

**Health Information and Quality Authority
Regulation Directorate**

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



| | |
|---|---|
| Centre name: | Inisfree |
| Centre ID: | OSV-0003382 |
| Centre county: | Laois |
| Type of centre: | Health Act 2004 Section 39 Assistance |
| Registered provider: | Nua Healthcare Services Unlimited Company |
| Provider Nominee: | Danika McCartney |
| Lead inspector: | Louise Renwick |
| Support inspector(s): | Noelene Dowling |
| Type of inspection | Unannounced |
| Number of residents on the date of inspection: | 6 |
| Number of vacancies on the date of inspection: | 0 |

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 17 January 2017 10:00 To: 17 January 2017 18:15

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

| |
|---|
| Outcome 04: Admissions and Contract for the Provision of Services |
| Outcome 05: Social Care Needs |
| Outcome 07: Health and Safety and Risk Management |
| Outcome 08: Safeguarding and Safety |
| Outcome 11. Healthcare Needs |
| Outcome 12. Medication Management |
| Outcome 14: Governance and Management |
| Outcome 17: Workforce |

Summary of findings from this inspection

Background to inspection:

This centre is operated by Nua Healthcare and was registered by the Health Information and Quality Authority (HIQA) in 2015. The centre had an unannounced inspection in July 2016 which found three outcomes were fully or substantially compliant, two outcomes were moderately non-compliant and two were majorly non-compliant. This had resulted in 14 actions that were in need of address by the provider and the person in charge, and an action plan response was agreed upon.

Description of service:

The provider's written statement of purpose outlines that it is the purpose and function of the centre to deliver services under the following headings;

- High Support
- Challenging Behaviour
- Mental Health Issues

The centre aims to provide 24-hour care to female adults and children aged between 16-30 years of age.

On the day of inspection all residents were over 18 years of age.

How we gathered our evidence:

Inspectors met with the newly appointed person in charge, the regional manager and two deputy team leaders. Inspectors spent time and spoke with three residents and observed practice and interactions between staff and residents. Inspectors reviewed documentation such as personal plans, admissions assessments, risk assessments, safeguarding plans, medication records and staff rosters along with personnel files and supervision records. Inspectors spoke with the designated officer for the organisation on the telephone.

Our Findings:

Some positive findings on this inspection:

- there had been a newly appointed person in charge who was based in the centre in a full time capacity
- staffing levels were consistent and amended or increased to meet the needs of residents as required
- the centre was well maintained and adequately resourced
- one resident had successfully moved onto independent living since the previous inspection.

While some improvements were noted in relation to the previous actions, inspectors had concerns regarding the safeguarding of residents and found that further improvements were required in order to be fully compliant with the Health Act 2007 (Care and support of residents in designated centres for persons (children and adults) with disabilities) Regulations 2013. Inspectors followed up on the actions from the July 2016 inspection and found that the provider had taken action as outlined in the response to the original action plan. However, this inspection report highlights the need for further improvements. Failings were identified in relation to the following:

- The process of admissions into the centre required review to ensure adequate assessments were conducted prior to an admission and the protection of residents.
- Improvements required to protect residents from harm and abuse and to the overall management of risk.
- The management systems required improvement to ensure adequate monitoring and review of the quality of care being delivered.

The findings of this report are outlined under the relevant outcome headings and 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 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:

Inspectors reviewed contracts of care and determined that while there were written agreements in place they needed to be more specific. Some residents had lived in the centre for a number of years, and others had recently moved in. There was a lack of clarity in the written agreements to specifically outline the purpose of their stay in this centre and the terms upon which they would reside. Residents outlined to inspectors that they were unclear of their contracts and the purpose and length of their stay. This needed to be addressed.

Residents told the inspector that they had the opportunity to visit the centre prior to agreeing to their admission. This was evidenced in their documentation also and was a positive finding.

The Statement of Purpose outlined that emergency admissions could be accommodated into the centre. There was also scope for new residents to avail of a residential placement in the centre while a 12 week assessment from the multidisciplinary team (MDT) was being carried out. The results of this assessment would determine if the centre was fully suitable to a residents' needs or if they were more suited to a different centre or level of support.

