

**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 St Patricks Centre (Kilkenny) Ltd
Centre ID:	OSV-0003497
Centre county:	Kilkenny
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Patricks Centre (Kilkenny) Ltd
Provider Nominee:	John Murphy
Lead inspector:	Kieran Murphy
Support inspector(s):	Ide Batan;
Type of inspection	Announced
Number of residents on the date of inspection:	21
Number of vacancies on the date of inspection:	4

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:
26 May 2015 10:30	26 May 2015 18:00
27 May 2015 08:00	27 May 2015 19:00

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 was an inspection of a centre which was part of St Patrick's Centre Kilkenny Limited. St Patrick's Kilkenny provided a range of day and residential services to children and adults with an intellectual disability. The centre provided a home to 25 residents with complex healthcare needs and a high level of support needs. The centre was based in a campus style environment with other designated centres on site.

Inspectors found that the provider was failing to ensure that the staffing levels were adequate in relation to the number and assessed needs of residents with due regard

to the size and layout of the centre. An immediate action plan was given to the provider following the inspection to address this issue. Inspectors also found that the provider was failing to ensure that effective fire safety management systems were in place and a further immediate action plan was given to the provider. The provider was given two days to submit a response to address the non-compliances identified in the action plans. However the action plan responses were not received from the provider within the designated timeframe as stipulated by the Authority.

While there was a defined management structure it did not provide for effective governance, operational management and administration of this centre. As outlined in more detail throughout this report there were significant deficits in the quality of care provided to residents. Overall the report found that eleven outcomes were at the level of major non compliance and 4 at the level of moderate non compliance.

Inspectors found the premises to be unclean and poorly maintained with cobwebs visible in many areas, flooring in disrepair throughout and wardrobes requiring replacement. Paint was peeling from the window frames and doors on the outside of the buildings and the walls in many areas inside required painting.

Residents had social needs as well as complex healthcare needs which were not being addressed appropriately as part of the personal outcome measure process or as part of the person centred care planning process. Inspectors found that due to the complex healthcare needs of residents the level of multidisciplinary support available was not sufficient.

In relation to residents' rights inspectors found that two restrictions that imposed on residents' lives had been referred to the organisation's human rights committee. However the human rights committee had not addressed these restrictions on people's lives, including one which was identified during the Authority's previous inspection in February 2014.

As part of the inspection, the inspector met with the residents, families and staff members. One resident who spoke to inspectors about activities said that "there was not enough to do". Feedback sheets were also received from seven families before the inspection. Some comments included that "the staff work tirelessly", staff "are very hardworking and very caring" and that residents "are treated like family". However, nearly all the feedback received from families included that the centre did not have enough staff.

The Action Plan at the end of the report identifies other areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities. Areas for improvement included:

- Residents rights
- complaints management
- communication
- contracts of care

- risk management
- restrictive practices
- notification of serious events
- statement of purpose
- resources
- records
- management of healthcare records
- directory of residents
- staffing

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):

Findings:

Inspectors saw that two restrictions that imposed on individual residents' lives had been referred to the human rights committee, which was chaired by a senior manager of the service. In one instance the referral had been made following an inspection by the Authority in February 2014. However, the human rights committee had not yet made a recommendation and the restriction was still in place.

The centre was allocated a weekly budget by the accounts department of St Patrick's Kilkenny. This weekly budget was not individualised for each resident. It was all in a communal fund without explicit consent of each individual resident. Therefore residents did not have easy access to their own monies. Records were kept of any additional expenditure for residents during the week. Residents paid a weekly contribution towards their residence and this varied depending on whether nursing care was required or not. Inspectors reviewed the centre weekly budget accounts and noted transactions were being signed by two staff members. This had been an improvement from the previous inspection by the Authority in February 2014.

Residents were not supported and encouraged to have control over their own finances. There was evidence of assessment carried out to ascertain the level of support required by residents to manage their financial affairs. There was no evidence to suggest that where a resident lacked capacity to manage their financial affairs, that he or she was facilitated to access an advocate to assist them in making decisions. Inspectors saw that monthly bank statements were being issued to residents and their families.

There was inadequate evidence of consultation with residents or their relatives in

relation to the organisation of the centre, such as through residents meetings or resident/relative surveys. While there were weekly house meetings between residents and staff these meetings did not consistently afford residents/relatives opportunities to participate in communications or discussions about the running of the centre.

Inspectors were not satisfied that there was an effective complaints process in place to facilitate and support residents and/or their relatives to make a complaint.

There was a local complaints policy and the centre did maintain a complaints log. However, the complaints log did not record if the complainant was satisfied with the outcome of the complaint. There was no second nominated person to respond and maintain complaint records as required under regulation. There was evidence that the provider did not put in place measures required for improvement following a complaint. For example one complaint related to the window in a resident's bedroom requiring replacement. While the window was replaced for this particular resident, the windows in other residents' bedrooms were not replaced even though they were also not fit for purpose.

There was a policy on residents' personal property. Records of residents property was observed in their files. Residents could keep control of their own possessions. Inspectors saw that there was adequate space for clothes and personal possessions.

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):

Findings:

In the sample of healthcare files seen by inspectors each resident had a communication profile completed as part of their personal plan. This outlined if the resident communicated verbally, non-verbally and whether the resident used gestures. However in one resident's communication profile it was not included that the resident had receptive language and could understand what was being said. This had the potential for inconsistent care of residents.

There was a policy on communication available. Inspectors observed communication boards in use which included pictures of which staff were on duty in the house. The boards also included a picture of menu for the day. Residents had access to radios and televisions. Inspectors observed that staff knew residents well and communicated

appropriately with residents.

Each resident had an acute hospital communication booklet which was available in case a resident had to be admitted to hospital.

Television and stereo systems were provided in the main living rooms and in many of the residents' bedrooms.

Judgment:

Substantially Compliant

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):

Findings:

Some current residents of the centre had lived in services run by St Patricks Kilkenny since childhood. Nearly all the feedback received from residents and their families was that staff were hard working and caring. Inspectors met with one family who were highly complimentary of the centre. Care plans read by inspectors provided evidence of family input. This had been an improvement since the last inspection.

There was a policy on visiting and residents said to the inspector that families were welcome and were free to visit. A log was maintained of all visitors. There was adequate communal space to receive visitors with each bungalow having a kitchen/dining room and a separate living room. One bungalow had a visitors room with tea and coffee making facilities.

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):

Findings:

On the date of inspection there were 21 residents living in the centre, with a total capacity for 25 residents.

There were contracts of care in place for some residents signed by their relatives. Details regarding the services provided, the type of accommodation and the additional costs that may be incurred as part of their service were not fully outlined.. Inspectors saw a letter addressed to service users and their families from the provider nominee that all transport charges for residents were now capped at €14 per week. However, this charge was not outlined in the contract of care and it was unclear if a refund was to be given residents from previous charging for transport costs. Inspectors discussed this matter with the provider nominee who indicated he was going to review the matter of refunding residents for transport.

Judgment:

Substantially 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):

Findings:

Inspectors found that the centre did not meet the assessed needs of all residents. In January 2015 one resident had been identified as requiring more suitable accommodation. It had been recommended that this person's needs were to be assessed as to the most appropriate living situation and provision be made for this move. However, this assessment of need had not been started.

Inspectors found that the process for person-centred planning and goal setting required improvement. One resident's personal plan had not been updated since February 2014

even though it is required to be updated annually or sooner if there was a change in need. There wasn't any evidence of multi-disciplinary involvement in the review of personal plans which is required by the regulations. Plans did not adequately identify individual needs, choices and aspirations. Some of the personal goals/outcomes seen by inspectors included attending mass twice monthly and supporting the resident for family birthdays and christmas. It wasn't always clear if the goals were met and there didn't appear to be a link between the personal plans and the care delivered.

There was a process of review of personal outcome measures every six months. As part of this process there was an identification of the resident's three priority outcomes for the next six months. It was not always clear who was responsible for supporting the resident to achieve these goals. Also, the supports required for residents to achieve their goals were not specified. In one resident's case two out of the three priority outcomes measures set in January 2015 had not yet been achieved.

