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 Daughters of Charity Disability Support Services Ltd.
Centre ID:	OSV-0003936
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd.
Provider Nominee:	Breda Noonan
Lead inspector:	Julie Hennessy
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
10 November 2014 09:00	10 November 2014 17:00
11 November 2014 09:00	11 November 2014 13:00

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

Outcome
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 report sets out the findings of an inspection following an application by the provider to register the centre. This was the first inspection of the centre by the Authority.

The inspector met with residents, staff members, the person in charge, the provider nominee and clinical nurse managers (CNMs). The inspector observed practices and reviewed documentation such as personal plans, audits, policies and procedures.

The centre provides residential accommodation for adults with an intellectual

disability, primarily, with a severe to profound intellectual disability. The premises comprise one single-storey unit in a congregated setting. The provider nominee confirmed that there is a medium- to long-term plan in place to re-locate residents to more suitable residential accommodation and close this centre.

The inspector found that although staff endeavored to create a homely and comfortable environment for residents; the design and layout of the centre was not suitable for its’ stated purpose as it did not meet residents’ individual or collective needs in an acceptable way. The inspector found that the poor design and layout of the premises impacted on an individual resident's need for personal space and did not meet other individual resident's mobility or privacy and dignity needs. Parts of the premises were in a poor state of repair and posed a potential risk of infection. The outdoor space did not provide a secure or pleasant environment for residents. The inspector found that the failure of the premises to adequately meet the individual and collective needs of the residents was at the level of major non-compliance. This was discussed with the provider nominee during the course of the inspection. The provider nominee was responsive to this finding.

Overall, the inspector found a high level of compliance across a range of other outcomes. Residents were happy, well-cared for and content. The inspector observed staff interacting with residents in a respectful, kind and warm manner. Staff supported residents to use non-verbal communication and express choice about day to day matters. Positive family relationships were supported. Residents participated in activities and skills development programs that were appropriate and meaningful to their individual capabilities and wishes.

The inspector found that there were arrangements in place to ensure oversight of key areas relevant to the provision of safe, quality care to residents. There was evidence of good governance and management in core areas including meeting residents' healthcare needs; safeguarding of residents and medication management. The inspector found that management was supportive of staff training and development and that this was reflected in the delivery of a high standard of evidence-based care and support.

Other improvements were required in areas relating to personal planning, risk management and some documentation such as the Statement of Purpose and residents' records, which will be discussed in the body of this report and included in the action plan at the end of this report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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):
This was the centre's first inspection by the Authority.

Findings:
The inspector found that residents' rights, dignity and consultation were supported by staff.

Consultation with residents and their families was documented in residents' files and confirmed by a relative in a pre-inspection questionnaire. There was evidence of resident and family involvement in care decisions and in relation to the running of the centre. The organisation had an advocacy steering committee, managed by a CNM3 (Clinical Nurse Manager), which met on a monthly basis. Residents had access to external advocacy and the CNM1 explained how an advocate was accessed to support a resident during her move to the centre.

The inspector observed staff interacting with residents in a respectful, appropriate and warm manner and seeking their response or feedback. A residents' charter of rights was prominently displayed in the hall of each house in an easy-to-read pictorial format.

Residents and their families were involved in personal planning. Residents were supported in making choices about their daily lives such as what food to eat and what activities or interests they could pursue. Staffing was arranged in a manner to support residents with their individual interests and preferences.

There was a complaints policy in place. An easy-to-read version for service users was prominently located in the entrance hall. There was a dedicated complaints officer and an independent nominated person to manage complaints. Staff were able to name the persons responsible for receiving and overseeing complaints. The inspector viewed the

complaints log and observed that verbal complaints and observations were also recorded. Whether the complaint was resolved and the complainant satisfied was documented. Families were supported to make any complaints if necessary. A relative confirmed in the pre-inspection questionnaire that they knew how to make a complaint and to whom they could raise any issues.

Staff confirmed that residents were supported to exercise their civil and religious rights. Residents were supported to attend religious ceremonies of their choice, for example, some residents attended Mass in the chapel. A special Mass at Christmas was also held and family were encouraged to attend. However, the inspector found that a goal had been suggested for a resident to attend Mass when it was not clear whether it was the resident's wish to do so. This will be further addressed under Outcome 5: Social Care Needs and the associated action.

Staff were sensitive to the needs to protect residents' dignity and privacy. However, due to limitations in the design and layout of the premises, there were occasions where residents' dignity may be compromised. The space in the shower room was not adequate and the bath was not an accessible bath. In addition, there were no sinks in residents' bedrooms. Where mobility needs were high, this meant that not all personal care needs could be addressed in the shower or bathroom areas. The inspector found that staff had endeavoured to ensure that their practices had the least possible impact on the dignity of the resident. This finding is discussed further in Outcome 6: Safe and suitable premises.

Judgment:
Non Compliant - Minor

Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
Overall, the inspector found that staff were aware of the ways in which to communicate with individual residents and that residents' communication needs were met. Staff supported residents to use non-verbal communication and express choice about day to day matters. However, improvements were required in order to ensure that all residents with communication needs had relevant multi-disciplinary team (MDT) input. Improvements to documentation were also required.

