

**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 Health Service Executive
Centre ID:	OSV-0002476
Centre county:	Westmeath
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Joseph Ruane
Lead inspector:	Jillian Connolly
Support inspector(s):	Raymond Lynch
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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:
29 September 2015 10:30	29 September 2015 17:30
30 September 2015 09:30	30 September 2015 17:30

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

Inspectors undertook ten inspections in eight centres operated by the Health Service Executive (HSE) through St Peter's Services in Westmeath in 2015, four of which were announced and six unannounced.

These inspections found evidence of poor outcomes for residents and areas of risk to residents relating to safeguarding and health and safety. Poor managerial oversight and governance arrangements were also a recurrent finding in these designated centres. Due to the seriousness of the concerns, HIQA issued immediate actions and warning letters. Regulatory and escalation meetings were also held with the provider

and members of senior management of the Health Service Executive.

Due to the overall failure of the provider to implement effective improvements for residents identified throughout all inspections, a notice of proposal to refuse the registration of one of the centres was issued. Following on from this, the provider informed the Chief Inspector of their intention to cease the operation of four houses within the region. The purpose of this was to consolidate the staffing levels in the remaining twelve houses.

HIQA has been informed by the provider that the process for assuming operational and governance responsibility is now complete and the contract has been awarded to another service provider.

HIQA will continue to monitor these centres to ensure that the actions taken by the provider are sustained and result in continued improvements to the safety and quality of life of residents.

This report has been completed as a result of one of the announced inspections which was conducted following an application by the Health Service Executive to register one of the designated centres under the Health Act 2007. The application was for the designated centre to provide services to five individuals. The designated centre had been previously inspected in December 2014.

Inspectors met with residents and relatives, spoke with staff, observed practices and reviewed documentation. Relatives stated that they were in the main happy with the service provided to residents and spoke very positively about staff involved in the provision of direct care to their loved ones. Inspectors also found that whilst relatives stated that communication from staff within the designated centre was very good, improvements were required in the consultation by people participating in management with family members, particularly regarding the operation of the designated centre.

Inspectors identified deficits in the governance and management arrangements to ensure that services were safe, effective and continuity of care was provided to residents. There was also insufficient staff employed to provide a safe and effective service. Significant improvements were required in the assessment and management of risk.

Due to the overall failure of the provider to implement effective improvements for residents identified throughout all inspections, a notice of proposal to refuse the registration of one of the centres was issued. Following on from this, the provider informed the Chief Inspector of their intention to cease the operation of four houses within the region. The purpose of this was to consolidate the staffing levels in the remaining twelve houses.

The Authority has been informed by the provider that the process for assuming operational and governance responsibility is now complete and the contract has been awarded to another service provider. The HSE has an agreed plan in place with the incoming service provider for the transfer of services including a communication

approach with service users and their families.

The Authority will continue to monitor these centres to ensure that the actions taken by the provider are sustained and result in continued improvements to the safety and quality of life of residents.

Of the eighteen outcomes inspected on this inspection, major non - compliance was identified in eight. Moderate non compliance was identified in six outcomes. Absence of the person in charge, notifications of incidents and communication were found to be compliant. Substantial Compliance was identified in Family and Personal Relationships. Of the thirty eight failings identified in regulation, thirty are the statutory responsibility of the registered provider and eight are the responsibility of the person in charge.

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):

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

Findings:

The designated centre had a complaints policy and procedure in place. There was also a complaints register maintained in the designated centre which had no complaints logged as of the day of inspection. Inspectors found that improvements were required to develop the system to ensure that the definition of a complaint was understood by staff. For example, in residents' personal plans there were incidents recorded in which residents could not be supported to engage in planned activities due to factors such as staff shortages or the absence of familiar staff being present. There was no evidence that residents who required support to express their choice and preferences were supported to do so to ascertain if they would like to progress the incidents through the complaints process. Family members stated that they felt that they could express dissatisfaction with the service provision if required.

An action arising from the previous inspection was that personal information was stored in an unsecured location. Bathrooms were not fit for purpose, resulted in residents utilising a commode as opposed to standard facilities. Inspectors found on this inspection, that this action had been adequately addressed. Alterations had occurred to the bathroom to promote accessibility and residents' confidential information was stored in a locked area. Throughout the inspection, inspectors observed practices and interactions between residents and staff. Inspectors found that staff were familiar with the needs of residents and spoke warmly of residents. However, improvement was required to ensure that the language utilised was respectful of residents' age and dignity was promoted. Each of the residents had their own bedroom which facilitated personal activities being undertaken in private.

Inspectors reviewed a sample of minutes which arose from the weekly residents' meetings which addressed day to day matters such as food choices and activities. The meetings were conducted utilising appropriate methods of communication in line with the needs of the residents. Families also stated that they were regularly informed of the care provided to their loved ones and if there was a change to their care. Whilst families spoke positively regarding the communication between staff that provided direct support to residents and of the local manager, inspectors found that the information provided was indicative of improvements being required from an organisational level. For example, families were not aware of changes to persons participating in management who would directly be involved in the decision making process regarding who and where their loved ones live.

There was an absence of evidence to support the decisions regarding the care provided to residents inclusive of residents utilising their own funds to access health care. There had been no assessment of the capacity of residents completed to ascertain their ability to be involved in the decision making process or if they were not, the persons involved in the decision making process. This included access to an independent advocate.