There had been a number of recent admissions from the centre to an acute general hospital. Staff told inspectors that they would stay with residents in the event of a hospital admission. There was evidence that following each admission all relevant information regarding the treatment received while in hospital was obtained by the centre. Both medical and nursing treatment letters from the hospital were available on file. However, while there was some evidence that the instructions on the treatment letters had been followed, a plan of care for the identified healthcare need had not been developed to reflect these instructions.

Judgment:

Non Compliant - Major

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):

Findings:

The centre consisted of two separate bungalows side by side. It was based in a campus style environment with other designated centres on site

Inspectors found that the centre had not been well maintained. The paintwork was peeling from wooden windows and doors on the outside of both bungalows. A number of windows appeared to be in need of replacement. On the last inspection in February

2014 it was similarly found that windows in one unit were leaking. Inspectors observed that a number of external drains appeared blocked with stones and debris. There were uncovered waste bins at the front of each unit. Staff informed inspectors that discarded incontinence pads were put in these waste bins.

The paving stones leading to the entrance of one bungalow were in a state of disrepair. As was outlined in the previous inspection there was a sharp slope going into the activities room in the first bungalow which was a potential trip hazard and also did not promote accessibility with reference to the residents living here.

Inside the bungalows the paint on the walls had been damaged in most areas. It was particularly noticeable in some residents' bedrooms and in the dining rooms. Wardrobes in many residents' rooms were also in need of redecoration or replacement. In one of the bungalows the walls, while painted, were unplastered bare block walls. The flooring in some residents' bedrooms was dated and required replacement. The flooring in one dining area was substantially damaged and had not been repaired. The kitchen units were dated and had been chipped or damaged over time. In one kitchen a fire break glass unit had been removed but wires were clearly exposed from this unit and it was visibly unclean.

Inspectors observed that some parts of the centre were visibly unclean. For example there were cobwebs in dining rooms and storage areas. The light covering in the visitors room was slightly damaged which had led to an accumulation of dead insects plainly visible in the light covering. Inspectors saw waste bins were located to the rear of one bungalow for all household waste but the cover on one of these bins was broken. There were two rodent traps in the dining room of this bungalow.

There was a lack of suitable storage throughout the premises. Dining rooms contained medication trolleys which were secured by a lock to the wall; one dining room had a fridge freezer. Neither of these items provided for a home-like environment. There was a storage room in one of the bungalows used to weigh residents. This was full with fold up beds and Christmas decorations. There was a large activities room at the end of side one. There was a doorway that contained a 'snoezelen' area (controlled multisensory environment) in an alcove. The opposite alcove here was used to store unused equipment and Christmas decorations.

In terms of layout the centre consisted of two bungalows each of which had two separate "sides". The first bungalow had a large reception area which divided the premises into two. The staff office and a locked clinical room were located in the main entrance. The first side of bungalow one also had a well laid out living room with television and couches, a dining area, a visitors room, visitors toilet, a kitchen and a shower room. The other "side" of bungalow one was similarly laid out in terms of living space for residents but had the addition of a laundry room. The second bungalow again had two "sides" separated by a reception area. Each side had a kitchen, a dining area and a living room. There were two shower rooms here.

In total there were 25 single bedrooms. All the bedrooms had wardrobes and some had wash hand basins. One resident showed inspectors his bedroom room and as with most of the bedrooms it was well presented with many personal items, including pictures of

family and paintings that he had done. However, inspectors saw that one resident's bedroom had a board on the wall running the length of the bed which staff indicated was to protect the resident's head. However this board had not been painted and was left with caulk marks clearly visible where the board had been screwed into the wall.

Feedback from the family of one resident said that "whole unit could do with a face lift; some rooms were badly in need of paint". Another family member commented that they "would like to see the centre made more comfortable with replacement furniture, curtains and decor in the communal areas".

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):

Findings:

Improvement was required in relation to how the designated centre was managing risk, including health & safety, infection control and fire. An immediate action plan was issued on the day of the inspection as it was found that the provider was failing to ensure that there were effective fire safety management systems in place.

A consulting engineer's report dated June 2014 undertaken in relation to fire safety in the centre found that one of the bungalows was not divided into separate fire resisting compartments. The consulting engineer's report also found that corridors in one unit were not fire protected. The report recommended that bedroom doors should be fitted with self-closers which closed automatically. It also recommended that key locks on exit doors should be replaced by thumb turn locks. However none of the recommendations from the consulting engineer had been implemented to date.

On the first day of inspection the fire evacuation route from one unit was blocked with debris, chairs and a used door. This was rectified immediately by the person in charge. As was found on the previous inspection by the Authority all staff had not completed fire training. Inspectors found that one bungalow wasn't fitted with an automatic fire detection and alarm system. The fire panel for this bungalow was located in another designated centre on the campus. While there was emergency lighting systems installed in both bungalows there were no records available of tests and maintenance on these systems. Storage on coat racks was observed on corridors which could potentially hinder an evacuation but were also flammable in the event of a fire.

While the registered provider did have in place a clear procedure to be followed in the event of a fire, it specifically only related to daytime fire procedures. Inspectors were not shown any procedure in relation to night time fire procedures. This was relevant as one bungalow only had one staff member on duty from midnight to 8 a.m.

The fire documentation available outlined that there was to be a monthly fire drill. However this had not been done in both bungalows for March 2015. There were no records available of drills conducted either at night or simulating night time conditions in order to ensure night time staffing levels were sufficient for evacuation purposes. Again this was relevant due to reduced staffing levels at night and residents needs. There were personal emergency evacuation plans available for each resident which included the capabilities of the resident to evacuate and outlined staffing requirements in order for them to do so. In some plans it was outlined that residents were to be put into their wheelchair via a hoist. Inspectors formed the opinion that these plans were not an adequate response to a fire due to staffing levels, particularly at night.

There were no fire procedure notices on display on actions to be taken in the event of fire. While there was escape signage available to direct occupants to final exits this required review as in some areas there were contradictory exit signs in place. For example there were two escape signs in the Activity Room, one of which indicated an exit route which led to a locked door, without a key available.

While there was a process in place for hazard identification and assessment of risk throughout the designated centre, it was not understood by staff. Not all identified hazards had been assessed in accordance with an outline of whether it was a low risk, medium risk or high risk. Inspectors saw one risk assessment dated March 2015, regarding a resident being offered to use a pillow at night. It was not clear as to what the hazard was in relation to the resident being allowed to use the pillow. The management plan involved the pillow being offered to the resident every night for two weeks. There was no further documentation available to inspectors as what the result of the management plan was and whether the resident still slept without a pillow.

The practices in relation to infection control required improvement as in some places the centre was visibly unclean. This was recognised in a report dated 18 May 2015 compiled by an assistant director of services of St Patricks who had outlined that a "deep clean" of the centre was required. While there were daily cleaning schedules in place, in records seen by inspectors there had only been two weeks when cleaning staff had been present as required each day in the unit in the 14 weeks recorded from February to May 2015. While staff spoken with were aware of infection control principles, examples of limited infection control practices observed included a mop used to clean the bathrooms was visibly dirty and in need of replacement.

During the inspection a stock of towels were observed in one bathroom. It was unclear as to who owned the towels or if they were shared. This was not in accordance with best practice for the prevention and control of infection. In one of the shower areas there was a chair for residents to sit on if they needed to sit down while washing. However the chair had torn seat covering and required replacement. In some cleaning storage rooms the sink was visibly unclean.

A number of residents required feeding via a percutaneous endoscopic gastrostomy (PEG) tube, or directly into the stomach. When not in use the nutrition giving sets were observed being left accessible to all in a living room which was not in line with best practice on the prevention and control of infection.

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):

Findings:

As had been found on the previous inspection improvement was still required in relation to the use of physical and environmental restraints. In the sample healthcare files seen by inspectors there had been no multidisciplinary input into the behaviour support plans. The provider acknowledged that residents did not have appropriate access to specialists like behaviour therapists or psychologists in relation to managing behaviours that challenged. The provider outlined that a behaviour therapist was only available to all the designated centres in St Patricks Kilkenny for one half day per month. He said there was no psychology service provided by the Health Service Executive (HSE) for Kilkenny.