Since the previous inspection some residents had moved out and two new residents had moved in. While there was a process of assessing the impact of a new admission as outlined in the statement of purpose, inspectors found that the process of assessment did not adequately alleviate or reduce the risks associated with it. Placements were given to residents even if the provider's risk assessments showed high risk and high impact to others.

Judgment:

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):

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

Findings:

Inspectors found that residents were encouraged to be social and involved in their community. There was appropriate staffing and transport available in line with risk assessments to ensure residents could be active citizens. For example, attending computer courses locally. Residents had goals identified and were supported by staff to achieve these in aspects of independent living and being a part of the community.

Inspectors reviewed a number of residents' files and found improvement was required in relation to the assessment of residents' needs prior to admission as required by Regulation 5.

Inspectors determined that the process and manner in which the provider carried out assessments and created personal plans, was not fully in line with the regulations. While a 12 week assessment period commenced once a resident moved into the centre, the information gathered prior to the move was not comprehensive enough to ensure their needs could be met or this centre was fully suitable to address those needs. For example, one pre-admission assessment outlined a professional opinion that a proposed resident should live in supported living, but the resident had moved into this centre which was described by staff and management as high support.

Once admitted in the centre residents had input from a variety of healthcare professionals as part of their twelve week assessment period. Information from these assessments determined or confirmed any diagnosis of condition, any identified risk or vulnerabilities and gave professional opinions on the best placement for a resident and the level of support they required. Based on this, residents had personal plans put in place to determine the supports they required in all aspects of their life. For example, aspirational goals such as completing a driver theory test, medication plans and plans such as improving life skills or managing their weight. Prior to the completion of the 12 week assessment, personal plans were put in place with 28 days. However, inspectors

found that the plans for two recently admitted residents were not detailed enough or fully based on the assessed needs. The reliance on the results of the 12 week assessment delayed the provider from ensuring a personal plan was put in place in line with regulations.

Inspectors were not assured that the review of personal plans included reviewing how effective they were. For example, how effective a residents personal plan was at reducing occurrences of self-harm, and what steps were taken to improve this. There were weekly clinical reviews and quarterly MDT reviews of residents. However, it was unclear from the planning documentation and review of same that all interventions, supports and plans were effective at achieving what they set out to do.

Each resident had a key worker who was responsible for leading their supports. Key worker sessions were held regularly and each week residents agreed a daily plan for the week ahead. These daily plans were filled with activities of their choosing as looked at through the personal planning process. For example, attending a computer course in the community. Residents were encouraged to stick to their predetermined planners as a way of structure and stability. Inspectors found that residents were encouraged to be active members of the community, and staffing levels were supportive of residents' needs in this regard.

Overall, inspectors found a system was in place for assessing residents' needs once they were living in the centre. However, there was an absence of a comprehensive assessment prior to their move to ensure the centre was suitable to their needs, and could deliver care and support in line with that. The review of interventions, plans and supports were not cohesively assessing how effective these inputs were in line with the statement of purpose.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Overall, inspectors found that some steps had been taken by the provider and person in charge to bring about improvements in relation to the promotion of the health and safety of residents, staff and visitors in the centre. However, further improvement were required.

Inspectors noted improvements in the precautions in place to reduce the risk of fire. There was an updated emergency lighting system installed and evidence of servicing and checks by a relevant professional. There was a written procedure to follow in the event of a fire on display in the centre. Zones on the fire panel were now identified to assist in ease of identifying the location of a fault of fire in the building. Fire drills had been completed since the last inspection, with records maintained that showed who took part, how long it took to evacuate and any issues that arose. These were all improvements in relation to the management of the risk of fire in the centre.

Inspectors were not fully assured that the systems in place for reviewing and managing risk had been adequately addressed, and this remained an action from the previous inspection. Most notably the risks associated with the mix of residents and their impact on each other and their progress. There was a risk management policy in place which outlined how the provider managed the generic risks as specified in the regulations. While there was a pathway for escalating an incident of a particular rating to management, the policy did not clearly outline at what point a risk would be accepted or escalated. This was most evident in the impact risk assessment which showed high risks but did not indicate at what point the provider would deem the risk too high (in relation to the negative impact on other residents).

