

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Pilgrim House Community Ltd
Centre ID:	OSV-0001916
Centre county:	Co. Dublin
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Pilgrim House Community Ltd
Provider Nominee:	Bridget Ann Ryan
Lead inspector:	Michael Keating
Support inspector(s):	Conor Brady (Day 2 only)
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
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 2 day(s).

The inspection took place over the following dates and times

From:	To:
05 November 2014 08:30	05 November 2014 09:30
05 November 2014 15:00	05 November 2014 18:00
17 November 2014 09:30	17 November 2014 18:00

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

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

Summary of findings from this inspection

This inspection took place over two days within a two week time frame. The first day consisted of two separate visits to the centre, initially at 08.30 hrs to verify if residents were staying in the centre while renovations were taking place and again at 15.00 hrs to continue the inspection process by interviewing the nominee provider and reviewing the action plan from the previous inspection which took place on the 10th June 2014. The morning inspection confirmed that residents were in the centre, supported by staff members.

At the end of day one of inspection the provider was informed that the inspector would be returning to complete a full 18 outcome inspection in order to monitor compliance with the Regulations. Both inspectors referred to on the cover of this report, completed day 2 of this inspection, and this report represents the findings from both days.

Overall, inspectors were concerned regarding the level of noncompliance across all areas inspected. 15 Major noncompliance's with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were identified across 18 Outcomes. The provider and person in charge had limited knowledge of the Health Act 2007 (as amended), the Regulations and Standards, and had taken no steps to ensure compliance across all areas in the designated centre. The provider and person in charge, who also hold senior positions on the Board of Directors for the limited company, were not adequately aware of their legal responsibility to be in compliance with the Act, Regulations and Standards. Due to these concerns, the provider and person in charge were informed at the feedback meeting at the end of the Day 2 that they would be requested to attend a meeting with the Authority to discuss the findings from this report. This meeting was held on 20 November 2014

Detailed findings across all areas are discussed under the relevant outcome heading within the body of the report and in the action plan at the end of the 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, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

This outcome was not inspected against on the previous inspection. Overall it was found that residents were not adequately consulted with in relation to the running of the centre. For example residents' rights were not protected in areas such as finance, complaints, advocacy and the promotion of privacy and dignity. There were no policies relating to any of these areas and practices and processes in these areas were not in line with the requirements of the regulations.

There was no evidence that feedback was sought from residents in relation to how their service operated. There were no policies and procedures for the management of complaints, the provider told inspectors they had never had a complaint since opening more than 20 years ago. With all staff and residents living together in excess of 20 years, there have been no attempts to introduce any form of independent complaints processes or to provide access to advocacy services.

Evidence from personal plans and from discussion with staff members indicated that choice offered to residents in relation to activities of daily living, and in social activity was limited by what staff were providing. Information on activities is provided in more detail within Outcome 5. Personal care practices as explained by staff members and briefly outlines within a short one page document on 'intimate care' did not provide reassurance that resident's personal care practices respected each resident's privacy and dignity. For example, three residents have access to one en-suite bathroom, which could only be accessed through the bedroom of two residents who share that room. A practice of leaving the door ajar so that staff could be observed assisting with personal care was described. However, this meant that residents using their bedroom could also observe

personal care practices which impinged on the dignity and privacy of residents. Furthermore, due to the layout of the premises one resident had to go through a bedroom of others to use the toilet.

There were no adequate records of residents' money and valuables. Handwritten notebooks had been introduced since September 2014 highlighting the total of each resident's state income, and also their weekly charge, described as a 'rent' for each of the residents. This charge had not been documented anywhere else, such as within a related policy or in a contract of service provision. A brief explanation was then provided, outlining how remaining money was spent. There were no receipts or breakdown of this subsequent expenditure.

Residents also did not have access to their own monies. Disability allowance was collected every week, with residents supported by the provider/person in charge. This cash was then used to buy groceries and meet other household expenses however, there was no receipts for this outlay. The remaining money was lodged into a general account, in the name of representatives of the organisation. Additionally, inspectors were informed by the provider that three residents had recently received a significant lump sum relating to the back payment of disability allowances and this money was also lodged into the group account.

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):
No actions were required from the previous inspection.

Findings:
This outcome was not inspected against on the previous inspection. While staff were aware of the different communication needs of residents individual communication requirements were not highlighted within personal plans.

No assessment had taken place in relation to the communications needs and supports of residents, and no assistive communication devices or technologies had been trialled or considered. Residents did not have access to allied health professional and the nominee provider stated they 'did not know if that would have helped'. Residents did not have access to the internet as it was 'not considered a reality in this situation'. Residents did have access to the television and telephone. Resident's relied solely on staff for access or information on local events.

Judgment: Non Compliant - Major

Outcome 03: Family and personal relationships and links with the community <i>Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.</i>
Theme: Individualised Supports and Care
Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: <p>This outcome was not inspected against on the previous inspection. Residents were supported to maintain links with their families. The inspectors were furnished with two letters of accreditation from two residents' families who were highly complementary of the service. However, evidence of community involvement within personal plans was limited and there was no evidence of the encouragement of friendships within the broader community as most activities that were described as taking place in the community were group activities. In addition, there was limited involvement of resident's families within personal plans.</p> <p>Efforts were made to promote family contact such as driving one resident a significant distance to his family home, and collecting him the next day. Lunches were also regularly attended in the homes of some family members and friend of the organisation.</p>
Judgment: Non Compliant - Minor

Outcome 04: Admissions and Contract for the Provision of Services <i>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.</i>
Theme: Effective Services
Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings:

This outcome was not inspected against on the previous inspection. There was no admissions policy in place and residents did not have a contract for the provision as services in place as required within the Regulations.

