

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Muiriosa Foundation
Centre ID:	OSV-0002722
Centre county:	Laois
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Muiriosa Foundation
Provider Nominee:	Heather Hogan
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
01 December 2014 10:00	01 December 2014 18:30
02 December 2014 09:30	02 December 2014 15:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

As part of the inspection, the inspector met with residents and staff members. The inspector observed practices and reviewed documentation such as personal plans, medical records, accident logs, policies and procedures. The inspector also reviewed relative and resident questionnaires submitted to the Authority's Regulation Directorate prior to inspection.

As part of the registration process, an interview was carried out with the person in charge and the area manager. The inspector had recently met briefly with the person authorised to act on behalf of the provider who was previously interviewed for this

role. An inspector had also previously examined staff files at the provider's head office.

This centre provided full and part time residential services. The centre was homely and well maintained and seemed sufficient to accommodate the residents. The inspector found that the health and safety of residents and staff were promoted and protected. Fire procedures were robust.

While areas for improvement were identified, overall the inspector found that residents received a good person centred quality service which was provided by a committed team of staff. Staff supported residents to maximise their independence and encouraged them to make decisions and choices about their lives. Residents' communications needs were promoted and there was evidence of safe medication management practices.

However, although there was evidence of good practices, improvement was required to ensure resident nutritional care was well managed. In addition, the inspector was not satisfied that deputising arrangements for the person in charge were sufficiently robust. The management of residents' finances also required improvement.

These are discussed further in the report and 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):

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

Findings:

The inspector found that the rights, privacy and dignity of residents was promoted and residents' choice encouraged.

The centre had a complaints policy and procedure and the inspector noted that it met the requirements of the Regulations. In addition the complaints procedure was clearly displayed in a prominent position in an easy read format. On reviewing the complaints' log the inspector noted that one complaint had been received and this had been managed according to the policy. Staff spoken with were familiar with the policy.

Residents were consulted with and participated in decisions about their care and about the running of the centre in so far as their conditions allowed. A weekly meeting was held and the inspector saw that there were discussions and agreements reached on items such as the menu for the coming week and planned group activities. Specific communication aids were developed to assist residents with their understanding of the agenda and their satisfaction with the suggestions. For example faces were used to show consent or otherwise with various menu options.

Residents and relatives also had access to an advocacy service.

The inspector observed numerous interactions between residents and staff that were respectful and caring and were delivered ensuring that the dignity and privacy of the resident was maintained. Staff had an in-depth knowledge of the preferences of the residents and this was supported by information in the care plans and entered into the daily records.

Judgment: Compliant

Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

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

Findings:
The inspector was satisfied that residents were supported and assisted to communicate in accordance with residents' needs and preferences.

Staff were aware of the communication needs of all residents and the inspector observed staff and residents communicating freely. Residents' communication needs were identified in the personal planning documentation and supports were identified where needed.

Various strategies were in use and the inspector also saw that some residents had been reviewed by a speech and language therapist and recommendations were recorded. The inspector saw that these had been implemented including using a combination of strategies such as pictorial sequencing and sign language as appropriate.

The person in charge discussed plans to introduce Skype as a means of communication.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

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

Findings:
The inspector reviewed the questionnaires submitted by relatives. The inspector was satisfied that families and friends were encouraged to get involved in the lives of the

residents.

The inspector saw that staff facilitated residents them to maintain contact with their families. The inspector saw where family had visited and where family get togethers were held in the centre.

Regular frequent contact was also maintained between the staff and the relatives when residents so wished

Judgment:

Compliant

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):

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

Findings:

The inspector saw that there was a robust system in place regarding admission to the centre. There were policies and procedures in place to guide the admissions process.

Written agreements were in place outlining the support, care and welfare of the residents and details of the services to be provided and where appropriate, the fees to be charged.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

The inspector was satisfied that the care and support provided to residents consistently and sufficiently reflected their assessed needs and wishes.

The inspector reviewed a sample of personal plans and found that the resident's care needs were identified and plans were put in place with the residents to address those needs. An issue relating to nutritional care is discussed under Outcome 11. Each resident was assigned a key worker. Daily records were also maintained of the how the residents spent their day. The personal plans contained important information about the residents' life, their vision for the future, their likes and dislikes, their interests, details of family members and other people who are important in their lives.

A colour coding system was in use to ensure that staff had easy access to vital information. For example red coding indicated that staff needed to know this information while yellow indicated that this information would help you get to know the resident better.

There was evidence that residents were supported in transition between services. A staff member or relative always accompanied residents who had to attend hospital or appointments. A document called 'my hospital passport' will be developed for each resident. This will contain useful information such as personal details about the resident, aids and assistive devices used, communication needs and medications etc.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The inspector found that the centre was fully accessible, suitable and safe for the number of residents living there. The centre, a bungalow, was warm, homely and well maintained.

Each of the four residents had their own bedroom, one of which was en suite. Some residents had personalised their rooms with family pictures. There were two bathrooms. The inspector was satisfied that residents will have access to assistive equipment where

required. All files etc. were securely stored in the room currently used by staff as an office and sleep over room.