A behaviour management plan for one resident had been completed as far back as December 2013 and there was no evidence of any review since that time. There wasn't any evidence of the involvement of specialists like a psychologist or behaviour therapist in the development of this behaviour management plan. The behaviour plan outlined a number of behaviours but the management of these behaviours imposed significant restrictions on the person's quality of life. For example in relation to the behaviour of "mouthing" the management of this behaviour involved having a lock on a door in a hallway. The behaviour plan did not provide clear guidance for staff as to what the behaviour of "mouthing" was. There was no clear rationale as to how preventing the person opening a door in a hallway would prevent the behaviour of "mouthing". It had not been demonstrated that all alternatives had been considered before putting in place this restrictive practice nor had it been demonstrated that this was the least restrictive practice that could be used. Staff had not received training in responding to behaviours that challenge to ensure that residents were supported appropriately to manage their

behaviour.

The management of residents using physical restraint such as bedrails, lap belts and a safety harness required review. In the sample of healthcare files seen by inspectors there wasn't evidence of consent for the use of a particular type of restraint being obtained either from the resident or their relatives. Inspectors could not see documentary evidence of any checks being undertaken and recorded while these restraints were in place. However, at the feedback meeting post inspection the person in charge said that two hourly checks were completed.

There was a policy on, and procedures in place for, the prevention, detection and response to abuse which staff were trained on. Staff who spoke with the inspectors were able to clearly articulate what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to. Since the last inspection training records indicated that all staff had received training in the prevention, detection and response to abuse.

Prior to the inspection the person in charge had notified the Authority of a potential issue of staff misconduct. Inspectors saw that an investigation had been undertaken in accordance with the centre guidelines for investigation and management of allegations of abuse.

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):

Findings:

The person in charge is required to notify the Chief Inspector within three working days of serious adverse incidents. The Authority was informed via routine notifications (called a written quarterly report) that two residents had died in the centre between October and December 2014. The Authority was further informed via routine notifications that one resident had died in the centre between January and March 2015. Following these notifications a photocopy of healthcare records, together with a copy of the cause of death relating to these residents was requested by the Authority and submitted by the person in charge.

During the inspection the healthcare records of these residents were made available.

Inspectors formed the opinion that one of these deaths met the criteria of an unexpected death and should have been notified to the Authority within three working days.

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):

Findings:

Two residents were participating in a programme designed to help re-integrate people with a disability back into the community. This project was sponsored by Genio, an organisation that works to bring government and philanthropic funders together to develop better ways to support disadvantaged people to live full lives in their communities. One resident worked in a pet shop in the city and another resident had a job delivering leaflets for a business.

However, other residents were not always facilitated to participate in an activities programme that was based on individual need, capacity and preference. During the inspection residents were observed spending long periods of time not engaged in any meaningful activities throughout their day. Residents were observed by inspectors sitting for long periods without any interaction with staff. One resident who spoke to inspectors about activities for residents said that "there was not enough to do" .

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):

Findings:

The provider nominee outlined that physiotherapy, occupational therapy and speech therapy were only available via referral through the Health Services Executive (HSE) community teams. A consultant psychiatrist was only available one half day per week to all the residents of St Patricks Services. Inspectors found that due to the complex healthcare needs of residents the level of specialist support available was not sufficient.

Inspectors were informed that three residents had a diagnosis of dementia. On reviewing these files inspectors saw that there was not a definitive diagnosis of dementia recorded in the medical notes. There was no evidence of input from specialists in dementia to guide appropriate care, therapies and activities to promote quality of life and well being for this resident population. Inspectors reviewed the personal plans of these residents and found that the assessment and care planning process did not aid the understanding of any changes to memory, behaviour and personality.

Inspectors reviewed a sample of records that considered residents' healthcare needs. These records indicated that residents had assessed healthcare needs but these needs had not been identified in a plan to direct care. For example a nutritional assessment by a dietician identified a potential food allergy for one resident. While a recording chart was available in the records there wasn't a care plan available to direct staff in relation to this need. Similarly instructions from consultant specialists did not always inform a plan of care.

In the sample of resident healthcare file seen by inspectors each resident had access to a general practitioner (GP). There was evidence that residents were supported to attend appointments in acute general hospitals and had been referred to consultant specialists if required.

Staff told the inspectors that residents had good access to the specialist palliative care services. This was a nurse led service which provided onsite visits to residents and also advice via telephone. Documentation reviewed by the inspectors indicated that symptom control was effective for residents to ensure adequate pain relief and comfort during end of life care. There was evidence in medical records that end-of life care and decisions regarding resuscitation were discussed by the general practitioner (GP) in a timely manner with residents and families. The decisions reached were recorded in the medical records. However, there was no evidence of discussion or input from residents or relatives on the record or on a separate consent form to confirm this decision. Inspectors also did not observe that these decisions were reviewed or updated.

Inspectors saw that the care plans did not address the topic of spirituality and dying in line with residents' emotional, psychological and physical needs. While care needs were identified on admission and documented accordingly there was no evidence of any advance planning to ensure the expressed preferences of residents were taken into account prior to them becoming unwell.

Inspectors saw evidence of reviews of residents by the speech and language therapist

with reports detailing safe swallow recommendations and advice on food consistency. Current nutritional assessments which were completed by a dietician were available for a number of residents. Staff were aware of residents' requirements.

Meals were prepared in the main kitchen and transported via hot trolleys from the main kitchen to the kitchenettes in each of the bungalows. However, staff informed inspectors that some of the food, and in particular puréed food, was not freshly prepared in the kitchen. This food was bought pre-packaged from elsewhere and re-heated in the main kitchen.

Due to some residents' dependency levels staff assisted these residents with their meals. Staff were observed assisting residents in a sensitive manner and engaged in a positive way with residents throughout the meal. There were adapted cutlery and plates/bowls available for residents who required them.

Inspectors saw records relating to one resident who was on a specialised prescribed diet. This resident had to pay for any extra snacks or drinks that he required in relation to this specialised diet.

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):

Findings:

As on the last inspection improvements were required in relation to the management of medication particularly in relation to the provision of medication in a crushed format. Medications that are crushed are used outside of their licensed conditions. These medications were not individually signed off by the prescriber to be crushed prior to administration by staff.

Inspectors also observed that two residents had been prescribed antibiotics as a short term medication order. However, the discontinuation date for the short term medication orders was not indicated on two charts reviewed by the inspector. These practices were not in line with best practice in medication management as all medication should be prescribed and administered according to best practice and as individually clinically indicated for all residents.

There were centre specific medication management policies and procedures in place which were viewed by the inspectors. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed distinguished between PRN (as needed), short-term and regular medication and maximum amount for PRN medication to be administered within 24 hour period was stated on all of drug charts reviewed. This had been identified on the previous inspection and was now managed appropriately.

Judgment:

Non Compliant - Moderate

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):

Findings:

While there was a statement of purpose available it did not accurately describe the service provided in the centre and the manner in which care was provided. The statement of purpose didn't outline:

- If there were any separate facilities for day care
- the services to be provided by the provider to meet the residents' care needs
- arrangements made for review of residents' individualised personal plan
- details of any specific therapeutic techniques used in the designated centre
- arrangements made for respecting the privacy and dignity of residents
- arrangements for residents to engage in social activities, hobbies and leisure interests
- arrangements for residents to access education training and employment
- arrangements made for consultation with and participation of the residents in the operation of the centre
- arrangements for dealing with complaints
- fire precautions and associated emergency procedures in the designated centre.

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):

Findings:

The inspectors outlined their concerns that the management arrangements could not ensure effective governance, operational management and administration of the designated centre concerned.