In addition there was no statement of purpose in place, summarising the admissions criteria.

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

Inspectors were not satisfied that residents' social care needs were being fully met in the designated centre. Each resident's wellbeing and welfare was not being supported by a high standard of evidence-based care as supporting documentation was limited and the documentation that was in place focused on the completion of household chores by residents.

All five residents personal care plans were read by inspectors, they consisted of two pages of typed information summarising the care supports required. The plans provided very limited information in relation to residents lives, are were found to not be comprehensive, and maintained in a very poor standard. Evidence also indicated that this documentation was not completed in an individual way, as plans covering September and October 2014, contained identical information for two residents', with only their names changed. Plans and activities were mainly task orientated and the reviews of the plans did not consider how the lives of residents had or should have improved. There was no evidence to indicate how involved any of the residents or their representatives were in the planning process. Documentation also stated that residents had spent large amounts of time living out of the country with the organisation, up to one year at a time in places such as Israel, Belgium and Poland. There was no evidence within individuals plans in relation to the reasons for travel or consideration of needs, benefit or choices of residents in the type of travel and length of time they were away

from their families.

Some off-site activities were provided such as swimming, outings for coffee and Art programmes. However the review of these activities did not consider if the amount provided met the needs of the residents.

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):

No actions were required from the previous inspection.

Findings:

This outcome was not inspected against on the previous inspection. It was found that the centre did not meet the collective and individual needs of all residents.

Four of the five residents shared rooms within this six bedroom house. Beds were placed approximately two feet apart. For one of these twin rooms, issues have already been highlighted and actioned under Outcome 1 in relation to the access to the en-suite bathroom of others living in the centre. The centre was found to be clean but not particularly homely. Bedrooms in particular were found to contain minimal personal affects such as personal photographs or items of personal interest.

One resident also presents with behaviour that may challenge on occasion. Staff described being woken up by this resident shouting and presenting with self-injurious behaviour. The intervention in place involves two male staff entering the bedroom and through a process of distraction and/or restraint preventing him from injuring himself. The impact of this on the other resident using the room had not been appropriately considered. Therefore, the sleeping accommodation for these residents was found to be unsuitable.

Judgment:

Non Compliant - Major

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:

Significant non compliance's in relation to health and safety and risk management were identified during the last inspection that had not been resolved as agreed within the timelines set within the previous action plan. This inspection found that there were minimal or no arrangements in place to identify and manage risk. There was no health and safety or risk management related policies or procedures. Overall it was found that there was a culture of informality in existence when it came to risk. For example, smoking was permitted within the designated centre by both residents and staff, and there was no risk assessment in place in relation to this. Training had been provided in relation to fire safety to some staff, and a fire consultant had been employed to ensure there were adequate arrangements in place relating to the safe evacuating of residents and to supply and service fire safety equipment. Evacuation were taking place, currently taking place every two months to ensure staff and residents were familiar with the evacuation procedures. The evacuation records indication that there were no issues with evacuation, as all men got up and left the building upon request.

Accident and incidents were being recorded since the previous inspection, with two minor incidences recorded since June 2014. General risk assessments were in place covering issues such as mobility of residents, road sense and transport however, these did not provide adequate guidance in relation to precaution that should be taken to minimise risk to individual residents partaking in these activities.

There was a two page safety statement which was not comprehensive, providing minimal information under the heading of 'personal safety and well-being'. This stated that 'risk assessment must be followed by risk management so that the individual can live a life of their choice'. The challenge within the organisation is to develop policies and procedures that minimise risk and maximise choice of the individual concerned'. When asked about the development of these policies and procedures the nominee provider stated that 'there were no policies'.

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:

The inspectors were particularly concerned as none of the agreed actions identified in the areas of safeguarding vulnerable adults had been met or progressed as agreed within the action plan response from the previous inspection. Staff had not received training in the safeguarding of residents and the prevention, detection and responding to abuse. There had also been no attempt to develop a policy on abuse prevention, and restrictive practices were operating in the centre without appropriate assessment, guidance or training.

Management committee meeting minutes dated 5 September 2014 stated that the nominee provider had inquired about safeguarding training but that 'there was nothing available yet that suits our time or budget', this was despite the fact that the provider had agreed that this training would be completed for all staff by 31 August 2014. There was no plan in place at the time of this inspection for this training to be provided. In addition, inspectors were also concerned that vetting disclosures had not been obtained for any staff. This was particularly concerning as all five staff members had been working in the centre in excess of 20 years and vetting had never been carried out. The provider referred to the complexity of a changed regulatory environment as a reason for this not being in place to date. However, the on review of the service level agreement (grant aid agreement) with the Health Service Executive which had been signed by the provider.

One resident required behavioural support interventions including restraint upon occasion. There was no record of the number of times restraint was used, or guidance on why or when it should be used as required within the regulations. Inspectors were given differing accounts of the last time this intervention was used and the way in which the intervention happened by staff members. Some staff had not received any training in behavioural interventions as required within the regulations. The numbers of times restraint was used was not being recorded or analysed for patterns of behaviour. Staff described being woken up by a resident shouting and presenting with self-injurious behaviour. The intervention in place involves two male staff entering the bedroom and through a process of distraction and/or restraint preventing him from injuring himself. The impact of this on the other resident using the room had not been appropriately considered.

There was a brief intimate care plan which documented current practice without referring to developing knowledge, self-awareness, understanding and skills needed for

self-care and protection.

Judgment:

Non Compliant - Major

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

This outcome was not inspected against on the previous inspection. The provider and person in charge demonstrated their lack of knowledge regarding their regulatory responsibility regarding notifications in that they were not aware of the requirements to notify the Chief Inspector of any notifiable incidents or events. Quarterly notifications in relation to the use of restraint had not been made in line with the requirements of the Regulations. Six monthly returns had also not been made. In addition inspectors read a report on a power outage which took place on the 14th February 2014 had not been notified to the Chief Inspector as required in the Regulations.

