Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0002633
Centre county:	Wexford
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Mary Gorman Coogan
Lead inspector:	Ide Batan
Support inspector(s):	Louisa Power
Type of inspection	Announced
Number of residents on the date of inspection:	8
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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:
16 June 2015 10:30	16 June 2015 17:30
17 June 2015 10:00	17 June 2015 16:30

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 the fourth inspection of this centre by the Health Information and Quality Authority (the Authority). The centre consists of a large detached house in a remote location in the community. The residents are provided with access to day services at the day centre which is approximately 12km away. The majority of residents had significant intellectual disabilities and some of the residents also required additional significant supports in relation to behaviours that challenged.

During this inspection inspectors met with some of the residents and staff members. They reviewed the premises, observed practices and reviewed documentation related to risk management, residents' records, accident and incident reports, medication

management, staff supervision records logs, policies and procedures and a sample of staff files.

Inspectors spoke with the person in charge and discussed the management and clinical governance arrangements and role of the person in charge. There was evidence that residents had access to members of a multidisciplinary health care team and it was obvious to inspectors during inspection that staff knew the residents and their individual preferences well. Many of the residents required a high level of assistance and monitoring due to the complexity of their individual needs.

Inspectors also reviewed questionnaire feedback submitted by relatives. The majority of questionnaires returned to the Authority as part of the registration process had been completed by key workers of residents. Two out of eight had been returned by relatives of residents which indicated satisfaction for the most part with the services provided.

The Authority received notification on 15 January 2015 of an alleged incident that may have occurred on the 17 December 2014. A systems analysis investigation is currently being managed by the HSE. The clinical nurse manager told inspectors that interviews for this investigation were taking place. Prior to this inspection the inspector had requested a timeframe for completion of this investigation and was informed that the investigation would be completed by 31 August 2015.

Overall there continued to be a significant number of non compliances in relation to some fundamental and essential components of the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 including core aspects of governance which included management of complaints, staffing, reviewing quality and safety of care and further development of person centered plans.

The action plans at the end of this report identifies where significant improvements are required 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.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

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

Findings:
The inspectors found that, for the most part, the rights, privacy and dignity of residents were promoted and residents' choice encouraged and respected, however improvements were required to ensure compliance with the Regulations.

Inspectors saw that residents were well cared for and staff looked after them well. The inspector observed respectful interactions between staff and residents and saw staff knock on doors and engaged positively with residents. Residents had space to be by themselves internally and externally and staff told the inspector when visitors arrived to the centre residents were afforded the opportunity to spend time with them in private. A relative also confirmed this to an inspector.

Inspectors noted that where possible residents retained control over their own possessions and that there was adequate space provided for storage of personal possessions. All of the bedrooms were single rooms with the exception of one shared room. There were adequate screening arrangements in place to safeguard the privacy of residents who were sharing this bedroom. There was adequate space for clothes and personal possessions in all the bedrooms. There were adequate laundry facilities in the house.

The financial affairs of residents were being centrally managed by the organisation head office. Checks and auditing at local level of these accounts were being undertaken as confirmed by the clinical nurse manager to inspectors. Inspectors were satisfied that the process around the management of residents' finances was robust and transparent.

However, there was insufficient evidence to determine that the programme of activities

was developed following consultation with residents to ensure activities available were in accordance with their interests, capacities and developmental needs. Some residents attended day services external to the centre. There was limited evidence that residents were consulted or participated in the running of the house. Inspectors found that care staff provided activities in house in addition to their other duties. In addition the inspectors also found that outings were often group based activities; one to one activities and outings were infrequent due to staffing levels. Overall, inspectors observed that activities were led by routine and resources not the resident and their support needs and wishes. Staff also confirmed to inspectors that meaningful activation was difficult due to the lack of a multisensory room in the house which also had been recommended by the multidisciplinary team and due to staffing resources.

The inspector reviewed a sample of complaints in the complaints log. There was a complaints policy in place. However, It was unclear how residents were assisted to understand the complaints procedure. The provider also failed to gather the satisfaction levels of the complainant as observed by the inspectors. The service required a review of how complainants are responded to ensuring the response is robust and appropriate to the type of complaint received.

There was a national advocacy service available to residents. There was a service user forum which included a staff, management and parent representative, the last meeting had taken place in May 2015. However, there was no external person on this committee which would facilitate an independent review of any issues which may arise. Inspectors observed and were told by staff that there was minimal integration with the local community for example grocery shopping was the main integration that residents had within the community.

Judgment:
Non Compliant - Moderate

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

Theme:
Individualised Supports and Care

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

Findings:
Staff outlined to inspectors that all residents had deficits in communication but that all residents were supported to communicate. In the sample of healthcare files reviewed by inspectors each resident had a communication profile completed as part of their daily living and needs assessment. The communication profiles outlined how residents communicated verbally, non-verbally and their receptive language.

Each resident had a communication care plan which provided further detail on their communication needs. Staff with whom the inspectors spoke were aware of these individual communication needs, and were observed communicating appropriately with residents during the inspection. Picture enhanced communication tools were available in the dining area with residents having place mats which identified their food likes/dislikes. Residents also had access to the services of a speech and language therapist and had been reviewed in 2013 as part of the CATTS programme.

However, inspectors observed that some recommendations by the speech and language therapist had not been followed through. While televisions were provided in the main living rooms, inspectors observed during the inspection residents did not actively watch the television. Inspectors did not observe that any assessments had been carried out to see if residents communication needs could be further enhanced through the use of assistive technology.