The centre was part of St Patrick's Services which provided supports to children and adults persons with an intellectual disability in the Kilkenny areas. There was an executive committee of St Patrick's Services which provided oversight of all the designated centres. The chief executive officer was the general manager who had been appointed in 2011 and he was the provider nominee for this centre. There was an assistant director of services who reported to the general manager. However, she was not available during both days of the inspection. The nominated person in charge was the senior clinical nurse manager, titled the sector manager. She was a registered nurse in intellectual disability and had a qualification in management from Waterford Institute of Technology. She had worked in St Patrick's Services since 1999.

As evidenced throughout this report there were deficiencies in the provider's understanding of role and knowledge of the regulations. While an immediate action plan was given to the provider following the inspection to address the issues of fire safety management and staffing levels. The action plan responses were not received from the provider within the designated timeframe as stipulated by the Authority. In addition, there were a number of outstanding items from the inspection by the Authority in February 2014 which had not yet been implemented. This included risk management, fire safety, the use of restraint and medication management. There did not appear to be any coordinated response to issues identified following the inspection.

Inspectors were not satisfied that there was effective communication between the provider nominee and the person in charge. Inspectors did not see any evidence of formal meetings between the provider nominee and the person in charge. The provider nominee had received a report from a consulting engineer in fire safety in June 2014. A copy of this report had not been given to the person in charge by the provider nominee. It was unclear why this was the case particularly as there were a number of safety recommendations that could have been implemented without any financial cost to the service.

Inspectors had concerns about the provider's role in ensuring the quality and safety of

care of residents. An annual report of quality and safety of care and support for this centre had been completed for 2014. However, it was unclear who the person undertaking this report was. In addition in the documentation seen by inspectors there was no action plan generated to make improvements. It was also unclear if this annual report had been shared with residents and their families. The provider nominee had arranged for one unannounced visit to the centre in May 2015 to assess quality and safety as required by the regulations.

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):

Findings:

The person in charge had not been absent for 28 days or more since October 2013 and there had not been any change to the person in charge. The person in charge and the provider nominee were aware of the obligation to inform the Chief Inspector if there was any proposed absence of the person in charge.

There were arrangements to cover for the absence of the person in charge with the clinical nurse manager deputising as required. The clinical nurse manager was a registered nurse in intellectual disability who had qualified with a nursing degree from Waterford Institute of Technology in 2010 and had been working with St Patricks Kilkenny since then.

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):

Findings:

The inspectors formed the opinion that the centre was not adequately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. For example the nominated person in charge provided monthly reports to the assistant director of services. Copies of these reports were seen by inspectors and each report since January 2015 had made a request for painting the premises. Up to the date of inspection this request had not been actioned. The provider nominee was made aware of fire deficiencies throughout the premises in June 2014 as a result of a report on fire safety from a consulting engineer. However, none of the recommendations from the consulting engineer had been implemented to date.

A number of examples were available in relation to non-replacement of staff.

- The management structure of the centre included the senior clinical nurse manager with two junior clinical nurse managers, one for each bungalow. One of the junior clinical nurse managers was on leave and had been replaced temporarily. However, there were no plans to provide a replacement as cover for the duration of the leave. The senior clinical nurse manager role was meant to be supervisory but due to non-replacement of staff she was providing clinical care in addition to her own role.
- One resident had recently had a personal assistant to accompany them on trips to town and social outings. However, when the personal assistant got a job elsewhere the position had not been replaced.
- Out of the 14 weeks recorded from February to May 2015 there had only been two weeks when cleaning staff had been present as required each day in the unit. Staff indicated that this was due to an absence due to illness of one cleaning staff but this staff member had not been replaced.

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):

Findings:

An immediate action plan was issued on the day of the inspection as it was found that the provider was failing to ensure that the staffing levels were adequate in relation to the number and assessed needs of residents with due regard to the size and layout of the centre. Inspectors had particular concerns about there being only one nurse on duty at night between midnight and 8 a.m. in one bungalow. This was also of concern to families of residents with one comment being that they were: "concerned about night staffing as I feel it would be very difficult to get everyone out of the unit if there was a fire or an emergency".

During the inspection staff were observed respecting residents' dignity by the manner in which they engaged with residents and it was obvious to inspectors that staff knew residents and their individual style of communication well. However, many of the feedback comments from families of residents said that the centre "did not have enough staff". It was not demonstrated that staffing levels at weekends were sufficient to meet residents' social needs, particularly in terms of activities or outings. The staff rota indicated that there were reduced staff numbers on duty at weekends. One family commented that there was a limit "in bringing residents on social trips due to shortages in the unit of staff."

As referenced throughout this report residents were found to have complex care needs which the staff did not appear to have the appropriate qualifications or skills to manage. For example staff who spoke with inspectors did not understand the progressive nature of dementia. Staffing arrangements, supports and working conditions did not take cognizance of the complex cognitive, physical, psychological and social needs of residents with dementia. In addition as the centre provided care to residents at the end of their lives there were no staff trained in end of life care which would assist in ensuring palliative care was being provided in accordance with contemporary evidenced based practice.

Staff did not appear to have access to other appropriate training. For example staff spoken with were not familiar with the policy on restraint and there was no evidence of consideration of least restrictive alternatives to restraint.

The contents of the staff files were not compliant with the regulations. This had also been identified on the previous inspection by the Authority in February 2014. Some of the staff files did not have a job description. One of the references available on file was personal in nature and not related to professional experience. One of the references was not signed. In addition references submitted to the Authority by the provider as part of the application process to register the centre were of a personal nature and not related to professional experience.

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):

Findings:

As had been found on the inspection by the Authority in February 2014 the risk management policy did not meet the requirements of regulations. It did not adequately cover the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

The management of healthcare records required improvement. Inspectors saw that the communication diary contained a number of original healthcare appointment records. These appointments were filed loosely in the diary and this filing method could not guarantee the confidentiality of residents' personal information. In addition it was not always clear if a plan of care for these identified healthcare needs was being developed prior to and following these healthcare appointments.

There were three sets of resident records, the personal outcomes folder which mainly related to identified social care needs, the day to day record of care for the resident and a separate file for medical records. As outlined earlier in Outcome 2 at times relevant information was not included in each of the three resident files which had potential for inconsistent care of residents.

While there was a copy of the residents' guide available in the reception areas it did not include how residents could access previous inspection reports by the Authority.

A directory of residents was maintained in the centre and was made available to the inspectors.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Kieran Murphy
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 St Patricks Centre (Kilkenny) Ltd
Centre ID:	OSV-0003497
Date of Inspection:	26 May 2015 & 27 May 2015
Date of response:	27 July 2015

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:

Two restrictions that imposed on residents' lives had been referred to the human rights committee but were still outstanding.

Action Required:

Under Regulation 09 (2) (c) you are required to: Ensure that each resident can exercise

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

his or her civil, political and legal rights.

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

- Two restrictions that imposed on residents' lives referred to the Human rights committee were reviewed by this committee on June 9th 2015 and recommendations made.
- These restrictions were also reviewed by the multi-disciplinary team on June 8th and June 15th to explore how these restrictions could be removed, including a review of behaviour support plans with the Behaviour Support Specialist and in consultation with the resident and family
- Additional supports from the Behaviour Support Specialist have been sourced to provide on-going support for the residents in the designated centre
- A number of training sessions in Restrictive Practice commencing on June 6th have been held with more dates scheduled to ensure all staff complete this training
- The Service has completed a recruitment process for a behaviour support specialist to work 25 hours a week.
- Restrictions have been removed. The multidisciplinary team, including the Behaviour Support Specialist, reviews the residents' needs in this area weekly.
- The Chairperson of the Human Rights Committee is in the process of being replaced by an external person. The overall operation of this committee is being reviewed to reflect best practise in relation to the review of all restrictive practise issues. This committee has met on June 8th, 29th and the next meeting is scheduled for July 22nd.

Proposed Timescale: 30/06/2015

Theme: Individualised Supports and Care

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

There was inadequate evidence of consultation with residents or their relatives in relation to the organisation 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:

- Advice will be sought from the Speech and Language Therapist (SALT) to help staff support residents to participate in team meetings and discussions about the running of the centre and to document same.
- A number of forums have been agreed to suit residents and family representatives to ensure this is an on-going process
- All residents/ families will be issued with a family satisfaction survey
- Training will be rolled out for staff on the role as a key worker to ensure they can best support and articulate on behalf of residents where needed and residents will be facilitated to access advocacy services

Proposed Timescale: 17/07/2015

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 where a resident lacked capacity to manage their financial affairs, that he or she was facilitated to access an advocate to assist them in making decisions.