The inspector reviewed a sample of records maintained of residents' personal belongings and found that some residents' had recently purchased their own beds. This was as a result of a failing from the previous inspection. An assessment had been undertaken following this which identified that the beds were not fit for purpose. However there was no record of consultation in respect of this decision for residents to personally replace the beds. This is also operating outside the Health Service Executives' own policies and the written agreement between the residents and the registered provider.

A second action arising from the previous inspection was that residents were not facilitated to engage in activities which were meaningful to them. Inspectors found on this inspection that there was an increase in the opportunities residents had to engage in activities both within their home and in the local community. As stated previously barriers still remained due to insufficient staffing but in the main, inspectors found a development in the positive outcomes for residents. This was enhanced by the development and implementation of positive behaviour support. Inspectors determined that a baseline had been achieved, however improvements to demonstrate that the activities were in keeping with the interest, age and capabilities of residents were still required. A review of a sample of activities demonstrated that in the main they were led by resources as opposed to by the resident. Therefore this failing and a further failing of Regulation 13 (1) from the previous inspection are repeated at the end of the report, as an assessment had not been completed to ascertain the actual resources required to ensure the assessed needs of residents were being met.

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:

Through observation and a review of documentation, inspectors found that improvement had been obtained in ascertaining the various methods of communication for residents. Assessments had been conducted and subsequent guidance developed to assist with staff understanding the needs of residents. There was a record of family contact maintained in the designated centre. Information was displayed in an accessible format for residents and guidance was in place to support staff in utilising modified sign language. The designated centre had a television and radio. Inspectors also observed staff supporting residents to read the newspaper.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

There was a policy in place for the procedure to be followed to support residents to receive visitors. Family members stated that they were welcome in the designated centre and facilitated to meet with their loved one in private. Residents' personal plans also incorporated developing and maintaining contact with their family.

As stated previously, inspectors found that there had been improvements in the access residents had with the local community. Examples included residents accessing community based groups for maintaining a healthy weight, attending religious services, accessing the local hairdresser and completing the weekly shopping with staff. However as stated in Outcome 1, due to absence of sufficient staff, there were regular disruptions to the ability for residents to attend these activities.

Judgment:
Substantially 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:

There had been no residents admitted to the designated centre following the last inspection. The designated centre had policies and procedures in place regarding the admission, discharge and transfer of residents. A review of the policy demonstrated that it outlined the procedure for individuals being admitted to services operated by the Health Service Executive. They did not provide adequate guidance for the practice involved in residents being admitted and discharged between designated centres operated by the one provider. Inspectors were informed that it is the intention of the provider to cease the operation of the designated centre within the coming twelve months. Therefore improvements were required to ensure that the process involved in same was guided by a policy that demonstrated the planned and safe discharge of residents. Family members reiterated the need of this to inspectors by requesting assurances that the discharge of residents would be planned and consider the needs of their relatives.

Inspectors reviewed a sample of written agreements between residents and the registered provider regarding the services to be received and the fees to be charged. Of the agreements reviewed, inspectors found that the standard weekly fee charged in respect of rent, food and utilities was stipulated. There was no record of the additional fees that were charged to residents for additional services that were facilitated by the provider inclusive of art classes and complimentary therapies. Inspectors also, as stated in Outcome 1, found evidence that residents had paid for their beds to be replaced which is outside the terms of the written agreement.

Judgment:
Non Compliant - Major

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Of the sample of personal plans reviewed, inspectors found that an assessment had been completed of the social and healthcare needs of residents. Evidence based tools had also been introduced to assist with the assessment process. Plans of care/personal goals were developed following these assessments depending if a need was identified in respect of a resident's health or social development. However from a review of the documentation and actions taken to implement the plan of care/goal, inspectors found that the assessment was descriptive. Therefore the goals developed were led by the standard resources of the centre and as a result the effectiveness of same was reduced.

Inspectors further found that improvements were required to the assessment process to ensure that they were reflective of the needs of residents. During the course of the inspection, inspectors observed a resident falling. The resident was supported by one staff member and inspectors observed that the manual handling techniques employed were not safe and placed both the resident and the staff member at risk. Inspectors reviewed the assessment that had been completed in respect of a resident's risk of falls and found that it was deemed high. However the manual handling assessment and subsequent interventions referenced the use of a hoist, if the resident fell. There was no hoist in the designated centre on the days of inspection.

Of the sample of personal plans reviewed, inspectors observed them to be presented in an accessible format utilising pictures and photographs to describe the life of residents and those important to their lives. There was inconsistency however in the ability to measure the implementation and effectiveness of the plans. For example, if a goal such as attending the local hairdresser was facilitated within the allocated resources it outlined the supports required. However if a goal was long term such as a resident's desire to have a room with an en suite, there was no supports or specific plans in place to ascertain if this could be achieved.

There had been an increase in residents' access to Allied Health Professionals following on from the last inspection. This had resulted in an increase to the positive outcomes experienced by residents. However inspectors determined that Allied Health

Professionals were not consistently involved in the development of personal plans which were outside of the area of expertise of direct support staff. For example, as with the previous example of Manual Handling, inspectors observed that residents required complex specific support to mobilise. The number of staff documented in the assessment was inconsistent with the practices observed by inspectors. Inspectors also observed practices not to be consistent with safe evidence based practice. Therefore at the conclusion of the inspection, inspectors requested that a review of residents' manual handling needs be conducted with immediate effect in consultation with the appropriate Allied Health Professional.

