

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | A designated centre for people with disabilities operated by Camphill Communities of Ireland |
| Centre ID: | OSV-0003603 |
| Centre county: | Monaghan |
| Type of centre: | Health Act 2004 Section 39 Assistance |
| Registered provider: | Camphill Communities of Ireland |
| Provider Nominee: | Adrienne Smith |
| Lead inspector: | Catherine Rose Connolly Gargan |
| Support inspector(s): | N/A |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 14 |
| 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 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

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| From: | To: |
| 25 August 2015 09:30 | 25 August 2015 18:00 |
| 26 August 2015 09:00 | 26 August 2015 19:00 |

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

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| 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

This inspection was an announced inspection over two days and was the second inspection of the centre by the Authority .It was completed in response to an application for registration of the designated centre under the Health Act 2007. As part of the inspection, inspectors met with residents, the person in charge, provider nominee and co-workers/staff. Inspectors observed practices and reviewed documentation such as personal plans, medical records, policies and procedures. The documentation submitted by the provider as part of the application process was also reviewed prior to the inspection including pre inspection questionnaires completed by residents and their relatives. Feedback was generally positive and is referenced in

the body of the report.

Overall, the inspector found that residents' social and health care needs were met. Residents were supported on an individual basis in a supportive and caring environment. Staff to resident interactions were observed to be respectful and empowering throughout the days of inspection. Residents confirmed to the inspector that they were happy and satisfied with their quality of life and experiences in the centre. Residents were supported to participate in meaningful activities, appropriate to their individual preferences and abilities. Residents' independence and ability to communicate were maximised and residents were supported to develop and maintain family and community links. Residents were consulted with and participated in decisions about their care and lives in the centre.

Most action plans from the last inspection in June 2014 were satisfactorily completed. Non-compliances were identified with thirteen regulations on this inspection, nine of which is the responsibility of the provider and four is the responsibility of the person in charge. Compliance was found in eight outcomes. Substantial compliance requiring minor improvement was required in a further six outcomes as follows Outcome 2: Communication, Outcome 3: Family and personal relationships, Outcome 3: Admissions and contract for the provision of services, Outcome 7: Health and Safety and Risk Management, Outcome 8: Safeguarding and Safety, Outcome 11: Healthcare Needs and 18: Records and Documentation.

Moderate non - compliance was identified in the following Outcomes:

Outcome 12: Medication Management

Outcome 14: Governance and Management.

Outcome 17: Workforce.

The action plan at the end of this report identifies the required actions the provider/person in charge is required to take to ensure the designated centre is in compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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:

Residents spoken with by the inspector stated that they felt safe in the designated centre and spoke positively about their care and support they received. The feedback from residents and their significant others in the Authority's pre-inspection questionnaires was also positive in respect of the service provided, the staff and co-workers. The inspector confirmed that residents were encouraged and supported by staff and co-workers to make choices about their individual preferences about their daily routine, clothes they wore, how they personalised their bedrooms and the food they ate. One resident preferred a vegetarian menu which was facilitated.

The inspector found that residents were consulted about and participated in decisions about their care and the organisation of the centre. There was daily morning meetings referred to as 'The Gathering' attended by the inspector on the second morning of inspection. Most residents chose to attend this forum and were observed to be actively participating in the proceedings. The meeting set out the residents' plans for the day and what was happening on the campus. Residents also attended a weekly meeting in the house they resided in. Items discussed included birthday and seasonal celebrations, residents' achievements, visitors to the centre, menu options, how to make complaints and maintenance issues. A recent wedding celebration of two staff members was hosted on the campus. There was evidence that residents had a high level of involvement in planning and preparing the event. Many residents were joined by their families on the day and the inspector was told some residents recited poetry and sang for the couple.

Residents had opportunities to participate in activities that were meaningful and purposeful to them. The inspector observed residents participating in cooking,

preserving fruit, weaving, gardening and some farmwork. An on-site bakery and candle-making workshop was also used by residents. The designated centre operates a livestock farm. Some residents assisted the deputy person in charge who was also the farm manager with farming tasks as they wished. Residents told the inspector that they enjoyed the evening and weekend activities. Residents were supported to attend concerts, the theatre, go out for coffee and dine out in local restaurants, go horse riding, shopping, swimming, for walks and to visit local amenities. One resident wished to retire from involvement in the workshops and farm which was facilitated. A specific activation schedule was in the process of development for this resident which included relaxing activities of preference and an exercise programme to maintain their health and wellbeing. All residents were supported to have an annual holiday.