The system in place for recording and monitoring of accidents and incidents was not robust enough to satisfy the inspectors that all events had been appropriately captured, reviewed and followed up and notified.

Judgment:

Non Compliant - Major

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

This outcome was not assessed under the previous inspection. Overall it was found that residents' had limited opportunity for new experiences and that education, training and employment had not been a featured as a consideration for residents. Residents were solely dependent on the same staff members for all activation within the centre, as no opportunities exist to attend separate day services or externally ran programmes or activity.

In the absence of any training or educational programmes, goal setting through the personal planning process did not focus on skill development or enhancement in order to demonstrate progress in areas such as completing daily living skills independently or personal care. While staff gave examples of how residents lives have improved over their time living in the centre, there was no documentary evidence to support this view.

Judgment:

Non Compliant - Major

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:

Residents had access to a general practitioner (GP) and health care plans evidenced that residents had had annual check-ups with their GP. All of the residents' health care needs were well known to staff. However, this knowledge was not supported by relevant documentation, such as comprehensive healthcare plans and medical notes. Overall significant deficits were found in relation to the management of some aspects of residents' health care particularly in relation to health related support plans and documentation.

Significant gaps in healthcare related documentation was found in residents files, with gaps of more than ten years identified in files. For example, there were notes in one file related to a referral from a Doctor who suspected a resident may have a specific condition. There was no evidence of this referral having been followed up, or if indeed the resident in question had the condition or received appropriate treatment. Additionally, minutes of a committee meeting read by the inspectors referred to a resident who had stayed in hospital overnight in February 2014 for a medical procedure. There was no information on this contained within the residents healthcare file.

It was noted by inspectors that a number of residents were prescribed specific medication for medical issues such as cardiac condition, diabetes and skin conditions. However, there was little or no information pertaining to these conditions within resident's healthcare plans and no reference to appropriate support requirements. The lack of documentation meant that identified needs could not be appropriately assessed, and therefore it was not possible for inspectors to assess if residents were supported on an individual basis to enjoy the best possible health.

There was a significant focus on food preparation and involvement of residents in this. This was seen as an important social activity for all residents, and residents were observed participating in the preparation of lunch and the enjoyment of same.

Judgment:
Non Compliant - Major

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:

Inspectors found that there was a lack of written operational policies in relation to the ordering, prescribing, storing and administering of medication in the designated centre which resulted in a risk for residents. There was no system in place for reviewing and monitoring safe medication management practices. It was reported that staff had received training the safe administration of medication since the previous inspection, although there was no documentary evidence to support this.

There was a formalised recording system now in place, and the training referred to, had incorporated training on how to record the administration of medication appropriately. However, staff continued to be guided by prescription labels on bottles or medications as no prescribing sheet was being used.

Overall this outcome was found to be in major non compliance with the Regulations as there were no operational policies relating to medication management and there was no system in place for reviewing and monitoring safe medication management practices.

Judgment:
Non Compliant - Major

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Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

There was no written statement of purpose available to accurately describe the service provided in the designated centre. Inspectors were not satisfied that the provider / person in charge was aware of the requirements of the regulations in respect of this document as no efforts were made to create this document since the previous inspection when this was identified as a major non compliance.

Judgment:

Non Compliant - Major

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:

Inspectors found that there was a lack of effective management systems in place. Overall, inspectors found that effective oversight arrangements were not in place. Improvements were required in relation to the management structure and management systems in the designated centre to ensure a safe and quality service would be provided to residents.

The centre had originally notified the Authority that the person in charge and provider nominee would be the same person. In response to findings from the last inspection the provider informed the inspector that the organisation had decided to separate this role to help put in place a clear management structure. However, in practice this change did not take place.

The original provider/person in charge informed the inspector on Day 1 of the inspection that since the last inspection, it was their intention to do so and they were now operating as separate roles. However, throughout this inspection, evidence was found to demonstrate that neither party was adequately aware of their responsibilities in relation to either role and neither demonstrated their fitness in their respective roles. Inspectors found that the proposed provider and person in charge were not familiar with the regulations and therefore were not aware of their statutory responsibilities. This was further evidenced by the lack of engagement with regulation since commencement, demonstrated in that major non compliances identified in the previous inspection in June 2014 had not been addressed. This was communicated to both parties during their interviews and also during the feedback meeting following the inspection.

The provider and person in charge also carried out roles as members of the board of management and front line care providers which resulted in inadequate management time being set aside to allow them to meet their legislative responsibilities. In addition they did not have relevant qualifications in health care or management to carry out the roles.

The nominee provider had not obtained in respect of the person in charge, the information and documents specified in Schedule 2 of the regulations. Additionally, none of these were in place for the proposed provider, and as detailed elsewhere in this report, all information and documents to be obtained in respect of staff currently and previously employed at the designated centre, as listed in Schedule 2 were not maintained. This non compliance is actioned under Outcome 17: Workforce.

Judgment:
Non Compliant - Major

Outcome 15: Absence of the person in charge

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

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

This outcome was not inspected against in the previous inspection. The person in charge stated she was aware of the need to inform the Authority if she absent for more than 28 days. There had been no incidences where she has been absent since commencement of the Regulations.

The person in charge lives in the centre. It was determined that there were supports in place for the management of the centre in its current format if she were off-site, as the staff rota read by the inspectors identified a person in charge for some upcoming events which the person in charge would be away from the centre for a number of hours.