The highest risks being managed in the centre were linked to residents' behaviour towards themselves and others. Each resident had an individual risk assessment and standard operation procedure on their file that looked at risks such as self harm, aggression and violence. Inspectors found that there were conflicting information in individual risk assessments for residents. For example, outlining a resident can have unaccompanied access in the community, but elsewhere highlighting this as a risk and the need for one-to-one supervision.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

Since the previous inspection, improvements had been made to ensure the process for dealing with allegations of abuse was in line with national policy.

However, significant improvement was required in relation to this outcome.

Two investigations that were re-opened in 2016 where now closed off. The inspectors were informed by the regional manager that both the provider's review of an investigation and the HSE's independent review of a second investigation, both from 2015, had concurred with the initial findings of the provider's investigation that showed no evidence to substantiate the claims. Following on from the inspection, inspectors were sent the findings of this report as requested. Inspectors reviewed the documentation and found that while the concluding findings were the same, the review did identify a number of issues with the process, how the investigation was conducted and the overall management of these allegations. This review gave a number of recommendations to the provider regarding their safeguarding processes. Inspectors were informed that these had been addressed.

Inspectors were informed that there had been additional training in safeguarding for the team in the centre. Inspectors were told that safeguarding was now a continuous agenda item on all team meetings and that there was more of a focus on safeguarding on induction training with new staff members. Some of this was evident on inspection, with the minutes of staff meetings highlighting discussions on safeguarding issues. Inspectors were aware that a checklist was being devised to support staff in ensuring they were following all the steps of the national policy on the protection of vulnerable adults. This was not yet in place. The centre's policy on vulnerable persons had been updated in January 2017 and inspectors found this to offer clearer guidance than previous versions.

At the time of the inspection, there was one allegation of abuse being investigated in line with national policy, and evidence that other recent allegations had also followed national policy and were clear in their recording of information. The designated officer could provide oversight on the numbers and nature of all safeguarding concerns raised in 2016.

While improvements were being made to investigating allegations inspectors were concerned about the provider's ability to protect all residents from abuse and harm. Inspectors found that the number and mix of current residents was having a negative impact on their safety. Records of meetings reviewed highlighted that one resident had been heard telling another new resident to self-harm. Inspectors were informed that the two residents tried to facilitate each other in this regard. On review of incidents inspectors found a pattern of copy-cat behaviour was occurring in the centre, with one resident attempting self-harm or suicide in the same manner following an incident by another resident. Inspectors were told by management that these two residents were "feeding into each other". These had not been viewed or managed as a safeguarding concern.

While impact risk assessments were completed prior to a new resident moving in, these identified risk and areas of concern but did not effectively alleviate or control them. Inspectors found that there was an acceptance of risk in the centre that was not being appropriately managed. Inspectors were concerned that the safeguarding measures in place were not appropriately ensuring residents' safety with regards to the influence of their peers, the effect new admissions were having on all residents, and the numbers and needs of residents.

This centre is described as high support and restrictive practices were in use. At times of risk to themselves or others restrictive holds were used to physically hold residents. On review of incident forms some positive things were noted regarding the use of these holds that suggest best practice. For example, explaining to the resident what they can do to release the hold, releasing the hold once the resident had returned to baseline and talking to the resident through the intervention. However, there was evidence to show that the use of physical interventions was not always effective. For example, when a physical hold was deemed as unsuccessful or when residents could succeed in harming themselves or others while in a restrictive hold. Inspectors were informed that since these incidents the staff team now practice the approved holds each morning to ensure they are all confident in their use.

Chemical interventions were used in the centre for residents at times of anxiety or agitation. Inspectors identified an issue with the protocols in place for administering PRN medicines (medicines only taken as the need arises). While medicine administration records indicated that the medicine had been administered, accompanying records did not indicate the rationale for their use and what effect the medication had. There was a lack of written protocols to guide staff on what point a sedative or psychotropic medicine should be given, and in what way the resident presented when requiring it. The lack of monitoring and review of PRN medicine for behaviour raised the potential for misuse and did not ensure its administration was always in line with best practice.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Inspectors found compliance in this outcome at the previous inspection, and determined on this inspection that in general good practice had continued with regards to the plans

in place. However, gaps were evident in the provision of services.