There was a complaints policy which was available in accessible format. The designated complaints officer was stated. The complaints policy was displayed in the centre. All expressions of dissatisfaction were recorded in a complaints log. There was adequate detail referencing the complaint investigation in the complaints log. However, there was inadequate reference regarding the complainants' satisfaction with the outcome of the investigation to ensure referral to the appeals process was not required. Two residents had a named advocate however; this had ceased at the time of inspection and was not replaced. In addition the inspector determined that use of an 'as required referral for advocacy services' did not ensure residents' needs were met in this area as arrangements did not ensure the resident and the advocate were known to each other.

Residents were encouraged and facilitate to retain control over their own possessions. There was adequate space provided for storage of personal possessions. Records in relation to residents' valuables were maintained and updated regularly. Residents had adequate access to their personal money and where possible control over their own financial affairs in accordance with their capabilities and wishes. Arrangements for ensuring residents' finances were appropriately managed and safeguarded were in place and informed by policy and procedural documentation. Each resident had an assessment completed to assess the level of support they required from staff/co-workers with managing their personal finances. All transactions were recorded and supported by signatory evidence to support transparency.

All residents had private accommodation in the form of their own bedroom. On this inspection, the inspector found that residents' privacy was respected at all times. Bedroom doors were closed. While shower/bath and toilet facilities were fitted with lockable doors, residents were not provided with a means to safely lock their bedroom doors for their privacy if they wished. This finding is discussed in outcome 6.

Judgment:
Substantially 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):

No actions were required from the previous inspection.

Findings:

There was a policy available to inform communication reviewed 17 February 2014. The centre supported a philosophy of empowering residents to optimise their individual communication strategies. Key documentation for residents was in accessible format including the centre's residents' guide. A communication policy was available.

There was evidence that residents were assisted and supported to communicate. Individual communication needs were highlighted in personal plans and reflected in practice by staff. The inspector observed that staff and co-workers demonstrated a comprehensive knowledge of residents' individual communication needs. Throughout the inspection, co-workers/staff and residents were seen using various forms of communication including alphabet boards and Lámh communication. Lámh is a manual sign system used by children and adults with intellectual disability and communication needs.

Residents had access to telephones and radios. While available, televisions were not frequently used by residents. One resident had a personal mobile phone which they used to contact their family as they wished.

There was evidence that residents had input from the occupational therapy services to assess and optimise their communication in terms of equipment supports including referral for assessment for assistive communication technology. This process was not completed for all residents but was in process on the days of inspection. However, there was an absence of speech and language therapy input for residents with speech deficits. In addition, some residents required their food consistency modified to reduce risk of a potential choking and to assist with swallowing. While, this specialist assessment was required to optimise communication strategies, it is necessary to ensure risks to residents' were satisfactorily mitigated. This finding is discussed further in outcome 11.

There were a number of communication forums for residents including 'the morning gathering meetings' as mentioned in Outcome 1. The meeting hall was available to and regularly used by residents and staff for community events in the centre. Mealtimes were identified as good opportunities for residents and co-workers/staff to meet in a more relaxed environment. Each community house in the centre had a large dining table. The inspector observed a mealtime in one of the community houses and found residents co-workers and staff dining together. The person in charge and staff told the inspector that a lot of information was shared at this forum.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

The inspector found evidence that maintaining family relationships was of great importance to residents and was valued, promoted and facilitated by the designated centre. The majority of residents in the centre enjoyed frequent family support. In addition, there was evidence that the needs of residents with infrequent contact with their families were recognised with increased support by staff in the centre. There was adequate accommodation for residents to meet their visitors outside their bedrooms. Some residents went home at weekends or for holiday breaks to family members.

The person in charge confirmed that there were no restrictions on family visits. Inspectors saw that families were kept informed of residents' wellbeing. The residents and their families were invited to attend personal planning meetings. Some family members spoken with by the inspector expressed their satisfaction with the arrangements in place to support residents contact with them.

The inspector also observed that residents were supported to maintain friendships. However, improvement was noted to be required to support residents who expressed a wish for a personal relationship. The documentation reviewed did not provide adequate evidence that residents who expressed a wish for a relationship in this form were adequately supported.

Residents are supported to develop and maintain personal relationships and links with the wider community.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

Resident admissions were reflected in the centre's statement of purpose which indicated

that the centre provides care in a 'life sharing' model for residents with intellectual disabilities, people with Autistic Spectrum Disorder and physical and sensory disabilities including epilepsy. Policy documentation was available to inform resident admissions, transfers, discharges and temporary absence procedures.

