

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Ability West
<b>Centre ID:</b>	OSV-0004058
<b>Centre county:</b>	Galway
<b>Email address:</b>	Breda.Crehan-Roche@abilitywest.ie
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Ability West
<b>Provider Nominee:</b>	Breda Crehan-Roche
<b>Lead inspector:</b>	Ann-Marie O'Neill
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	9
<b>Number of vacancies on the date of inspection:</b>	3

## **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 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 announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 24 July 2014 10:00 To: 24 July 2014 19:15

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 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 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 17: Workforce

**Summary of findings from this inspection**

This was the first inspection of this centre, which currently comprises of two residential units located a short distance apart, each with a different focus of care and a separate person in charge. Further consideration of the suitability for these units to be combined into one centre is required.

One person in charge was on extended leave at the time of inspection and a notification had been submitted to the Chief Inspector in line with the provider's regulatory responsibility. The person in charge of the second unit had responsibility for both residential units during this absence. The person in charge outlined an intended action plan to be implemented to ensure each centre had adequate governance, administration and operational management during the absence.

The inspector observed staff interactions with resident and spoke to residents. The inspector also reviewed documentation such as personal plans, policies and procedures and staff files. Staff interaction with residents was pleasant and respectful. They were knowledgeable of resident's individual needs and care interventions. Residents had access to a range of activities such as, swimming classes, excursions to local sights of interest, horse riding lessons, spa days,

reflexology and massage sessions and shopping trips.

Care needs in one residential unit were focused on health care management and active aging. In the other residential unit, environmental restrictions were in place and deemed necessary to manage a resident's behaviour that is challenging. These restrictions however, limited other resident's access to areas of the premises impacting on their opportunities for independence and autonomy.

A fire evacuation risk was identified by the inspector on the day of inspection and brought to the attention of the person in charge and provider. This was acted on and resolved before the close of inspection through the prompt action of the provider.

Overall the inspector found good practice in all outcomes, however, some non compliance was found in regard to Outcome 1; Resident's rights, dignity and consultation. Outcome 7; health and safety and risk management and Outcome 8; safeguarding and safety. These are further discussed in the body of the report with associated actions and provider's response in the action plan at the end of this report

**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 and the National Standards for Residential Services for Children and Adults with Disabilities.**

**Outcome 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

Not all aspects of this outcome were reviewed on this inspection.

Throughout the inspection, staff were observed to speak with and implement care management interventions, such as assistance with mobility, in a respectful, courteous manner. This demonstrated an understanding of resident's skills, capacities and needs.

However, some residents rights were impacted upon in one residential unit of the centre. In this residential unit, restricted access to areas of the living environment, assessed as necessary to meet the needs of a resident, impacted on the personal choice and autonomy opportunities for the other residents living there.

For example, residents did not have free access to the kitchen which limited residents' opportunities to engage in independent living, for example, entering the kitchen independently to make a snack or cup of tea.

**Judgment:**

Non Compliant - Major

**Outcome 02: Communication**

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

Staff working in the centre were aware of the different communication needs of residents. There was evidence that residents' communication needs were addressed as needed through referral to speech and language therapy, for example. Speech and language therapy review and recommendations with were documented in resident's personal plans.

Residents had access to radio and television in both units. Communication systems were in place to meet the diverse needs of residents. A sample of communication passports were reviewed in one of the residential units. These outlined the resident's ways of communicating their needs for example, anger, happiness and pain through words, gestures and body language.

Communication with residents was observed to be respectful and kind throughout the inspection. Residents were given the time to communicate with staff and were listened to with due regard to their communication style. There were organisational policies in relation to information for residents and effective communication.

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

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

**Findings:**

Residents' personal plans were reviewed in one of the units. Although these plans were under regular review, improvements were required in order to ensure personal plans reflected the most up to date interventions and recommendations by allied health professionals and 'circle of support' meetings. Associated action plans were out of date

for some personal plans.

Each resident had a personal plan which detailed their individual needs and goals. There was evidence to show plans had been implemented to improve the lives of the residents. Residents attended work placements and day services outside of the designated centre. Residents in one of the residential units accessed active-aging day services to meet their needs. Residents had access to swimming lessons, excursions, shopping trips, spa days, reflexology, massage and horse riding lessons. A resident spoken with had holiday plans to meet their relatives and stay over for a number of nights.