The inspector reviewed a sample of residents' files, including for residents who did not

express themselves verbally. The majority of residents with communication needs had a communication care plan, which was specific to that resident and included information such as how the resident might express herself using verbal or non-verbal communication. One care plan, for example, included clear information about the use of Lámh (a manual sign system used by children and adults with intellectual disability and communication needs in Ireland) and a visual schedule that had been devised for another resident. This information was specific to and aided communication with the individual resident. Multi-disciplinary professional input was sought where required for most residents, such as, from the speech and language therapist. The inspector observed any communication care plans in place were implemented in practice.

However, the inspector found that improvements were required in order to fully meet the communication needs of one resident. Although staff had identified that the resident had significant communication needs and there was information about communicating with the resident in the resident's file; the information was not sufficient. For example, a communication care plan had not been completed and MDT input had not been sought, as necessary, to inform any individual communication supports required. This will also be discussed under Outcome 18: Records and Documentation to be kept at a designated centre.

Each resident also had an 'acute hospital communication booklet' that included key information relating to each resident in the event of a resident being transferred to an acute hospital.

Other information was available in pictorial format to aid the provision of information to residents and communication with residents. For example, fire evacuation procedures were available in pictorial format, different foods and drinks were presented in pictorial format in the kitchen to aid residents' choice, posters promoting hand hygiene were available above wash-hand basins. One residents' file contained a pictorial representation of her activity schedule, likes and dislikes.

Residents had access to television, DVD players, radio, social media and phones.

Judgment:
Non Compliant - Moderate

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The inspector found that positive relationships between residents and their family members were supported.

Family links were supported in the centre by a variety of means. There was an open door visiting policy in each house and family were welcome to visit. Family contact was supported as appropriate to each resident, including through the use of phone contact. Residents were supported to go to the family home on weekends and holidays.

Special occasions were celebrated and marked. A Mass that was held at Christmas each year, followed by a social gathering. Staff described how they facilitate family to take residents out for a day trip, a visit or other event.

There was evidence of family links in personal plans. Families were invited to attend the annual review meeting of residents' personal plan.

Residents were supported to ensure involvement with their local community. This included the use of local amenities such as cafes, shopping centres, restaurants, hairdressing, and going on drives and walks. Residents went on day trips and attended events in the community such as concerts in the nearby university. Day trips and activities in the local community were organised by both centre staff and day services staff for different residents. Extra staff were scheduled for a period of time in the afternoons, to bring residents out for a walk, to the canteen or to pursue interests. Staff explained how some services came to the centre, including hairdressing for some residents, music sessions, art therapy and reflexology.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector found that admissions were in line with the Statement of Purpose and there were written contracts for the provision of services in place.

Contracts of care set out the service to be provided and the fees to be charged in the

designated centre. Contracts of care were signed by the parents of residents, where appropriate.

There was a 'services review committee' within the service that met with residents and their families and reviewed current living arrangements and any wishes in relation to any changes or moves. There was evidence that moves were planned for in a safe manner with transfers overseen by an 'admissions, transfers and discharges committee', pre-planning meetings, consultation with residents and family and multi-disciplinary team input. As previously mentioned in Outcome 1; an external advocate had been contacted to support a resident during her move to the designated centre.

The inspector reviewed a sample of the contracts of care. The contracts of care clearly set out the services to be provided for the residents and the fees to be charged. Each contract of care reviewed had been signed by a resident, by a service provider representative and by a relative.

Judgment:
Compliant

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

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The inspector found that residents' wellbeing and welfare was maintained by a high standard of evidence-based care and support and the arrangements to meet each resident's assessed needs were set out in a personal plan that reflected his/her needs, interests and capacities. Overall, the personal plan and review process was very comprehensive and person-centred, although improvements were required to the setting of personal goals.

The inspector reviewed a sample number of residents' files in the designated centre:

A specific tool was used to document each resident's assessment of their health, personal and social care needs, abilities and wishes. Overall, the information contained

in the tool was informed by multi-disciplinary input where required. Where needs, supports or risks were identified, other specific plans had been completed including health plans, risk assessments, behaviour intervention plans and intimate care plans.

Each resident had a written personal plan, in an accessible format. Personal plans were individual and person-centred and contained information such as the residents' family tree, special events, a record of family visits, likes and dislikes and activities the resident participates in and enjoys.

The inspector found that one area of the personal planning process required improvement and that related to the setting of personal goals for each resident. Goals were mainly activity-based instead of outcome-focussed, making it difficult to see how goals contributed to the quality of life of the resident. Also, in most plans, it was not specified whether goals were short-, medium- or long-term nor were the supports needed to meet personal goals outlined.

The personal plans were reviewed annually by the multi-disciplinary team and maximum participation of the resident was ensured. Review meetings were documented. Family members were given formal advance notification of the review meetings and invited to attend. Each resident had a named nurse and key-worker, who attended review meetings. A relative confirmed that family were invited to attend review meetings in a pre-inspection questionnaire.

Review meetings included a full evaluation of the residents' health and social needs, wishes and abilities and a review of any skills development or day services in which the resident participated and whether goals had been met for the previous year.

Documentation also included a written family report and a personal statement by the resident. Goals were set for the following year at such meetings. The person responsible for pursuing objectives in the plan within specific time-frames was clearly documented. The tracking of goals, whether they were achieved and any constraints to meeting goals, was clearly documented.