Judgment:

Compliant

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

This outcome was not inspected against in the previous inspection. There was insufficient transparency in the planning and deployment of resources in the centre. The provider did not demonstrate sufficient knowledge of the funding allocation and how it was broken down to meet specific needs of individuals. The overall grant allocation from the Health Service Executive (HSE) was known, but there was no breakdown or information on how funds were allocated, other than the costs related to the lease of the premises. As detailed under Outcome 1; residents monies were also lodged into general accounts either in the names of the provider and organisation, or a member of the board and the organisation, this member is not resident in Ireland. There was also no statement of purpose available outlining the level of care and support to be provided to residents.

As referred to above, there was no evidence available to demonstrate resources were prioritised to meet the needs of residents. There was no opportunity for activity or activation away from the confines of the residential service and the staff within it.

Judgment:

Non Compliant - Major

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):

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

Findings:

There was no policy in place to guide practice in relation to the recruitment, selection and vetting of staff to ensure this was carried out in line with best recruitment guidelines. The centre operated as a community and did not refer to themselves as staff, with residents and support staff living together for more than twenty years. However, as was highlighted during the previous inspection, this is a designated centre and therefore subject to all of the conditions of the Regulations. As referred to previously, the centre continues to operate without basic safeguarding procedures such as Garda vetting which is a major concern to the Authority. During the inspection documentation was provided to show that some staff had applied for vetting disclosures however, the provider had not submitted the required information to the Garda Vetting Bureau and therefore no Garda Vetting was in place.

Inspectors were not satisfied that staff were provided with education and training in order to meet specific needs of residents. For example, no staff had any related qualifications and evidence in relation to the provision of mandatory training for all staff was not available to inspectors. Evidence was available to show two of the five staff had received training in the management of challenging behaviour and the provider informed inspectors that fire safety training and medication management had been provided to all staff however, there was no documentary evidence to support this. No other mandatory training had been provided including manual handling and safeguarding of vulnerable adults. Staff spoken with including the provider and person in charge were not adequately informed of the Regulations and standards and were not aware of their responsibilities in relation to them.

On the first day of this inspection there was no staff rota in place, however on day 2 a staff rota was now operating which identified who was in charge at any given time. There was no record of any supervision of staff based upon their community ethos however, this has contributed to a lack of accountability for care and did not identify areas where staff could improve practice.

Staff knowledge of residents was demonstrated as all staff had an intimate knowledge of each one of the residents. It was also determined that there was consistency within the care provided to residents, as three staff were on duty at all times from a pool of

five and they were all well known to residents.

Judgment:

Non Compliant - Major

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

This outcome was not inspected against in the last inspection. Inspectors found that the policies and procedures as outlined in Schedule 5 of the Regulations were not in place. There was a significant lack of operational policies in place to guide safe practice in the areas as outlined in Schedule 5 which resulted in poor practices and negative outcomes for residents. A number of mandatory policies that were identified on the previous inspection as not being in place included abuse prevention, health and safety, restraint and medication management remained outstanding on this inspection and related timelines within agreed actions had lapsed.

Records in respect of the designated centre as outlined in Schedule 4 were found to be insufficient to meet with the requirements of the Regulations. For example, there was no record of complaints, no record of the use of any occasion where a restrictive procedure was used, no information on charges to residents, as well as none of the general records as referred to under Schedule 4.

Records in relation to staffing as outlined in more detail under Outcome 17 Workforce, were not in place and therefore not compliant with Schedule 2 of the Regulations.

The designated centre did maintain some of the records in relation to residents as outlined under Schedule 3 of the Regulations. For example, records of medications administered and personal information relating to residents were in place and found to be sufficient. However, improvements were required to ensure full compliance with the requirements across all the areas identified.

Overall, inspectors found that significant improvements were required in relation to documentation in the designated centre to ensure evidence based and safe practice was delivered to residents across all areas.

Judgment:
Non Compliant - Major

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:

Michael Keating
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 Pilgrim House Community Ltd
Centre ID:	OSV-0001916
Date of Inspection:	05 November 2014
Date of response:	09 December 2014

Requirements

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

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

Outcome 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:

There was no evidence to suggest that residents were involved in their choice of daily activity and the routines and practices identified did not maximise residents' independence or choice.

Action Required:

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

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:

1. Personal care plans are reviewed each Sunday evening prior to a new week beginning, and from 23rd November the residents have been present at that meeting each week. This meeting has been re-named Residents meeting, it was previously called 'house meeting'. Residents are now consulted more regarding the design and implementation of their care plans and every effort is being made to 'hear' the residents' view and respect it taking into consideration each person's ability to communicate, especially those who are non-verbal. Minutes are taken.
2. New format, comprehensive personal plans beginning on 14th December, will reflect each individual's input into the design and implementation of their care plans.

Proposed Timescale: 31/12/2014

Theme: Individualised Supports and Care

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

Residents' were not consulted on the operation and running of the centre.

Action Required:

Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

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

1. Increased consultations have begun with residents on meal times, daily activities (residents are asked would they like to increase an activity or decrease it for eg. more shopping, less walks, art workshops), planning meals and social events. Residents input will be minuted at the weekly residents meetings as mentioned above and incorporated into the plans.
2. At the residents meeting on December 7th, an item for discussion on the agenda was the celebration of Christmas – seeking residents' views and input on how the centre should be decorated and planning around family visits and social events. Minutes available together with evidence to demonstrate how residents views were responded to.

Proposed Timescale: 06/12/2014

Theme: Individualised Supports and Care

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

The bedroom accommodation and access to bathrooms did not promote and protect the privacy and dignity of all residents as described within the body of this report.

Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

1. The resident who had to access a bathroom by walking through another residents bedroom no longer has to do so.
2. One of the residents, who presents challenging behaviour was sharing a bedroom with another resident. He now has his own bedroom.
3. Each resident involved in these changes was consulted beforehand and feedback sought, where possible, and this is reflected in the minutes of the residents' meetings. All staff are observant to any changes in (non-verbal) residents behaviour and/or mood which could indicate happiness or unhappiness with the change. A number of weeks have passed and all indications are that the changes are experienced as positive. We will continue to closely monitor this.
4. Residents continue to share bedrooms but issues pertaining to their privacy and dignity being respected have been addressed through the reorganisation of the bedroom space and the installation of bedroom screens.
5. An intimate care policy is currently being developed. See timescale below.¹

Proposed Timescale: 17/12/2014

Theme: Individualised Supports and Care

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

Individual rights in relation to civil and legal rights in areas such as not being allowed access to ones own money or to have a bank account were not being supported.

Action Required:

Under Regulation 09 (2) (c) you are required to: Ensure that each resident can exercise his or her civil, political and legal rights.

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

1. Residents are allowed access to their own money though documentation is insufficient. This is being addressed through the opening of a 'Person in Care Account' for each resident. PIC is currently seeking the relevant documentation to open these accounts and an appointment has been made for Tuesday, 23rd December with the local bank to open these accounts.
2. The Department of Social Care has been advised that there will be a change in the method of payment in the New Year – allowance will be paid directly into each individual's account.
3. Written consent of families for PIC and colleague to manage residents monies will be documented in the contracts of care. See timescale below for contracts of care.
4. While we await the opening of bank accounts, residents notebooks for monitoring personal portion of disability allowance have been replaced by ledgers with vouched

expenses.

Proposed Timescale: 17/12/2014

Theme: Individualised Supports and Care

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

The account used to lodge residents monies was being used in the general management of the centre.

Action Required:

Under Regulation 12 (4) (c) you are required to: Ensure that the registered provider or any member of staff, does not pay money belonging to any resident into an account held in a financial institution, unless the account is not used by the registered provider in connection with the carrying on or management of the designated centre.

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

1. All residents make a contribution to the running costs of their home from their disability allowance. Residents contributions will be reflected in the contracts of care and in the 'policy on the management of residents monies.' Contracts of care and the aforementioned policy will be in place by 17/12/2014.
 2. While we wait on the opening of bank accounts, residents monies will no longer be lodged into a general account but will be used as cash, with everything receipted until such time as personal accounts have been set up and a separate account for household and utilities has been set up in the name of the PIC and subject to a monthly audit.
 3. When the personal accounts are open each resident's disability allowance will be transferred directly into the residents' account and then the contribution to the organisation will be transferred by direct debit every week to the household account. This will reduce the use of cash and will provide greater transparency and accountability.
 4. With regard to backdated disability allowance for three residents, their personal portion of that income is still in the general account as it was not considered safe to hold it in cash and it can be taken out and spent in consultation with family members where relevant, or kept in savings. Once the personal accounts are open the money will be transferred. This has been agreed with family members and will be written into the contracts of care.
- Contracts of care will be drawn up by 17/12/2014 as mentioned previously. In the meantime the ledgers will reflect sharper and accountable practice.

Proposed Timescale: 02/01/2015

Theme: Individualised Supports and Care

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

Residents were not supported to have access to their own monies and no support was

provided to assist them to manage their financial affairs.

Action Required:

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

1. Cognitive assessments carried out by the HSE in 2005 confirmed that each one of the residents do not have the capacity to manage their financial affairs. These assessments are on file with the HSE and we have requested copies to make available to HIQA inspectors. Updated assessments will be carried for each resident on the 15th and 27th of January respectively.
2. Each resident will be increasingly consulted, insofar as is reasonably practicable, on issues related to the management of their financial affairs and this consultative process will be documented, for example, three of our residents now have their own wallets which they are keeping in their bedside lockers and bringing out with them on accompanied shopping trips. When a particular resident indicates that he would like to have coffee and an ice cream, he is given his money, told it is his and supported to go to the pay point unless he demonstrates that he does not want to do so.

Proposed Timescale: 31/01/2015

Theme: Individualised Supports and Care

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

Monies belonging to residents were held in financial accounts in the name of the provider and organisation without the consent of residents or their representatives.

Action Required:

Under Regulation 12 (4) (a) and (b) you are required to: Ensure that the registered provider or any member of staff, does not pay money belonging to any resident into an account held in a financial institution, unless the consent of the resident has been obtained and the account is in the name of the resident to which the money belongs.

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

1. While we recognise that written consent of residents or their representatives is essential we want to place it on record that we do have verbal consent. Written consent will be in place in the form of contracts of care by 17/12/2014.
2. A 'policy on the management and use of residents monies' will be in place by the 17/12/2014. We have spoken with and taken advice from two other services with regard to this issue.

Proposed Timescale: 17/12/2014

Theme: Individualised Supports and Care

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

There was no evidence to suggest that residents were provided with adequate facilities for occupation and recreation.

Action Required:

Under Regulation 13 (2) (a) you are required to: Provide access for residents to facilities for occupation and recreation.

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

1. On 19th November, 2014, we met with the disability manager for adults, HSE (south) to begin discussions on application for funding for day care services. He offered his full support and cooperation and put us in touch with a day service provider. A meeting was held with this provider on 25th November in our centre and they met all the residents.

2. We applied for funding for day care to HSE Coolock on 25th November for four of the residents as one resident's needs might better be served by attending an older person's group, given his age. Our liaison person at the HSE in Bray and the above mentioned disability manager said they would contact HSE north, explaining the context to our request and our urgent need to address this issue.