Input from allied health professionals with associated recommendations was evident in resident's personal plans including, general practitioner (GP), behaviour support specialist, consultant psychiatrist, dietician, occupational therapist and speech and language therapist. However, personal plans did not always reflect an accurate up to date representation of resident's care needs. For example, older recommendations by the speech and language therapist had not been filed away to ensure personal plans reflected up to date interventions.

Minutes of 'circle of support' meetings were reviewed in a sample of plans from one of the residential units. Residents were involved with the review of these goals. The roles of family and support services for residents were identified in plans reviewed. Short- and longer-term goals were identified. Actions had been achieved in many cases and goals actualised.

'Circle of support' meetings and associated person centred plans were not up to date in the reviewed. The person in charge indicated to the inspector that 'circle of support' meetings, some of which were to occur in June, were scheduled for July and September of 2014. However, in instances where 'circle of support' meetings had not occurred it was not clear what person centred plan actions were in place until they did.

**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):**

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

**Findings:**

There were organisational policies and procedures relating to health and safety. The health and safety statement was up to date. There was also a risk management policy in

place that dealt with the identification and management of risks. A risk register was in use in the centre documenting risks throughout. Risks had been identified, assessed and their management documented.

Procedures in the centre for control of infection were satisfactory, for example, colour coded mops and buckets were in use in the centre and designated to specific rooms. Hand gels and hand washing signage was ample throughout both units. The inspector reviewed a cleaning rota in one of the residential units, which gave instruction and guidance for staff in relation to cleaning thus ensuring infection control was managed satisfactorily. Instruments used for the management of diabetes and administration of insulin were disposed of safely using a specific container after their use.

A sample of staff training records were reviewed and these indicated staff had received manual handling training with refresher updates also. The inspector observed manual handling techniques implemented during the inspection. Residents were assisted to mobilise safely with appropriate prescribed assistance and use of aids and appliances. An mobility assessment with recommendations was maintained in residents' personal files. These had photographic instructions to illustrate clearly the strategies for staff to implement when assisting the resident.

Suitable fire equipment was provided in both centres. The inspector noted that fire extinguishers and fire blankets were available in both residential units. Records indicated that servicing had occurred 30 June 2014. Break glass units and fire compliant break glass key holders were situated at fire exits and they have been part of a servicing review in April 2014. Fire exits in both residential units were unobstructed and emergency lighting was in use in both units also. Individual emergency evacuation plans for residents, which documented each individual's needs for safe evacuation of the centre, were available and up to date.

Flash cards and other assistive devices were used as a communication system to indicate to residents they must evacuate the centre in the event of a fire. These systems were regularly used in fire drills as part of fire safety management skills training for residents.

However improvement was required to escape routes. Both residential units were two storey buildings and most residents' bedrooms were upstairs. Residents with mobility needs were accommodated in ground floor bedrooms. Escape routes for each building were situated on the ground floor. Management of a fire breaking out on the stairs or on the upper floor was outlined to the inspector by the person in charge and maintenance manager. This involved contacting the fire brigade and using a compartmentalising system of moving residents to one room using fire doors on the first floor to contain the fire until the fire brigade arrived.

Fire drills enacted the documented fire evacuation procedure, which indicated for residents and staff to evacuate the centre via the front door or the fire exits situated on the ground floor. The documented fire evacuation procedure for compartmentalisation was not documented and was not practised as part of fire drill training.

The inspector also noted 'restrictors' had been fitted to the windows of the first floor in



one unit. These were fixed and could not be opened by staff or residents. No residents in this centre were at risk of absconding or climbing out the windows in the unit. The inspector was concerned there was an inadequate means of escape for residents or staff in the event of a fire occurring on the stairs or the first floor. Staff slept on night shift in this unit, further posing a risk to the early management and containment should a fire break out during the night. The inspector highlight the risk associated with the fixed restrictors to the person in charge and provider. This was promptly acted upon by the provider and maintenance manager before the close of inspection. All permanently fixed restrictors to window in the unit were removed.

In the other residential unit, resident's windows were locked using a key as a precaution due to the high risk of absconding presented by one resident. A fixed restrictor was in place on this resident's bedroom window and staff held a key for other resident's windows in the event of a fire breaking out. In this residential unit a staff member worked on a 'waking' shift, which allowed for more immediate action and containment of a fire should one break out at night time. However, fire drills and evacuation procedures did not document or include practicing of compartmentalisation in the event of a fire breaking out on the stairs or upper floor.