There was evidence of formal on-going review of the suitability of each resident's placement in the designated centre. Feedback was also sought from existing residents and their significant others to ensure their satisfaction with the service.

The inspector noted that written agreements with residents and their representatives referencing support, care and welfare provision were available for each resident. The fees and additional charges were stated in these contract agreements. The contracts were available. Two contract templates were available for each resident, one of which was in an accessible format. However, these documents required some review to ensure clarity in terms of what services were covered by the fee including whether additional medical therapies/treatments were covered by the fee or available at an additional charge.

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:

Effective Services

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

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

Findings:

Each resident had a personal support plan completed. Personal support plans were in accessible format since the last inspection of the centre in June 2014. There was evidence of completion of this documentation with the maximum participation of the resident concerned and their significant others. The sample of personal support plans reviewed by the inspector was observed to be comprehensive and person-centred. There was evidence of interdisciplinary team involvement in residents' care and supports. The content of personal plans reviewed was clearly organised and reflected assessment of individual needs relating to behavioural issues, supports required, all health issues and the processes in place to empower each resident to achieve their stated goals.

The inspector noted that there were agreed time-frames in relation to identified meaningful goals and objectives. Personal support plans were reviewed on a monthly basis with each resident and their co-worker. Formal annual reviews of personal support plans were completed with the resident, their families, community nurse and staff from the centre in attendance. Although invited by the centre residents' GPs did not routinely attend this review however, their input was referenced in a review of each resident prior to their annual review meetings. Personal plans were written from the residents' perspective and in most cases were signed by the resident themselves.

Each resident was fully supported to engage in meaningful activities and were encouraged and supported to participate in new occupational experiences appropriate to his/her interests and preferences. Each resident's personal plan detailed their designated key worker and associate workers who were assigned to work with the residents on a 1:1 basis to assist and support them in pursuing their aspirations by optimising their opportunities to engage in meaningful and fulfilling personal, social and occupational lives.

Residents told the inspector that family members and friends could visit at any time and inspectors noted that great emphasis was placed on ensuring residents maintained close contact with their families and significant others including going back on visits or staying with their family overnight as discussed in outcome 3.

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):

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

Findings:

The centre was located in a rural area and consisted of three community houses accommodated by residents and co-workers. There was also a one-bed-roomed apartment on-site which accommodated one resident. Two of the community houses and the apartment were finished to a satisfactory standard. The third community house was undergoing refurbishment which included an extension to improve communal accommodation. This work was at an advanced stage. Other accommodation used by residents on the site included a communal hall, weavery, bakery and candle-making workshops, a horticultural centre, garden and farm out-buildings. The site also accommodated the original farmhouse, visitor accommodation, an office and an

apartment used by staff. The main administrative office was located on the way into the site. All premises were easily accessible, bright, clean and well ventilated.

The premises were warm, homely and met the needs of residents by making good use of soft colours, suitable furniture and comfortable seating. The décor, design and layout were compatible with the aims of the statement of purpose. There were adequate showers and toilets with assistive structures in place including assisted baths, hand and grab rails; to meet the needs and abilities of the residents. Resident's privacy and dignity needs were met by the accommodation arrangements in place as all residents had single accommodation. There were adequate sitting, recreational and dining space separate to the residents' private accommodation. Each house had a spacious kitchen, the layout of which was domestic in style and a central point in each house. Many residents showed inspectors their rooms which were personalised with photographs of family and friends, favourite pop star posters and various personal items.

The external grounds were accessible with footpaths available to enable residents and others safe pedestrian access from house to house. There was a garden area with flowers and shrubs and vegetable beds. Another area had a variety of fruit trees including, apple, pear, blackcurrant, strawberry and gooseberry. Housing for the farm animals and winter feeding was available accessible to the community houses. The grounds were kept safe and reasonably well maintained. Building site-work was in progress on the days of inspection and the site was screened off by secure fencing.

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):

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

Findings:

The designated centre has a health and safety officer who described the arrangements in place for ensuring the health and safety of residents, visitors and co-workers/staff. These arrangements included completion of a health and safety audit by an external provider which was completed bi-annually. Inspectors viewed the action plan developed from the findings of the last audit and noted that it was risk assessed and tracking of completion of the actions was in progress. Actions to be completed were risk rated with specified timescales stated for their resolution.

The inspector noted that there was a National Camphill Community risk management framework dated as reviewed in February 2014. This framework detailed the risk management process and use of a risk matrix methodology for assessing risk in the centre. This framework identified the arrangements for the identification, recording,

investigation and learning from serious or untoward incidents or adverse events involving residents. A record was maintained of all accidents and incidents in the centre which included details, witnesses, investigation and action taken in addition to evidence of follow-up and risk assessment. There was evidence of learning from investigation and management of serious incidents.