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:

- All residents will be supported by a key worker if they lack capacity to manage their financial affairs. In consultation with the resident and their families they will also be supported to access an independent advocate to make decisions.

Proposed Timescale: 17/07/2015

Theme: Individualised Supports and Care

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

Bank accounts were not held in the name of the residents to whom the money belonged. The residents' money was instead held in a central account which was managed by the centre.

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:

- Where residents are found not to have the capacity to manage their finances they will be facilitated to access advocacy services to make decisions, and be informed of the choices available to them in respect of their personal finance.
- The service is exploring options with various financial institutions regarding banking services available.

Proposed Timescale: 18/08/2015

Theme: Individualised Supports and Care

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

Inspectors were not satisfied that there was an effective complaints process in place to facilitate and support residents and/or their relatives to make a complaint.

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:

- The complaints policy will be reviewed to ensure the complaints log records whether the complainant was satisfied with the outcome of the complaint.
- A second nominated person has been named to respond and maintain complaint records as required under regulation.

Proposed Timescale: 30/06/2015

Theme: Individualised Supports and Care

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

There was evidence that the provider did not put in place measures required for improvement following a complaint.

Action Required:

Under Regulation 34 (2) (e) you are required to: Put in place any measures required for improvement in response to a complaint.

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

- The registered provider will ensure measures required for improvement following a complaint are in place
- All complaints will be reviewed by the Senior Management Team to ensure quality of service is improved

Proposed Timescale: 30/06/2015

Theme: Individualised Supports and Care

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

Complaints log did not record the outcome of the complaint or if the complainant was satisfied with the outcome of the complaint.

Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person

maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

- The Complaints Policy will be reviewed to ensure the complaint log records the outcome of the complaint and whether the complainant was satisfied with the outcome of the complaint

Proposed Timescale: 30/06/2015

Theme: Individualised Supports and Care

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

There was no second nominated person to respond and maintain complaint records as required under regulation.

Action Required:

Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

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

- A second nominated person is available to respond to and maintain complaint records
- The Complaints Policy has been amended and will be circulated to all areas.

Proposed Timescale: 30/06/2015

Outcome 02: Communication

Theme: Individualised Supports and Care

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

One resident's communication profile was not fully completed.

Action Required:

Under Regulation 10 (2) you are required to: Make staff aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.

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

- An audit of all residents' files in the designated centre has been completed. All residents personal plans are being reviewed to ensure individual communication supports and plans are completed and effective

- Advice and input from the SALT is being sought.

Proposed Timescale: 17/07/2015

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:

Contracts of care did not outline additional charges like specialised diets or transport.

Action Required:

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

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

- Contracts of care will be reviewed to include details of additional charges in consultation with residents and families, by the PIC and the Finance Manager, and re-issued. The PIC will ensure that these are signed.
- Contracts of care will include details of charges including that residents will not be charged for prescribed diets.
- A full review of transport charges is being undertaken to enable refunding the amounts charged in excess of the weekly cap on charges which was introduced in 2015.

Proposed Timescale: 31/07/2015

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:

One resident had been identified as requiring a specific assessment of need regarding the capability of the centre to cater for their needs. This had not been completed.

Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

- The PIC is working with the multi-disciplinary team to review the needs of the identified resident and to prepare a transition plan to meet these needs, including

identifying additional resources required.

Proposed Timescale: 30/07/2015

Theme: Effective Services

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

One resident's personal plan had not been updated since February 2014 even though it is required to be updated annually or sooner if there was a change in need.

Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

- This resident's personal plan has been updated.
- All personal plans have been reviewed and they are in the process of being updated with additional supports from the multi-disciplinary team, to include participation of the resident and their family

Proposed Timescale: 17/07/2015

Theme: Effective Services

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

The centre was not suitable for the purposes of meeting the needs of each resident and in particular one resident had been identified as requiring alternative more suitable accommodation.

Action Required:

Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

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

- A transition plan will be prepared to find alternative more suitable accommodation for that particular resident, with short term and longer term goals identified, in consultation with the resident and family
- This plan will have input from the multi-disciplinary team and will be dependent on additional funding

Proposed Timescale: 30/07/2015

Theme: Effective Services

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

The supports needed for residents to achieve their 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:

- The personal planning process is being reviewed to ensure the supports needed for residents to achieve their goals is specified and reviewed annually or more frequently if there is a change in needs or circumstances.
- A process has commenced led by the Person in Charge to ensure this is completed for all residents.

Proposed Timescale: 30/07/2015

Theme: Effective Services

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

There wasn't any evidence of multi-disciplinary involvement in the review of personal plans.

Action Required:

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

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

- The personal planning process is being reviewed to include multi-disciplinary involvement as required and reviewed annually or more frequently if there is a change in needs or circumstances.
- Additional hours of support have been sourced from the Behaviour Specialist and the Psychiatrist to support the residents in the designated centre. An external Behaviour Specialist has also committed to provide a number of support hours.
- The service is currently seeking to recruit, by contract, other MDT supports.
- An additional 18hrs of Behaviour Support has been dedicated to the designated centre, and a Behaviour Support Specialist has been recruited, commencing on July 13th for 24hrs per week.
- The Psychiatrist has worked an additional 31hrs in the designated centre
- A Clinical Nurse Specialist in Dementia has delivered three 2hr sessions to staff
- A process is in place to increase the hours of support from the Dietician for an additional 8hrs weekly for the designated centre
- A Staff nurse and Dementia Champion is working for 39hrs weekly dedicated to the

needs of residents with Dementia only in the designated centre

- A physiotherapist with specialist knowledge in sensory integration has been approached as a support to residents with needs in this area, and this will be available from September 2015
- An additional 5hrs weekly has been sought from the GP to support healthcare needs of residents in the designated centre

Proposed Timescale: 30/07/2015

Theme: Effective Services

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

Following admission to hospital a plan of care for identified healthcare needs was not developed.

Action Required:

Under Regulation 25 (2) you are required to: On the return of a resident from another designated centre, hospital or other place, take all reasonable actions to obtain all relevant information about the resident from the other designated centre, hospital or other place.

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

- Following an audit all residents personal care plans are being reviewed to ensure care plans are in place for all identified healthcare needs

Proposed Timescale: 30/07/2015

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 centre had not been well maintained. For example the flooring in one dining area was substantially damaged and had not been repaired.

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:

Cleaning Action

- A meeting was held on Thursday June 4th which was attended by the Senior Management team and the person responsible for purchase of cleaning equipment. Also in attendance was a Cleaning Specialist qualified to British Institute of Cleaning Science standard.

- As a result of this meeting we have planned the introduction of a new systematic approach to cleaning across the designated service including the introduction of new cleaning equipment (on order) and a customised hygiene audit system.
- 8 housekeeping staff and sector Managers will be trained in the new system over the next two weeks beginning with a session Tuesday June 9th and further training is scheduled for Monday 22nd June. The customised audit will be developed and in use by 17th July 2015.

Maintenance Action

The following programme of works are scheduled in relation to this centre and the Maintenance Foreman has been instructed to request tender quotes in relation to

- To prioritise residents bedrooms and a phased programme to bring all areas up to the required standard
- Painting project to be developed in the designated centre.
- All internal areas in the designated centre to be brought up to standards.
- External windows and doors in the designated centre.
- Replacement of floors as identified and works on other floors in communal areas of designated centre.
- Painting – This has been fully tendered and work commencing on Thursday 2nd July 2015
- Windows – Replacement windows have been tendered and ordered and are due to commence fitting on 13th July 2015
- Sloping floor – This has been fully completed

Proposed Timescale: 31/08/2015

Theme: Effective Services

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

Paintwork was peeling from the wooden windows and doors externally.