Judgment:
Non Compliant - Moderate

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

Theme:
Individualised Supports and Care

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

Findings:
Some residents were supported to attend a day service owned and managed by Wexford Residential Intellectual Disability Services. Each resident had an attendance schedule which included swimming, bowling, yoga and art therapy. Staff outlined and inspectors saw that transport was available to bring residents to activities and the day service.

There was a policy on visiting and families and friends were involved in the residents' lives. A log was maintained of all visitors. There was adequate communal space in the house to receive visitors with a kitchen/dining room and a separate living room. The inspectors saw in daily notes and in personal plans evidence of relatives visiting but also residents going home to see family at weekends.

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):
No actions were required from the previous inspection.

Findings:
The inspector saw that there was a system in place regarding planned admissions to the centre. There were policies and procedures in place to guide the admissions process. The admissions policy did not take into account of the need to protect residents from abuse by their peers as required by the Regulations. Written agreements were in place outlining the support, care and welfare of the residents and details of the services.

However, any additional costs that may be incurred as part of their service was not outlined. To comply with the Fire Regulations it is necessary that residents will relocate to a temporary location for a period of time. There were detailed transitional plans available for inspection. This included that all residents were to have an individual relocation plan with input from the family

The clinical nurse manager outlined her proposed plans for residents including the supports that will be available during the transition period. On the days of inspection a resident made his visit to the temporary house There was to be a phased introduction for the residents to the new accommodation with day trips being organised, meals in the temporary house and residents being shown their new bedrooms.

Judgment:
Non Compliant - Moderate

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

Theme:
Effective Services

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

Findings:
Inspectors reviewed a sample of the personal plans and saw there was inconsistencies in the completion and review of the plans. Personal plans were disjointed and inspectors found plans difficult to navigate due to the amount of unnecessary or duplicated information held in each one. The inspectors also saw where detailed assessments had been carried out by allied health professionals, reviews had not taken place and it was unclear if the recommendations had been adhered to. The clinical nurse manager said that reviews had taken place but there was no documentary evidence available to support this.

In a sample of care plans viewed by inspectors, there was inconsistent evidence of named key workers with responsibility to ensure each resident had a personalised care plan that reflected individual needs, supports and aspirations. It was unclear whether or not agreed time-frames in relation to achieving identified goals and objectives with named staff members responsible for pursuing objectives with residents had been met. There was not clear recording of whether the goals and objectives in the person centred plans were being met. In one instance it was recorded that staffing levels were preventing a resident from achieving his goals as he had been unable to attend swimming.

There was limited evidence of consultation and participation of residents or their family members in the development or reviews of care plans. In one instance inspectors saw that an annual review consisted of a parent with one member of the multidisciplinary team. Inspectors were not assured that this meeting could be considered as an effective annual review as it did not take into account changes in circumstances, new developments and any outcomes achieved.

If a resident had to attend hospital either as an emergency or as part of a planned treatment each person-centred planning folder had a form, "hospital admission pack", available which was given to the receiving hospital. There was also a protocol available for staff to follow in relation to admissions to the acute services.

Overall, inspectors were not assured that the personal plans set out in a formal manner the services and supports required to enhance the quality of life of residents, to promote their independence and to realise their goals and aspirations. The plans did not adequately address:

- education, lifelong learning and employment support services, where appropriate
- development, where appropriate, of a network of personal support
- transport services
- the resident's wishes in relation to where he/she want to live and with whom
- the resident's wishes or aspirations around friendships, belonging and inclusion in the community
- the involvement of family or advocate.

Judgment:
Non Compliant - Moderate

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

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

Findings:
The centre consisted of one large two story detached house set in extensive grounds in a rural location in Co Wexford. There were adequate shower and bathroom facilities for residents. There were seven bedrooms in total; five of these are for residents use. All residents have a single bedroom with the exception of one shared bedroom. The bedrooms were viewed by the inspectors to be large and were fully furnished to a good standard and provided ample storage for clothing and personal belongings.

The person in charge said residents were welcome to bring in articles of furnishings in order to personalise their rooms if they wished and most had personalised their rooms with photographs of family and friends, artwork, soft furnishings and personal memorabilia. There was communal accommodation which included two sitting rooms, a kitchen and a dining room. However, inspectors observed that there was a the lack of spacious communal rooms to allow 1:1 focus on activities or to allow individuals relax or enjoy an activity away from the busy foyer / sitting room area.

Parts of the premises were seen to be in need of redecoration due to paint off the ceilings and walls and in some areas the floors were marked. Some of the furniture in the living rooms were also seen to be in need of repair. Laundry facilities were provided and were adequate. Staff said laundry is generally completed by staff but residents are encouraged to be involved in doing their own laundry. As the residents tended to be mostly independently mobile, specialist equipment for use by residents or people who worked in the centre was not required. The house was set in very large secure grounds with car parking facilities to the front and the gardens to the rear contained suitable garden seating and tables provided for residents use. There was also a large soft play area provided for residents. One resident had his own gazebo in the garden where he liked to use as his personal space to go and listen to music.

Judgment:
Substantially Compliant

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):
No actions were required from the previous inspection.

Findings:
Improvement was required in relation to how the designated centre was managing risk. Inspectors reviewed the risk management policy that was currently in use. It set out the procedure for risk assessment. It did not comply with article 26 (1) as it did not include:

•Hazard identification
•measures to control identified risks
•measures to control specified risks including unexpected absence of a resident, accidental injury, aggression and self harm,
•arrangements for incident reporting and learning from incidents
•arrangements to ensure risk control measures are proportional.