3. We have a small amount of funding in place which could be made available to even allow one of our residents to begin day-care in February 2015, if a place becomes available. There are waiting lists but we are hopeful of being able to secure at least one and perhaps two places early in the New Year. Day care service to revert to us week beginning, Monday, 1st December. If we are unable to secure places in the proposed timescale we will inform you.

4. In the meantime, we have increased use of gym facilities because we are now members of a gym just seven minutes from the house.

(b) Over the next number of weeks residents will be attending carol services in local towns.

(c) We have introduced a new recreation for three of our residents – ornithology - field equipment, guide books and DVDs are being used and the response from residents is very positive.

Proposed Timescale: 28/02/2015

Theme: Individualised Supports and Care

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

Evidence was not available relating to available opportunities to participate in activities in accordance with assessed interests, capacities and needs.

Action Required:

Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

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

Assessments on needs, capacities and interests of each resident will be carried out in the house on 15th and 27th January respectively, the results of which will guide us relating to new opportunities for residents to participate in activities, principally day care.

Proposed Timescale: 31/01/2015

Theme: Individualised Supports and Care

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

There was no complaints policy or procedures operating within the centre.

Action Required:

Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

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

A complaints policy with appeals procedure which is centre-specific is being worked on.

Proposed Timescale: 31/12/2014

Theme: Individualised Supports and Care

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

There was no independent objective person available to residents or their representative.

Action Required:

Under Regulation 34 (2) (a) you are required to: Ensure that a person who is not involved in the matters the subject of a complaint is nominated to deal with complaints by or on behalf of residents.

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

Telephone contact was made with the National Advocacy Service on Monday, 24 November. We contacted their office again on Thursday, 27 November and were informed that our details had been passed on to an advocate from the Dublin area. Two advocates from this service are coming to the house to meet with all the residents on the date below.

Proposed Timescale: 12/12/2014

Outcome 02: Communication

Theme: Individualised Supports and Care

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

Residents use of the internet had not been considered, although internet was available within the centre.

Action Required:

Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.

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

Resident's capacity to use and benefit from the use of the internet will be assessed independently as part of the individual cognitive/psychological assessments currently being sought.

Proposed Timescale: 14/01/2015

Theme: Individualised Supports and Care

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

Residents needs and wishes in relation to their communication needs had not been assessed and therefore their support requirements were not known.

Action Required:

Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

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

1. Residents needs and wishes in relation to their communication needs will be independently assessed as part of the individual cognitive/psychological assessments currently being sought.
2. Prior to the assessments taking place on the 15th and 27th January 2015 we will have documented each individual's current communication support needs, abilities and wishes.

Proposed Timescale: 31/01/2015

Theme: Individualised Supports and Care

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

Residents needs re use of access to assistive technologies and aids and appliances to promote full capabilities were not assessed or considered.

Action Required:

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

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

Residents needs re use of access to assistive technologies and aids and appliances will be independently assessed as part of the individual cognitive/psychological assessments currently being sought.

Proposed Timescale: 31/01/2015

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

Theme: Individualised Supports and Care

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

Personal plans do not identify the wishes of residents in relation to their access to the wider community.

Action Required:

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

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

The personal plans will reflect (as the minutes of the management committee meeting currently do) that we are providing supports for residents to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

Proposed Timescale: 31/12/2014

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:

There was no admission policy in place therefore the criteria for admission could not be

assessed.

Action Required:

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

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

Admissions policy will be in place by date below.

Proposed Timescale: 17/12/2014

Theme: Effective Services

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

Residents did not have a written contract.

Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

Contracts of care will be in place by the date below.

Proposed Timescale: 17/12/2014

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:

The personal plans in place did not provide a comprehensive assessment of individual health, personal and social care needs.

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:

1. A report from the annual check up with a GP which took place in August will be on file before the end of the year.
2. As previously mentioned all residents will be assessed by a psychologist before the

end of January 2015. The outcome of these assessments will comprehensively influence the personal plans in the future.

3. The personal care plans are currently being revised and from Sunday 14th December will begin to include a comprehensive assessment of individual, personal and social care needs.

Proposed Timescale: 31/01/2015

Theme: Effective Services

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

There was no evidence to suggest residents were involved in the formulating of their personal plans, and the plans were not provided in an accessible format.

Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

1. As mentioned previously the residents will attend the weekly review and planning of personal plans and minutes of those meetings will be available.
2. Personal plans will be provided in a new, comprehensive and accessible format - bound folders for each resident.

Proposed Timescale: 31/01/2015

Theme: Effective Services

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

Reviews of personal plans did not consider how they were enhancing the lives of residents or were meeting the needs of each resident.

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 plan to introduce residents to day care services will constitute major changes in circumstances and new developments. The personal plans will take these huge changes into account.

Currently reviews to assess the effectiveness of each plan are carried out daily by staff through formal and informal conversation and these reviews will be put in written form

and worked into the personal care plans.

Proposed Timescale: 28/02/2015

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 layout particularly in relation to the use of bedrooms did not meet the needs of residents as described within the body of the report.

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:

1. The resident who demonstrates challenging behaviour now has his own bedroom and he was consulted on this change, insofar as it was reasonably practical to do so, as were the other residents involved. In the number of weeks that have passed since making the change all staff are observant of any changes in behaviour and/or mood of the residents involved to try and assess how happy people are. The response to date has been positive but staff will continue to monitor this.
2. There are currently three bedrooms in use by staff and staff discussed the possibility of making one of those bedrooms available to a resident. However, this would mean that two residents would then be sharing a bathroom with staff. This outcome seemed less desirable so it was decided to move things around in the bedrooms (one of which is very large) and to put in bedroom screens as mentioned previously.