The centre's safety statement was dated June 2015. A missing person policy dated June 2015 was implemented. Missing person profiles and supervision arrangements were in place for residents who were assessed as being at risk of leaving the centre unaccompanied. A self-harm policy was available. The inspector reviewed the safety statement which detailed hazard identification and management of hazards in the centre. The risk register included hazards associated with aggressive behaviour, medication, fire, driving/transporting, the farm environment, garden areas and craft workshop and there were concomitant controls aimed at mitigating risk from these identified hazards. Building work in progress on-site was also risk assessed with controls in place to mitigate any risks identified to residents or others. Window restrictors were engaged on first floor windows in the two storey house forming part of the designated centre.

Service records for emergency equipment and resident handling equipment were made available for inspection. The generator was checked on a weekly basis and annual servicing was been sought. The inspector observed that fire prevention arrangements were in place with checking procedures in each house. Each house and workshop had a fire blanket and extinguisher equipment serviced annually. There was evidence that simulated fire evacuation drills were completed to reflect conditions during the day and at night for safe evacuation of residents. Staff spoken with were knowledgeable regarding the procedures they should take on the fire alarm sounding. However eight staff had not completed fire safety training to date for 2015 as evidenced by the staff training records. Personal Emergency Evacuation Plans (PEEPs) were in place for each resident that identified their nearest exit route, assessment of equipment and staff requirements and issues that may hinder evacuation such as, mobility issues, reluctance to leave or difficulties hearing the fire alarm. Fire evacuation plans were displayed in all houses. Fire exits were observed to be clear and upgrading of the fire alarm in one community house undergoing refurbishment was in progress.

Infection prevention and control procedures and practices were in line with the recommendations of the National Standards. Hand hygiene facilities were available and undertaken by staff. As co-workers also used the bathroom/shower facilities, their toiletries were stored securely in these areas. Some residents required support with their mobility. The training records evidenced that not all staff had attended mandatory instruction on safe inanimate and/or animate manual handling procedures as required. This finding is discussed in outcome 17.

Judgment:
Substantially 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):

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

Findings:

There was a policy informing protection of vulnerable residents in place to guide staff on how to respond to suspicions of abuse in accordance with the Regulations dated 05 March 2014. However, this policy required review as the person in charge was not correct as referenced. The policy did not clearly inform the action to be taken in the event of an allegation against a co-worker who may live in the same residence as the resident. There was also no information informing actions to be taken if an allegation was made against a senior staff member including the person in charge. This finding is discussed further in outcome 18. A safeguarding officer was identified on-site. While staff spoken with were aware of the actions they should take in response to an allegation of abuse, three staff had not completed training on prevention, recognition and response to allegations of abuse as evidenced by the staff training records. However, the inspector was advised that this training was on-going. The inspector observed that all incidents of unexplained bruising to residents were monitored, recorded and investigated.

The person in charge described the safeguarding procedures and arrangements at a organisational and local level for recruiting, training and ongoing supervision of co-workers and staff. The person in charge and the designated safeguarding officer informed the inspector that they monitored safeguarding practices in the centre by regularly speaking to residents and their representatives, and by reviewing the systems in place to ensure the provision of safe and respectful care. The safeguarding officer was also the nominated complaints officer and farm manager. The inspector reviewed previous investigations undertaken and found them to be comprehensive with evidence of appropriate action taken. The inspector was told that due to the small resident population, monitoring their well-being closely was possible. As the person in charge and safeguarding officer worked alongside residents, residents were more comfortable sharing their concerns and worries with them.

Members of senior staff had their lunch with residents in different houses, therefore providing a good opportunity to meet and interact with all residents and co-workers/staff. During the inspection the inspector observed resident staff and staff-resident interactions to be respectful, empowering, gentle and friendly. Many residents confirmed to the inspector that they felt safe and spoke positively about the support and

consideration they received from co-workers/staff and were able to tell the inspector about key staff whom they could talk to if they had a concern.

Positive behavioural support plans were in place for residents who experienced episodes of challenging behaviour. The inspector observed that some residents had episodes of behaviour that challenged, while these episodes were mainly short-lived, a small number were more serious. The inspector saw that these episodes were closely monitored and the residents concerned were satisfactorily supported with input from professional medical services and supported living accommodation was provided. Groundwork on an area of the site was underway to provide supported living accommodation for a resident with identified behavioural support needs. The inspector was advised by the person in charge that physical or chemical restraints were not in use in the designated centre. If required, the National Restraint Policy was available to inform their use. Due to the nature of the community and the space available, residents were supported to move away from situations that caused them anxiety with the support of staff. The inspector observed this action in operation during the morning 'Gathering' meeting.