There were proactive risk assessments and each included an analysis of whether the issue was a red, amber or green risk and also identified the controls in place to manage the issue. Items identified included for example:
•Hypoglycaemic episode (amber)
•assault (green)
•turning on hot tap (green)
•slip in the bath (green).

However the risk management policy identified a different category of risk assessment for specific hazards calling them low risk, medium risk and high risk. There was a separate safety statement which had risk assessments relating to issues like fire, manual handling, slips and stress. The hazard identification and assessment of risks throughout the centre was not adequate as the following risks had not been assessed:

there was an unprotected first floor stair banisters.

This had been raised on a previous inspection also. Residents did not have personal emergency evacuation plans completed. Inspectors saw that information provided in these risk assessments was inconsistent. For example one assessment indicated that the resident was independent while in another document viewed by inspectors it stated that the resident required assistance of two people to aid him from the bus. This management of inconsistent information causes a potential risk of error. The fire policies and procedures were centre-specific. There were notices for residents and staff on "what to do in the case of a fire displayed". The inspector examined the fire safety records with details of all checks and tests carried out. All fire door exits were

unobstructed and fire fighting and safety equipment, emergency lighting and fire alarms had been tested in April 2015.

All staff were trained in fire safety arrangements in relation to the premises. Fire drills had taken place during the day in March and May of 2015. However, 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. Inspectors observed that there were gaps in the daily checking of means of escape and automatic door releasing. There was an incident reporting process and inspectors were satisfied that all incidents were being recorded accurately with an appropriate review following the incident. Inspectors saw that a record was maintained of each time a staff member had been injured by a resident. Inspectors saw that a new incident management system was being rolled out throughout the service from July 2015 and nurse managers had met with the regional risk manager in relation to the new reporting system.

There was a centre specific health and safety statement. There was an emergency plan which identified the arrangements in place to respond to emergencies like fire, missing person, loss of power and loss of heating and gas leak. However, inspectors saw that not all staff had up to date manual handling training. Inspectors reviewed a number of moving and handling plans. The template used was designed for the acute services and did not reflect the supports that may be required in a community setting. The manual handling forms did not contain comprehensive personalised information in relation to all the supports residents require in each situation.

The centre was visibly clean with a cleaning schedule identifying areas to be cleaned and cleaning frequencies. Staff spoken with were knowledgeable about cleaning and control of infection. Inspectors viewed policies in relation to vehicles used to transport residents. The centre owns its own fleet of vehicles with a vehicle allocated to each house. Up-to-date service records were seen and all vehicles were taxed and insured.

Judgment:
Non Compliant - Moderate

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

Theme:
Safe Services

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

No actions were required from the previous inspection.

Findings:
The inspector was satisfied that measures were in place to protect residents being harmed or suffering abuse. There was a policy for the management of an allegation of abuse and the national Health Service Executive (HSE), 'Trust in Care' procedural document was available in regard to responding to an allegation of abuse. It was noted during the days of inspection that staff seemed to know the residents well and they were generally observed communicating with residents in a respectful manner.

Inspectors observed that training was being rolled out in the new HSE policy on safeguarding vulnerable persons at risk of abuse. Certain aspects of this policy had not yet been implemented by the service such as the safeguarding committee was not in place. All staff were up to date with training in the "Trust In Care" policy and the "Policy and Procedure for the Management of Allegations of Abuse of Vulnerable Adults" at the time of inspection.

Managers (CMN2 and CNM3) had received training on Safeguarding Vulnerable Adults at Risk of Abuse Policy on 26 May 2015. No staff have received training regarding the new policy as this is now only being rolled out nationally. There was a policy on challenging behaviour. However, inspectors saw that not all staff had received training on dealing with behaviours that challenge. From a selection of personal plans viewed by the inspectors care plans were available to manage behaviours that challenge which gave directions to staff on how best to prevent or appropriately respond to behaviour that challenges. There was evidence of support to residents from the community based psychiatry services including records of family meetings regarding residents. There was evidence that medication was under review by the consultant psychiatrist as observed in residents' files.

In the sample healthcare files seen by inspectors there were behaviour support plans in place for residents displaying challenging behaviour. These plans provided instruction to staff on how to support the resident who was engaging in challenging behaviour. In one support plan it specifically referenced allowing the resident to have control over their own personal space while under close supervision.

One staff member had received a specialist qualification in behaviour support and there was evidence that she had undertaken a specific support plan for one resident. This plan identified short term and long-term objectives in relation to the introduction of:
•decreasing the use of medicine to manage behaviour.
•introducing alternative forms of communication
•maintaining established communication skills.

However, there has been no further development of these plans to enhance quality of life for residents due to staffing resources.
The policy in relation to the use of restraints was made available to inspectors and was due for review in March 2015. The policy was evidence based, comprehensive and would effectively guide staff. The policy outlined that the least restrictive measure should be used after all other interventions have been exhausted and documented. A risk assessment to be completed prior to the use of restraint was outlined in the policy.

An inspector reviewed a sample of incidents where chemical restraint was administered and saw that the policy was implemented.

Judgment:
Non Compliant - Moderate

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

Theme:
Safe Services

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

Findings:
The person in charge and the provider were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents.