Proposed Timescale: 27/11/2014

Theme: Effective Services

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

While the centre was found to be generally clean, there was limited effort to personalise communal or private areas for residents.

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:

1. Over the years we have made efforts to understand each individual's needs in this regard but this has not been documented. As we go forward we will document, for

example, currently one of the residents only wants Valentine cards and birthday cards from his mother in his room, he has removed all photos. Last year he wanted all photos and no cards. When he removed photos on a recent occasion we respected his wishes and after two weeks, and a consultation with him, we put the photos back in and the following morning they were removed again. So we continued to respect his wishes.

2. We will talk with our residents, re-introduce photos and other effects in the coming week, with a special emphasis on the Christmas season and assess each individual's response.

Proposed Timescale: 17/12/2014

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:

There was no risk management policy as referred to in paragraph 16 of Schedule 5.

Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

Expertise has been sought in the development of a risk management policy and it will be in place by the date below.

Proposed Timescale: 31/12/2014

Theme: Effective Services

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

There was no system in place for the assessment, management and ongoing review of risks, and there was no plan in place for responding to emergencies.

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:

1. A policy on emergencies is in place as of 8th December 2014.
2. A system for the assessment, management and ongoing review of risks is being worked on and will be in place by the date below.

Proposed Timescale: 31/12/2014

Theme: Effective Services

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

Not all staff had received adequate training in fire safety.

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:

Training for all staff will be provided by date below and evidence to support that.

Proposed Timescale: 22/12/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Not all staff had received training in responding to behaviours' that challenge and in de-escalation techniques.

Action Required:

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

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

The three remaining staff who had not received training will have done so by the date below using the services of MAPA trained instructors. These instructors have said that it will be early January but at the time of returning this action plan a date had not been confirmed. So we are proposing the timescale below in order to ensure that it is done. Documentation will be available to evidence this booking by 17/12/2014.

Proposed Timescale: 31/01/2014

Theme: Safe Services

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

While it was reported by all staff that restrictive interventions are used in the centre, there was no documentation or evidence relating to the frequency of its use and there was no policy in place to guide practice.

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:

Documentation will be place by the date below.

Proposed Timescale: 17/12/2014

Theme: Safe Services

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

There was no documentation in place relating to the requirements of this regulation, when a resident's behaviour required intervention.

Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

Documentation will be in place by the date below.

Proposed Timescale: 17/12/2014

Theme: Safe Services

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

Personal plans or intimate care plans provided no information on how residents were assisted and supported to develop their knowledge, self-awareness, understanding and skills needed for self-care and protection.

Action Required:

Under Regulation 08 (1) you are required to: Ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

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

A comprehensive intimate care policy will be developed by the date below.

Proposed Timescale: 31/12/2014
Theme: Safe Services The Registered Provider is failing to comply with a regulatory requirement in the following respect: The provider had not made appropriate efforts to protect residents from all forms of abuse as no policy was developed to guide practice and training had not been provided to staff. 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: 1. All five staff will complete "Certificated Keeping Adults Safe" training on site in early January. Every effort was made to link in with other services, through the HSE to do this training before the end of 2014 but nothing was available. Documentation will be in place by 17/12/2014 to confirm the date, times and outlay of the training course to be done by staff in January. 2. Advice from other services has been sought to draft policy to guide practice which will be centre-specific and this policy will be in place by the date below.
Proposed Timescale: 31/01/2014
Theme: Safe Services The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect: Intimate care plans were not developed for each resident to provide guidance to staff with minimal reference to safeguarding measures and did not adequately consider resident's dignity and bodily integrity. Action Required: Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity. Please state the actions you have taken or are planning to take: Intimate Care Plans will be in place by the date below.
Proposed Timescale: 31/12/2014
Theme: Safe Services

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

Staff had not received any training in the safeguarding of residents and the prevention, detection and response to abuse.

Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

Training will take place in early January 2015 as detailed above.

Proposed Timescale: 31/01/2015

Outcome 09: Notification of Incidents

Theme: Safe Services

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

The person in charge had not submitted a quarterly notification to the Chief Inspector in relation to the use of restraints in the designated centre.

Action Required:

Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

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

This will be done by the date below and thereafter on time quarterly.

Proposed Timescale: 17/12/2014

Theme: Safe Services

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

A six monthly report was not provided to the chief inspector highlighting that no incidents were required to be notified.

Action Required:

Under Regulation 31 (4) you are required to: Where no incidents which require to be notified have taken place, notify the chief inspector of this fact on a six- monthly basis.

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

This report has been provided to the Chief Inspector on the 24 November, covering the

period Jan to June 2014, addressing the non-compliance. If there is a nil return at the end of December 31, this will be done on time.

Proposed Timescale: 31/12/2014

Outcome 10. General Welfare and Development

Theme: Health and Development

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

Residents were not supported to access new experiences or to be independent in relation to social participation.

Action Required:

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

1. The psychological/cognitive assessments which will be carried out in January 2015 will guide us in the direction of appropriate day care services and from our initial meeting with a local day care provider, will open up real opportunities to examine if some of our residents could be supported to access opportunities for education, training and employment.
2. Through making new links with other communities/residential settings in the last month we have opened up opportunities for new experiences for our residents through visits, the first of which will take place on the 28th December 2014.

Proposed Timescale: 31/03/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Personal plans did not provide appropriate information on individual health care needs.

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:

Expertise has been sought to develop personal plans incorporating appropriate information on individual health care needs and we aim to have these in place by the date below.

Proposed Timescale: 28/02/2015

Theme: Health and Development

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

Evidence did not suggest that medical treatment/follow up recommended had been provided in all cases.

Action Required:

Under Regulation 06 (2) (b) you are required to: Facilitate the medical treatment that is recommended for each resident and agreed by him/her.