The inspector formed the view that application of fixed restrictors for the containment of residents at risk of absconding, required review in this unit in association with adequate and safe fire escape route options.

**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):**

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

**Findings:**

The organisation had policies and procedures in place for the prevention, detection and response of staff to suspected or alleged abuse to a resident. Overall the inspector found that residents were safeguarded and protected against abuse. Documentation of restrictive practices required some improvement however, to ensure guidance was clear on criteria for their use. Other restraints in place had not been risk assessed to establish

their safe use or to determine if they could be used safely as an 'enabler'.

The organisation had robust policies and procedures in relation to safeguarding residents from abuse. Policies to protect residents included responding to behaviour that is challenging, restrictive practices and restraint for health and safety and client protection of children and adults. There was also a policy and with procedures to guide staff in the administration of service user's personal finances.

Allegations of abuse were responded to promptly and investigations were robust and in line with the organisational policy and best practice. An allegation of abuse had been investigated prior to the inspection and had been notified to the Chief Inspector within the specified time frame. Additional information and the outcome of the investigation was subsequently reported to the Chief Inspector shortly after the inspection.

Residents that displayed behaviour that is challenging had been referred to a behaviour support specialist and there was evidence of ongoing assessment, intervention and review. Staff had received training in crisis prevention and management of behaviour that is challenging.

Behaviour support plans identified triggers and methods of de-escalation. Restrictive practices were reviewed by a Human Rights Committee with an independent person nominated to chair the meetings. This was to ensure safeguarding of residents was in place in relation to any restraint practices implemented.

Improvements were necessary in relation to the use of restraint in the centre. Criteria for use of chemical restraint was not specific enough, for example, where residents were prescribed as required (PRN) medication for anxiety that precipitated behaviour that is challenging, a description of ways the resident displayed their anxiety was not documented next to the prescription. The inspector identified where inconsistency in administration practices could occur if staff working with the resident were not clear on the ways in which the resident demonstrated anxiety.

Although bed rails were used as an 'enabler' for a resident, an assessment for their use was not in line with national policy relating to restraint. The use of bed rails had not been risk assessed to ensure they did not pose a risk to the resident, for example, the risk of entrapment which could lead to injury. Alternatives to bed rails had not been tried such as low-low beds or crash and sensor mats. The resident did not have a care plan for their use in their personal plan.

Environmental restrictions were in place to manage behaviour that is challenging in one of the residential units. This was necessary given the presentation of issues and risk outcomes for a resident if free access to an area, such as the kitchen were to occur. These restrictions were carried out in conjunction with a comprehensive behaviour support plan. However, these environmental restrictions impacted on the rights of other residents. This further discussed under Outcome 1.

**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):**

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

**Findings:**

The inspector reviewed this outcome in one residential unit where resident's health care needs were predominantly associated with aging. Specialist services and allied health care professionals were available to residents and accessed as needed. For example, a resident with significant weight loss had been closely monitored and there was evidence to indicate the resident had received specialist medical, psychiatric and psychological intervention. This was to address the underlying cause of their weight loss. Records were maintained of referrals to allied health professionals and specialist services and follow up appointments were documented also.

Resident's individual health needs were appropriately assessed and the care provided met their assessed needs. Residents had access to GP services and there was evidence to show appropriate treatment and therapies were in place to address their health issues.

There was evidence to indicate that recommendations from dietician and speech and language therapy were implemented in practice in the centre. Residents' weights were monitored and recorded in line with the organisational policy. Residents were assessed using a nutrition risk assessment tool and detailed food diaries were maintained for residents at risk of malnutrition.

