

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Evergreen Services
Centre ID:	OSV-0004464
Centre county:	Roscommon
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Margaret Glacken
Lead inspector:	Thelma O'Neill
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	1
Number of vacancies on the date of inspection:	4

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 31 August 2017 14:00 To: 31 August 2017 19:30

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

Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 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

Summary of findings from this inspection

Background to the inspection:

This inspection was completed in order to monitor compliance with the regulations and standards and to review the actions from the previous inspection.

On the last inspection in September 2015 19 actions were issued and the inspector found that 17 of these actions were addressed. The two outstanding actions relate to health and safety and risk management and safe and suitable premises and have been re-acted in this report.

How we gathered our evidence:

As part of the inspection, the inspector met with the resident, the provider's representative, the person in charge, the person participating in management and staff members. In addition, the inspector completed a walk around of the premises internally and externally, reviewed documentation such as transition plans, health and safety records and fire records.

Description of the service:

This centre comprises of two houses one house is a single storey dwelling and the second house is a two-storey house in Co. Roscommon.

This service is registered to provide a respite service to for up to five individuals. Previously, this centre was a mixed respite centre for children and young adults; however, all of the children have reached adulthood and all individuals receiving a service in this centre are now adults and have been diagnosed with an intellectual disability. There were four vacancies on the day of inspection.

Overall judgment of our findings:

The inspector found that since the last inspection the provider had made significant changes to the governance and management of this centre, which had a positive impact on the quality of the lives of the residents using this service. For example; a new person in charge and new person participating in the day to day management of this centre had been put in place since March this year. The changes in governance and management had ensured that the operational management of the centre had significantly improved in line with the care and welfare regulations required by the Health Act 2007. However, while significant improvements in compliance with the regulations were found from the last inspection, the provider had not addressed all of the issues of concern previously identified, and further concerns in relation to these areas were identified on this inspection.

On this inspection eleven outcomes were examined and five of the outcomes were fully compliant, two outcomes were substantially compliant, and four outcomes were moderately non-compliant. The non-compliance related to health and safety procedures such as, inadequate fire evacuation equipment and safe and suitable premises and governance and management. However, the action plan submitted by the provider does not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish this action plan and is considering further regulatory action in relation to this issue.

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 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):

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

Findings:

All residents had service level agreements in place in the centre: however, amendments to the service level agreement required from the last inspection were not fully addressed.

The action issued on the previous inspection dated 3 March 2015 stated that the provider did not clearly specify their responsibilities in the service level agreement to manage residents' health care needs or medication management while residing in this centre. The provider had agreed in their previous action plan response that this action would be complete by the 1 December 2015. However, the inspector reviewed some of the current residents' service level agreements on this inspection and found that no amendments had been made.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

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

Theme:

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

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

Findings:

The inspector found that each resident's social care needs were being met by a high standard of evidence-based care and support. Residents' individual needs and goals were assessed and plans were in place to ensure that residents' goals had been achieved. There was one action issued following the last inspection, regarding the assessment of residents social care needs, this action was complete.

All residents had a personal plan in place, which included their health and social care goals. There was evidence that residents and or their families were involved in preparing their personal plans. The inspector viewed two of the residents' personal plans and found that they were individualised and person centered, regularly reviewed and reflected the residents' needs. In addition, residents' abilities and aspirations were clearly identified. The inspector found that there were details of opportunities for residents to participate in appropriate to his or her interests and capacities, included in the plan. A key worker was assigned to each resident to help them to achieve their personal goals and the inspector saw that goals identified for the previous year had been reviewed and all had been achieved.

Residents living in this centre were very much part of the local community. Residents lived most of the time at home and received respite services for up to 11 nights per month. They also attended the local day services and they also visited the local businesses and community facilities in the town; such as, local pubs, restaurants, the library and church as well as taking part in social activities in the house including cooking, art and massage.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

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

Findings:

This centre comprised of two houses, both houses are owned by the provider. The centre is registered to accommodate five residents.

On the last inspection in 2015, the lack of suitable bathroom facilities were identified by the inspector and the provider confirmed that they were planning to address this issue by renovating the property. At the time the inspector was advised of the planned structural renovations of the house, which was aimed to address the environmental inadequacies in the centre. This was to make the house more accessible to meet the needs of two residents that were wheelchair users. However, on this inspection the inspector reviewed the actions from the previous inspection and found that actions were not addressed as agreed in the previous action plan.

On this occasion, the inspector found that residents needs had increased and that bathroom facilities continued to be inadequate. Bathroom facilities for personal care were no longer suitable for the residents using the centre. For example one resident was now using a mobile bath, as they could not use the bath installed in the bathroom and a second resident required an adapted bath aid to utilise the bath safely. The storage of the bath aids in the bathroom had reduced the space in the bathroom and, as a result, there was inadequate space to freely mobile residents in wheelchairs in the bathroom.