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):

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

Findings:

The designated centre consists of a bungalow which had four bedrooms, a utility room, staff office, storage room, private sitting room for one resident, a shower room with toilet facilities and two separate individual toilets with a hand basin. There was also a sitting room/kitchen and separate dining area. Following the last inspection renovations had taken place to the designated centre. Inspectors found that whilst the renovations had improved the living conditions on a short term basis, the centre did not meet the needs of the residents residing there.

The centre was visibly clean and suitably decorated with bedrooms personalised for each resident. Communal areas such as the kitchen/living area and dining room were reflective of a homely environment. However the kitchen /living area was not of an appropriate size to accommodate the assessed needs of residents. Inspectors observed staff moving furniture to support residents to mobilise to their seats. The bathrooms whilst renovated, remained unsuitable. For example, the hand basin was at the opposite side of the toilet door and visible from the corridor due to the absence of a door. There was also a resident who had regular incidents of bruising which were documented as being a result of hitting off the handle of the bathroom door. No action had been taken to improve the facilities to reduce the likelihood of this occurring. Inspectors also found that there was an absence of appropriate ventilation in the utility room to accommodate

the utilities such as the dryer.

The centre had external grounds which were well maintained however the location of the designated centre was not appropriate.

There had been accommodations made to the centre with the aim of promoting accessibility such as handrails in bathrooms. However, further improvements were required inclusive of a hand rail at the front door which was accessed via a slope. There was also an absence of a hoist as stated in Outcome 1.

Judgment:
Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

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

Findings:

The designated centre had policies and procedures in place in respect of health and safety and risk management. There was also a risk register in place which aimed at ascertaining the hazards within the designated centre and concomitant control measures required to reduce the risk. Notwithstanding the documentation in place, inspectors found that there was an absence of systematic policies and procedures in place to guide the practice of staff. This resulted in the absence of a robust assessment to ascertain the actual resources required in the centre. Therefore risk was prevalent in the centre. For example, inspectors reviewed an incident in which residents' medication was not administered at the appropriate time due to the absence of staff with the necessary skill to administer medication. The response to this was a sign in place which instructed frontline staff to contact management in the event of a staff member not being present. Staff had done so on the day of the incident. Therefore management had been made aware of the absence of appropriately trained staff and had not taken action to prevent the incident from occurring. The review of the medication error did not account for the failures at a management level.

As stated in Outcome 6, the location of the designated centre was inappropriate; inspectors found that there had been an absence of proportionate and reasonable measures to ensure the safety of residents and staff to reduce the risk this presented.

The absence of staff had been identified on the risk register however control measures identified by staff in respect of staffing levels and continuity of care had also not been actioned.

The centre had policies and procedures in place regarding the prevention and control of infection. Inspectors reviewed the documentation and determined that they were not fit for purpose and reflected the practice of an acute setting as opposed to a residential setting for people with disabilities. Inspectors also found that improvements were required to ensure that the appropriate practices were place in the designated centre. The designated centre utilises specific cleaning products and inspectors found that the appropriate material data safety sheets were maintained in respect of same. However there was an absence of appropriate cleaning products to ensure that standard precautions for the cleaning of body fluids were adhered to. Staff described to inspectors the standard practice which confirmed that the standard precautions were not implemented in practice. An audit had been completed of the infection control practices however inspectors found that it did not identify this deficit or the absence of appropriate hand hygiene facilities in the utility room.

The renovations which had occurred in the designated centre included the installation of fire doors. Inspectors reviewed the fire doors and found deficits which could compromise the effectiveness of same. For example, the doors in bedrooms were automated however on the first day of inspection one door did not function appropriately. This was rectified prior to inspectors leaving the centre on the second day of inspection. There was also signage on doors indicating which doors required to be closed at all times and which doors were automated. The signage was inappropriately placed on some doors and in other instances doors which were not automated remained open. Inspectors were informed that action would be taken to rectify this in the days after the inspection. Inspectors confirmed that equipment such as the fire alarm system, fire extinguishers and emergency lighting was serviced at appropriate intervals.

The instruction in place regarding the action to be taken in the event of a fire required review as it was confusing and indicated exit from doors which were not final fire exits. In one instance, inspectors found a risk as the exit led onto enclosed decking which would result in individuals being trapped in the event of an emergency. Fire drills had been conducted at regular intervals however inspectors requested at the close of inspection that one be conducted to consider the adaptations that had occurred and the effectiveness of same. The policy was a full evacuation of the centre, however inspectors observed that for some residents this was documented as 7 minutes, which is not in line with best practice. Inspectors confirmed that all staff had been trained in the actions to be taken in the event of a fire. The actions to be taken in the event of a fire were also included in the induction of new staff or staff unfamiliar to the centre. However due to the frequent absence of familiar staff, inspectors found that review was required of the personal evacuation plans of residents. They were based on the resident being familiar with staff and staff being knowledgeable of the appropriate means of communication with residents to ensure effective evacuation. Following on from the last inspection there had been twenty one new staff inducted into the designated centre.

Judgment:

Non Compliant - Major

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

Following the last inspection, the provider had commissioned an investigation in respect of the protection of vulnerable adults. Inspectors reviewed if the recommendations of the investigation had been implemented in practice and found in the main they were. A policy had been developed post the investigation and staff had received up to date training. Inspectors reviewed the accident/incident book and found that necessary steps were taken to ascertain the cause of a bruise sustained by residents. However as stated in Outcome 6, inspectors determined that there was an absence of action taken if a pattern was identified such as the unsuitability of premises. Family members stated that they were assured that their relatives were safe and well cared for. Considering the evidence, inspectors found that whilst recommendations were implemented, improvement was required in the governance and management systems to ensure that residents were safe. For example, in the absence of the person in charge, the reporting mechanisms and supervision of staff were unclear and in some instances absent. Therefore inspectors found that the provider had taken insufficient action to assure themselves that the services provided were safe and effective. This is reported further in Outcome 14.