Meal choices were indicated using a pictorial menu for the week in one of the residential units. A large dining room separate to the kitchen was available for residents to eat their meals. Residents in one unit had access to the kitchen and fridge to access snacks and drinks as they wished. However, this was not the case on the other unit. There was ample space for food preparation and storage of fresh and frozen produce. Cupboards had plentiful condiments, grains, pulses and cereals to ensure food was wholesome and nutritious.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

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

<p><b>Theme:</b> Health and Development</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.</p> <p><b>Findings:</b> Overall the inspector found medication management met with good compliance. Written operational policies and procedures were in place for the safe storage, administration and transcribing of medications.</p> <p>Medications were securely stored in a locked cabinet in the staff office of both residential units. Spoiled, rejected and out of date medications were managed safely. Medications requiring refrigeration were stored safely in a locked container within a fridge in one of the residential units. Original prescription records were kept in the centre and filed in each resident's personal plan. Current prescriptions were filed in the medication administration folder.</p> <p>A resident required crushed medication. This had been reviewed by the resident's GP and psychiatrist and the inspector noted there was significant documentation relating to review and recommendations relating to this.</p> <p>Staff working in the centre had completed medication management training with evidence of refresher training in staff records.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 13: Statement of Purpose</b> <i>There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.</i></p>
<p><b>Theme:</b> Leadership, Governance and Management</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.</p> <p><b>Findings:</b> The statement of purpose for the centre was reviewed by the inspector. It included the matters listed in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013.</p>

However, improvement was required as the statement of purpose related more to the overall governance and management arrangements by the provider. The statement did not give adequate information relating the services and facilities provided in the designated centre and day to day operation of the centre.

The statement of purpose did not reflect the absence of one of the persons in charge and the supervision and management arrangements in place in their absence.

**Judgment:**

Non Compliant - Minor

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

Two persons in charge worked in the designated centre, each with oversight of each residential unit. The person in charge for one residential unit was on extended leave at the time of inspection. The inspection was facilitated by the other person in charge. She outlined to the inspector, systems in place to manage both residential units during the absence.

The inspector reviewed a written action plan relating to the governance and management of both units. The inspector was satisfied that there was an adequate plan in place to ensure appropriate administration and operational management for both units.

The person in charge worked full time and had the appropriate experience, qualifications and leadership qualities commensurate to her role. She demonstrated good knowledge of resident's needs, capacities and goals. She had sufficient knowledge of her statutory responsibilities in relation to notifications.

**Judgment:**

Compliant

**Outcome 15: Absence of the person in charge**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

Suitable arrangements were in place for the management of the designated centre in the absence of one of the persons in charge. A notification had been sent to the Chief Inspector notifying of one of the persons in charge absent for more than 28 days.

**Judgment:**

Compliant

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

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

**Findings:**

The inspector was satisfied that there were adequate staffing numbers working in both units on the day of inspection. However, improvements were required to ensure staff had training to meet specific care needs of residents living in the centre, for example management of diabetes.

Work rosters for three weeks were reviewed for one unit. The role of each member of staff was specified on the roster. Rosters indicated two staff worked in the unit at all times with one staff member on roster at night time. A social care worker that worked continually in the centre was rostered to work alongside a relief care assistant. This ensured a staff member, familiar with the needs of residents worked in the centre at all times.

A sample of staff files were reviewed as part of the inspection. Staff files reviewed contained documents as specified in Schedule 2 of the Regulations. Volunteers working in the centre had Garda vetting. Roles and responsibilities, references and photographic identification were kept on file.

Records showed ongoing staff training for all staff working in the centre. From records reviewed staff had received training and refresher updates in medication management, management of behaviour that is challenging, non violent crisis intervention training, manual handling and client protection. However, some staff working in the centre had not received adequate training relating to diabetes monitoring, management and intervention. This did not meet the requirement for staff to have sufficient training related to some care needs of residents in the centre.

**Judgment:**

Non Compliant - Moderate

## 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:***

Ann-Marie O'Neill  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Ability West
<b>Centre ID:</b>	OSV-0004058
<b>Date of Inspection:</b>	24 July 2014
<b>Date of response:</b>	20 August 2014

### Requirements

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

#### 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:**

Residents did not have free access to areas of the house which impacted on their opportunities to engage in personal choice, autonomy and independence.

**Action Required:**

Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

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

We will undertake a full review of the resident group within the designated centre and in particular their individual needs. Our current model of service endeavours to include residents with different needs and complexities sharing group homes and our Human

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



Rights Committee support this approach. Notwithstanding this and pending the outcome of the review referred to above we will consider the situation with a view to having the least restrictive alternatives considered including the following:

Restricting access to parts of the kitchen, rather than the entire kitchen.