Judgment:
Compliant

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

Theme:
Health and Development

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

Findings:
Assessments were completed for residents in relation to recreation, diversional and creative activity. However, the information gathered through this assessment process was limited, recommendations of meaningful and enjoyable activities were not made and therefore the assessments did not inform practice. The assessments did not identify goals for residents with respect to education, training, development or life skills. As previously outlined, facilities for occupation and development were limited to the in-house programme for many residents.

Staff informed inspectors that a two week trial of a personalised activity programme had commenced on 15 June 2015. The activities outlined were to be facilitated by staff in addition to their usual duties. Activities with this programme were not always personalised and choice was seen to be given in line with the centre's routine with a number of residents listed as going for a drive at the same time. Activities were not always meaningful as personal care/grooming was listed as an activity for some residents. Activities were seen to lack variety for some residents with TV listed as a possible activity for one resident on three consecutive evenings. Due to the routine within the centre, many lifeskills were not promoted with residents such as meal preparation. There was no evidence of any planning or discussions, with residents, to identify their preferences to access opportunities for education, training and employment.

Judgment:
Non Compliant - Moderate

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

Theme:
Health and Development

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

Findings:
Inspectors noted that there was timely access to medical services and appropriate treatment and therapies. There were regular General Practitioner (GP) visits, annual medical reviews and staff confirmed that the GP service was timely and responsive. Residents had access to a consultant psychiatrist who attended the centre frequently. Referrals were made to specialist neurological services as required. Where treatment was recommended or prescribed by a medical practitioner, inspectors saw that this treatment was facilitated in a timely manner. Staff informed inspectors that the level of support which individual residents required varied and was documented as part of the resident personal plan. From reviewing residents personal plans inspectors noted that residents were provided with support in relation to areas of daily living including eating and drinking, personal cleansing and dressing, toileting and oral care. There was evidence of a range of health assessments being used within the framework of the holistic assessment including physical well-being assessments, epilepsy nursing assessment, falls assessments, people related hazard assessment, eating and drinking assessment.

Inspectors noted that there was evidence of multidisciplinary involvement in residents care and welfare including dietician, speech and language therapy, dental and occupational therapist involvement. Systems for monitoring the exchange and receipt of

relevant information when residents were transferred to or returned from another healthcare setting were in place. There were a number of short and medium health support plans to address identified healthcare needs and records of support interventions provided by the interdisciplinary team members.

The level of support which individual residents required varied as observed by inspectors. However, there were deficiencies in the management of aspects of residents' health care. There were menus in the centre which offered choice. However the choice was limited and not age appropriate as observed by inspectors. For example semolina was offered a number of times in the same week, rice pudding on two days and chicken for seven days. There were individualised place mats designed for each resident. These mats contained residents' name/photograph and gave an outline of their food preferences/assistance that they may require. Inspectors were informed that residents' meals were prepared off site and delivered in thermally insulated food trolleys.

There were inconsistencies in relation to weight management and dietetic input for residents. There was no evidence in some healthcare files reviewed of any evidence based weight monitoring charts in use. Inspectors did not observe any actions that were taken on foot of a resident being overweight or underweight for example dietetic referrals. Inspectors observed that, where residents refused to be weighed, an alternative method for calculation of weights was not considered or used. There was a failure to increase the frequency of monitoring in response to findings of weight loss by residents with low body weights.

Inspectors noted that residents' families and representatives were made aware of the care and support provided to resident from the healthcare team. However, inspectors did not see that accessible health information was made available to residents. Individualised care plans were developed for residents which gave a background to epilepsy. However, monitoring of epileptic seizures was inconsistent. For example documentation reviewed indicated that two seizures had occurred. Only one was recorded on the chart and there was no date documented which is not in line with best practice guidelines in clinical record keeping.

There was a policy on consent however; inspectors were unclear of the process used to obtain a valid consent in accordance with legislation and current best practice guidelines. There was no evidence that any advance care planning in relation to end-of life care and decisions regarding resuscitation were discussed with residents and their families.

Judgment:
Non Compliant - Moderate

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

Theme:

Health and Development

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

Findings:
Medications for residents were supplied by a hospital pharmacy department. There was a centre-specific medication policy that detailed the procedures for safe ordering, prescribing, storing administration and disposal of medicines.

Staff demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. Residents' medicines were stored securely. Staff confirmed that medicines requiring refrigeration or additional controls were not in use at the time of inspection. Inspectors noted that there was evidence of good practice when administering medications such as the use of "Do Not Disturb" tabards and availability of reference resources such as the Bord Altranais agus Cnáimhseachais na hÉireann medication guidelines.

A sample of medication prescription and administration records (MPARs) was reviewed by an inspector. Medication administration sheets identified the medications on the prescription sheet and allowed space to record comments on withholding or refusing medications. Staff with whom inspectors spoke confirmed that no residents were self-administering medication at the time of inspection.

Staff outlined the manner in which medications which are out of date or dispensed to a resident but are no longer needed are stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal.

Judgment:
Compliant

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

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

Findings:
The inspector reviewed the statement of purpose and found it was reflective of the service provided. There was one omission which included:

The total staffing complement in fulltime equivalents to include the management and staffing complements as required by Regulation 14 and 15.

Judgment:
Substantially Compliant

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

Theme:
Leadership, Governance and Management

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

Findings:
The governance and management structures required review as the person in charge and the registered provider were actively managing a number of other centres and services across a broad geographical area.

The person in charge was employed full time and was found to have the qualifications, skills and experience necessary to manage the centre. The person in charge is based in a day centre approximately 17km from this house. She is available to staff on a daily basis by phone or email and she sees residents when they attend the day service. The person in charge told inspectors that there will be a clinical nurse manager (CNM) based in the centre.