As stated previously, there had been an increase in positive behaviour support provided to residents. Staff described to inspectors the process which had been undertaken to change the culture towards providing the least restrictive support to residents and the importance of proactive strategies. As a result inspectors found that all medication as required in the event of a resident exhibiting inappropriate behaviour had been discontinued and there was a plan in place to reduce the long term psychotropic medications prescribed to residents. One area which was impeding the progression of the support required to residents was the absence of consistent staffing. Staff described to inspectors the necessity of staff knowing the communication needs of residents in order to provide effective support. As a result if staff were not familiar, the primary focus was on keeping residents 'safe' in the designated centre as opposed to providing

care in line with positive behaviour support plans of residents.

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:

Following the last inspection, the designated centre had been submitting weekly reports to the Chief Inspector. One aspect to be reported was any accidents or incidents which occurred in the centre. Inspectors confirmed that all incidents had been reported to the Chief Inspector as required by Regulation 31.

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:

As stated in Outcome 1 and 5, there had been improvement in the access residents had to community facilities and to the system in place for ascertaining the personal goals of residents. Residents were accessing the community at an increased frequency inclusive of local community groups, mass, library, shopping and overnight stays in hotels. There had been an external resource allocated two half days per week to support this.

Notwithstanding this improvement there was evidence that this was not consistent as was led by resources as opposed to residents' wishes. Family members stated that links

with the community is something that is very valued to them and their relatives. Work had commenced in ascertaining the skills that residents required to develop within their home to become active participants in their own lives. However staff stated that supporting residents to engage with same was dependent on the presence of sufficient staff who were knowledgeable of the needs of residents. Therefore inspectors determined that whilst there was evidence of increased community participation, improvements were required to ensure consistency and sustainability.

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):

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

Findings:

There had been improvement in the assessment and subsequent care plans. Inspectors found that residents had regular access to their general practitioner and that there was evidence that if a need was identified or further access to healthcare was required it was facilitated. As stated in Outcome 1, improvements were required to ensure appropriate stakeholders were involved in the decision making process for residents' access to healthcare. There were also improvements required in the assessment process to ensure plans of care:

- identified the specific health care needs of residents
- identified the actual level of support required
- were completed with the support of the appropriate Allied Health Professional

Inspectors observed the meal time experience and found it to be a pleasant experience and conducted in line with the needs of the residents. For example, residents were facilitated to eat their meals at times which they chose. The weekly menu was planned at the weekly residents' meetings utilising appropriate communication aids. There was evidence that residents had been reviewed by the relevant Allied Health Professionals in respect of food modification and nutritional content. There was evidence of positive outcomes for residents in respect of weight loss and as stated previously this had also been incorporated with involvement in the local community. Inspectors reviewed the records kept in respect of food provided to residents and found that improvements were required to ensure that it was in line with the recommendations from Allied Health Professionals and interventions such as medication was administered as a last resort. This is identified in Outcome 18.

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):

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

Findings:

The storage of medication was identified as requiring improvement on the last inspection. Inspectors reviewed this and found that medication was stored in a secure location. Inspectors reviewed the policies, procedures and practices in respect of medication and found that a review was required to ensure that the practices were safe, systems were clear and the roles and responsibilities of staff were clearly identified.

The policy in place for the management of medication was dated 2010 and was specific to medication being administered by a registered nurse. As stated previously, there was an incident in which there was no registered nurse on duty and therefore medication was not administered. There had been no clear action taken as a result of this. Staff stated that in the event of a nurse not being on duty again they would contact other designated centres in the area to try obtain support. Inspectors determined that this required a more robust system which included the support of management. There were also discrepancies in the staff members who could administer medication as required in the event of a seizure. Non nursing staff had been trained and could administer same. However this was in contradiction to the policy of the organisation. Therefore despite non nursing staff being trained, inspectors were informed that if there was no nurse in the centre they could not administer this medication as they did not have access to the keys to the medication. Inspectors were informed that plans were in place to rectify this within the coming week.

Inspectors reviewed a sample of residents' records in respect of medication and found that the relevant information was contained on the prescription record, including name, date of birth and photograph of a resident. There was a signature from the prescriber for all medications inclusive of medications which were discontinued. Inspectors found that there was a signature of the administering nurse for each medication administered.

However the accuracy of this was reduced as inspectors conducted a stock check of medication. Inspectors deducted the amount documented as being administered from the amount documented as received from the pharmacy. The inspector then counted the actual medication present in the centre. The inspector found that there was more

medication present in the centre. Therefore there was a risk that resident's had not received the full dose of their medication, however the records of administration did not account for this.

Inspectors found that the layout of the administration sheets was confusing which increased the risk.

Inspectors requested a review of medication management practices be conducted and a copy of the report be submitted to the Chief Inspector once complete.

Judgment:
Non Compliant - Major

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:

As part of the application to register the registered provider submitted a copy of the Statement of Purpose to the Chief Inspector. Inspectors reviewed the Statement of Purpose and found that whilst it contained the items as required by Schedule 1 of the Regulation it was not reflective of the practice of the designated centre. For example, the findings of this inspection were that in order for residents to be safe, a minimum of two staff were required. The documented number of staff in the designated centre did not facilitate these staffing levels. The person to deputise in the event of the person in charge being absent differed from that stated in the application to register the centre submitted to the Chief Inspector.