Residents with specific health needs, risks or concerns had care plans that outlined what support was required. For example, epilepsy care and weight management. There was a wide variety of allied health professionals available to residents living in the centre in areas such as psychiatry, psychology, psychotherapy and behavioural therapy. As part of their overall assessment residents' healthcare needs were determined. For example, how often they needed to see a therapist, or have bloods checked for monitoring.

Residents living in the centre had known risks of self-harm and self-injurious behaviour. However, at the time of inspection one residents did not have a locally assigned General Practitioner (GP). The resident was now living in a new area since moving into the centre and could not access their previous GP. One locally had not yet been arranged. This was most notable for a resident who self-harms, and who presented with an injury on the day of inspection that had not been reviewed by a GP. Inspectors raised this with the person in charge who said they would request a nurse to review the injury and seek medical attention if required. This did not occur during the inspection. Inspectors were informed that an out of hours GP service was available for emergencies.

While the person in charge outlined that the Health Service Executive (HSE) had been written to regarding the need for a GP on behalf of residents, the resident had lived in the centre for three months, and suitable arrangements had not been put in place as part of the residents' transition plan.

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):

No actions were required from the previous inspection.

Findings:

The previous inspection found that this outcome was compliant.

At this inspection, inspectors found a safe process remained in place for the management of medicine with regards to the ordering, prescribing, storing and disposal of medicine for residents. There were arrangements in place with a local pharmacist, and medicine was administered from blister packs to reduce the likelihood of errors.

Social care staff administered medicine following training and assessment in safe

administration.

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):

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

Findings:

While some actions were addressed since the previous inspection, some were still in need of improvement.

Inspectors found that a more stable management structure had been put in place in the designated centre in recent weeks. Since mid December 2016 a new person in charge had been appointed. Their role was full time and the person in charge was located in the centre itself. Previous to December, the regional manager held the role of person in charge along with responsibility to oversee practice in other designated centres, and this manager was not based in the centre. Staff told inspectors that in the short time since the new person in charge was appointed they felt that there was increased support and leadership, with an accessible person in charge available on a daily basis. This was an improvement. That being said, the person in charge was still settling in and familiarising herself with the centre. The benefits of this change were not fully evident at the time of the inspection.

Inspectors found that the provider still needed to address the failings in the management systems of the designated centre. The manner in which the centre was operated was not effectively and consistently monitoring that the service provided was safe and appropriate to residents' needs. While numerous systems and pathways of review of individual residents were in place, there was a lack of a cohesive oversight of the centre. For example, individual records of incidents were reviewed by a behaviour specialist and then by the person in charge, residents of the centre were discussed at clinical meetings on a fortnightly basis and quarterly at a MDT meeting. However, there was a lack of overview of the centre and the collation of all that occurred to identify trends, external factors or issues with staffing or the environment. For example, there

was no overall review of restrictive interventions and their effectiveness or review of the operation of the centre regarding admissions and transfers and the impact this was having on the safety of existing residents and their progress to date.

There were online systems of auditing in place. For example, an audit on one resident's admission in line with regulations and standards. Inspectors found that these did not fully capture risks or issues raised through this inspection. Unannounced visits to the centre were similarly completed with a selection of areas looked at in line with regulation and standards. Inspectors determined that audits and reviews conducted for this centre had not adequately identified and reported on the safety and quality of care and support provided to residents in the centre, or put a clear plan in place to address any concerns.

The inspector was informed that a 2016 annual review was being compiled and it included the views of residents. This was not available on the day of inspection, but would be forwarded to HIQA once completed.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

Inspectors found there was an adequate number of staff members working in the centre from a variety of backgrounds. There was a planned and actual roster maintained which demonstrated staffing cover in line with residents assessed needs. For example, two-to-one or one to one staffing. Some staff had obtained qualifications in social care practice and others in healthcare.

The inspector reviewed a sample of staff files and found the documents as required were in place in line with schedule 2. For example, proof of Garda Vetting, proof of identity and employment histories.

Mandatory training was made available to staff through an e-learning system. Upon commencement in their role, staff were required to complete a number of training

modules online. Staff were afforded an induction process along with some face-to-face training in the management of actual and potential aggression (MAPA), Manual handling and fire safety training. These were refreshed as required. Since the previous inspection, the provider had ensured staff received training from a member of the multidisciplinary team on supporting residents who self harm or have suicidal tendencies as well as external training in this area. This was an improvement since the previous inspection. The designated officer told the inspectors that the staff team had additional training in the area of safeguarding and protection of vulnerable residents.

