

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Hortlands House
Centre ID:	OSV-0003507
Centre county:	Dublin 16
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Gheel Autism Services Company Limited by Guarantee
Provider Nominee:	Paudie Galvin
Lead inspector:	Thomas Hogan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	7
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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: 23 August 2017 09:20 To: 23 August 2017 18:45

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management

Summary of findings from this inspection

Background to inspection

This unannounced inspection of Hortlands House designated centre was carried out to monitor ongoing regulatory compliance. This was the third inspection of this designated centre and it took place over one day. Nine outcomes were inspected against which included following up on actions from the previous inspection.

Description of the service

The designated centre is operated by Gheel Autism Services and comprises of two adjoined terraced houses. The property is owned by a third party. The lower level of one of the houses is comprised of a self contained apartment where two residents live semi-independently. Five residents reside in the remaining parts of the two adjoined houses. There is prefabricated wooden building at the end of the garden that contains two additional communal rooms for residents.

How we gathered our evidence

The inspector met and spoke with five residents, three staff members, the person in charge, a location manager, and the provider nominee during the inspection. Practices were observed and documentation such as statement of purpose, residents' guide, complaints register, resident meetings minutes, financial records, completed

audit records, and care plans. Some additional documents were forwarded to the inspector by the person in charge following the inspection and these were reviewed as a desktop exercise.

Overall judgment of our findings

Overall it was found that designated centre was in compliance with one outcome, in substantial compliance with three outcomes, in moderate non-compliance with four outcomes, and in major non-compliance with one outcome. Further detail on these outcomes can be found in the main body of this report.

The action plan at the end of this report identifies those areas where improvements were required in order to comply with the Regulations and the Authority's Standards.

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):

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

Findings:

The inspector looked at the action from the previous inspection under this outcome and did not inspect against the outcome in full. It was found that while the action from the previous inspection had not been satisfactorily implemented, some improvements were made in this area.

Residents did not have direct access to their own finances at the time of inspection. An arrangement was in place whereby the individualised organisational accounts were in place external to the designated centre and managed through a finance department. A standard monthly withdrawal was made and provided to residents in the designated centre. The monthly withdrawal was the same for each resident. Since the time of the last inspection amendments were made to the internal procedures around this arrangement and staff could now request additional finances from the individualised organisational held account for unplanned expenditures - a process which would ensure that the requested money would be available within 24 hours. The inspector acknowledges that the provider nominee was attempting to address this matter and outlined actions taken since the last inspection.

The financial records of two residents were reviewed by the inspector and it was found that there were systems in place to safeguard residents' finances.

Judgment:

Substantially Compliant

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

Findings:
The inspector found that each resident had a written contract which dealt with support, care and welfare, and included details of the services to be provided and the fees to be charged. Improvements had been made in this area since the time of the last inspection and evidence was available to demonstrate that action issued had been satisfactorily implemented.

There was a policy on, and procedures in place for admissions, including transfers, discharge and the temporary absence of residents. This document was dated November 2016. The person in charge highlighted that there had been a transfer of a resident to another designated centre since the time of the last inspection and that this transfer had been managed in accordance with the organisational policy. There was evidence available to demonstrate that this transfer was planned and considered the wishes, needs and safety of the residents availing of the services of the designated centre.

Judgment:
Compliant

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily

implemented.

Findings:

The inspector found that residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences; however, these opportunities were not guided through comprehensive assessments or formal plans.

On the day of inspection one resident was observed attending a musical theatre production, another resident was attending a part time job, while other residents were attending appointments, assisting with grocery shopping, visiting family members, and dining in a local restaurant. A review of social care assessments highlighted that these were not social care focused and instead mainly assessed self care abilities. Assessments for three residents were not fully completed.

Personal plans which were in place had not been reviewed or updated in lengthy periods, and in the case of one resident, no entry had been made since June 2016. In the case of another resident, three goals were in place since 2016, two of which had no entry on the progress of these goals documented since the creation of the plan.

While there were multidisciplinary team inputs available to the designated centre, there was an absence of evidence of inputs around the personal and social care assessment and planning processes. An annual review and planning meeting framework was in use in the designated centre, however, these had not been completed for all residents within rolling 12 month timeframes.