The Statement of Purpose further states that the aim of the centre is to provide opportunities for leaning and personal development in a 'flexible way'. However as evidenced throughout this report, this was not reflected in the practice of the 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):

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

Findings:

The inspection was facilitated by the person in charge who is the frontline manager of the designated centre. The person in charge has the necessary qualifications and skill set as required by Regulation 14 to be the person in charge. However inspectors found that the person in charge is included in the core compliment of staffing for the designated centre and therefore this limits their ability to fulfil their statutory responsibility with regulation as evidenced in this report. On the day of inspection, there were three staff on duty in the designated centre inclusive of the person in charge. Inspectors observed that in order to provide support to residents, three staff were required for large portions of the day therefore evidencing the reduced time the person in charge has to engage in management duties without compromising the care of residents.

The person in charge reports to the assistant director of nursing, who in turn reports to the regional director of nursing. The regional director of nursing reports to the general manager. The general manager has been nominated by the provider to engage with the Authority for the purposes of engaging with the Authority. Inspectors found that whilst improvements had been achieved following on from the inspection, which was conducted in December 2014, there remained significant inadequacies in the governance and management arrangements which compromised the safety and effectiveness of care provided to residents. In the absence of the person in charge, there was no procedure in place for management to be assured that the care provided to residents were safe and effective. Inspectors reviewed the visitors' log, records of meetings and daily reports and found that the frequency of management visits to the designated centre were inadequate. Staff were not clear on the reporting structure, and inspectors identified a particular risk post 17.00 hours and at the weekend. Written guidance stated that staff were to contact the person on administrative cover. However there was no system in place for administrative cover. Staff stated that they would call around other designated centres for assistance which inspectors deemed an inadequate response.

There was also an absence of the review of the quality and safety of care in the designated centre. Whilst some audits had been done, they were completed at a local level and did not account for the findings of this inspection. In the main, consultation between the person in charge and provider was done during a collective person in charge meeting each week in which management directed all persons in charge in the region on actions to be taken. There was evidence of inadequate supervision or support provided to the person in charge to ensure their understanding of regulation. There was an absence of Standard Operating Procedures in all areas to guide practice and ensure accountability. As stated previously, family were not clear on the members of management team outside the person in charge.

No annual review of the quality and safety of care had been completed.

Considering the repeated failings identified from the last inspection, action is required to ensure that improvements are made to current systems in place to ensure services provided are safe.

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 person in charge had not been absent for more than 28 days since they commenced their post. Therefore there was no requirement to notify the Chief Inspector as required by Regulation 32.

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):

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

Findings:

Major non-compliance was identified in the use of resources on the last inspection, as the evidence did not support that the skill mix and competency was adequate to meet the needs of residents. There was also a delay in referrals to the appropriate Allied Health Professionals for residents in respect of positive behaviour support. As stated in Outcome 8 the action in respect of support from Allied Health Professionals had been adequately addressed. In response to the action plan response from the last inspection, the provider stated that following an assessment of needs of residents an additional registered nurse had been placed on duty at night in the designated centre. Whilst this was the practice at the time of this inspection, inspectors found that it was not consistent.

The cumulative evidence of this report in respect of insufficient staffing also demonstrate that the designated centre was not sufficiently resourced to ensure effective service delivery.

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

Findings:

Inspectors confirmed that there was an actual and planned roster in place in the designated centre. The cumulative findings of the report evidenced that there were inadequate number of staff employed in the designated centre. Based on the medication management policy, the skill mix of staff was also insufficient as there was not always a

registered nurse on duty. Whilst training had been provided to staff in the interim period, inspectors determined that additional support was required to ensure that the assessment of residents' needs and subsequent personal plans were completed inline with regulation 5 and accurately informed of the support to be provided to residents.

A policy had been developed regarding the supervision of staff which was approved in August 2015. Inspectors were informed that management had not received training in the policy and therefore it had not been implemented in practice. As a result staff had not received supervision.

Inspectors reviewed the records that are to be kept in respect of staff as required by Schedule 2 and found them to be incomplete.

- the dates individuals commenced employment were absent.
- there was also an absence of address maintained for one staff
- there was also an absence of a full employment history for some staff inclusive of gaps in employment
- there was no evidence of the position the person holds, the work the person performs and the number of hours they are employed for
- there was also an absence of correspondence in relation to the employee's employment.

Judgment:

Non Compliant - Major

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

As stated in the previous outcome, the records as required by Schedule 2 were incomplete.

Inspectors identified that there had been improvement in the record keeping as required by Schedule 3 and Schedule 4 in respect of the care provided to residents. However further improvements were required to ensure that compliance was achieved. For example the records maintained in respect of residents' nutritional intake required improvement. There was also a requirement to ensure that the assessment undertaken was accurate and reflective of residents' needs.

As stated throughout the report, a significant deficit was identified in respect of the policies and procedures of the designated centre to ensure that they comprehensively guided practice within the designated centre. This included the policy on medication, infection control and admissions and discharge of residents. There was also an absence of a centre specific policy in respect of the creation, access to, retention and maintenance and destruction of records.

As stated in Outcome 1, the designated centre also had operated outside the policy regarding the use of residents' finances.

As part of the application to register the provider is required to submit evidence of adequate insurance. This had not been submitted at the time of writing this report.

Judgment:
Non Compliant - Major

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Jillian Connolly
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 Health Service Executive
Centre ID:	OSV-0002476
Date of Inspection:	29 September 2015
Date of response:	10 December 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:

The evidence did not support that residents were involved in decisions regarding their care.