There was a separate kitchen and a dining room with a seating area which was a popular spot for the residents. There was a separate sitting room which was comfortably furnished. There was a utility room off the kitchen. Residents could attend to their own laundry if they wished.

There was a well maintained garden to the rear. A separate building was used as a arts and crafts room and there was also an equipped relaxation room at the back.

The organisation has its own maintenance department and the person in charge stated that any maintenance requests were attended to promptly by the provider.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The inspector was satisfied that the health and safety of residents, visitors and staff was promoted. There was a Health and Safety Statement in place. The risk management policy had recently been updated and met the requirements of the Regulations.

There were regular fire drills and the inspector viewed evidence that fire equipment including the fire alarm system was serviced regularly. Daily checks of escape routes, key access and door openings were carried out. All staff had attended training and staff spoken with were clear on the procedure to follow in the event of a fire.

Each service user had a personal evacuation plan completed. This included relevant facts about the service users need for assistance and their medication. The inspector saw that particular equipment was provided to ensure residents with hearing difficulties were aware if the alarm sounded. This included a particular vibrating pillow and flashing lights.

The inspector read the emergency plan and saw that it provided sufficient detail to guide staff in the procedure to follow in the event of some possible emergencies such as flood or power outage. In addition alternative accommodation for residents was available should evacuation be necessary.

All staff had attended training in the moving and handling and a matrix was maintained

centrally by the organisation to identify when refresher courses were due.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

The inspector was satisfied that measures were in place to protect residents from being harmed or from suffering abuse although some improvement was required to ensure that residents' finances were safeguarded.

The centre managed some residents' monies if required. Individual locked boxes were provided and the inspector found the balances to be correct. A log was available to set out the details of all transactions. However the inspector was not satisfied that there was a sufficiently robust system in place. Although there was a policy in place the inspector found it was not used to consistently guide the practice. For example the inspector saw that the records were not consistently recorded on the days of the transactions nor were the receipts consistently numbered to allow easy of reference.

There was a policy in place on the prevention, detection and response to abuse and staff had received training. Staff spoken with and the person in charge outlined the procedures they would follow should there be an allegation of abuse.

The inspector saw that residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviours of concern. There was a behaviour support team in place. The inspector observed staff interacting with residents in a respectful, warm and caring manner and residents and staff communicated freely between each other. The inspector reviewed documentation and saw that assessments were completed and possible triggers were identified. Possible interventions were also documented. Behaviour support plans were developed as needed. There was a policy in place to guide the practice.

A restraint free environment was promoted and the inspector saw no evidence that restrictive practices were used.

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

<p>Outcome 09: Notification of Incidents <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i></p>
<p>Theme: Safe Services</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: Practice in relation to notifications of incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents.</p>
<p>Judgment: Compliant</p>

<p>Outcome 10. General Welfare and Development <i>Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: The inspector found that the general welfare and development needs of residents were promoted.</p> <p>The residents had been afforded the opportunity to attend various activities including activities in the day services.</p> <p>Residents were supported by staff to pursue a variety of interests, including arts and crafts and swimming. The inspector also saw that residents did not always wish to attend and their choice was respected. Care plans and daily records documented the type and range of activities that they were involved in. The inspector also saw that efforts were also underway to include residents in employment schemes.</p>

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):

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

Findings:

The inspector was concerned because of inconsistencies and gaps in the documentation relating to nutrition and weight management.

In one section of the care plan it was stated that a resident was to be weighed on a weekly basis. However no recent records of this could be found. In addition the inspector saw that a resident required the services of a dietician but despite referral, no appointment had been received. The inspector also noted that the nutrition policy was not specific to guide this practice.

The inspector also saw that although staff told the inspector that a resident was on a specific type of diet, this was not documented in his care plan. Staff spoken with were very familiar with the correct diet. The inspector was concerned that this lack of accurate recording could impact on the continuity of care for the residents.

These two issues were discussed in detail at the feedback meeting and it was agreed that they would be addressed immediately.

Otherwise the inspector was satisfied that residents' health needs were regularly reviewed. The inspector reviewed some care plans and medical notes and saw that they had access to a general practitioner (GP), to an out of hours GP service and to a range of other allied health professionals.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

The inspector was satisfied that each resident was protected by the centre's policies and procedures for medication management.

All medications were administered by a social care worker. Each resident's medication was individually supplied and these were stored in a locked press. No resident was self medicating at the time of inspection. The staff spoken with were very clear of their role and responsibility as regards medication management and confirmed that they had undertaken training.

There was a comprehensive policy in place to guide practice and there was evidence of regular reviews by the medical team. The inspector reviewed the prescription records and medication administration records for a sample of residents and found that this documentation was generally complete and maintained in accordance with the centre's policies and professional guidelines.

No medications that required strict control were in use at the time of inspection.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspector was satisfied that the statement of purpose met the requirements of the Regulations. It accurately described the services provided in the centre and was kept under review by the person in charge.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure

that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspector was satisfied that the quality of care and experience of the residents was monitored and developed on an on-going basis and that effective management systems are in place that support and promote the delivery of safe, quality care services.