The person in charge and provider nominee acknowledged that there were non-compliance in this area and highlighted that a location manager had been recently transferred to the designated centre and that the issues identified would be addressed in the near future. Evidence was available which indicated that scheduling of annual reviews had commenced prior to the inspection.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The inspector found that overall the location, layout and design of the designated centre was suitable for its stated purpose and met the individual and collective needs of residents in a comfortable and homely manner. However, some actions from the previous inspection were not satisfactorily implemented.

It was found that the living room in the main unit of the designated centre was not of a suitable size for the needs of the residents. The room was small and did not comfortably accommodate five people at one time. In addition there was a stairwell located in the room through which staff and residents had to pass to gain access to the first floor of the building.

In one area of the designated centre there was a noticeable lack of storage facilities for residents' personal use. Remedial works were required throughout both units of the designated centre, internally and externally, in the form of painting and decorating. In addition, the flooring in the kitchen area of the apartment unit was found to be in a state of disrepair.

Two actions from the previous inspection were found not to have been satisfactorily implemented. Two bathroom areas were identified as not being of a suitable standard and required significant remedial works to address the lack of space, black stains and mould present. The person in charge and provider nominee acknowledged this finding at the time of inspection.

In addition, the boundary wall at the rear of the designated centre impacted on a resident's right to privacy and dignity. This action from the previous inspection had not been addressed.

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, the inspector found that while there were some systems in place to promote and protect the health and safety of residents, visitors and staff, some issues of concern were identified at the time of inspection.

There was a policy and procedures in place for risk management planning which was dated August 2016. In addition there was a policy and procedures relating to incidents where a resident goes missing (dated January 2017). While the person in charge informed the inspector that policies and procedures were in place relating to health and safety, this document was not available at the time of inspection. Similarly, the health and safety statement was under review at the time of inspection and therefore was not available to the inspector.

From discussion with staff members and the person in charge, the inspector found that arrangements were in place for investigating and learning from incidents or adverse events which occurred in the designated centre. Despite this, however, there was no log or records of accidents, incidents, or near misses available at the time of inspection.

The inspector found that suitable fire fighting equipment was provided in the designated centre and records were maintained of regular servicing of the fire alarm and emergency lighting. In addition records were maintained locally of testing of a carbon monoxide alarm installed in the centre. Procedures for the safe evacuation of residents and staff in the event of a fire were on display and the centre had signage in place indicating the location of emergency exits.

An action from the previous inspection regarding measures in place in the designated centre for the containment of fire were found not to have been satisfactorily implemented. No written confirmation was available to indicate that fire containment measures would be addressed in this centre.

A review of fire drills at the designated centre found that these were completed on a monthly basis and included night time evacuations. In addition, it was found that fire drills were completed within an appropriate timeframe and in accordance with the individualised personal emergency egress plans of residents. Records were maintained by staff of regular checks of fire exits and these were available to the inspector.

Both staff and residents spoken with were knowledgeable on what to do in the event of a fire. Despite this, two staff members were found not to have completed fire training while an additional four staff were found not to have completed refresher training in the required timeframe. The location manager informed the inspector of a training plan which was in place to address the identified deficits in training needs.

Judgment:

Non Compliant - Major

Outcome 08: Safeguarding and Safety

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

to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

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

Findings:

Overall, it was found that measures were in place to protect residents from harm or suffering abuse within the designated centre and appropriate actions were taken in response to allegations, disclosures or suspected abuse, however, improvements were required in the area of behavioural supports.

There was a policy and procedures in place in the designated centre for recognising and responding to allegations of abuse (dated February 2016). Staff spoken with were knowledgeable on what constitutes abuse and what to do in the event of an allegation, suspicion or disclosure of abuse. In addition, staff were observed to treat residents with warmth and respect throughout the period of inspection.

The person in charge outlined that they also held the role of designated safeguarding officer for the designated centre and an additional area external to the centre. The inspector found that they were knowledgeable of the Regulations and National Policy in this area.

A policy was in place in the designated centre for the provision of behavioural and psychological support (dated January 2016), however, it was found not to guide practice in this area. A behaviour support plan for one resident with complex behavioural needs was reviewed by the inspector in the company of the location manager. It was not clear who prepared the document, or when it was prepared, and it provided little guidance to staff on how to appropriately manage the behaviours displayed. In addition, there was no evidence of review of the behaviour support plan. The resident was observed by the inspector to be engaging in these behaviours throughout the inspection period. The person in charge confirmed that no referral had been made for input from the psychology department.