Having available a snacks cupboard from which residents can freely access healthy snacks

Having a facility available that enables residents to get drinks as required e.g. bottles of water flavoured with a selection of cordials)

The use of individual fobs by the residents to access restricted areas.

**Proposed Timescale:** 31/10/2014

### **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:**

Some personal plans had discontinued care recommendations. Therefore, each personal plan was not always amended in accordance with any changes recommended following a review.

**Action Required:**

Under Regulation 05 (8) you are required to: Ensure that each personal plan is amended in accordance with any changes recommended following a review.

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

All Person Centred Plans were checked to ensure that they are reviewed within the timescale as stipulated in policy and procedures.

All recommendations were reviewed to ensure that actions that are completed in this regard are signed off appropriately on completion.

**Proposed Timescale:** 18/08/2014

**Theme:** Effective Services

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

Circle of support meetings and associated person centred plans were not up to date in the sample of personal plans reviewed. Where circle of support meetings had not occurred it was not clear what person centred plan actions were in place until a review occurred.

**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:**

A review of all Circle of Support Meetings has taken place. There is now a system in place whereby, if for any reason, a circle of support meeting has not occurred, the ongoing auctioning of recommendations will continue.

If a Circle of Support Meeting has to be deferred due to the absence or unavailability of any member a note will be placed on file and another date will be arranged.

**Proposed Timescale:** 18/08/2014

**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:**

Fire drills did not practice what staff and residents must do in the event of a fire on the stairs or first floor.

**Action Required:**

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

Fire drills have taken place on 28/07/2014 in both residential services in this Designated Centre and included procedures to be followed in the event of a fire on the stairs or first floor. This was documented; the outcome of the fire drills was reviewed by the Health and Safety Manager. The Fire Evacuation Plans, Personal Emergency and Evacuation Plans have been updated in both group homes.

**Proposed Timescale:** 28/07/2014

**Theme:** Effective Services

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

Fixed restrictors and locked windows were in place in one unit. There was restricted means of escape in the event of a fire.

**Action Required:**

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

A review has taken place of the application of a fixed restrictor for the containment of one resident at risk of absconding in one residential service. A risk assessment and a personal emergency evacuation plan has been reviewed and updated in respect of this. This centre has waking staff at night, and a fire evacuation plan is in place and has been updated.

**Proposed Timescale:** 13/08/2014

### **Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

Use of bed rails in the centre was not in line with national policy.

Criteria for the use of chemical restraint was not outlined in accurate detail specific to the resident and the specific criteria it was prescribed for. Measures to ensure chemical restraint was implemented as a last resort required improvement.

**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:**

The Person In Charge has completed a local risk assessment for one resident. Arrangements have been put in place for an assessment to be completed by an Occupational Therapist. The use of bed rails will be reviewed once this assessment is complete.

Criteria for use of chemical restraint, PRN etc. reviewed on 20/08/2014 by the Person in Charge and now a specific criteria is in place, including a protocol as to when it is appropriate to administer chemical restraint.

A review of the use of PRN chemical restraint for one resident has taken place on 12-08-2014 by a Consultant Psychiatrist.

**Proposed Timescale:** 30/09/2014

### **Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The information in the statement of purpose did not give adequate information relating

the services and facilities provided in the designated centre.

**Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

We are reviewing the Statement of Purpose to include more specific information relating to the service and facilities. The Person in Charge will submit a revised draft Statement of Purpose for the centre to the Lead Inspector.

**Proposed Timescale:** 30/09/2014

**Theme:** Leadership, Governance and Management

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

The statement of purpose did not reflect the absence of one of the persons in charge and the supervision and management arrangements in place in their absence.

**Action Required:**

Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

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

We are reviewing the Statement of Purpose to include arrangements for the absence of one of the Persons in Charge and supervision and management arrangements in place that will apply in their absence.

**Proposed Timescale:** 30/09/2014

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Staff carrying out management, monitoring and intervention procedures relating to diabetes had not received adequate training.

**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:**

An information pack has been sourced from the Diabetes Clinic and this is a resource for the staff team. The resident has attended a Diabetic Clinic on 07/08/2014. Information in relation to the uses of a glucometer and insulin pen has been sourced through Diabetes Ireland. The Person in Charge has contacted the local Diabetic Clinic to arrange training. One staff member has already received training and arrangements are in place for other staff training.

**Proposed Timescale:** 01/09/2014