The inspector previously met with the person authorised to act on behalf of the provider who confirmed that the unannounced visit due at least once every six months had been completed. In addition, she confirmed that the annual review of the quality and safety of care and support, also required by the Regulations, had been completed. The inspector saw where action plans had been devised from the results of these and included persons responsible for completion of individual actions and timescales.

The inspector was satisfied that 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 in charge with authority, accountability and responsibility for the provision of the service. She is also the person in charge in a second centre. She was knowledgeable about the requirements of the Regulations and Standards. All documents requested by the inspector were available. The person in charge had plans in place to undertake additional training in the coming months.

The person in charge had already completed and facilitated some audits. This included a medication audit and a documentation audit.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

Findings:

The inspector was not satisfied with the deputising arrangements when the person in charge was on annual leave. The person appointed to deputise had been on extended sick leave and the position had not been filled in the interim.

The system in place was that the line manager took over as regards administrative duties such as telephone queries or staffing issues. The inspector felt that because of the complexity of the residents' needs, cover should be provided at these times. The action relating to this will be included under outcome 17. This issue was discussed in detail at the feedback meeting. The area director confirmed that efforts were underway to address this issue.

The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days.

Judgment:

Compliant

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

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

Findings:

The inspector found that sufficient resources were provided to ensure the effective delivery of care and support in accordance with the statement of purpose.

The centre was maintained to a good standard and had a fully equipped kitchen. Maintenance requests were dealt with promptly. Staff spoken with confirmed that adequate resources were currently provided to meet the needs of the residents. The inspector saw that transport was available within the centre to bring residents to their day services and to social outings.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

Staff files were not reviewed as part of this inspection as a full review took place on 18 September 2014 in the provider's head office. The inspector was satisfied that the majority of staff files that were reviewed on this date contained the required information and met the requirements of the Regulations. The person in charge that she had collated the additional information required for her staff and this had been submitted to the human resource department. There was a policy in place to guide practice.

A robust induction plan was also in place. This included completion of a checklist to ensure that new staff were familiar with requirements such as the fire precautions, the care plans and any specific medication administration requirements. The person in charge outlined how she had recently introduced performance conversations. She outlined how this helped to plan additional training if required.

The inspector was satisfied that staff had access to up-to-date mandatory training and access to education and training to meet the needs of residents. A training plan was in place and the inspector confirmed that all staff had attended the mandatory training. Additional training was also provided including first aid, epilepsy and medication administration. Staff spoken with confirmed that there was a range of training available to them.

There were no volunteers attending the centre.

Action required relating to deputising arrangements for the person in charge is included under this outcome.

Judgment:

Non Compliant - Minor

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):

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

Findings:

The inspector found that there were systems in place to maintain complete and accurate records.

Written operational policies were in place to inform practice and provide guidance to staff. The inspector found that staff members were sufficiently knowledgeable regarding these operational policies. Other than already discussed under Outcome 8 the inspector was satisfied that the policies were in place and used to guide practice.

The inspector read the Residents' Guide and found that it provided detail in relation to all of the required areas. This document included a summary of the services and facilities to be provided, arrangements for resident involvement in the centre and a summary of the complaints procedure.

The inspector found that medical records and other records, relating to residents and staff, were maintained in a secure manner. The inspector read the directory of residents and noted that it contained the information required by the Regulations. Insurance cover was in place.

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:

Sheila Doyle
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 Muiriosa Foundation
Centre ID:	OSV-0002722
Date of Inspection:	01 December 2014
Date of response:	18 December 2014

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 08: Safeguarding and Safety

Theme: Safe Services

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

Some improvement was required to ensure that residents' finances were safeguarded.

Action Required:

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

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

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

1. The registered provider has arranged with the Person in Charge who has spoken with each individual staff member and a team meeting has been scheduled to take place on December 18th 2014 to discuss compliance and monitoring arrangements regarding the Finance policy.
2. The PIC will monitor compliance via 'spot checks' on each visit to the location and will re-audit accounts in full by 31/1/15 and thereafter bi-monthly in compliance with policy.

Proposed Timescale: 31/01/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

A resident did not have access to the services of a dietician. The policy was not specific enough to guide the referral process.

Action Required:

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

1. The PIC has re-referred to a dietician and arranged an appointment for 7th January 2015.
2. The Nutrition and Hydration Policy and Procedure will be reviewed and specific guidance will be included on the referral process and on actions required on Weight Management.

Proposed Timescale: 31/01/2015

Theme: Health and Development

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

Weight records were incomplete.

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:

1. Weight charts are in place for all persons and have been implemented in line with personal plans.
2. The PIC will provide training to staff on the revised Nutrition and Hydration Policy and Procedure and reiterate with staff the importance of accurate, timely and consistent record keeping.

3. The PIC will audit compliance at the end of January 2015.

Proposed Timescale: 28/02/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

The deputising arrangements for the person in charge were not sufficiently robust.

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:

The Registered Provider has identified an interim deputy Person in Charge and will have a deputy in place by 31/1/15.

Proposed Timescale: 31/01/2015