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

1. Action Required:

Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support

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

Key Worker has been assigned to each resident.

Full care plan reviews will take place in conjunction with family & residents and will also identify the resident's capacity to manage their own financial affair to make decisions about his or her care and support in the future.

Proposed Timescale: 08/01/2016

Theme: Individualised Supports and Care

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

There was an absence of access to advocacy services.

2. Action Required:

Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access to advocacy services and information about his or her rights.

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

Referrals have been made on behalf of each resident to an independent advocate to provide advocacy service. Two referrals on 6th April 2015 and two more referrals on 7th January 2016

The Advocate has visited the Centre and met with all four residents. Advocate commenced visits to the house 5/6/2015 for two residents.

One of the residents has chosen to engage with a local Self Advocacy group in their own right.

This will also support the provision of information for residents in relation to their individual rights.

Proposed Timescale: 07/01/2016

Theme: Individualised Supports and Care

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

Improvements were required to ensure that language utilised was respectful; of resident's age and that dignity was maintained.

3. Action Required:

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

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

All staff have received Training in Protection of Vulnerable Adults during which particular attention was given to appropriateness of language and communication. Completed on Training in Protection of Vulnerable Adults was provided for staff 6/7/15, 9/10/15, 14/10/15

Proposed Timescale: 14/10/2015

Theme: Individualised Supports and Care

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

There was inconsistent support provided to residents.

4. Action Required:

Under Regulation 13 (1) you are required to: Provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.

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

As part of the review of care plans a full review of residents needs will be carried out with residents and their families if possible. This will support the staff in identifying the specific needs of each resident. This will be carried out using the Hurst tool.

Proposed Timescale: 08/01/2016

Theme: Individualised Supports and Care

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

Improvements were required to ensure that activities offered were in line with the interests and capabilities of residents.

5. 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:

As part of the Care Planning review being undertaken an assessment will be carried out for each resident using the PAL tool which will support staff to match activities to the

individual abilities of each resident.

This will guide staff and the residents in identifying opportunities for development based on their individual interests.

Proposed Timescale: 08/01/2016

Theme: Individualised Supports and Care

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

There was no evidence that residents who required support to communicate were offered the opportunity to submit a complaint.

6. Action Required:

Under Regulation 34 (1) (c) you are required to: Ensure the resident has access to advocacy services for the purposes of making a complaint.

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

Complaints training has been scheduled for staff and all will have completed same by Friday 11th December. Particular emphasis will be placed on assisting residents to make complaints in line with their abilities.

Proposed Timescale: 11/12/2015

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

Theme: Individualised Supports and Care

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

Whilst improvements had been achieved in residents' access to community, evidence did not support that this could be sustained due to insufficient staff.

7. Action Required:

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

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

Following the de commissioning of a number of houses in the Midlands 3 staff members will be transferred to support the roster in this designated centre.

In the meantime time:

- As part of The Care Planning review being undertaken an assessment will be carried out for each resident using the PAL tool which will support staff to match activities to the individual abilities of each resident. This will guide staff and the residents in

identifying opportunities for development based on their individual interests.

- The PIC has put arrangements in place to roster extra staff to facilities preferred activities of residents while waiting for the extra staff to be put in place.

Proposed Timescale: 25/03/2016

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

There was no record of the additional fees that were charged to residents for additional services that were facilitated by the provider inclusive of art classes and complimentary therapies. Inspectors also found evidence that residents had paid for their beds to be replaced which is outside the terms of the written agreement.

8. 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:

A financial audit has been scheduled for the Designated Centre which will identify any inappropriate actions and also outline recommendation in relation to payments from residents.

Residents who had purchased equipment from their own funds are being reimbursed.

Proposed Timescale: 20/12/2015

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:

Personal plans were not completed consistently with the support of Allied Health Professionals.

9. Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

The PIC will ensure that the review of personal care plan are multidisciplinary.

Proposed Timescale: 08/01/2016

Theme: Effective Services

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

As personal plans did not provide specific and measurable interventions, the effectiveness of same could not be measured.

10. 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:

Following the completion of the review of care plans a audit schedule will be put in place to measure the effectiveness of each care plan.

Proposed Timescale: 29/04/2016

Theme: Effective Services

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

Personal plans were resource led as opposed to in line with the actual supports residents required.

11. 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:

In future the PIC will prepare a personal plan for any new 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.

For current residents a fresh assessment /profile will be completed for each individual resident to support the maximization of their personal development.

Proposed Timescale: 08/01/2016

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 location of the designated centre did not meet the aims of the service.

12. 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:

There is a plan in place for the residents to move to a newly built home which will address the deficits. Proposed Timescale for closure of Designated Centre 30/4/2016

In the meantime maintenance will review the privacy and dignity for residents in relation to bathroom facilities with a view to improvement. Bathroom upgrade 30 January 2016

Proposed Timescale: 30/04/2016

Theme: Effective Services

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

There was no hoist in the designated centre. There was an absence of handrails.

13. 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:

The physical make up of the building does not allow for handrails but this will be addressed in the new facility.

OT assessment carried out in relation to the use of handrails has identified that the risk posed to residents in the current situation mitigated against provision of handrails in the current premises.

A hoist is in place in the centre.

Proposed Timescale: 29/05/2016

Theme: Effective Services

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

The premises did not meet the requirements of Schedule 6 as:

- there was inappropriate ventilation
- the hand basin in the toilet was opened onto the corridor

14. 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:

There is a plan in place for the residents to move to a newly built home which will address the deficits.

