual handling.

21. Action Required:
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Please state the actions you have taken or are planning to take:
On review with the Training Department all staff are up to date in Manual Handling, with the exception of a relief member of staff who is due to complete Manual Handling on return from leave and this staff member has been scheduled to attend same.

Proposed Timescale: 28/02/2017

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure policies and procedures were reviewed at intervals not exceeding 3 years.

22. 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:
The Person in Charge has received the updated policies and procedures that were in need of updating in the designated centre.

The Person in Charge has introduced a new review system to ensure all policies and procedures within the centre are updated and reviewed within the specific timeframes.

The policies and procedures identified are all up to date as follows:
- Policy on Access to Services – Referrals, Admissions, Transfers was updated, approved and signed off on 26/09/2016 and is due for review on 09/2019.
- Policy on Positive Interventions and Towards a Restraint Free Environment was updated (and renamed from Restraint management policy), approved and signed off on 26/09/2016 and is due for review on 09/2019.
- Health and Safety policy was updated, approved and signed off on 26/01/2015 and is due for review on 26/ 01/2018.

Proposed Timescale: 28/02/2017