Judgment:

Substantially 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:

Overall, the inspector found that while some concerns were identified in the documentation, assessment and planning processes, residents were being supported to achieve good health outcomes.

The person in charge and location manager demonstrated detailed knowledge of the healthcare needs of residents. Despite this, healthcare assessments were not completed for all residents, and where they were available, were only partially completed. In the case of three residents, healthcare needs identified by the person in charge and location manager were not identified on the healthcare assessment document. In the case of one resident with vision impairment, the corresponding healthcare assessment stated "...appears to have normal vision".

A review of healthcare plans in place in the designated centre highlighted that many healthcare needs were not in place. In the cases of healthcare plans that were in place, the inspector found that they were not reviewed in the dates outlined and overall did not guide practice. The healthcare plans in place in the designated centre took the form of a summary of medical interventions to date relating to the healthcare issue.

Support for the staff team was available from a staff nurse who had protected time of at least one day per week for the designated centre. Phone support was also available from the nursing support during weekday business hours.

While the mealtime experience was not observed by the inspector, the preparation of a meal taking place during the period of inspection. One resident was observed to assist with the preparation, and from discussions with residents and staff, the mealtime experience was described as being a positive social experience. All meals were prepared in house and residents participated in preparation, shopping and menu planning. Easy read versions of menus were in place in the kitchen area to promote resident involvement. In addition, evidence was available to confirm that residents had access to adequate drinks and snacks between meals.

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):

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

Findings:

The inspector found that there were medication management policies in place in the designated centre. Staff administering medication had completed specific training in the area and were found to be knowledgeable regarding the medications prescribed.

In the case of one resident it was found that there was no PRN (medication only taken as the need requires) protocols in place for a psychotropic medication prescribed. In the cases of two other residents where PRN protocols were in place, it was found that these did not sufficiently guide practice.

A review of prescription sheets in use found that there were several documentation errors. Review dates, next review due dates and date of births of residents were found to be incomplete or be incorrect. The handwriting of the prescriber in two cases was found to be illegible and as a result presented administration risks which had not been considered as such by the person in charge. In the case of one resident who was prescribed 0.5mg of a medication on their prescription sheet, a recording form for administration of the medication stated the prescribed dose was 500mg. This was brought to the attention of the location manager and was resolved before the completion of the inspection.

The self administration of medication by residents was considered by the person in charge and evidence was available of completed assessments in this area, however, the inspector found that risk assessments were not completed in this regard. The person in charge explained that risk assessments were only completed if a resident was deemed to have capacity to self-administer medications. Therefore the risk of increased dependence on staff administering medication was not considered or assessed.

The person on charge outlined the systems in place for reviewing and monitoring safe medication management processes which included regular auditing, reviewing of incidents relating to medication administration, and ongoing training and upskilling for staff members.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and

Theme:

Leadership, Governance and Management

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

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

Findings:

Overall, the inspector found that effective management systems were in place in the designated centre which supported and promoted the delivery of safe, quality care and support services.

There was a clearly defined management structure in place in the designated centre which identified lines of authority and accountability. A new location manager was recently transferred to the designated centre and the plan outlined to the inspector involved their full time post being in the centre with a front line supportive role. Both the incoming location manager and person in charge were found to have sufficient knowledge of the regulations.

The person in charge was responsible for two designated centres and an additional day service area. This arrangement was found to be suitable given the support available within the designated centre from the location manager.

Residents spoken with throughout the inspection knew who the person in charge was and the inspector observed residents speaking with all staff involved in the management of the designated centre, including the location manager, person in charge, and director of services.

An annual review of the quality and safety of care and support in the designated centre was completed in February 2017 on behalf of the Director of Services and a copy of the report from this review was made available to the inspector. While overall this report was found to be of a satisfactory standard, it was noted that residents had not been consulted with as part of the review. No actions were listed following this review and as a result there was difficulty establishing if there was learning from the process.