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:

- All external areas of designated centres requiring painting have gone to tender (with a closing date of 19th June) with a view to commencing work as soon as the appointed contractor is in place.

Proposed Timescale: 31/08/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

Paintwork was damaged on walls and wardrobes inside the bungalows.

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:

- All internal areas of the designated centre requiring painting have gone to tender (with a closing date of 19th June) with a view to commencing work as soon as the appointed contractor is in place.

Proposed Timescale: 31/08/2015

Theme: Effective Services

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

Cobwebs clearly visible.

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:

- Training for housekeeping staff has taken place to ensure improved hygiene standards in the designated centre. Cleaning schedules and audits will be completed by the PIC.
- The service is committed to the introduction of a new systematic approach to cleaning across all areas including the introduction of new cleaning equipment (currently on order) and a customised hygiene audit system.

Proposed Timescale: 31/07/2015

Theme: Effective Services

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

Waste bins for household waste and waste bins for used incontinence pads did not have any covers.

Action Required:

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

- New household bins were delivered to site on Monday 6th June 2015.
- A review was completed on outside refuse bins in the service to confirm that they all had lids. Replacements as required were delivered on 9th June 2015.
- All bins in use have covers in place

Proposed Timescale: 18/06/2015

Theme: Effective Services

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

The paving stones leading to the entrance of one unit were in a state of disrepair.

Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

- The paving stones leading to the designated centre entrance were repaired on Friday 29th May 2015.

Proposed Timescale: 18/06/2015

Theme: Effective Services

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

There was a sharp slope going into the activities room in the first bungalow which was a potential trip hazard and also did not promote accessibility with reference to the residents living here.

Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

- The repair of this floor has been completed.

Proposed Timescale: 18/06/2015

Theme: Effective Services

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

Lack of suitable storage.

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:

- In relation to the designated centre all obsolete furniture and equipment has been removed as of Friday 29th May 2015
- All seasonal and celebration paraphernalia has been allocated a new storage area in the main building.
- Additional storage units have been ordered and designated storage areas will be identified.

Proposed Timescale: 17/07/2015

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 process for hazard identification and assessment of risk throughout the designated centre was not understood by staff.

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:

- The H&S Officer will deliver a programme of training for all staff in this centre in relation to hazard identification and risk management. This training is planned July 2015.
- The Risk Management policy will be reviewed by the Risk Management Committee to ensure it provides robust guidance for identification and management of risk, training and support for staff will be provided.
- A dual system of risk assessment training will be conducted by H&S Coordinator in conjunction with Health and Safety Authority online training courses. Commencement date of this training is Tuesday 7th July. Training will be scheduled on a weekly basis.
- Module 1 Legislation and Risk Assessments
- Module 2 Safety Management
- Module 3 Biological Agents
- Module 4 Chemical Agents and Hazards
- Module 5 Physical Hazards

- Module 6 Psychosocial Hazards
- The first meeting of the Risk Management Committee was held on 19th June 2015. The team will address the following;
 - the centre's risk management approach;
 - Hazard analysis and corrective Action;
 - Service User Risk Assessments;
 - Service Risk Assessment;
 - Process for Learning and to ensure that the learning is systemised will be documented and implemented.
 - These meetings are on a monthly schedule with the next being timetabled for 9th July 2015

Proposed Timescale: 31/08/2015

Theme: Effective Services

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

Cleaning schedules not being completed.

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:

- Training for household staff has been provided to 2 of the 4 housekeeping staff and the remaining 2 who were on annual leave, are scheduled to attend this training on Monday June 22nd 2015. All housekeeping staff (including contract agency housekeeping staff) have been instructed to complete cleaning schedules daily and this will be checked by the manager of the designated centre on a daily basis.

Proposed Timescale: 22/06/2015

Theme: Effective Services

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

Towels potentially being shared.

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 PIC will ensure all staff is complying with the standards for prevention and control of healthcare associated infections, in line with best practice.
- A weekly walkabout by the management team is in place in the designated centre
- All staff have been instructed that no personal items belonging to residents may be left in any communal /bathroom area, this will be subject to audit to ensure compliance

Proposed Timescale: 30/06/2015

Theme: Effective Services

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

Chair in one shower room had torn seat covering and required replacement.

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 chair was removed and replaced on 29th May 2015.

Proposed Timescale: 18/06/2015

Theme: Effective Services

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

Mop used to clean bathrooms was visibly dirty and in need of replacement.

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:

- Mops used to clean bathrooms have been replaced, and while awaiting the full implementation of the new cleaning system these mops will be replaced as required.
- The service is committed to the introduction of a new systematic approach to cleaning across all areas of the centre including the introduction of new cleaning equipment (on order) and will be issued following chemical handling training provided to all staff.

Proposed Timescale: 31/07/2015

Theme: Effective Services

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

When not in use the nutrition giving sets were observed being left accessible to all in a living room which was not in line with best practice on the prevention and control of infection.

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:

- When not in use the nutrition giving sets are stored appropriately.
- Staff will receive training on The Infections Control Policy in line with the standards for preventing and controlling healthcare associated infections by the authority.

Proposed Timescale: 30/06/2015

Theme: Effective Services

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

None of the recommendations from a consulting engineer on fire safety had been implemented to date.

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:

- The Registered Provider is committed to implementing the recommendations included in this report on a phased basis as funding becomes available. Tenders have been requested for the following two priority actions
 1. Fire exits (immediate implementation after public procurement process)
 2. Installation of an upgraded fire detection and alarm system (L1). (immediate implementation after public procurement process)
- The Registered Provider has installed a master lock on all exit doors in the service. (completed)
- Other recommendations will be implemented on a phased basis
- December 31st is completion date for this project

Proposed Timescale: 31/12/2015

Theme: Effective Services

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

Fire procedure notices not on display.

Action Required:

Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the designated centre.

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

- The Fire Procedure notices are now displayed in the designated centre.

Proposed Timescale: 18/06/2015

Theme: Effective Services

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

Escape signage in one room led to a locked door without a key available to open.

Action Required:

Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the designated centre.

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

- This lock has now been replaced and the key is available.

Proposed Timescale: 18/06/2015

Theme: Effective Services

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

While there was emergency lighting systems installed in both bungalows there were no records available of tests and maintenance on these systems.

Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

- All fire systems in this centre have been serviced (29th May 2015) and records of this

are available from the Maintenance Foreman.

Proposed Timescale: 18/06/2015

Theme: Effective Services

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

There was storage including coat racks on corridors.

Action Required:

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

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

- All exits were cleared on 29th May 2015
- Appropriate storage facilities will be provided for coats.

Proposed Timescale: 17/07/2015

Theme: Effective Services

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

Inspectors found that one bungalow wasn't fitted with an automatic fire detection and alarm system.

Action Required:

Under Regulation 28 (3) (b) you are required to: Make adequate arrangements for giving warning of fires.

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

- The Registered Provider is preparing a public procurement tender for the implementation and installation of an upgraded fire detection and alarm system (L1) in this house.
- October 31st 2015 is the timescale for completion of the installation

Proposed Timescale: 31/10/2015

Theme: Effective Services

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

The registered provider did have in place a clear procedure to be followed in the event of a fire it specifically only related to daytime fire procedures. Inspectors were not shown any procedure in relation to night time fire procedures.

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:

- Fire procedures, day and night, are prominently displayed in both residences.

Proposed Timescale: 18/06/2015**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Personal emergency evacuation plans required review as they were not adequate to respond to a fire situation.

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:

- A full review of night evacuation procedures and practices has taken place in relation to each resident in this centre.
- A personalised ski sheet evacuation process has been implemented (new) and 18 staff have been trained in its implementation. Additional training in using ski sheets will take place within one month.

Proposed Timescale: 17/07/2015**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Not all staff had received fire training.

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:

- All members of staff at the Designated Centre, with the exception of two, have received fire training. One staff member, who was on leave, is scheduled to attend fire training on the 19th June and the second, who is on maternity leave, will be trained on her return.

Proposed Timescale: 31/08/2015

Theme: Effective Services

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

Fire drills were not being completed as required by needs of residents.