A second action from the last inspection, related to inaccessibility of kitchen counter space for the residents that were wheelchair users and the provider had advised HIQA that this issue would be addressed when the house was renovated. However, on this occasion the inspector saw that the kitchen renovations were not complete and was told that the planned renovations for the kitchen were cancelled, as the residents using the kitchen were able to utilise the current kitchen facilities and did not need the lower counter tops as previously assessed.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

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

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

Findings:

The inspector reviewed the health and safety and risk management practices and procedures in this centre and found that residents' individual risks were all well managed. These included falls risk management and the risks previously identified in the

management of residents care with high medical needs. However, organisational risks such as fire safety management did not meet the regulations, despite some structural changes being made in the centre since the last inspection.

The inspector saw that the provider had taken some measures to address fire safety issues previously identified on inspections of this centre. Additional fire exits were installed in one of the houses since the last inspection; for example, two external double doors were installed in two residents' bedrooms, to allow them exit safely in the event of an emergency. However, while this measure was helpful to ensure safe evacuation in the event of a fire, this action only addressed the evacuation of two residents and did not mitigate the risks for all individuals accommodated in the centre, including two sleepover staff. While there were fire doors in place for the communal areas, there were no internal fire doors on any of the bedroom doors in the houses, which would limit the containment of smoke and fire in the centre. Furthermore, while there were smoke alarms in place, there was no fire panel to detect the location of a fire in the event of an incident. The inspector was told on the previous inspection that fire doors and fire panels would be installed as part of the house renovations, but these works were had not commenced.

The inspector confirmed that the staff continued to complete internal fire safety checks on a weekly basis, including fire equipment and staff were ensuring that a clear pathway was maintained for evacuation purposes. Furthermore, staff working in the centre had received on site fire safety training since the last inspection, but the person in charge did not have up to date fire safety training complete.

These fire safety issues were brought to the attention of the provider's representative and they acknowledged the need for additional fire equipment in the centre, but advised the inspector that they did not have the financial resources to address the fire safety issues identified in the centre. The provider also told the inspector that they had recently commissioned an external fire safety expert to assess each centre's compliance with the regulations in the Roscommon region and this centre was included in this assessment which was expected to commence in the near future.

The inspector reviewed the management of individual risks in the centre and found that there were no accidents in the centre and appropriate actions had been taken since the last inspection to manage incidents or risks in the centre.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that appropriate measures were in place to protect residents from being harmed or suffering abuse. Staff members were observed to treat residents with respect and warmth and staff told the inspector that residents were safe in the centre.

There was a policy available on the prevention, detection and response to abuse. Staff who met with the inspector demonstrated an understanding of what constituted abuse and what to do in the event of an allegation, suspicion or disclosure of abuse, including who they should report any incidents to. Staff had completed safeguarding and protecting vulnerable adults training.

Some residents displayed behavior that challenges, which presented as self injurious behavior. Residents were provided with support to promote a positive approach to these behaviors. For example, efforts were made to identify and alleviate the underlying causes of the negative behavior and any triggers which caused the behavior

The inspector reviewed the behavior management strategy for one resident, which included a behavioural support plan. As part of a behavior management strategy physical restraint was recommended by the behavior support specialist, as a safety measure to prevent one resident from continuous self injurious behavior. However, on review of the use of this physical restraint, the inspector found that there was no restrictive practice log in place to review the number and frequency of the incidents of physical restraint in this centre. This has since being address by the person in charge.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

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

Residents were supported on an individual basis to achieve and enjoy the best possible health. Each resident's healthcare needs were appropriately assessed and care plans were in place to ensure they received the appropriate care.

Residents had timely access to their General Practitioner (G.P.) service and appropriate treatment and therapies. Residents had access to allied health care services which reflect their diverse care needs. The inspector found that residents receiving respite were actively supported by their families to take responsibility for their own health and medical needs.

Records of all referrals and follow-up appointments were maintained.

Residents' nutritional needs were well-met and in line with their personal plan and medical needs. The advice of dietitians and other specialists had been implemented, in accordance with each resident's personal plan.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

Residents were protected by the designated centre's policies and procedures for medication management.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

There were systems in place for reviewing and monitoring safe medication management practices. Individual medication plans were appropriately implemented and reviewed as part of the individual personal plans. Furthermore, the inspector saw that the person in charge had completed audits of medication practices to ensure safe medication administration practices were in place in the centre.

The processes for the handling of medicines were safe and in accordance with current guidelines and legislation. The inspector saw that all staff members were adhering to appropriate medication management practices. For example, staff were trained in the appropriate procedures for the handling and disposal of unused and out-of-date

medicines.
Judgment: Compliant

Outcome 13: Statement of Purpose <i>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.</i>
Theme: Leadership, Governance and Management
Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.
Findings: The statement of purpose (SOP) describes the services that are provided in the centre. There was one action from the last inspection and the inspector found that this action had been addressed. While the centre was operating within the conditions of registration, the inspector found that the updated version of the statement of purpose, submitted to HIQA following changes in the governance and management of the centre, was not reflective of the conditions of registration. As the statement of purpose did not state the correct number of residents the centre was registered to accommodate. In addition, the provider had failed to make an application to vary the centre from a mixed centre to an adult only centre.
Judgment: Substantially Compliant

Outcome 14: Governance and Management <i>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.</i>
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:

The quality of care and experience of the residents was monitored and developed on an ongoing basis. There was a clearly defined management structure that identified 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.