Three reports of unannounced six monthly visits to the designated centre by the registered provider, or a person nominated by the registered provider, were made available to the inspector. These were dated March 2017, November 2016 and May 2016. The report for the March 2017 unannounced visit audited areas such as staff details, finance review, documentation review, safety review, support plans, staff documentation, and medication. In similar findings to the annual review, the six monthly unannounced report did not contain an action plan to address concerns or areas for improvement. The reports of previously completed six monthly unannounced visits which did include an action plan did not have updates available on the status of actions outlined.

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:

Thomas Hogan
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 Gheel Autism Services Company Limited by Guarantee
Centre ID:	OSV-0003507
Date of Inspection:	23 August 2017
Date of response:	16 October 2017

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Residents did not have access to their personal finances.

1. Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably

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

practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

Actions to date

- Each resident is actively supported to understand the importance of taking ownership of their personal possessions.
- Each key worker discusses their personal items with each resident on a monthly basis.
- All residents participate in Voice and Choice meetings. Agendas set for these meetings are themed, The October theme covers the management of personal items.
- All residents have access to all their personal items, some items such as wallets, are held with the permission of residents in the house safe. (evidence of choice in decision making related to this is filed in each individuals Support Plan – my personal finances form)
- Residents finances, the staff are now completing a monthly finance plan with each resident and evidence of this is logged in their support plan.
- Gheel as an organisation has recently appointed a Director of finance., part of the brief of this role is to prioritising the review of the current organisational practice, with a specific focus on the capacity of the our service users.
- Gheel will continue to engaging with financial organisations to explore opportunities for further autonomy for our service users.

Proposed Timescale: Actions achieved - October 2017 - to be reviewed – January 2018.

Proposed Timescale: 31/10/2017

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:

Evidence was not available to demonstrate that personal plan reviews were multidisciplinary.

2. Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

Actions to date.

- There is now a designated Psychologist who supports the team to ensure a thorough multi disciplinary approach is evident.
- The designated Psychologist (supports the challenges of behaviours)now attends residents Annual reviews and participates in attendance at staff team meetings.
- There is input from OT and associated supports as considered relevant to the review of

the wellbeing of each resident.

- Nursing input is available to support the impact of behaviours on the health and wellbeing of residents.
- There is now an agreed plan for the implementation of Clinical input to guide practice related to complex behaviours and the review of the same.

Proposed Timescale: Action completed November 2017

Proposed Timescale: 30/11/2017

Theme: Effective Services

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

Personal plan reviews did not assess the effectiveness of each plan.

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:

The action submitted by the provider did not satisfactorily address the failings identified.

Proposed Timescale:

Theme: Effective Services

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

Personal plans were not reviewed annually or more frequently if required.

4. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

The action submitted by the provider did not satisfactorily address the failings identified.

Proposed Timescale:

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

Comprehensive assessments of health, personal and social care were not completed for residents.

5. Action Required:

Under Regulation 05 (1) (b) 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 as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

Actions taken

- All Health Care assessments and Social Care assessments are being reviewed in October 2017.
- There is a schedule in place for the completion of the updates on these documents by the end of November 2017.
- The location manager and the team are actively involved in reviewing the Health Care Assessment forms. and the designated nurse has input in to reviewing and signing off on the same.

Proposed Timescale: 30/11/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The flooring in the kitchen area of the apartment unit was found to be in a state of disrepair.

6. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

- The findings of our Inspection have been escalated to the Facilities Manager - Third Party Owner.
- A meeting has been requested with the Facilities Manager – Third Party Owner of the premises.

Proposed Timescale: To be reviewed in November 2017.

Proposed Timescale: 30/11/2017

Theme: Effective Services

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

There was insufficient storage facilities made available for the personal use of one resident.

7. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

•Following our most recent Inspection, the staff team consulted with the residents living in the apartment to follow their wishes in resolving the storage issues. The residents were supported to choose a suitable storage option that would accommodate the storage of their items in a more safe and secure manner.

Proposed Timescale: 31/08/2017

Theme: Effective Services

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

The boundary wall at the rear of the designated centre impacted on a resident's right to privacy and dignity.

8. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

The action submitted by the provider did not satisfactorily address the failings identified.

Proposed Timescale:

Theme: Effective Services

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

1. Two bathrooms in the designated centre were in need of modernisation.
2. The designated centre required painting both internally and externally.

9. Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

- The findings of our most recent HIQA Inspection have been escalated to the Facilities Manager – third party owner of the property.
- A meeting has been requested with the Facilities Manager (as above) to discuss the required upgrades to the property and adjacent apartment.