Inspectors were informed by the person in charge how she ensured the effective governance of each premises in the context of the centre being geographically dispersed in seven different locations. The person in charge stated that this was achieved by regularly meeting with the clinical nurse managers, effective policies and procedures, on-going training of staff and regular reviews/audits of the quality of care and welfare provided to residents.

The Authority received notification on 15 January 2015 of an alleged incident that may have occurred on the 17 December 2014. A systems analysis investigation is currently being managed by the Health Service Executive(HSE). The clinical nurse manager told inspectors that interviews for this investigation had taken place on 27 May 2015. There has been an unacceptable delay in the completion of this investigation. The response to

the areas of concern raised remains unsatisfactory as on the previous two inspections.

The person in charge, at the time of inspection, was progressing elements of the governance and management systems in the designated centre to ensure that improvements were made to areas such as the audit schedule and quarterly reports. The inspectors saw these efforts highlighted in a revised audit schedule which the person in charge was in the process of implementing. An annual review of the quality and safety of care had not been completed to date. However, inspectors acknowledge the timescale for this action had not yet lapsed.

The person in charge outlined that if required; she was available to be contacted by staff out-of-hours and that the CNM's were also available out-of-hours on a rotational basis. Inspectors saw that reports were compiled by the CNM'S following their weekend on duty. Staff to whom inspectors spoke were clear about who to report to within the organisational line management structures in the centre. Staff also confirmed that person in charge and her team were committed and supportive managers.

The clinical nurse manager was responsible for the day to day running of the house. Inspectors saw there were formal support and supervision arrangements in place for staff which identified goals and objectives, any issues in relation to performance and training needs that staff may require. Inspectors saw that nurse manager meetings were held on a monthly basis.

However, inspectors were not satisfied that the person in charge/nominated provider could ensure the effective governance, operational management and administration of the centre given the geographical distance between locations. However, the person in charge told inspectors that the organisation was in the process of submitting all relevant documentation to the Authority in relation to delegating the role of the person in charge to the nurse managers.

Judgment:
Non Compliant - Major

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

Theme:
Leadership, Governance and Management

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

Findings:
The provider was aware of the requirement to notify the Chief Inspector of any

proposed absence of the person in charge for a period of more than 28 days. Adequate deputising arrangements were in place. The clinical nurse manager 3 deputised for the person in charge.

Judgment:
Compliant

Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

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

Findings:
The inspectors examined staff rosters, reviewed residents physical care and psychosocial needs in care files and met with residents and discussed with staff their roles, responsibilities and working arrangements.

The inspector was satisfied there was sufficient number of nursing staff with adequate skills and experience to meet the assessed needs of residents at the time of this inspection. However as outlined under Outcome 17 there was not adequate staff to meet the activation needs of some residents. This is actioned under Outcome 17. The inspector found that sufficient resources were provided to ensure the effective delivery of care and support in accordance with the statement of purpose.

This centre was maintained to a good standard and had a fully equipped kitchen and laundry room. Inspectors saw that transport was available within the centre to bring residents to their day services and to social outings.

Judgment:
Compliant

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

Theme:

Responsive Workforce

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

Findings:
The inspectors found that improvements were required regarding the workforce to comply with the Health Act 2007 (care and support of residents in designated centres for persons (children and adults) with Disabilities) Regulations 2013. There was a centre-specific policy on recruitment and selection of staff and the person in charge was familiar with the recruitment process.

There was insufficient provision of staff to meet the needs of the residents. There was no recognised dependency tool in use to determine the dependency levels of residents. Inspectors were not assured that the staffing levels were adequate to meet the activation needs and goals of residents as observed by inspectors during inspection and in personal plans of residents.

Two questionnaires received by the Authority also indicated that family members expressed concern about the lack of staffing levels affecting the ability of residents to go out or engage in certain activities. The inspectors reviewed the roster, improvements were required to ensure the roster was reflective of the shifts and type of shifts worked by employees and designated start, finish times.

Inspectors saw there were formal support and supervision arrangements in place for staff which identified goals and objectives, any issues in relation to performance and training needs that staff may require. The clinical nurse manager is responsible for the day to day running of the house. She told inspectors that she endeavours to meet all staff twice per year for supervision. The nurse manager said that she also has support meetings with the person in charge. There was evidence of regular staff meetings taking place. Inspectors saw that monthly nurse managers meetings take place with the person in charge.

Staff to whom inspectors spoke were able to articulate clearly the management structure and confirmed that copies of both the regulations and the standards had been made available to them. During the inspection inspectors observed that copies of the standards were available. Overall, education and training was provided to staff which enabled them to meet the holistic needs of the residents. The management team demonstrated commitment to providing on going education and training to staff relevant to their roles and responsibilities. There was a training plan in place for 2015. However, there were gaps in challenging behaviour training and manual handling as observed by inspectors.

Inspectors reviewed staff files and noted that such files did not contain all of the documents as required under schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres For Persons (Children and Adults) with Disabilities) Regulations 2013 including two written references including a reference from a person's

most recent employer (if any).

There were no volunteers working in this centre at the time of inspection.

Judgment:
Non Compliant - Moderate

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

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

Findings:
A directory of residents was maintained however it was not in the centre on the days of inspection and was not available to the inspectors. As outlined in Outcome 11, records in relation to residents' weight were not consistently and accurately completed.