Training in managing challenging behaviour was provided for all staff, nine staff had not attended this training at the time of this inspection as recorded by the staff training records.

The inspectors discussed the arrangements in place for the management of residents' personal finances and found that there was a robust and transparent process in relation to managing and recording residents' finances.

Judgment:

Substantially Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed the accident/incident log and confirmed that all incidents as required by Regulation 31 had been notified to the Chief Inspector. The person in charge demonstrated the appropriate knowledge of their statutory obligation to notify the Chief Inspector.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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.

Theme:

Health and Development

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

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

Findings:

Residents' opportunities for new experiences, social participation, training and employment were supported. Goals were developed in accordance with each resident's preferences and to maximise his/her independence. Due to the level of 1:1 support afforded to residents, the inspector observed that individual residents were afforded choice and were empowered to successfully engage in individual interests including art, computer and literacy courses and horse riding among others. All residents were afforded an opportunity to go on a holiday which for some residents was to countries abroad.

While there was a general routine to life in the centre with some level of activity/job allocation in place; residents confirmed to the inspector that they had a good choice of meaningful activities from which they could choose to attend or work at each day. The inspector met with residents who no longer worked and chose to stay in the community houses during the day. A plan tailored to meet their less active lives was in the process of development and for some residents was partially implemented as a 1:1 programme of gentle exercise and increased leisure activities. For those residents who opted to attend activities or be involved in the working life of the centre, art and crafts including candle making, baking, cheese-making, gardening, horticulture, dairy and dry stock farming and weaving pursuits were available on site. Many residents shared their experience of life in the designated centre with inspectors as being positive and fulfilling.

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):

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

Findings:

The inspector found that there were satisfactory arrangements in place to support residents' health care needs with the exception of access for some residents with swallowing deficits for speech and language therapy service assessment as previously mentioned in outcome 2. The inspector reviewed a sample of residents' healthcare documentation including assessments and care plans for residents. All residents' needs were assessed and care plans were in place advising the interventions required by staff to address unmet needs. Residents had access to a general practitioner of their choice which included an out of hour's service. Residents attended the community nurse in the local health centre as required. The person in charge maintained regular contact with the community nurse to support her with managing residents' healthcare needs. Some residents had a diagnosis of epilepsy; documentation for management of seizures was in place, supported by training of some staff in this area of resident care. Incidents of resident seizures reviewed by the inspector were satisfactorily managed. Residents were facilitated to access physiotherapy, occupational therapy and a dietician. The person in charge told inspectors that speech and language therapy support was difficult to access and one resident with communication needs was working with the assistance of an occupational therapist. Some residents with communication difficulties in addition to swallowing difficulties were reviewed by speech and language therapy services since the last inspection in June 2014. The inspector also noted that recommendations made were satisfactorily implemented. However one resident was receiving modified consistency food (chopped-up) on this inspection in the absence of a specialist assessment of their swallowing function. While residents at risk of choking were identified by the service and they was evidence of local action taken with food modification to mitigate the level of risk, access to speech and language therapy services required improvement to ensure residents' needs were assessed and supported in this area.

There was evidence that residents attended outpatient and general health appointments and reviews. The inspector observed that a record was maintained of all nursing and medical care provided to residents, including a record of the residents condition and any treatments or other interventions as required by schedule 3, paragraph 3(g) of the regulations. However, this was not in place for all residents. This finding requires improvement to ensure the service is appropriately informed to facilitate adequate monitoring of each resident's healthcare and implementation of specialist recommendations as required. This finding is discussed further in outcome 18.