Proposed Timescale: To be reviewed in November

Proposed Timescale: 30/11/2017

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:

A log of all incidents, accidents and near misses was not available in the designated centre at the time of inspection.

10. 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:

The action submitted by the provider did not satisfactorily address the failings identified.

Proposed Timescale:

Theme: Effective Services

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

It was unclear if adequate arrangements were in place for the containment of fire within the designated centre.

11. Action Required:

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

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

The action submitted by the provider did not satisfactorily address the failings identified.

Proposed Timescale:

Theme: Effective Services

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

Two staff members were found not to have completed fire training and an additional four staff were found not to have completed refresher training in the required timeframe.

12. 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:

Action taken

- The Location Manager has ensured that all staff have now completed any outstanding fire training.
- One newly appointed relief staff member will complete his Fire training on the 13/11/2017.

Proposed Timescale: 03/10/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

1. Behaviour support plans did not guide practice in the management of behaviours of concern.
2. There was no evidence of the review of behavioural support plans.
3. Therapeutic intervention was not available for one resident with complex behavioural support needs.

13. Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

- There is now a designated Psychologist assigned to this designated centre . This team member participates in team meetings, and attends all residents annual reviews.

- Each resident is consulted regarding the involvement of the clinician in supporting their wellbeing.
- There is an assigned OT who is available to support and develop interventions
- Guiding practice – a multidisciplinary team approach has now been introduced when compiling behavioural support plans. The designated Psychologist will oversee and sign off on the same.
- The review of behavioural support plans, will be linked to the monitoring of individual risk assessments, monitoring of incidents, changing needs.
- Therapeutic intervention, The designated Psychologist alongside the Key Worker will review any complex behaviours as required.

Proposed Timescale: 30/03/2018

Theme: Safe Services

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

The policy in place in the designated centre for the provision of behavioural and psychological support did not guide practice.

14. Action Required:

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

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

- The policy is being reviewed by the Clinical team.
- A designated Psychologist has been put in place to support and oversee the implementation and review of behavioural support plans. (October 2017)

Proposed Timescale: 30/11/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

1. Comprehensive healthcare assessments were not completed for each resident using the service of the designated centre.
2. Healthcare plans were not in place for all identified healthcare needs of residents.

15. Action Required:

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

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

•The Location Manager, together with the key workers will have reviewed all Health care assessment during October 2017. All Health care assessments will be fully completed and signed off by the designated nurse by the end of October 2017.
Proposed Timescale: To be completed by the end of October 2017.

Proposed Timescale: 31/10/2017

Outcome 12. Medication Management

Theme: Health and Development

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

1. In the case of one resident it was found that there was not PRN protocol in place for a psychotropic medication prescribed.
2. The inspector found incomplete sections, and errors in personal details of residents, in prescription sheets.

16. 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:

- All residents medications have been reviewed in September 2017,
- Prescription sheets have been reviewed and amended for full accuracy.
- The medication press has been re located to the staff office.
- PRN PROTOCOLS – They are being thoroughly reviewed by the Location Manager and designated Nurse, and will also be discussed with families as part of the annual reviews.

Proposed Timescale: 30/11/2017

Theme: Health and Development

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

Risk assessments were not completed for all residents regarding the self administration of medication.

17. Action Required:

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

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

- This is under review with our Clinical and nursing team at present.
- The policy is also under review (Self Administration of medication)
- The comments/recommendations of our HIQA Inspector will be given serious consideration within our current Policy review.

Proposed Timescale: 30/11/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The annual review of the quality and safety of care and support report did not contain evidence of consultation with residents.

18. Action Required:

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

- Consultation will take place with all resident through their participation in voice and choice meetings.
- Related to the quality and safety care of residents, future reports will contain evidence of consultation with residents.

Proposed Timescale: 30/11/2017

Theme: Leadership, Governance and Management

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

The report of the unannounced six monthly visit to the designated centre did not contain a plan to address any concerns regarding the standard of care and support.

19. 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:

- The annual plan for maintaining the Health and Safety and welfare of residents includes two annual audits.
- A six monthly health and Safety audit was completed in September 2017, with clear actions related to required improvements.

Proposed Timescale: 30/09/2017