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):

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

Findings:
The inspector found that although staff endeavoured to create a homely and comfortable environment for residents; the design and layout of the centre was not suitable for its’ stated purpose and did not meet residents’ individual or collective needs in an acceptable way. The poor design and layout of the premises impacted on an individual resident's need for personal space and did not meet other individual resident's mobility or privacy and dignity needs. Parts of the premises were in a poor state of repair and posed a potential risk of infection. Also, the outdoor space did not meet the residents' needs. The inspector found that the failure of the premises to adequately meet the individual and collective needs of the residents was at the level of major non-compliance. This was discussed with the provider nominee during the course of the inspection. The provider nominee was responsive to this finding.

The centre formed part of a congregated setting. The provider nominee confirmed that there is a long-term plan in place to re-locate residents to more suitable residential accommodation and close this centre.

The centre did not adequately meet the individual mobility or privacy and dignity needs of one resident. This was previously mentioned in Outcome 1: Residents’ Rights, Dignity and Consultation. The shower room was an insufficient size to meet the mobility needs of a resident as it could not accommodate a hoist. In addition, there were no sink in the resident’s bedroom. As a result, the resident’s personal care needs could not be addressed in the shower or bathroom areas.

The number and standard of showers, sinks and the bath were not sufficient to meet the residents’ needs.

The bath was not an accessible bath and could only be used by one resident. The flooring was not of an easy-to-clean material. Although the bath was visibly clean, it was not in an acceptable state of repair and some areas could no longer be properly cleaned. For example; there was discolouration on the bath surface; the area surrounding the taps was stained and; there was grime in the corners where the bath met the skirting board. There was a sink in this room and although clean, there was also discolouration evident on the surface and the seal between the sink and wall was missing.

The shower, although accessible, was of poor design and standard and in a poor state of repair. As a result, parts of the shower and in particular the shower door seals and junctions, could no longer be properly cleaned. The inspector observed a space behind the shower and that ran the length of the shower, which was difficult to reach and was covered in cobwebs and dust.

There were two toilets in the centre. Toilet seats were intact and clean. Grab rails were provided and were intact and secure. There was a small sink that was difficult to access in the confined space. The inspector however found that one cistern lid was very old and there was a sticky coating on the surface of the lid. Also, the inspector found dust and cobwebs in some corners and less easily-accessed places in this room e.g. around pipes.

The inspector found that where facilities or premises could no longer be properly cleaned, that this presented a potential risk of infection to residents; this will also be referenced under Outcome 7: Health Safety and Risk Management.

The number of toilets, accessible baths and/or showers and sinks was not sufficient to meet the needs of the residents. For example, a sink was required for personal care needs for a resident but was not available.

Although some bedrooms were spacious and personal, others were not acceptable in size and layout. For example, in two bedrooms, the rooms were very narrow and the bed could not be accessed from both sides. Natural light was limited in four bedrooms and there was no view from windows in these rooms, as windows were small and too high to see out through.

There was a large and bright communal room, with an adjoining small but adequate additional room that residents used for activities or interests such as arts and crafts and listening to music.

However, the centre did not adequately meet the need for private space of one resident. Although a room was available for use a lot of the time, this space belonged to another centre and could not be used all of the time, nor could it be adapted or decorated for this resident.

The inspector found that the centre was warm and tidy and efforts had been made to make it homely. Bedrooms were personalised. Walls were decorated with colourful and pleasant pictures.

Areas where hazards were present were restricted as appropriate, including the laundry room, sluice room and storage rooms and medicines and chemicals were securely locked away. Access to other areas was restricted to ensure the safety of individual residents and following risk assessment and included the kitchen.

The inspector observed that the centre was free from significant hazards which could cause injury to residents. Risk assessments had been completed and identified measures which were required in the centre to prevent accidents and included hand-rails, grab-rails and a shower chair. However, the inspector found that a maintenance requisition had not been completed for a cracked pane of glass in the communal sitting area.

There was adequate storage in the centre for equipment including wheelchairs and for extra supplies. The inspector reviewed the servicing records relating to equipment, aids and appliances and found that they were in order. There was a system in place for management of waste, including any sharp items used for clinical purposes.

Externally however, the outdoor space did not meet the individual or collective needs of the residents. Outdoor space comprised outdoor furniture that was on tarmac, accessed by some vehicular traffic. As a result, it was not a secure space, meaning that residents could not access this space independently. Staff made efforts to compensate for the lack of outdoor space as much as possible by taking residents out for regular walks. Within

the wider campus itself, there was ample outdoor space, including a large visually stimulating and pleasant sensory garden.

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

Findings:
The inspector found that the health and safety of residents, staff and visitors was promoted and protected. Improvements were required in relation to the identification of hazards and environmental cleaning.

There was a risk management policy, a safety statement and an incident management policy in place in the centre that were all within date.

A system to complete regular hazard inspections had been recently introduced to identify new or changing hazards. However, the system was not sufficiently robust as one hazard involving a cracked window pane in the communal room had not been identified and as a result, a maintenance requisition form had not been completed.