The inspector observed a resident mealtime and was satisfied that residents received a nutritious and varied diet that offered them choice. Mealtimes were unhurried social occasions where residents and co-workers dined together, this time provided opportunities for residents to interact with each other and staff. Co-workers and staff to whom the inspector spoke stated that the quality and choice of food were frequently discussed with individual residents and changes were made to the menu in response to feedback. The inspector noted that residents were involved in the day to day running of their homes' including the cooking for each meal within each house. The inspector observed that for most residents and co-workers mealtimes formed an important part of the day within the centre. Some residents told inspectors that they had helped purchase supplies and prepare the dishes served on the day of inspection. Some residents assisted staff with food preservation activities. Nutritious snacks were available to

supplement mealtimes and residents were supported to prepare their own snacks if they wished. There were adequate quantities of food prepared, cooked and served. Residents were supported with weight management plans which included support with an exercise programme. Residents' weights were monitored and while there were no residents with unintentional weight loss, the nutritional policy did not inform all areas of residents' nutritional management. An accredited tool was not in use for assessment of nutritional deficit. This finding is discussed in outcome 18. The staff training records evidenced that 14% of staff had attended training in nutrition and while all staff involved in cooking residents' food carried out hand hygiene, 84% of staff had not attended training in basic food hygiene. These findings require urgent review to ensure the needs of residents are met. This finding is addressed in outcome 17.

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):

No actions were required from the previous inspection.

Findings:

Residents had access to the pharmacist of their choice and were facilitated to personally attend their pharmacy. There was a centre-specific medication policy that detailed the procedures for safe ordering, prescribing, storing administration and disposal of medicines which had been reviewed in February 2014. The policy confirmed that residents were supported to manage their own medicines and outlined the risk assessment in place to support this. Two residents were supported to manage their own medications. Residents' medication was stored securely and there was a robust key holding procedure.

The inspector observed medication administration by staff and while satisfactory in most respects, the inspector found evidence of pre-signing medication administration records which also involved putting a resident's medication aside for taking later. This finding did not provide assurances that all co-workers/staff had a satisfactory understanding of medication management and adherence to guidelines and regulatory requirements. Training had been provided for co-workers/staff in relation to medication management and the administration of buccal midazolam in the management of epileptic seizures. While, the staff training records referenced that not all staff had received medication administration training, the person in charge stated that staff involved in medication administration had attended this training.

A sample of medication administration records were reviewed by an inspector. The

inspector observed that medication administration by staff was informed by their reference to pharmacy generated prescriptions. While a copy of the original prescription was maintained in each resident's documentation, the medication prescription documents referenced by staff were not signed by a general practitioner and as such were not valid prescriptions as required by prescribing legislation. The maximum dose of 'as required' (PRN) medication to be administered in a 24hr period was stated.

Co-workers/staff with whom inspectors spoke outlined the manner in which medications which are out of date or dispensed to a resident but are no longer needed are stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal. A written record was maintained of the medicines returned to the pharmacy which allowed for an itemised, verifiable audit trail.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The statement of purpose consisted of the aims, objectives and ethos of the designated centre and statement as to the facilities and services that were to be provided for residents. The statement of purpose was made available in an accessible format for residents to read.

The written statement of purpose described a service based on a 'life sharing' model in an environment that is 'comfortable, sustainable and balances residents' lives between work, rest and play'. Inspectors observed that the ethos as described in the centre's statement of purpose was promoted.

The statement of purpose contained all of the information required by Schedule 1 of the Regulations and inspectors found that the Statement of Purpose was clearly implemented in practice. The statement of purpose was reviewed to reference changes in staff responsibilities and a new 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):

No actions were required from the previous inspection.

Findings:

There was a defined management structure in place that identified the lines of authority, accountability; specified roles and detailed the responsibilities for all areas of service provision. Co-workers/staff to whom the inspectors spoke were clear about who they reported to within the organisational line management structure in the centre. The provider nominee attends the centre on a regular basis and attended the closing meeting on this inspection.

Residents were familiar with the person in charge and the management team. There were clear deputising arrangements in place for an absence by the person in charge if required. The local management team includes three house co-ordinators, a safeguarding officer, an administrator, farm manager, workshop master and the person in charge.

The person in charge works on a full-time basis in the centre and commenced in her role in September 2014. The person in charge has the required experience and knowledge to ensure the effective support and welfare of residents in the centre. She completed a degree in social care in 2007 and has worked in the disability care sector since 2005. The person in charge stated that she was well supported by the provider. She discussed how she ensured effective communication and governance of the centre which included regular meetings with co-workers/staff, supervision, training and personal development activities. In addition, the person in charge attended the daily 'gathering' meeting and visited the houses each day which assisted her in keeping informed in relation to residents support needs while using the opportunity to communicate issues with residents and co-workers/staff.

There were regular scheduled senior management team meetings in addition to meetings at each level in the designated centre.

While some monitoring of the quality and safety of care and quality of life for residents was taking place, the system in place required development to ensure key aspects of the service was audited to ensure the service provided was safe and met residents' needs. For example, deficits were found in medication management practices and staff training which were not identified by monitoring by the service. While, the provider nominee completed an unannounced visit to the centre to assess quality and safety, a written report was in preparation detailing a plan to address any concerns identified.