In the meantime:

- Ventilation has been put in place as required:
- Maintenance staff have reviewed the bathroom with a view to ensuring the privacy and dignity for residents while using bathroom facilities and a plan is in place to address this with a view to improvement

Proposed Timescale: 31/12/2015

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:

There was an absence of systems in place for the assessment, management and ongoing review of risk.

15. 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:

Risk Training is being provided for staff in the centre on Friday 11th December to support staff in the identification and management of risk.

Proposed Timescale: 11/12/2015

Theme: Effective Services

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

The procedures in place regarding infection control were inadequate.

16. 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:

HCAI Training has been scheduled for all staff on the 18th December.

Work has commenced on the adaptation of a HSE policy to address the needs for policy for HCAI in a residential setting.

The required appropriate cleaning materials and PPE equipment have been ordered and are awaiting delivery.

Proposed Timescale: 31/01/2015

Theme: Effective Services

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

Fire doors were not effective.

17. 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 deficits in relation to fire doors were rectified on the day of the inspection.

Proposed Timescale: 29/09/2015

Theme: Effective Services

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

A means of escape documented in the fire plan led to enclosed decking.

18. 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:

The emergency evacuation plan for the house was reviewed. As a result of this:

- The door leading to the decking is no longer identified as an escape route and has been removed from the Fire plan. All staff are aware of the changes.
- The team from HSE Estates who carried out the review deemed that the emergency lighting in the house was adequate however the PIC has arranged that a further review of the emergency lighting be carried out by the Fire Officer on 15th March 2016
- Fire Training drills which include evacuation drills have been carried out on 29/9/15, 5/10/15, 14/10/15, 7/12/15, 4/1/16
- These drills have demonstrated that staff can evacuate the premises within an acceptable time frame
- Further training has also been scheduled for 15th March 2016.

Proposed Timescale: 15/03/2016

Theme: Effective Services

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

Fire drills did not demonstrate that residents could be evacuated within an appropriate time frame.

19. 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 drills have taken place in which it is being Fire drills which include evacuation drills have been carried out on 29/9/15, 5/10/15, 14/10/15, 7/12/15, 4/1/16
- These drills have demonstrated that staff can evacuate the premises within an acceptable time frame.
- These will take place monthly on an ongoing basis and will be recorded in the fire Management Folder
- Fire training attended 2/2/2015
- 3 staff
- Fire drills have taken place in which it is being Fire drills which include evacuation drills have been carried out on 29/9/15, 5/10/15, 14/10/15, 7/12/15, 4/1/16. These drills have demonstrated that staff can evacuate the premises within an acceptable time frame
- Fire training has also been scheduled for 15th March 2016

Proposed Timescale: 15/03/2016

Theme: Effective Services

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

A review was required of the procedures in place in the event of a fire.

20. 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 procedures to be followed in the event of fire are in view in a number of prominent places.

This is also available in the fire register.

This procedure are also covered in the annual fire training for staff

Proposed Timescale: 25/09/2015

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:

Due to an absence of continuity of care, positive behaviour support plans of residents could not be consistently implemented in practice.

21. 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 has been ensuring that a permanent member of HSE staff is on all rosters
- One member from an agency has availed of the opportunity to be part of a line on the roster
- Behaviour Management Training has been scheduled in conjunction with the Behaviour Management team for those staff that have yet to avail of it.
- The PIC is actively pursuing more suitable accommodation model to support an individualised service for one client. A private house has been identified which may be suitable and become available from another HSE service in the near future. Once this suitability is confirmed a MDT meeting will be carried out to support the resident and to arrange transfer.
- Meetings have also been arranged with County Councils in relation to this matter.

Proposed Timescale: 30/06/2016

Theme: Safe Services

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

Due to an absence of supervision and physical attendance in the designated centre of persons participating in management, inspectors determined that inadequate measures had been taken by the provider to ensure that residents were safe.

22. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

Training has been provided to all staff on Safeguarding and Protection of Vulnerable adults; 6/7/15, 9/10/15, 14/10/15

The PPIM has commenced supervision meetings and regular house meetings with PIC on a fortnightly basis since 20th November.

Safe guarding training completed by all staff on

- Weekly supervision meetings with PPIM commenced 20th November and fortnightly thereafter Ongoing
- Safeguarding and Protection of Vulnerable training completed 6/7/15, 9/10/15, 14/10/15

Proposed Timescale: 20/11/2015

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 did not have consistent and adequate opportunities for education and training.

23. 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:

- As part of The Care Planning review being undertaken an assessment will be carried out for each resident using the PAL tool which will support staff to match activities to the individual abilities of each resident. This will guide staff and the residents in identifying opportunities for development based on their individual interests.

Proposed Timescale: 30/12/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Improvements were required in the assessment process to ensure plans of care were reflective of the specific health care needs of residents inclusive of actual level of support and that the appropriate Allied Health Professional had been involved in that plan of care.

24. 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:

- As part of the care planning review being undertaken in the house the specific healthcare needs of each resident will be updated.
- The PIC is ensuring that the relevant AHP are being involved in the process for each resident as healthcare needs are identified for them
- The specific level of health care required from AHP will be documented in the individual care plan.

Proposed Timescale: 30/01/2016

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:

Significant improvement was required in the systems regarding the administration of medication.