Through observations on the day of inspection, inspectors found staff to be courteous to residents and speak with them in a calm and supportive manner.

The person in charge had begun to systematically carry out supervision with individual staff members and these meetings were recorded. This was an improvement since the previous inspection.

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:

Louise Renwick
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 Nua Healthcare Services Unlimited Company |
| Centre ID: | OSV-0003382 |
| Date of Inspection: | 17 January 2017 |
| Date of response: | 02 March 2017 |

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 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:

Written contracts were generic and did not clearly outline details of the services to be provided.

1. Action Required:

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

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

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

A review will be undertaken of the Contract of Provision of Services under regulation 24 (4)(a)

Proposed Timescale: 06/05/2017

Theme: Effective Services

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

Admissions practices did not protect all residents from abuse or harm.

2. Action Required:

Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

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

The Admissions process for the designated centre will be reviewed to ensure it is in line with Regulation 24.

Proposed Timescale: 06/05/2017

Outcome 05: Social Care Needs

Theme: Effective Services

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

The review of plans did not take account of how effectively they delivered what they set out to do.

3. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

Personal Plans to be reviewed and updated to reflect the change in needs of the resident and strategies which are implemented to support residents.

Proposed Timescale: 06/04/2017

Theme: Effective Services

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

Personal plans for new residents were not sufficiently detailed or based on the assessed needs of residents in order to guide support. (for example, as they were reliant on the results of the 12 week assessment)

4. Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

Personal Plans to be implemented within 28 days of new admission to designated centre to reflect resident's needs.

Proposed Timescale: 06/04/2017

Theme: Effective Services

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

While initial assessments were completed prior to residents moving into the centre, they were not comprehensive enough to reflect all needs.

5. Action Required:

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

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

A comprehensive review of the admission process will be under taken to ensure that it meets all requirements of regulation.

Proposed Timescale: 06/05/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Some risks were not adequately alleviated or managed such as the risks associated with the mix of residents and their impact on each other and their progress.

6. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

PIC to receive training on trend analysis to identify instant trends and inform future practice. The PIC to continuously review and manage all risks within the centre.

Proposed Timescale: 06/05/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The gaps in the recording and monitoring of chemical interventions did not evidence that they were used in line with best practice. i.e all alternative measures had been exhausted.

7. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

PIC to review symptom assessment tools requiring PRN intervention to ensure it reflects each resident's assessed presentation, management plan, PRN intervention guidance and monitoring arrangements necessary to support each resident.

Proposed Timescale: 06/08/2017

Theme: Safe Services

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

Residents were not protected against harm or abuse.

Inspectors were concerned that the safeguarding measures in place were not appropriately ensuring residents' safety with regards to the influence of their peers, the effect new admissions were having on all residents, and the numbers and needs of residents.

8. Action Required:

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

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

PIC to complete safeguarding vulnerable persons Training with the staff team and MDT to complete education with all residents on shared living.

Proposed Timescale: 06/06/2017

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:

One resident did not have a locally assigned General Practitioner and appropriate medical attention had not been given.

9. 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:

PIC to follow with HSE to ensure appointment of a local GP and ensure all appropriate medical attention is sought for residents

Proposed Timescale: 06/05/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

Systems were inadequate to monitor the quality and safety of care.

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:

Audit reports do identify compliance, however areas of non compliance or partial compliance are ticked in the audit reports that the inspector viewed. The area of compliance are available through the auditing system which are available in the centre if required by the authority. PIC to ensure that all areas of deficit identified through audits are addressed.

Proposed Timescale: 06/05/2017

Theme: Leadership, Governance and Management

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

Unannounced visits and audits did not adequately report on the safety and quality of care and support provided in the centre.

11. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

Audit reports do identify compliance, however areas of non compliance or partial compliance are ticked in the audit reports that the inspector viewed. The area of compliance are available through the auditing system which are available in the centre if required by the authority. PIC to ensure that all areas of deficit identified through audits are addressed.

Proposed Timescale: 06/05/2017