The inspector viewed a safety audit completed by an external provider as part of the risk management process which detailed areas requiring address and timeframes for completion.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

The inspector found that arrangements were in place through the appointment of a named person to deputise in the absence of the person in charge.

The person in charge had not been absent for a prolonged period since commencement and there was no requirement to notify the Authority of any such absence. The provider was aware of the need to notify the Authority in the event of the person in charge being absent.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that the designated centre was adequately resourced to ensure the effective safe and effective delivery of care and support in accordance with the Statement of Purpose. However, access to speech and language therapy services required review to ensure the needs of residents with swallowing and speech deficits

were appropriately assessed. In addition, there were gaps found in mandatory staff training requirements and training to support staff skills/knowledge in meeting the needs of residents. These findings are discussed in outcomes 11 and 17.

The inspector found that the facilities and services available in the designated centre reflected the Statement of Purpose with the refurbishment of one community house at an advanced stage and construction of a new supported living residence under way to meet the needs of one resident residing accommodated in a supported living arrangement in one of the community houses.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the numbers of co-workers/staff, qualifications and skill-mix were appropriate to meet the number and assessed needs of the residents on the days of inspection. There was a staffing rota available for each community house. Residents were appropriately supervised by co-workers/staff. Staffing arrangements were in place to meet the needs of a resident with a supported living arrangement to meet their assessed needs. A lone worker policy was in place.

A sample of co-workers/staff files was reviewed and found to contain all the required elements. There was evidence of effective recruitment and induction procedures informed by policy documentation. Co-workers/staff were supervised appropriate to their role and a formal annual appraisal system was in place. Regular supervision meetings were convened and documented. All staff were appropriately vetted.

Training records were forwarded following inspection. They demonstrated that training of staff was required to ensure co-workers/staff had the required knowledge and skills to meet the needs of residents. The training records evidenced that not all staff had attended mandatory training requirements or training to ensure they had the skills and evidence based knowledge to meet the needs of residents. As discussed in the relevant outcomes in this report some staff required training in nutrition, food hygiene, epilepsy and management of challenging behaviour to ensure they have the skills and knowledge

to meet the needs of residents. While staff training in medication management was completed for all persons responsible for medication administration, some practices were not in line with medication management requirements.

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):

No actions were required from the previous inspection.

Findings:

All residents' records and documentation were stored securely and maintained so as to ensure completeness, accuracy and ease of retrieval.

A record was not maintained for one resident's in respect of all nursing and medical care provided, including a record of the residents' condition and any treatments or other interventions as required by schedule 3, paragraph 3(g) of the regulations.

Written operational policies as required by Schedule 5 had been developed and were made available to the inspector. However, some policies required review to ensure they were evidence based and informed practice. Policies requiring review included the nutrition policy as it did not inform all areas of residents' nutritional management. An accredited tool was not in use for assessment of nutritional deficit. The safeguarding of vulnerable residents policy also required review.

The inspector reviewed a sample of co-workers'/staff files and found that they contained all of the information required under Schedule 2 of the Regulations.

The residents' directory was up-to-date.

Records listed in Schedule 4 to be kept in a designated centre were all made available to inspectors.

The centre provided evidence of insurance against accident or injury and insurance

cover complied with the all the requirements 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:

Catherine Rose Connolly Gargan
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 Camphill Communities of Ireland |
| Centre ID: | OSV-0003603 |
| Date of Inspection: | 25 August 2015 |
| Date of response: | 04 November 2015 |

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:

Advocacy services for some residents had ceased at the time of inspection and were not replaced. The use of an 'as required referral for advocacy services' did not ensure residents' needs were met in this area as arrangements did not ensure the resident and the advocate were known to each other.

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

1. Action Required:

Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access to advocacy services and information about his or her rights.

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

We are identifying 1-2 people external from the community who can/have built up a relationship with our residents, whom the residents are happy with and will also be carrying out Garda vetting on these people.

Proposed Timescale:

Theme: Individualised Supports and Care

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

There was inadequate reference regarding complainants' satisfaction with the outcome of complaint investigation to ensure referral to the appeals process was not required.

2. Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

When a resident's complaint has been resolved, we now ask as part of their bi-monthly review if they are still happy with the outcome and a copy of this is kept with our complaints and reviews.

Proposed Timescale: 04/11/2015

Outcome 02: Communication

Theme: Individualised Supports and Care

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

Assessment for assistive communication technology was not fully completed for all residents.