There were three policies available in relation to safeguarding which causes confusion for staff. Some records in relation to staff files were not maintained in a complete and accurate manner. For example in one file there were five copies of the Garda vetting disclosure.

While there was a copy of the Residents' Guide available it did not include how residents could access previous inspection reports by the Authority.

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:

Ide Batan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0002633
Date of Inspection:	16 June 2015
Date of response:	11 September 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:
There was insufficient evidence to determine that the programme of activities was developed following consultation with residents to ensure activities available were in accordance with their interests, capacities and developmental needs.

1. Action Required:
Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the

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

freedom to exercise choice and control in his or her daily life.

Please state the actions you have taken or are planning to take:
1.Each Service User will have a weekly planning and consultation meeting with their keyworker or nominated person to maximum opportunities for inclusion in decision making eg: decisions around, menu planning, activation and personal schedule.
2.A tool will be devised and incorporated into the new holistic life plans to reflect same

Proposed Timescale: 30/10/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was limited evidence that residents were consulted or participated in the running of the house.

2. 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:
New personal plans have been purchased by the Service and will provide documentary evidence of the Service Users involvement

Personal plan completion date for all service users in the centre is 30 October 2015

Proposed Timescale: 30/10/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staff said that there was minimal integration with the local community for example grocery shopping was the main integration that residents had within the community.

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

Please state the actions you have taken or are planning to take:
Consideration will be given to any other community integration opportunities that can be facilitated, as part of new Personal plan development and based on risk assessment. Staffing resources will remain in the centre with five Service Users following relocation of three Service Users to the new home.

Proposed Timescale: 30/10/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints policy was not available in a format accessible to residents and their representatives.

4. 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 PIC has sourced an appropriate format making the complaints process more accessible to our Service Users. Each keyworker is responsible for reviewing this process and documenting same. This easy read document is also displayed in a prominent place.
The National Advoacy supports have been communicated to Service Users and their family members

Proposed Timescale: 22/09/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints policy was not displayed in a prominent position.

5. Action Required:
Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

Please state the actions you have taken or are planning to take:
The easy read complaints document is displayed in a prominent place. The National Advocy supports have been communicated to Service Users and their family members

Proposed Timescale: 06/10/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
It was unclear how residents were assisted to understand the complaints procedure.

6. Action Required:
Under Regulation 34 (2) (c) you are required to: Ensure that complainants are assisted to understand the complaints procedure.

Please state the actions you have taken or are planning to take:
The PIC has sourced an appropriate format making the complaints process more accessible to our Service Users. Each keyworker is responsible for reviewing this process and documenting same. This easy read document is also displayed in a prominent place
The National Advoacy supports have been communicated to Service Users and their family members

Proposed Timescale: 30/09/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider also failed to gather the satisfaction levels of the complainant as observed by inspectors.

7. 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 PIC will ensure that each complaint will have documented outcomes and weather complainant was satisfied.

Proposed Timescale: 30/09/2015

Outcome 02: Communication

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inspectors did not observe that any assessments had been carried out to see if residents communication needs could be further enhanced through the use of assistive technology.

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

Please state the actions you have taken or are planning to take:
Assessments previously completed and outcomes of same will be clearly documented.

Proposed Timescale: 30/10/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inspectors observed that some recommendations by the speech and language therapist had not been followed through.

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

Please state the actions you have taken or are planning to take:
The PIC and staff will ensure that documentation outlines where therapy recommendations have been implemented.

Proposed Timescale: 15/09/2015

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:
The admissions policy did not take into account of the need to protect residents from abuse by their peers as required by the Regulations.

10. Action Required:
Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

Please state the actions you have taken or are planning to take:
The admission policy will be amended to reflect the need to protect residents.

Proposed Timescale: 15/09/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Any additional costs that may be incurred as part of their service was not outlined in

the contracts.

11. 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:
Terms and Conditions of Residency" have been amended to reflect any additional costs.

Proposed Timescale: 30/09/2015

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:
There was limited evidence of consultation and participation of residents or their family members in the development or reviews of care plans.

12. Action Required:
Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

Please state the actions you have taken or are planning to take:
1.Annual Multi Disciplinary reviews for 2015 were completed on 17/07/2015. These meetings were attended by the Service User and their family representative (if they chose to attend), the Consultant Psychiatrist, Clinical Psychologist, SLT, OT, CNM2 and S/N. A full review of the individuals personal circumstances was completed and an action plan agreed.

2.The new personal plans purchased by the centre are being completed with input from Service Users and their family member where appropriate. Review meetings scheduled with Service Users and the family representative to complete new personal plans reflecting actions from multidisciplinary reviews.

Proposed Timescale: 30/10/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Inspectors saw that an annual review consisted of a parent with one member of the

multidisciplinary team. Inspectors were not assured that this meeting could be considered as an effective annual review as it did not take into account changes in circumstances, new developments and any outcomes achieved.

13. Action Required:
Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

Please state the actions you have taken or are planning to take:
1.Annual Multi Disciplinary reviews for 2015 were completed on 17 July 2015. These meetings were attended by the Service User and their family representative (if they chose to attend), the Consultant Psychiatrist, Clinical Psychologist, SLT, OT, CNM2 and S/N. A full review of the individuals personal circumstances was completed and an action plan agreed.

2.The new personal plans purchased by the centre are being completed with input from Service Users and their family member where appropriate. Review meetings scheduled with Service Users and the family representative to complete new personal plans reflecting actions from multidisciplinary reviews.