A system was in place to complete risk assessments. A range of risk assessments for different work activities and work areas had been completed, including manual handling, trips and falls, hot water, infection control, absence without notice and medication management. Risk assessments had also been completed as relevant to individual residents.

Incidents were being recorded and reported and there was evidence of learning from incidents.

The centre was not in compliance with relevant fire safety legislation. The provider had engaged the services of competent person in the area of fire safety to complete a fire risk assessment. The inspector found that fire safety arrangements were in place. Suitable fire equipment was provided. Fire exits were unobstructed and there were adequate means of escape. The inspector viewed servicing records and found that the fire alarm was serviced on a quarterly basis and fire safety equipment and emergency lighting was serviced as required on an annual basis.

There was a prominently displayed evacuation plan in place. Inspectors viewed

documentation of regular fire drills, which were carried out on a regular basis. The inspector spoke with staff and found that they were knowledgeable about what to do in the event of a fire.

However, improvements were required to evacuation procedures. The inspector found that, where a resident had high mobility needs, not all alternatives had been explored in relation to the evacuation of the resident. This was discussed with the provider nominee during the inspection who outlined steps being taken to address this issue. Steps included input being sought from competent person(s) in relation to the evacuation of residents with high mobility needs.

The inspector found that overall there were arrangements in place for the prevention and control of the spread of infection although the inspector identified areas for improvement.

The inspector spoke with nursing, care and household staff who were aware of the principles of infection prevention and control, for example, the importance of hand hygiene and the management of potentially contaminated laundry. Staff had received training in infection control and hand hygiene. Cleaning schedules were in place and were being completed. Infection control audits were carried out. Staff had access to expert advice in relation to infection prevention and control. The organisation had an infection prevention and control committee.

However, as previously addressed in the context of the premises under Outcome 6: Safe and Suitable Premises, some parts of the premises could no longer be effectively cleaned, in particular in and around the bath, shower and sinks. This presented a potential risk of infection to residents.

Also and as previously mentioned in Outcome 6: Safe and Suitable Premises, the infection prevention and control systems in place (including auditing systems) were not sufficiently robust. Some parts of the premises had not been cleaned to an acceptable standard. This included the space behind the shower and which ran the length of the shower, which was difficult to reach and was covered in cobwebs and dust; the lid of one toilet cistern lid, which was coated in a sticky substance and; dust and cobwebs in some corners and less easily-accessed places in the toilet, bath and shower rooms e.g. around pipes.

There were systems in place to ensure oversight of health and safety and fire safety within the organisation, including a health and safety and fire safety committee. The organisation has competent persons in the areas of quality and safety, risk management, fire safety and infection prevention and control.

Judgment:
Non Compliant - Moderate

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The inspector found that systems were in place to protect residents from being harmed or suffering abuse. Residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges. A restraint-free environment was promoted. Some improvements to documentation were required.

Relevant policies were in place, including in relation to the protection of vulnerable adults, behaviours that challenge, restrictive practices, the provision of personal intimate care and residents' personal finances and possessions.

Staff had received training in relation to responding to incidents, suspicions or allegations of abuse. The inspector spoke with staff who were knowledgeable of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. Residents appeared happy and content. A relative confirmed in the pre-inspection questionnaire that their family member was safe in the centre. There was a nominated person to manage any incidents, allegations or suspicions of abuse and staff were able to identify the nominated person.

Staff had received training in the management of behaviour that challenges including de-escalation and intervention techniques.

The inspector reviewed personal plans, plans to support behaviour that challenges and risk assessments and spoke with staff in relation to behaviour that challenges. The inspector found evidence of a positive approach to behaviour that challenges with supports provided to manage same. There were clear referral systems in place. However, where a behaviour intervention plan had been developed, it was not clear from the documentation that there had been input from relevant professionals into the development of the plan. This will be further addressed under Outcome 18: Records and Documentation to be kept at a Designated Centre.

There were restrictive practices in place in the centre, which were all in line with national policy. The inspector found that for any restrictions in place, a clear rationale

was provided that was for the safety of one or more residents, risk assessments had been completed, alternatives had been considered, restrictions were applied for the least time possible and in the least restrictive manner. Consent was documented. All restrictive practices had been approved by the organisation's 'restrictive practice committee' and were carefully documented and closely monitored and reviewed.

The inspector reviewed arrangements in place for managing residents' finances and was satisfied that there was sufficient oversight in order to protect residents from financial abuse. The inspector reviewed a sample of records and found a clear system of logging and tracking of all transactions and an auditing system in place.

Judgment:
Compliant

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
A record of all incidents occurring in the designated centre was being maintained and where required, notified to the Chief Inspector.
Quarterly reports were provided as required.

Judgment:
Compliant

Outcome 10. General Welfare and Development
Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Residents' opportunities for new experiences, social participation and skills development were supported. However, improvements were required to ensure continuity of day services.

An assessment of each resident's goals relevant to their general welfare and development had been completed as part of a more comprehensive assessment of each resident's needs, wishes and abilities. Goals were developed in accordance with his/her preferences and to maximise his/her independence.