The person in charge demonstrated a good knowledge of the legislation and her statutory responsibilities. She was actively engaged in the governance, operational management and administration of the centre on a regular and consistent basis. Staff told the inspector that the person in charge provided support and demonstrated good leadership since becoming the person in charge of this centre a few months ago. The inspector found that significant improvements had occurred which was found to have had an effect on the quality and delivery of the service to the residents. Staff confirmed this to the residents that the person in charge was a good support to them, in addition to ensuring a quality service was in place for all residents in the centre.

There were suitable arrangements in place for the management of the designated centre in the absence of the person in charge. Persons in charge operated an on call rota and staff were aware of the rota and who was on call over the weekend the house was open.

There was an annual review completed of the quality and safety of care in the designated centre by the provider representative. However, the review did not identify the ongoing premises issues in the centre, such as fire compliance issues or accessibility issues in the bathroom. Despite this, the provider representative told the inspector during the inspection that they were aware of the continuous non-compliances in the centre and was actively trying to address these issues, but they did not have adequate financial resources to implement the changes required.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

This centre does not have the required resources to address the environmental issues identified in this centre. This has impacted on the provider's ability to meet the regulations and has resulted in continuous failures to address their actions in relation to environmental and risk management issues.

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):

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

Findings:

There were appropriate staff numbers and skill mix to meet the assessed needs of residents and ensure the safe delivery of services. Inspectors were satisfied that residents were receiving continuity of care.

The inspector found that the staff roster reflected the staff working in the centre.

Staff had completed mandatory training and had access to education and training according to the needs of residents and in accordance with the provider's policy.

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:

Thelma O'Neill
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 Brothers of Charity Services Ireland
Centre ID:	OSV-0004464
Date of Inspection:	31 August 2017
Date of response:	04 October 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 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 specify in the service level agreements the organisations responsibility to manage residents healthcare needs and medication management while residents received a service in the centre.

1. Action Required:

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

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:

This action was addressed immediately after the inspection and the updated Individual Service Agreement was forwarded to the inspector.

Proposed Timescale: 05/09/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Bathroom facilities did not meet the needs of the residents, due to the bath not meeting the needs of the residents and a lack of adequate space to mobile and hoist residents in the bathroom in a safe and suitable manner.

Planned renovation works to residents' bedrooms and kitchen area was not completed as per previous action plan response.

2. Action Required:

Under Regulation 17 (5) you are required to: Equip the premises, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.

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

The action plan submitted by the provider does not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish this action plan and is considering further regulatory action in relation to this issue.

Proposed Timescale:

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 did not ensure that all staff had received suitable training in fire prevention, emergency procedures in the centre.

3. Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive

suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

The Person in Charge and Person Participating in Management have now switched roles in this designated centre. The Person in Charge has completed on site fire safety training. The Person Participating in Management is scheduled to complete fire safety training on 10/10/2017.

Proposed Timescale: 10/10/2017

Theme: Effective Services

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

The provider failed to make adequate arrangements for detecting, containing and extinguishing fires in the centre

4. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

The action plan submitted by the provider does not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish this action plan and is considering further regulatory action in relation to this issue.

Proposed Timescale:

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 statement of purpose did not reflect the change of the designated centre from being a mixed designated centre to a adult only service. Furthermore, the statement of purpose did not state the correct number of residents the centre was registered to accommodate.

5. 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 amended and forwarded to the inspector.

Proposed Timescale: 26/09/2017

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 did not ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. For example, equipment required to identify and contain a fire was not installed in the centre. In addition, renovations previously planned had been cancelled due to lack of resources.

6. Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

The action plan submitted by the provider does not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish this action plan and is considering further regulatory action in relation to this issue.

Proposed Timescale: 31/12/2017

Outcome 16: Use of Resources

Theme: Use of Resources

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

This centre does not have the required resources to address the environmental issues identified in this centre.

7. Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

The Registered Provider is a voluntary agency fully funded by the State via their external funding body. This centre does not currently have the required resources to address the environmental issues identified in this centre. This has impacted on the

provider's ability to meet the regulations and to fully address actions in relation to environmental issues. The provider has submitted costings for the additional resources required on a number of occasions. The provider has quarterly meetings with the external funders to review the Service Level Agreement at which the inadequate resources are raised. The provider will continue to raise these issues with the external funding body.

Following on from this inspection, revised and reduced costings are being submitted to the external funding body, as new plans have been drawn up to remedy the issues with the bathroom.

Proposed Timescale: 31/12/2017