Proposed Timescale: 30/10/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Inspectors also saw where detailed assessments had been carried out by allied health professionals, reviews had not taken place and it was unclear if the recommendations had been adhered to.

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

Please state the actions you have taken or are planning to take:
1.The new personal plans purchased by the centre are being completed with input from Service Users and their family member where appropriate. Review meetings are scheduled with Service Users and the family representative to complete these new personal plans reflecting actions from the annual multidisciplinary reviews held. The new personal plans will clearly indicate time frames, clear objectives and goals and the staff member responsible for actioning. The PIC will be over seeing the use of the personal plans and auditing same.

Proposed Timescale: 30/10/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
It was unclear whether or not agreed time-frames in relation to achieving identified goals and objectives with named staff members responsible for pursuing objectives with residents had been met.

15. Action Required:
Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

Please state the actions you have taken or are planning to take:
The new personal plans will clearly indicate time frames, clear objectives and goals and the staff member responsible for this. The PIC will be over seeing the use of the personal plans and auditing same.

Proposed Timescale: 30/10/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inspectors observed that there was a the lack of spacious communal rooms to allow 1:1 focus on activities or to allow individuals relax or enjoy an activity away from the busy foyer / sitting room area.

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

Please state the actions you have taken or are planning to take:
Plans to relocate three Service Users in November and allocate vacated rooms for therapeutic use.
The relocation of three Service Users to a different centre in November will result in five residents living in this centre. This will provide for additional environmental space and also facilitates the resignation of some rooms for specific therapeutic use.

Proposed Timescale: 30/11/2015

Theme: Effective Services

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

the following respect:
Parts of the premises were seen to be in need of redecoration due to paint off the ceilings and walls and in some areas the floors were marked. Some of the furniture in the living rooms were also seen to be torn and in need of repair.

17. 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:
Repainting will be completed following scheduled fire upgrading.

Proposed Timescale: 30/12/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To ensure hazard identification and assessment of risks throughout the designated centre.

18. 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:
1.WRIDS have reviewed their risk management policy to incorporate the above components of assessment, management and ongoing review of risk.

2.The standing agenda for the WRIDS Management Team meeting will include risk management

Proposed Timescale: 30/10/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To ensure the measures and actions are in place to control the following specified risks of the unexpected absence of any resident.

19. Action Required:
Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of

a resident.

Please state the actions you have taken or are planning to take:
WRIDS have reviewed their risk management policy to incorporate the above components of assessment, management and ongoing review of risk including the absence of a resident.

The standing agenda for the WRIDS management team meeting will include risk management.

Proposed Timescale: 30/09/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To ensure the measures and actions are in place to control the following specified risks of accidental injury to residents, visitors or staff.

20. Action Required:
Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

Please state the actions you have taken or are planning to take:
WRIDS have reviewed their risk management policy to incorporate the above components of assessment, management and ongoing review of risk including accidental injury to residents , visitors or staff and associated risk assessments.

The standing agenda for the WRIDS management team meeting will include risk management.

Proposed Timescale: 30/09/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To ensure that the measures and actions are in place to control the following specified risk of self-harm.

21. Action Required:
Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

Please state the actions you have taken or are planning to take:
1.WRIDS have reviewed their risk management policy to incorporate the above

components of assessment, management and ongoing review of risk including self harm

2.The standing agenda for the WRIDS management team meeting will include risk management

Proposed Timescale: 30/09/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies including the evacuation of residents.

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

Please state the actions you have taken or are planning to take:
WRIDS have reviewed their risk management policy to incorporate the above components of assessment, management and ongoing review of risk

The standing agenda for the WRIDS management team meeting will include risk management.

Proposed Timescale: 15/09/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inspectors observed that there were gaps in the daily checking of means of escape and automatic door releasing.

23. 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:
PIC will ensure procedures are followed.

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

24. 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:
Following fire training a schedule was developed to incorporate simulation of night time evacuation Personal evacuation plans reviewed and a summary document located at exit points

Proposed Timescale: 30/09/2015

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:
Inspectors saw that not all staff had received training on dealing with behaviours that challenge.

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

Please state the actions you have taken or are planning to take:
1.All staff have received training in MAPA.
2.Independent Positive Behaviour Support training has commenced for all staff.

Proposed Timescale: 30/10/2015

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There had been no further development of some behaviour support plans to enhance quality of life for residents due to staffing resources.

26. 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:
Multi disciplinary reviews have been completed. New Personal plans are being completed to incorporate behaviour support plans
Positive behaviour support training has commenced for all staff. HLP reviews scheduled with Service Users and their family representatives to discuss and implement actions.

Proposed Timescale: 30/10/2015

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:
There was no evidence of any planning or discussions, with residents, to identify their preferences to access opportunities for education, training and employment.

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

Please state the actions you have taken or are planning to take:
New personal plans will provide evidence of staff liaisons with Service Users around preferences for meaningful occupation. Each Service User will have a weekly planning and consultation meeting with their keyworker or nominated person to maximum opportunities for inclusion in decision making.

Proposed Timescale: 30/11/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Monitoring of epileptic seizures was inconsistent. For example documentation reviewed indicated that two seizures had occurred. Only one was recorded on the chart and there was no date documented which is not in line with best practice guidelines in clinical record keeping.

28. 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:
PIC will ensure documentation is accurate and reflective

Proposed Timescale: 11/09/2015

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no evidence in some healthcare files reviewed of any evidence based weight monitoring charts in use. Inspectors did not observe any actions that were taken on foot of a resident being overweight or underweight for example dietetic referrals.