Residents engaged in activities that were appropriate to the individual's needs and capabilities. Residents attended day services on-campus including activation and skills development programs. Programs included music and dance, gardening, independence skills, cookery and physical activity. Activation was also run in the centre including specific individually tailored activities such as art, tabletop activities, music and hand massage. An activities sheet was written for each resident. Residents engaged in other activities such as swimming in the pool on campus and going for walks. However, the inspector found that staff shortages in the day service impacted on the provision of day services to residents. For example, due to sick leave in the day service, two residents had not attended their regular day service for the five weeks prior to the inspection. This was discussed with the provider nominee during the inspection. Staff outlined alternative activities and interests that they engaged the residents in when a day service was not provided.

Education, training and employment were not identified as areas of need for the residents. The inspector was satisfied that the focus on activation and skills development programs reflected the abilities of the residents, was meaningful to the residents and was enjoyed by them.

The provider organisation had a draft policy with respect to access to education, training and employment for residents, which included the creation of an individual training and education plan for each resident and the promotion of community inclusion using a person-centred approach.

Judgment:
Non Compliant - Moderate

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

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

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

Findings:
Residents' healthcare needs, including nutritional needs, were met and residents had access to appropriate medical and allied healthcare services.

The inspector reviewed residents’ files and there was evidence of timely and frequent access to their GP. Residents had access to other medical professionals and appointments were organised as required. Records of referrals and reports were maintained in residents' files.

Residents had access to a MDT team, including occupational therapy (OT), physiotherapy, dietetics, speech and language therapy (SALT), psychology and psychiatry. A number of clinical nurse specialists were also available in the service, including in areas such as health promotion, food and nutrition, tissue viability and infection control. As previously addressed under Outcome 2: Communication; one resident required a SALT assessment.

Input from medical and allied health professionals was documented in residents' care plans and the inspector found that such input informed practice. Residents were consulted about and involved in the meeting of their own health and medical needs.

The inspector found that residents’ nutritional needs were met:

Main meals and supper were prepared in a central kitchen and this was overseen by the catering manager. Meals were distributed to the centre via hot trolleys. The inspector observed meals which were served hot and appeared appetising and well-presented. The centre had a kitchen and separate spacious dining area. The fridges and cupboards were well-stocked with a variety of drinks and foods including fresh fruit and vegetables. The inspector observed a main meal and found that it was relaxed and unhurried and that any assistance required was offered discreetly.

Advice relating to dietary needs was sought from the dietician and speech and language therapist as required and recommendations were reflected in residents' care plans. Where residents had special dietary needs, these were documented and this information was available in each kitchen. Different foods and drinks were presented in pictorial format in each kitchen to aid residents’ choice. The inspector observed that residents had access to snacks and drinks throughout the day and that choice was facilitated.

Residents were supported to make healthy living choices. For example, some residents had been supported in relation to healthy eating and weight reducing diets. Hand hygiene was promoted and aided by posters in pictorial format.

Judgment:
Compliant

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The inspector found that residents were protected by safe medication management policies and practices.

There was a written policy in place relating to the ordering, prescribing, storing, administration and disposal of medications. The inspector spoke with nursing staff and found that they were familiar with the guidance as outlined in the policy.

The inspector reviewed residents' files and found that individual medication plans were appropriately implemented and reviewed as part of the personal plan review process.

Prescription charts and administration charts were completed in line with relevant professional guidelines and legislation.

All medications were individually prescribed. There were no medications that were crushed at the time of inspection. The maximum dosage of PRN ("as required") medications was also prescribed and all PRN medications were regularly reviewed by the GP. A clear record of any PRN medications administered was maintained. There were no residents prescribed controlled medications at the time of inspection.

The inspector observed practices relating to the safe administration of medication and found that they were effective and reflective of policy.

There were no residents who chose to self-administer at the time of inspection. There were no medications that required refrigeration at the time of inspection and a secure fridge was available in the event of a resident being prescribed a medicinal product that required refrigeration. A daily log of temperature readings was being maintained.

Unused and out-of-date medications were fully segregated from other medicinal products, as required by the Regulations. A record of returns to pharmacy was maintained.

Any changes, updates or medication errors were captured in a centralised system. Medication management audits were completed and contributed to learning.

One staff required training in medication management. The inspector found that there

was no system in place for on-going competency assessment of staff involved in the administration of medications. These findings will be addressed under Outcome 17: Workforce.

Oversight of medication management, including PRN and psychotropic medications, was by the Drugs and Therapeutics committee.

Judgment:
Compliant

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

Findings:
The Statement of Purpose consisted of a statement of the aims of the centre and the facilities and services to be provided for residents. The Statement of Purpose was kept under review and was available to the residents.

Improvements were required to ensure that the Statement of Purpose included all of the information specified under Schedule 1 of the Regulations. For example, more specific information was required in relation to: the criteria used for admission to the designated centre; the number and age range of the residents for whom it is intended that accommodation should be provided; the type of day service programs provided and a description of the premises.

Judgment:
Non Compliant - Moderate

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The inspector found that there was an effective management system in place with clearly defined management structures and the person in charge had the required skills, qualifications and experience to manage the designated centre.

The inspector spoke with staff and found that they were clear in relation to lines of authority. Staff confirmed that they were well-supported by management, including the person in charge and the provider nominee.