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

1. Evidence will be in place to support actions re: follow up. For eg. the lack of documentation on the heart condition of one of our residents was focussed on in the report - an ECG had been carried out on this person in August as a follow up his annual check-up but there was no documentation on file at the time of the inspection.
2. A letter of referral from our GP has been sought for attendance at Connolly Hospital for one of our residents re: Fragile X
3. Another resident is due to begin attendance with a chiropodist on December 4th. Records will be kept.

Proposed Timescale: 17/12/2015

Outcome 12. Medication Management

Theme: Health and Development

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

Policies had not been developed relating to medication management and there were no systems in place for monitoring and reviewing safe medication practices.

Action Required:

Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

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

A policy is currently being developed. Our system for monitoring and reviewing safe medication practices is also being worked on.

Proposed Timescale: 18/01/2015

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:

No statement of purpose was available within the 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:

Statement of Purpose will be completed by the date below.

Proposed Timescale: 17/12/2014

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:

Information in relation to Schedule 2 of the Regulations was not in place for the person in charge.

Action Required:

Under Regulation 14 (5) you are required to: Obtain the information and documents specified in Schedule 2 in respect of the person in charge.

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

The vetting disclosure will not be available for six to eight weeks so it will not be possible to have all the relevant information and documents specified in Schedule 2 in place before the date below.

Proposed Timescale: 31/01/2015

Theme: Leadership, Governance and Management

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

There was a lack of definition in relation to lines of accountability and specific roles and responsibilities within the designated centre.

Action Required:

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

We are currently working on a definition of roles.

Proposed Timescale: 17/12/2014

Theme: Leadership, Governance and Management

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

There were no management systems in place to ensure the service is being effectively monitored.

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:

1. Once the roles in the organisation are clearly defined we will begin to put management systems in place. 17/12/2014

2. The management committee and board of directors, recognise the Authority's concerns in relation to adequate oversight and items on the agenda for the AGM will include the question of inviting new members onto the board of directors and management committee who may have a professional interest in the organisation in order to create a balance with those who have a long-standing, personal/professional investment in the organisation. 31/01/2015

Proposed Timescale:

Outcome 16: Use of Resources

Theme: Use of Resources

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

While there was no statement of purpose in which to measure this against, there was insufficient transparency in the planning and deployment of resources in the centre.

Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the

statement of purpose.

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

1. Statement of purpose will be in place by date below.
2. The board of directors has agreed that from 1st January 2015, all State funding provided for the effective delivery of care and support in accordance with the Statement of Purpose, will be utilised from one account, held in the name of the organisation, not in the name of any one of its directors. Accounts currently held in directors names carry loans on behalf of the organisation and the bank will not agree to these loans being transferred into the name of the organisation. These loans will continue to be serviced by the organisation but from the organisation's main account, not from an account in any one of the director's names.

Proposed Timescale: 17/12/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

There were no staff files containing the documents as required by Schedule 2 of the Health Act 2007.

Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

Vetting disclosure for all staff will not be available for six to eight weeks so it will not be possible to have all the documents and information as specified in Schedule 2 together until the date below. Other documentation will be in place by 31/12/2014.

Proposed Timescale: 31/01/2015

Theme: Responsive Workforce

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

There was no training plan in place and staff had not been provided with all mandatory training requirements.

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.

<p>Please state the actions you have taken or are planning to take: Our priority lies in making sure that all staff have received mandatory training by 31/01/2015 as outlined already in the action plan. Once that is completed and documented we will work on a training plan, including refresher courses for the date below.</p>
<p>Proposed Timescale: 28/02/2015</p>
<p>Theme: Responsive Workforce</p> <p>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect: There were no supervision systems in place.</p> <p>Action Required: Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.</p> <p>Please state the actions you have taken or are planning to take: Once the roles within the centre are more clearly defined a supervision system will be put in place, elements of which have already begun such as weekly audits on the management of residents monies.</p>
<p>Proposed Timescale: 31/12/2014</p>
<p>Theme: Responsive Workforce</p> <p>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect: Staff were not knowledgeable on the Regulations and Standards.</p> <p>Action Required: Under Regulation 16 (1) (c) you are required to: Ensure staff are informed of the Act and any regulations and standards made under it.</p> <p>Please state the actions you have taken or are planning to take: All staff now have an individual copy of the Health Act. PIC will get copies of the regulations and standards for each person by 8/12/2014. Staff will question one another to test knowledge on Act and regulations in a structured way (at weekly planning meetings for the next two months) and in an unstructured way, as we go about the daily work of the centre.</p>
<p>Proposed Timescale: 31/01/2015</p>

Outcome 18: Records and documentation

Theme: Use of Information

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

There were no written operational policies in the designated centre to guide staff practice.

Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

High priority operational policies, as identified by HIQA at a meeting in their offices on 20/11/2014, in relation to risk assessment, health and safety, safeguarding from abuse, residents rights – timeframes for the writing, adopting and implementing of these policies have already been set out in this action plan. Given the volume of work that has to be done we do not believe that it will be possible to have everything set out in Schedule 5 available until the date below.

Proposed Timescale: 31/01/2015

Theme: Use of Information

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

Information in relation to staff working in the designated centre was not available in line with the Regulations.

Action Required:

Under Regulation 21 (1) (a) you are required to: Maintain, and make available for inspection by the chief inspector, records of the information and documents in relation to staff specified in Schedule 2 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:

Have all information available by date below.

Proposed Timescale: 31/01/2015

Theme: Use of Information

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

Records in relation to the designated centre were not maintained or available for the

inspector.

Action Required:

Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 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:

Keep progress notes as we compile records and work to make available all additional records specified in Schedule 4.

Proposed Timescale: 28/02/2015