25. 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 process in place in the house for ordering, receipting and storing and administration of medication is as follows:

- Medication prescribed by GP every 3 months following review.
- The relevant prescription is forwarded to the pharmacist directly by the GP
- Medication is delivered weekly to the house in a sealed box in individualised containers
- Receipt for these was held in residents' medical folder following checking by 2 nurses at changeover of shift.

Additional measures since the inspection

- Receipt of medication is now being held and documented in a Medication Folder for the house
- Appropriate storage for medication has been put in place
- A Policy in relation to administration of emergency rescue medication has been put in place so that all staff can administer
- The medication policy has been reviewed by management and will be finalised by Dec 20th
- With the exception of one member of staff medication management training has been provided for staff. This will be provided for the remainder of staff in 2016.
- Medication audit was carried out 3rd December 2016.

Proposed Timescale: 20/12/2015

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 did not reflect the practice of the designated centre or demonstrate that there were sufficient resources in place to carry on the business of a designated centre.

26. 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 PIC will review the Statement of Purpose to ensure that it contains 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.

Amended copy will be forwarded to the inspection on completion

Proposed Timescale: 20/12/2015

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:

An incomplete application to register the designated centre had been submitted to the Chief Inspector.

27. Action Required:

Under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. you are required to: Provide all documentation prescribed under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

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

The outstanding documents related to registration have been forwarded to the Authority.

Proposed Timescale: 29/10/2015

Theme: Leadership, Governance and Management

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

There was an absence of accountability and responsibility within the management structure.

28. 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 PIC has put a system in place which identifies the person in charge in the house in her absence. This is shown both on the roster and in a accessible format for the residents.

Following the decommissioning of a number of houses in the Midlands a number of staff will be transferred to the Centre This will then provide for the PIC to be allocated dedicated time to the role

A new governance structure is in place with provides for safe delivery of service. All staff are aware of this.

Since the 20th November the ADON will hold bi weekly supervision meetings with the PIC

Since the last in section the following a s taken place:
Medication Audits

Training Audit:
Staff Files have been reviewed

It is planned to carry out further audits in relation to:
Care Plans
Food Hygiene Practice
Infection Control
Review of Risk Register

Proposed Timescale: 30/04/2016

Theme: Leadership, Governance and Management

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

There was an absence of management systems in place to ensure the service was safe and effective.

29. 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:

Following the decommissioning of a number of houses in the Midlands a number of staff will be transferred to the Centre This will then provide for the PIC to be allocated dedicated time to the role.

A new governance structure is in place with provides for safe delivery of service. All staff are aware of this. Attached separately.

Since the 20th November the ADON will hold bi weekly supervision meetings with the PIC

Proposed Timescale: 30/04/2016

Theme: Leadership, Governance and Management

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

There was no review of the quality and safety of care within the designated centre.

30. 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:

Schedule of training and audit is being drawn up for the centre which will include an audit of care provided in 2015.

Proposed Timescale: 30/04/2016

Theme: Leadership, Governance and Management

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

No annual review of the quality and safety of care had been completed.

31. 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 Regional Director of Nursing will ensure that 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. Data collection and audits to inform this review has commenced.

Proposed Timescale: 31/07/2016

Theme: Leadership, Governance and Management

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

There was no unannounced inspection conducted in the designated centre.

32. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

An unannounced visit was carried to the designated centre to carry out an audit on the safety and quality of care. A plan will be put in place to address any deficits identified.

Proposed Timescale: 20/01/2016

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 designated centre had insufficient resources to ensure that the service was safe and effective.

33. 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 PIC has been ensuring that a permanent member of HSE staff is on all rosters
- One member from an agency has availed of the opportunity to be part of a line on the roster
- Following the decommissioning of a number of houses in the Midlands a number of staff will be transferred to the Centre

Proposed Timescale: 30/04/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

There was insufficient staff employed in the designated centre.

34. 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:

- A assessment of the dependency levels of each resident is being carried out using a recognised evidenced base assessment tool which will calculate the dependency level of each resident and determine the skill mix of staff required to meet the needs of the residents.
 - Arrangements have been made to roll out 8 modules FETAC training for staff working in the ID Residential Houses. These 3 staff will commence training in 19th January
- Proposed Timescale:
- For skill mix review 30th January.
 - For completion of training 30th December 2016

Proposed Timescale: 30/12/2016

Theme: Responsive Workforce

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

There was an absence of staff supervision.

35. Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

Supervision of the PIC has commenced by the ADON and subsequent training will be provided for the PIC to roll out a supervision programme for staff

Proposed Timescale: 28/02/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

A review was required of the policies as required by Schedule 5 to ensure that they were present and reflective of the designated centre.

36. 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:

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 have been adopted and are being implemented

This includes documentation signed by staff in relation to each policy

Proposed Timescale: 13/01/2016

Theme: Use of Information

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

Staff records were incomplete.

37. Action Required:

Under Regulation 21 (1) (a) you are required to: Maintain, and make available for inspection by the chief inspector, records of the information and documents in relation to staff specified in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

A full review of all staff files is being carried out to identify outstanding requirements. Staff will be advised of these individually in writing and given a specific time frame in which to address any deficit found.

Proposed Timescale: 30/01/2016

Theme: Use of Information

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

Inaccuracies were identified in the records as required by Schedule 3 of the regulations.

38. 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:

Inaccuracies identified in the records as required by Schedule 3 of the regulations have been put in place.

Proposed Timescale: 30/09/2015

Theme: Use of Information

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

The records maintained in respect of residents' nutritional intake were inadequate.

39. Action Required:

Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

Records maintained in respect of residents' nutritional intake are now documented in line with requirements in Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Proposed Timescale: 30/10/2015