The person in charge was full-time and was the person in charge for two designated centres. The inspector found that he had the necessary experience, skills and qualifications, as required by the Regulations. The person in charge was a registered nurse in intellectual disability nursing and demonstrated commitment to and understanding of the regulatory process.

There were systems in place to support the role of the person in charge, including support by a full-time CNM1. The person in charge reported to the CNM3, whom he met regularly. The provider nominee outlined how she visits the centre regularly on an informal basis and is available every week day. In addition, the provider nominee and persons in charge met monthly at CNM2 meetings. The person in charge confirmed that he was well supported by the management structures in place.

There were a range of audits in place to monitor the quality and safety of the service in the designated centre. These included audits of hygiene, medication management, personal plans, the fire register, finances and handover reporting. Although overall, the inspector found that audits were meaningful and contributed to improving the quality and safety of care; the findings relating to infection control outlined under Outcomes 6 and 7 indicate that there is room for improvement in this area.

The provider nominee had put in place a formal system for carrying out a bi-annual unannounced visit of the designated centre and for the annual review of the quality and safety of care in the designated centre.

The provider nominee outlined the types of arrangements in place relevant to the designated centre that ensured staff were facilitated to discuss issues relating to safety and quality of care and that staff could exercise their responsibility for the quality and safety of the services that they delivered. These included regular unit meetings. The inspector reviewed minutes that confirmed that such meetings took place and spoke with nursing and care staff who confirmed the relevance of such meetings. Staff annual appraisals also took place which facilitated staff to identify any training or development needs they may have.

Systems were in place to ensure that feedback from residents and relative was sought and led to improvements. Family and service user satisfaction survey reports were produced in June and September 2013 (respectively) and publicly displayed on the organisations' website.

There were arrangements in place to ensure oversight of key areas relevant to the provision of safe, quality care to residents. These included; a health and safety committee and fire committee, drugs and therapeutics committee, advocacy committee and restrictive practices committee.

Judgment:
Compliant

Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
There had not been any instance where the person in charge had been absent for 28 days or more. The provider was aware of the requirement to notify the Authority of any expected absence or absence as the result of an emergency as outlined in the Regulations. There were suitable deputising arrangements in place in the absence of the person in charge and the CNM1 would deputise in such a situation.

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

Findings:
The inspector found that centre was adequately resourced to ensure the effective safe and effective delivery of care and support in accordance with the Statement of Purpose.

The provider nominee completed a regular review of resources in the designated centre in consultation with the person in charge. Staff confirmed that there was a household budget that could be used to meet the day-to-day running costs of the centre and that any extra requirements were met by management.

Judgment:
Compliant

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The inspector found that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents and that the staff rota was properly maintained.

The inspector found that there was an accurate staffing roster showing staff on duty which included the times that all staff were on duty. Over the course of the inspection, staffing levels were adequate and met the needs of the residents.

The inspector spoke with the person in charge and staff members who confirmed that the provision of day services, in particular to two residents, had been adversely affected by challenges relating to staff shortages in the day service. Staff confirmed that staffing levels within the centre were sufficient to ensure that the two residents could participate in alternative suitable activities while they were not in receipt of a day service. The inspector observed that additional relief staff were provided for a period of time in the afternoons when all residents were in the centre to ensure that residents' needs were met. The inspector observed relief staff taking residents out for a walk during such times.

There was a training plan in place for 2014. The annual staff appraisal system facilitated the identification of staff training needs. Inspectors spoke with staff who confirmed what training they had received and records of training were reviewed. All mandatory training required by the Regulations had been provided.

Staff had completed other training or instruction relevant to their roles and responsibilities including in relation to hand hygiene, safe moving and handling, food safety and specific topics such as the use of a tool to assess an individual's risk of malnutrition and dehydration and communicating with persons with an intellectual disability. However, as previously mentioned under Outcome 12: Medication Management; one staff member required up to date training in relation to medication management and the auditing system did not include an assessment of competency of staff who administered medications. This was discussed with the CNM3 during the inspection who oversaw medication management within the service.

There was a system in place for the management of volunteers within the organisation, which was overseen by the volunteer coordinator. There was a volunteer policy in place which clearly set out the roles and responsibilities of volunteers in writing; all volunteers provided a vetting disclosure; volunteers were interviewed prior to commencing as a volunteer; three references were sought for each volunteer and; there was a clear training and supervision system in place.

Staff appraisals were completed on an annual basis and staff confirmed that such appraisals took place.

Staff files were not reviewed on this inspection. However, files were reviewed a number of occasions in recent months and the Authority was satisfied that there was a robust system and audit procedure in place to ensure completeness of files as required in Schedule 2 of the Regulations.

Judgment:
Non Compliant - Minor

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

Findings:
At organisational level, significant work had taken place in relation to policies required under Schedule 5 of the Regulations in the preceding months. Some improvements were required to records and documentation to ensure completeness, accuracy and ease of retrieval.

A directory of residents was maintained in the centre and this contained all of the items required by the Regulations. The centre was adequately insured against accidents to residents, staff and visitors.

A record of residents' assessment of need and a copy of their personal plan was available. The inspector found that a record of nursing and medical care provided to the resident including any treatment or intervention was maintained. However, improvement was required to records in respect of each resident. For example, as previously discussed under Outcome 8: Safeguarding and Safety; MDT input into behaviour intervention plans was not always clearly documented. Also, as previously addressed under Outcome 2: Communication; a communication care plan that detailed any specialist communication needs and methods of communication and which was informed by MDT input, had not been completed for a resident with significant communication needs.