Action Required:

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

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

- Fire drills within the centre will be time tabled on a monthly basis.
- The results of all fire drills will be logged centrally with the H&S Officer and will form part of PIC reports to Monthly meeting with provider.
- This will be an on-going process
- Night time fire drill completed in one house on 19th May 2015 and completed in the second house on 1st June 2015.
- Weekly fire drills are now being carried out in the designated centre by staff until the centre is fully compliant with fire regulations.
- In addition a total evacuation of the designated centre will take place, in conjunction with the fire trainers, twice yearly with the first evacuation in the designated centre being planned for Friday 3rd July. (This will be rolled out in other centres throughout the service)
- Fire policies, CEEP and PEEP plans have been revised and updated for the designated centre

Proposed Timescale: 18/06/2015

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:

Staff had not received training in responding to behaviours that challenge to ensure that residents were supported appropriately to manage their behaviour.

Action Required:

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

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

- Of 43 staff at the centre that requires CPI/MAPA training, 30 have now been trained and the remaining staff will receive this training by the end of July 2015.
- Training in positive behaviour support has been delivered by the behaviour support specialist on June 4th 2015 and further training is scheduled for June 23rd with additional training being scheduled as required
- Additional hours of support has been sourced from the Behaviour Specialist
- The service has required a Behaviour Support Specialist for 25 hours weekly

Proposed Timescale: 17/07/2015

Theme: Safe Services

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

There wasn't evidence of consent for the use of a particular type of restraint being obtained from relatives.

Action Required:

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

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

- The Registered Provider will ensure that all residents and families will be consulted for consent for all restrictive practices.
- All use of restraint in the designated centre is being reviewed by the multidisciplinary team

Proposed Timescale: 31/07/2015

Theme: Safe Services

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

Restrictive measures were being put in place which were not in accordance with evidence based 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:

- A review of all current restrictive practices is being undertaken in the designated centre.
- Restrictive measures can only be put in place in accordance with evidence based practice and with the multidisciplinary involvement.

Proposed Timescale: 31/07/2015

Theme: Safe Services

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

It had not been demonstrated that all alternatives had been considered before putting in place restrictive practices nor had it been demonstrated that this was the least restrictive practice that could be used.

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:

- The PIC will ensure that all alternatives have been considered before putting in place restrictive measures, the PIC will work with the multidisciplinary team to ensure that every effort to identify and alleviate the cause of the residents' behaviour is made to ensure that the least restrictive procedure, for the shortest duration necessary is used.

Proposed Timescale: 31/07/2015

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:

Inspectors formed the opinion that one of these deaths met the criteria of an unexpected death and should have been notified to the Authority within three working days.

Action Required:

Under Regulation 31 (1) (a) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of the unexpected death of any resident, including the death of any resident following transfer to hospital from the designated centre.

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

- All unexpected deaths will be notified by the PIC to the authority within three working days.
- The PIC and medical staff have reviewed this incident and the learning from this will be shared across the service.

Proposed Timescale: 30/06/2015

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 observed spending long periods of time not engaged in any meaningful activities throughout their day.

Action Required:

Under Regulation 13 (4) (b) you are required to: Ensure that where residents are in transition between services, continuity of education, training and employment is maintained.

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

- (A) An audit is being completed on how residents participate in meaningful activities of their choice
- (A) The PIC will then put a plan in place to ensure that all residents are offered opportunities to participate in meaningful activities of their choice in line with their interests, capacities and development needs and recreation.
- (A) The PIC will put a plan in place to support and develop and maintain personal relationships and links with their family and the wider community in accordance with the residents' wishes.
- (B) Where residents require transition plans these plans will address continuity of access to meaningful activities of choice.

Proposed Timescale: (A) July 31st 2015 (B) September 30th 2015

Proposed Timescale: 30/09/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Residents had assessed healthcare needs but these needs had not been identified in a plan to direct care.

Action Required:

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

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

- The PIC will ensure that all residents' personal plans are reviewed to ensure that all

healthcare needs are assessed and identified, and a plan of care is in place to direct this care.

- This process has commenced and staff will receive training and support in the care planning process
- A staff nurse and Dementia Champion has been assigned to the designated centre to review the three residents' plans with dementia with the assistance of a named clinical nurse specialist in dementia.
- To date an action plan for the development of dementia services in the centre is completed and a care pathway is developed.
- A clinical nurse specialist in dementia has been engaged to provide training for staff in dementia. This training has commenced and up to sixty staff will be trained in this area.
- Family members will be invited to attend a briefing in dementia care
- The Psychiatrist has reviewed the residents files and has reviewed the assessments carried out by the Staff nurse/Dementia Champion and has confirmed a diagnosis of dementia for two residents in the designated centre
- One other resident identified has been reviewed by the Psychiatrist and confirmed that they do not have Dementia

Proposed Timescale: 31/08/2015

Theme: Health and Development

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

Due to the complex healthcare needs of residents the level of multidisciplinary support available was not sufficient.

Action Required:

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

- The PIC will ensure that the resident will be supported by the service to access the services of Allied Health Professionals or multidisciplinary support or specialist services as required for complex healthcare needs.
- The personal plans of all residents are being reviewed by the PIC and the MDT to ensure that all healthcare needs are addressed.
- A new PCP template is being piloted to address residents healthcare needs. Any additional input required from Allied Healthcare or MDT will be sourced as identified/required in these plans.

Proposed Timescale: 31/08/2015

Theme: Health and Development

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

in the following respect:

There was no evidence of discussion with residents or their families in relation to end of life care decisions, including resuscitation measures.

Action Required:

Under Regulation 06 (3) you are required to: Support residents at times of illness and at the end of their lives in a manner which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

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

- The PIC has commenced a process of reorganising personal plans for residents; this will include planning for end of life care as required in consultation with residents and their families.
- All residents and their families will be consulted on end of life care decisions and resuscitation measures in accordance with national best practice guidelines.
- The PIC will ensure that all discussions with residents and their families with respect to end of life care are documented

Proposed Timescale: 31/08/2015

Theme: Health and Development

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

All of the documentation and care planning in relation to end of life care required review as plans of care were seen not to coordinate and direct the care to be delivered.

Action Required:

Under Regulation 06 (3) you are required to: Support residents at times of illness and at the end of their lives in a manner which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

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

- All personal plans for residents are being reviewed and they will include documentation in care planning for end of life care to be coordinated, and to direct the care to be delivered
- All residents will be assessed and identified in relation to end of life care needs with the multidisciplinary team and these identified residents will have a plan in place to meet these needs in consultation with their residents and families
- Support for residents and their families will be offered at times of illness and end of life care.

Proposed Timescale: 31/08/2015

Theme: Health and Development

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

in the following respect:

Puréed food, was not freshly prepared in the kitchen. This food was bought pre-packaged from elsewhere and re-heated in the main kitchen.

Action Required:

Under Regulation 18 (2) (a) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

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

- A meeting was held with the Dietician on June 4th 2015 and a review of residents nutrition needs in the designated Centre was requested
- The Dietician has confirmed "the shaped pureed meals provided are nutritionally adequate and are suitable for residents with dysphasia who require a modified texture in line with the Speech and Language Therapists' recommendations. They are colourful and attractively presented. The presentation, colour and taste are superior to liquidised meals previously given to the residents and can be relied upon to be the appropriate texture grade"

Proposed Timescale: 18/06/2015

Theme: Health and Development

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

Inspectors saw records relating to one resident who was on a specialised prescribed diet. This resident had to pay for any extra snacks or drinks that he required in relation to this specialised diet.

Action Required:

Under Regulation 18 (2) (d) you are required to: Provide each resident with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.

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

- Contracts of Care will be reviewed to include details of additional charges in consultation with residents and their families by the PIC and the Finance Manager and reissued.
- Contracts of Care will include details such as residents will not be charged for prescribed diets.
- A full review of historic charges imposed for prescribed diets is being completed. Where a resident has been charged for prescribed diet a full refund is being made.

Proposed Timescale: 31/07/2015

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:

Medications were not individually signed off by the prescriber to be crushed prior to administration by staff.

Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

- The PIC will ensure that all medications are individually signed off by the prescriber to be crushed prior to administration by staff. This will be monitored in the medication management audit (amended audit tool)
- A meeting was held with the GP to the service in relation to this practice on June 3rd 2015.

Proposed Timescale: 30/06/2015

Theme: Health and Development

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

The discontinuation date for the short term medication orders was not indicated on two charts.

Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

- The PIC will ensure that the date for short term medication orders will be indicated on all charts. This will be monitored on the medication management audit (amended audit tool)
- A meeting was held with GP in relation to this practice on June 3rd 2015

Proposed Timescale: 30/06/2015

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:

The statement of purpose didn't contain all the information set out in Schedule 1 of the regulations.

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 has been fully reviewed and in accordance with regulations the centre and its aims.
- This new document is available in the centre from June 9th 2015.
- A copy is to be sent to the lead inspector for comment and review.

Proposed Timescale: 18/06/2015

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:

Items from a previous inspection report undertaken by the Authority in February 2014 had not been addressed.

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:

- The service has identified 6 actions from a previous report. The service is fully committed to the implementation of all findings from inspections. The Service is also committed to use findings from inspections in individual parts of our service to inform the whole service.
- A review process is being organised by the General Manager with the Senior Management Team in relation to this issue.
- A meeting is being held on June 29th 2015 (date changed due to HIQA inspection in another designated centre) and an agreed implementation process to ensure speedy action on all inspection findings is being put in place

Proposed Timescale: 17/07/2015

Theme: Leadership, Governance and Management

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

There was no effective communication between the provider nominee and the person in charge.

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:

- With immediate effect there will be a scheduled monthly meeting with the Person in Charge and the Provider. This will be a review and planning meeting and all core provider support personnel will be present at this meeting. A monthly report will be presented, agreed action plans will be developed and minutes will be kept. The minute taker will be the line manager.
- The first meeting took place on Tuesday 16th June 2015; these meetings will take place monthly.

Proposed Timescale: 18/06/2015

Theme: Leadership, Governance and Management

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

While there was an annual review of quality of care it was not effective.

Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

- The annual review of quality of care is currently being reviewed, with the view to creating an effective tool for ensuring quality and safety of care and support. And that such care and support is in accordance with standards.

Proposed Timescale: 30/06/2015

Theme: Leadership, Governance and Management

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

It was unclear if this annual report of quality of care had been shared with residents and their families.

Action Required:

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

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

- On completion of this Annual review document it will be made available to resident and families of the service.
- Families and residents will be made aware of this in the context of planned meetings.

Proposed Timescale: 31/07/2015

Outcome 16: Use of Resources

Theme: Use of Resources

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

The centre was not being well maintained.

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:

The following programme of works are scheduled in relation to this centre and the Maintenance Foreman has been instructed to request tender quotes in relation to

- To prioritise identified residents bedrooms and a programme to bring all areas up to the required standard
- Painting project to be developed in the designated centre.
- All internal areas in the designated centre.
- External windows and doors in the designated centre.
- Replacement of floors as identified and works on other floors in communal areas of designated centre.

Proposed Timescale: 31/08/2015

Theme: Use of Resources

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

Staff were not being replaced which impacted on governance and also residents needs.

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:

- A CNM1 has been deployed into the designated centre and the nursing compliment has been increased, the weekend staff have been increased, an additional staff has been allocated on night duty and it is agreed recommended staffing levels will be maintained in the designated centre.

Proposed Timescale: 18/06/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

The provider failed to demonstrate that staff numbers met the current assessed needs of residents in the centre.

Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

- The Registered Provider is committed to providing appropriate staffing numbers to meet the assessed needs of residents and is actively recruiting staff.
- Additional nursing hours have been deployed as follows:
- 1 nurse – an additional 39 hours per week have been added;
- HCA – additional HCA hours of 85 per week have been added to the existing staffing complement.
- We are actively recruiting for additional nursing hours to cover annual leave replacement

Proposed Timescale: 31/07/2015

Theme: Responsive Workforce

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

The skill mix of staff was not appropriate to the number and assessed needs of the residents.

Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

- The numbers and skills mix of staff have been reviewed and the provider is committed to providing the relevant skills mix and number as recommended and an active recruitment process is currently underway.
- Additional nursing hours have been deployed as follows:
- 1 nurse – an additional 39 hours per week have been added;
- HCA – additional HCA hours of 85 per week have been added to the existing staffing complement.
- We are actively recruiting for additional nursing hours to cover annual leave replacement

Proposed Timescale: 31/07/2015

Theme: Responsive Workforce

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

Staffing levels being reduced at weekends had an impact on residents being able to undertake social activities.

Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

- Staffing levels have been increased at weekends to support residents being able to undertake social activities.
- 22 additional HCA hours have been put in place during waking hours at weekends

Proposed Timescale: 18/06/2015

Theme: Responsive Workforce

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

Some of the staff files did not have a job description. One of the references available on file was personal in nature and not related to professional experience. One of the references was not signed.

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:

- An audit of all HR files for staff in the designated centre has been completed.

- All staff currently working in the designated centre now have complete HR files with the exception of one Student Nurse.
- Our policy on accepting Interns has changed and we have informed the relevant tutor in WIT that no student nurses can commence internships in the centre until all required documentation is on file.

Proposed Timescale: 18/06/2015

Theme: Responsive Workforce

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

References submitted to the Authority by the provider as part of the application process to register the centre were of a personal nature and not related to professional experience.

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:

- The provider will contact registration offices as both referees only had a professional working relationship with provider nominee. The references were sent directly by referee to HIQA as requested.
- References have now been submitted.

Proposed Timescale: 18/06/2015

Theme: Responsive Workforce

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

Staff did not appear to have access to other appropriate training. For example staff spoken with were not familiar with the policy on restraint and there was no evidence of consideration of least restrictive alternatives to restraint.

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:

- Of 39 staff who require training in restrictive practises. 35 have received that training. The remaining 4 staff will be trained by the end of July 2015.
- A matrix of training required by staff on the designated centre has been developed identifying mandatory and non-mandatory training and staff will be trained based on this matrix going forward.

- An annual calendar of planned training has been commenced and this will detail all planned training, including refresher training.

Proposed Timescale: 31/07/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

The risk management policy did not meet the requirements of regulations. It did not adequately cover the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

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:

- A service wide Risk Management Committee will be formed to oversee the arrangements for the identification, recording, investigation and learning from serious untoward events involving residents. This committee will be chaired by a member of the Senior Management Team. Key areas of focus for this team will be to oversee the full implementation of the risk policy in the service with a specific focus on the Risk Management Plan and the escalation of risk as well as a robust process for the review of the learning from untoward incidents. Additionally this team will ensure that appropriate training and support is available to each PIC and staff members.
- The current risk management policy is identified from inspection to be not sufficient and will be reviewed. This task has been assigned to the Risk Management Committee.
- Health and safety awareness programmes will be rolled out across the service in the context of a clear focus on hazard identification and corrective action. Primarily this will be focussed on the designated centre completion by July 2015 and will roll out to all other centres across the summer months.
- The service has appointed a new Health and Safety Officer May 2015 with relevant and appropriate qualifications.

Proposed Timescale: 31/08/2015

Theme: Use of Information

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

Relevant information was not included in each of the resident files which had potential for inconsistent care of residents.

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:

- All resident's files are being reviewed to ensure all relevant information is in place.
- This review involves a review of the residents' files including clinical file and Personal Care Plans (PCP).
- A new filing system is being implemented to make the files more accessible.
- We are working towards presenting a complete file with the new templates on the 10th July 2015, this format will be rolled out throughout the service.

Proposed Timescale: 31/08/2015**Theme:** Use of Information**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Original healthcare appointment records were filed loosely in the diary. This filing method could not guarantee the confidentiality of residents' personal information.

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:

- A process has commenced of re-organising the lay-out of the residents files in the designated centres to ensure confidentiality of residents' personal information.
- An agreed new template for the new layout of file is available and this is being piloted for four residents in the designated centres.

Proposed Timescale: 31/07/2015