3. Action Required:

Under Regulation 10 (3) (b) you are required to: Ensure that where required, residents are facilitated to access assistive technology and aids and appliances to promote their full capabilities.

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

All residents requiring assessments have been referred through the primary care team

who are going to contact the speech and language therapist as the Central remedial Clinic will not accept referrals of our residents as intellectual disability is their primary diagnosis. Awaiting appointment dates 11/01/15.

Proposed Timescale: 11/01/2015

Outcome 03: Family and personal relationships and links with the community

Theme: Individualised Supports and Care

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

Improvement was required to support residents who expressed a wish for a personal relationship.

4. Action Required:

Under Regulation 13 (2) (c) you are required to: Provide for residents, supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

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

Presently gathering information for the resident from the wider community, e.g. Arch club, road bowls, special Olympics to find the best suited peer group for the resident and provide them with a wide range of choice to try.

Proposed Timescale: 26/11/2015

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:

Resident contract documents required some review to ensure clarity in terms of what services were covered by the fee including whether additional medical therapies/treatments were covered by the fee or available at an additional charge.

5. 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:

National Guidance is being amended to clarify what services are included in the fee.

Proposed Timescale: 25/11/2015

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:

Eight staff had not completed fire safety training to date for 2015 as evidenced by the staff training records

6. 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:

All staff have training in emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment and arrangements for the evacuation of residents (PEEPS) while being inducted to their house community. External fire warden training has been completed for all staff who had not received it on 24/09/15 and 20/10/15, which now means 100% of our staff have fire warden training.

Proposed Timescale: 04/11/2015

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:

Nine staff had not attended training in managing challenging behaviour that is challenging at the time of this inspection as recorded by the staff training records.

7. Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

Staff are inducted into each residents care including their behavioural support plan and Management of Actual and Potential Aggression training is booked for November 5th 2015 for all staff who have not yet completed it

Proposed Timescale: 05/11/2015

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 was receiving modified consistency food (chopped-up) on this inspection in the absence of a specialist assessment of their swallowing function.

8. 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:

Resident has been referred to Speech and Language team for a swallow assessment through the primary care team. Awaiting appointment 11/01/15.

Proposed Timescale: 11/01/2015

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:

Medication management procedures required review to address the following areas;
- pre-signing medication administration records which also involved putting a resident's medication aside for taking later
- medication prescription documents referenced by staff were not signed by a general practitioner

9. 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:

Retraining was completed for co-worker who was not following our medicine management policy.

Medication documents are being reviewed and researching other systems with the pharmacy where we will have the prescribing doctors signature.

Maximum PRN dose was in place at time of inspection and had been since January 2015 following unannounced audit from Camphill Communities of Ireland.

Proposed Timescale: Retraining- completed, Documentation System- 27/11/15

Proposed Timescale: 27/11/2015

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:

While some monitoring of the quality and safety of care and quality of life for residents was taking place, the system in place required development to ensure key aspects of the service was audited to ensure the service provided was safe and met residents' needs.

10. 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:

Person in Charge to develop practical audit sheets to facilitate regular audits of best practice e.g. for medication management, food hygiene etc.

Proposed Timescale: 11/12/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Not all staff had attended mandatory training requirements or appropriate training to ensure they had the skills and evidence based knowledge to meet the needs of residents.

11. 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:

All staff have had Safeguarding and Complaints following training on 15/10/15

All staff have been fire warden trained by 20/10/2015.

All staff responsible for administration of medication have received training.

Food Hygiene and HASSOP awareness training is booked 4/11/15.

M.A.P.A training is booked for 5/11/15

Awaiting a date for manual handling training.

Proposed Timescale: 19/11/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

Policies requiring review included the nutrition policy as it did not inform all areas of residents' nutritional management. An accredited tool was not in use for assessment of nutritional deficit. The safeguarding of vulnerable residents policy also required review.

12. Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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:

Safeguarding policy was reviewed on 29/05/15 and was available on the day of the inspection.

H.S.E have been contacted for assessment tool for nutritional deficit.

Nutrition Policy will be reviewed to inform all areas of resident's nutritional management.

Proposed Timescale: 30/11/2015

Theme: Use of Information

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

A record was not maintained for one resident of all nursing and medical care provided to residents, including a record of the residents condition and any treatments or other interventions as required by schedule 3, paragraph 3(g) of the regulations.

13. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

Have spoken to the resident's family who are now happy to furnish us with records, they are in the process of changing doctors as their doctor has retired and will have records with us as soon as possible.

Proposed Timescale: 06/11/2015