Records relating to money or valuables, other personal possessions, notifications and staff rotas were maintained, stored securely and were easily retrievable.

A significant amount of work had taken place in relation to the development of policies at organisational level in the preceding months. The majority of policies required under Schedule 5 of the Regulations were in place. One outstanding Schedule 5 policy was in draft format; 'access to education, training and development'.

Judgment:
Non Compliant - Minor

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:

Julie Hennessy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority **Regulation Directorate** **Action Plan**

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.
Centre ID:	OSV-0003936
Date of Inspection:	10 November 2014
Date of response:	02 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:
A resident's right not to participate in religious ceremonies was not fully respected; a goal had been suggested for a resident to attend Mass when it was not clear whether it was the resident's wish to do so.

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

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:
All service person centred plans will be reviewed to ensure that the rights and wishes of each resident will be reflected in their goals. The services of the advocacy committee and independent advocates where required will be sought for each service user.

Proposed Timescale: 01/03/2015

Outcome 02: Communication

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
One resident with communication needs did not have a communication care plan and MDT input had not been sought for that resident.

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:
The service users care plan has been reviewed, to include a section on communication which includes an assessment of the persons communication needs. A referral to speech and language therapist was actioned 13/11/2014, and the service user is being reviewed on 01/12/2014 .In the interim staff at centre level have commenced a communication plan to support the persons communication needs, arising from the assessment. This plan includes means by which staff can assist the service user to communicate more effectively.
The communication systems/programmes in place for all other service users in the centre will be reviewed by staff and referrals to SALT made where appropriate, and this will be reflected in each individuals care plan.

Proposed Timescale: 01/03/2015

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 setting of personal goals for each resident required improvement. Goals were mainly activity-based instead of outcome-focussed, making it difficult to see how goals contributed to the quality of life of the resident. Overall, whether goals were short- or long-term, any supports needed to meet personal goals were not specified.

Action Required:
Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

Please state the actions you have taken or are planning to take:
All new admissions will have a person centred plan completed with them no later than 28 days after admission to the centre. All services users have a person centered plan in place. The goals for each individual will be reviewed by the team, family and the individual ensuring that the goals will be more outcome focused. Each goal will be broken down into the necessary steps to support their achievement. The supports necessary for each goal attainment will be identified, and the goals will be identified as being long, medium or short term. Review dates will be clearly outlined, and progress noted.

Proposed Timescale: 10/02/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some parts of the premises could no longer be effectively cleaned, in particular in and around the bath, shower and sinks.

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

Please state the actions you have taken or are planning to take:
The nominee provider will have the bathroom/shower room reviewed by the Director of Logistics with a view to changing the current shower area to a wet room if possible; this would benefit service user's access and also facilitate the thorough cleaning of the area. This review will occur on 04-12-2014. The proposed time frame for completion of works is 01/03/2015.

Proposed Timescale: 01/03/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The designated centre did not meet the requirements of Schedule 6 of the Regulations. For example: rooms were not of a suitable size and layout to meet the needs of residents; private accommodation was not adequate and; the bath, showers and toilets were not of a sufficient number and standard suitable to meet the needs of residents.

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

Please state the actions you have taken or are planning to take:
The plan for the centre is to close it as a residential unit. There is a process in place in the organisation to transfer the service users to more modern and appropriate houses/apartments. The organisation has a service user accommodation review group in place. The main objectives of this group is to relocate residents from the large, centre based, residential units such as Group K to more appropriate and modern houses and apartments based on their needs.
To date two larger centres have closed as part of this process. Two houses in the community have been purchased, one has sale closed, and the second is in the final stages of purchase.
One house has renovation works near completion and will be ready for inspection by the authority in the coming weeks, to be registered as a designate centre.
There will be apartments on campus ready for occupancy September 2015, there is a plan and time frame completed for this project. Two of the service users from Group K will transfer to the apartments, following a planned induction, orientation and transfer process.
There will be four adult service users from the organisations other centres transferring together to one of the adult houses in the community. These transfers are based on service user requests. This will create four adult vacancies in bungalows and houses, These vacancies in these centres will then be reviewed to establish suitability for the remaining three services users from Group K. Again an orientation and induction and transfer process will be in place for all service users during this change in their accommodation. Service users and their families are involved in the entire process to date.

Proposed Timescale: 10/12/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some parts of the premises, in particular the bathroom and shower room, were in a poor state of repair.

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

Please state the actions you have taken or are planning to take:
The nominee provider will have the bathroom/shower room reviewed by the Director of Logistics with a view to changing the current shower area to a wet room if possible; this would benefit service user’s access and also facilitate the thorough cleaning of the area. This review will occur on 04-12-2014. The proposed time frame for completion of works is 01/03/2015.

Proposed Timescale: 01/03/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The shower room was an insufficient size to meet the mobility needs of a resident as it could not accommodate a hoist. Two bedrooms were not acceptable in terms of size and layout. Natural light was limited in four bedrooms and there was no view from windows in these rooms, as windows were small and too high to see out through. A secure outdoor space was not provided, as needed by the residents.