29. 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:
Where a need was identified a referral was made to dietican
Consistent approach to weight monitoring incorporated into Personal Plans for all Service Users

Proposed Timescale: 30/10/2015

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 that any advance care planning in relation to end-of life care and decisions regarding resuscitation were discussed with residents and their families.

30. 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:
1.A more comprehensive End of life care section will form part of new Personal Plans and be discussed at scheduled review meeting with Service User and their family member
2.Training requested from RCNME and NMPDU to address aspects of End of Life Care Skills

Proposed Timescale:

1. 30/10/2015
2. 31/05/2016

Proposed Timescale: 31/05/2016

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The choice of food was limited and not age appropriate as observed by inspectors.

31. Action Required:
Under Regulation 18 (2) (c) you are required to: Provide each resident with adequate quantities of food and drink which offers choice at mealtimes.

Please state the actions you have taken or are planning to take:
PIC met with Catering Manager and reviewed all menus, discussing personal preferences of each individual and their dietary requirements. A commitment was made to provide food which was more age appropriate and reflective of personal preference eg: Curries

Proposed Timescale: 11/09/2015

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:
There was one omission in the statement of purpose which included:

The total staffing complement in fulltime equivalents to include the management and staffing complements as required by Regulation 14 and 15.

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

Please state the actions you have taken or are planning to take:
Statement reviewed to include staff WTE compliment

Proposed Timescale: 11/09/2015

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:
The Authority received notification on 15 January 2015 of an alleged incident that may have occurred on the 17 December 2014. A systems analysis investigation is currently being managed by the Health Service Executive(HSE). The clinical nurse manager told inspectors that some interviews for this investigation had taken place on 27 May 2015. It was unclear the timeframes of completion for this investigation.

33. 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:
Completion date for systems analysis and report findings submission is 30 September 2015

Proposed Timescale: 30/10/2015

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The governance and management structures required review as the person in charge and the registered provider were actively managing a number of other centres and services across a broad geographical area.

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

Please state the actions you have taken or are planning to take:
The CNM2 has become the PIC since 01 July 2015 and the CNM1 has become the PPIM .
These post holders are supported in fulfilling their roles by a CNM3, Director of Nursing and a Provider Nominee

Proposed Timescale: 30/09/2015

Theme: Leadership, Governance and Management

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

the following respect:
There was no annual review of the quality and safety of care and support in the designated centre.

35. 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:
Information and data collection and analysis is ongoing by the provider for the collation of an annual report.
Further WRIDS management team meetings are scheduled to review information.

Proposed Timescale: 30/09/2015

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inspectors were not assured that the staffing levels were adequate to meet the activation needs and goals of residents as observed by inspectors during inspection and in personal plans of residents.

36. 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:
1.Recruitment initiatives are progressing and are expected to fill current staff vacancies on our rosters. With full staff compliment the staffing levels will be adequate to meet activation goals and personal needs of Service Users
2.In addition to the recruitment process we are opening another centre where transitional plans are in progress to successfully relocate three Service Users reducing the number living in the centre to five.

Proposed Timescale: 30/11/2015

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Improvements were required to ensure the roster was reflective of the shifts and type of shifts worked by employees and designated start, finish times

37. Action Required:
Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

Please state the actions you have taken or are planning to take:
CNM3 and PIC ensure updated rosters are available in the centre on an ongoing basis.

Proposed Timescale: 30/09/2015
Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Inspectors reviewed staff files and noted that such files did not contain all of the documents as required under schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres For Persons (Children and Adults) with Disabilities) Regulations 2013 including two written references including a reference from a person's most recent employer (if any).

38. 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:
Files being relocated and updated as required.

Proposed Timescale: 30/10/2015
Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were gaps in challenging behaviour training and manual handling as observed by inspectors.

39. 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:
As part of our ongoing training schedule, any gaps have been identified and prioritised. Independent Positive Behaviour Support Training. Manual Handling training and fire safety have been sourced and rolled out for all staff.

All other mandatory training as required as part of a continuous professional

development programme are being addressed internally. Additional safeguarding vulnerable adult policy training will be addressed on receipt of upcoming national training.

Proposed Timescale: 30/11/2015

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were three policies available in relation to safeguarding which causes confusion for staff.

40. 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 full review of service policies, following attendance by DON at upcoming national training for "Designated Officers on the Safeguarding Vulnerable Persons" at risk policy.

Proposed Timescale: 30/11/2015

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A directory of residents was maintained however it was not in the centre on the days of inspection and was not available to the inspectors.

41. Action Required:
Under Regulation 19 (1) you are required to: Establish and maintain a directory of residents in the designated centre.

Please state the actions you have taken or are planning to take:
Directory relocated and is now available in the centre.

Proposed Timescale: 30/09/2015

Theme: Use of Information

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

the following respect:
While there was a copy of the Residents' Guide available it did not include how residents could access previous inspection reports by the Authority.

42. Action Required:
Under Regulation 20 (2) (d) you are required to: Ensure that the guide prepared in respect of the designated centre includes how to access any inspection reports on the centre.

Please state the actions you have taken or are planning to take:
Residents guide has been updated to inform Service Users of the availability and location of inspection reports.

Proposed Timescale: 30/09/2015

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
As outlined in Outcome 11, records in relation to residents' weight were not consistently and accurately completed.

43. 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:
Consistent approach to weight monitoring incorporated into personal plans for all Service Users.

Proposed Timescale: 30/09/2015