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

Please state the actions you have taken or are planning to take:
The plan for the centre is to close it as a residential unit. There is a process in place in the organisation to transfer the service users to more modern and appropriate houses/apartments. The organisation has a service user accommodation review group in place. The main objectives of this group is to relocate residents from the large, centre based, residential units such as Group K to more appropriate and modern houses and apartments based on their needs.
To date two larger centres have closed as part of this process. Two houses in the community have been purchased, one has sale closed, and the second is in the final stages of purchase.
One house has renovation works near completion and will be ready for inspection by the authority in the coming weeks, to be registered as a designate centre.
There will be apartments on campus ready for occupancy September 2015, there is a plan and time frame completed for this project. Two of the service users from Group K will transfer to the apartments, following a planned induction, orientation and transfer process.
There will be four adult service users from the organisations other centres transferring together to one of the adult houses in the community. These transfers are based on service user requests. This will create four adult vacancies in bungalows and houses, These vacancies in these centres will then be reviewed to establish suitability for the remaining three services users from Group K. Again an orientation and induction and transfer process will be in place for all service users during this change in their accommodation. Service users and their families are involved in the entire process to date.
The nominee provider will have the bathroom/shower room in Group K reviewed by the director of Logistics with a view to changing the current shower area to a wet room if possible; this would benefit service user's access and also the proper cleaning of the area. This review will occur on 04-12-2014. The proposed time frame for completion of works is 01/03/2015.
The Director of Logistics will review access to a secure garden area on 04-12-2014 , and make recommendations, proposed timeframe for completion of this secure garden

area will be 01/04/2015.

Proposed Timescale: 10/12/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The system in place to identify hazards and complete risk assessments was not sufficiently robust: one hazard involving a cracked window pane in the communal room had not been identified.

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

Please state the actions you have taken or are planning to take:
The weekly walk around check is currently a draft document, and feedback re same has been submitted to include a check on all windows in the centre.
The window has since been measured and replacement glass ordered by maintenance for fitting.

Proposed Timescale: 01/12/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some parts of the premises had not been cleaned to an acceptable standard. This included the space behind the shower and which ran the length of the shower, which was difficult to reach and was covered in cobwebs and dust; the lid of one toilet cistern lid, which was coated in a sticky substance and; dust and cobwebs in some corners and less easily-accessed places in the toilet, bath and shower rooms e.g. around pipes.

Action Required:
Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

Please state the actions you have taken or are planning to take:
The centres cleaning log has been reviewed and amended to include all of the above mentioned. The manager will meet with the household cleaning staff and discuss these concern areas. The Director of Logistics will review the bathroom/shower areas with a view to a plan that will make them more accessible for service users and for cleaning staff to be more able to access the entire area.

Proposed Timescale: 10/12/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centre was not in compliance with relevant fire safety legislation.

Action Required:
Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

Please state the actions you have taken or are planning to take:
A fire risk assessment report has been completed for the centre by an external fire consultant. A copy of which has already been provided to the authority. The report is dated 28/11/2014 Recommendations have been made.

There were 5 high risk areas identified and recommendations made to have these addressed. Four of the five high risk areas have already been addressed and completed. The remaining one is being costed, and following this costing there will be a plan to complete same by 28/05/2015. The external consultant has stated that he will complete the HIQA RD10 form, once the reaming high risk area is completely addressed.

There are two medium risk areas identified and recommendations made. One of these risk areas is already addressed; the second will be completed in the time frame recommended, 28/11/2015.

Proposed Timescale: 28/11/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Where a resident had high mobility needs, not all alternatives had been explored in relation to the evacuation of the resident.

Action Required:
Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

Please state the actions you have taken or are planning to take:
The services of a fire consultant will be sourced buy the nominee provider to make recommendations with regard to the safe evacuation for this resident.

Proposed Timescale: 15/12/2014

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:
Staff shortages in the day service impacted on the provision of day services to residents. For example, two residents had not attended their regular day service for the five weeks prior to the inspection.

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:
The nominee provider has gotten approval for an inter staff for the day service area. Recruitment process is near completion, awaiting garda clearance and new staff will then commence.

Proposed Timescale: 05/01/2015

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:
Not all of the information required by Schedule 1 of the Regulations was contained in the Statement of Purpose.

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:
The Statement of Purpose will be reviewed and resubmitted to the authority.

Proposed Timescale: 07/12/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

One staff member required up to date training in relation to medication management and the auditing system did not include an assessment of competency of staff who administered medications.

Action Required:
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Please state the actions you have taken or are planning to take:
The Registered Nurse Prescribers along with the PICs and pharmacist will develop a tool to assess the competency of individuals administering medications. This tool will be passed by the drugs and therapeutics committee prior to implementation. This staff member will receive training on the on the first programme on the service medication management training prospectus for 2015. The staff member is also going to complete the online HSE Land medication management.

Proposed Timescale: 15/12/2014

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Improvement was required to records in respect of each resident. For example, MDT input into behaviour intervention plans was not always clearly documented.

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

Please state the actions you have taken or are planning to take:
Involvement of all MDT and therapists will be clearly noted in all minutes and plans agreed.

Proposed Timescale: 31/01/2015