

**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 Co Wexford Community Workshop (Enniscorthy) Limited
Centre ID:	OSV-0002125
Centre county:	Wexford
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Co Wexford Community Workshop (Enniscorthy) Limited
Provider Nominee:	Trevor N Jacob
Lead inspector:	Ann-Marie O'Neill
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	2

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:
17 February 2016 10:20	17 February 2016 19:00
18 February 2016 09:50	18 February 2016 16:00

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

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

Summary of findings from this inspection

This was a registration inspection of a respite centre that comes under the auspice of the County Wexford Community Workshop Enniscorthy Limited (CWCW) (E) residential Services. CWCW provides a range of day, residential, and respite services in Enniscorthy for people with disabilities. It is a not for profit organisation, run by a board of directors and delivers services as part of a service agreement with the Health Service Executive (HSE). This centre provided respite services for up to 74 residents, with capacity to accommodate five residents at any one time.

As part of the inspection, the inspector met with residents, the person in charge, the nominated provider, the CWCW manager, the human resources manager and staff members. Throughout, the inspector observed practices and reviewed documentation which included residents' records, policies and procedures, accidents and incidents, complaints, personal plans and staff files.

The person in charge worked full time and was responsible for a number of designated centres which were in relative close proximity to each other. She was involved in the day-to-day running of the centre and had recently been appointed to the position of person in charge three weeks previous to the inspection. A team leader had also been appointed to the centre in late 2015.

The inspector observed evidence of good practice during the inspection and feedback questionnaires from residents and their representatives indicated they were satisfied with the standard of support and care they received during their stays.

However, personal plans reviewed by the inspector were found to lack adequate person centred planning information for residents, up to date social care assessments and support plans. While there was some evidence of allied health professional recommendations to support residents they were not available in some instances, such as specific modified consistency meal recommendations for residents at risk of choking.

Some personal risks for residents had not been adequately assessed or updated. This led to an absence of supportive plans in place for residents during their stay. For example, where residents used bed rails there had been an inadequate assessment of the practice to ensure it was the least restrictive and all risks associated with their use adequately mitigated when residents used them.

Unannounced audits had been carried out by senior CWCW management. However, they did not adequately review the care and welfare systems in place in the centre. A number of non compliances found during the inspection which could have been picked up by more in depth auditing of the centre prior to the inspection.

11 Outcomes were found to be compliant or substantially compliant. Seven Outcomes were found to be moderately non compliant. These included: Outcome 2: Communication, Outcome 4: Admissions and Contract for the Provision of Services, Outcome 5: Social Care Needs, Outcome 7: Health & Safety & Risk Management, Outcome 8: Safeguarding & Safety, Outcome 11: Healthcare Needs, Outcome 14: Governance & Management.

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

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

Residents' rights, dignity and privacy were supported by policies, procedures and practices in the centre. Residents had access to advocacy services and regular consultation about the service they received. A complaints procedure was in place also, which had been adapted into an easy read version for residents.

However, while money management procedures in the centre were robust in the main, some localised procedures did not adequately provide for residents to have access to their finances at all times.

The inspector observed staff interaction with residents noting that staff promoted residents dignity while also being respectful when providing assistance. Residents spoken with were complementary of staff working in the centre and feedback questionnaires received by the Authority completed by residents and their representatives was also positive.

Residents were consulted about how the centre was planned and run with regular house meetings taking place. An easy read 'consultation with residents and feedback' template was in use in the centre which promoted residents' participation in giving feedback and opinions about how the service was operated.

In CWCW day centre, where many residents attended, there was an advocacy group. This provided a forum for residents to air their views about how services are delivered to them and to advocate both for individuals and groups of individuals about the services they receive. An independent advocate was also available if required by residents.

A resident living in the centre for an short term period, until a more suitable long term living arrangement was available to them, had been supported by the service to find an advocate. The inspector received confirmation, from the person in charge subsequent to the inspection, that the resident had met their new advocate who would support them during their transition process to a new living arrangement.

There were comprehensive systems in place to ensure residents' personal finances were well managed and safe during their stay in respite. Receipts and financial logs were maintained for purchases made by residents that required specific financial management supports during their stay. While these procedures were robust there were some localised practices that did not ensure residents had accessibility to their finances at all times.

In some instances nominal amounts of money were stored securely in the centre for a small number of residents. However, this arrangement meant those residents did not have access to that money until their next respite stay. While this was a localised arrangement, agreed with some residents' families, it did not ensure residents had access to their finances at all times.

The complaints process, policies and procedures were available in the centre and had been modified into an easy read format to ensure residents were fully informed and could use the processes. Details of how to make a complaint was displayed in a prominent position in the house with a photograph of the person in charge displayed as a person nominated to manage complaints within the centre. The provider was indicated as the complaints officer, or second nominated person as per the regulations, with responsibility to oversee the management of complaints and deal with any complaints that could not be addressed at a local level or if residents were unsatisfied with how their complaint had been managed.

A complaints/compliments folder was maintained in the centre. There were a very low number of logged complaints in the folder. The inspector reviewed a complaint had been managed in line with the policies and procedures for the centre. There had been adequate consultation with the resident's family and follow up from the person in charge at the time.

However, there were some adjustments required to the centre specific complaints procedure to ensure it met with the regulations. The appeals process for residents was not entirely clear and had indicated that residents could contact the Authority if they had a complaint which was incorrect as the Authority do not deal directly with complaints. The team leader for the centre made some adjustments to the procedure before the close of the inspection and the inspector found the procedure met the regulations after changes had been made.

Judgment:
Substantially Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

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

Findings:

Residents' communication needs and supports were met in some parts however, there were inadequate systems in place to ensure residents' individual communication needs had been identified.

The team leader of the centre had implemented a number of initiatives to improve communication systems for residents in the centre ensuring accessibility of information in easy read/picture formats. They had drafted easy read versions of the complaints procedure, residents' guide, safeguarding and bullying prevention information for residents.

While this was a determined drive towards information accessibility for residents, there were inadequate systems in place to ensure residents' individual communication needs had been identified.

For example, in one instance where a resident's communication style had been documented the personal plans mentioned the resident used gestures but, did not set out what the gestures looked like or give a description of them. The communication plan documented, 'people who know me well understand my gestures'. This was not an adequate communication passport for the resident. On occasion agency staff, who would not know the resident well, also worked in the centre.

Judgment:

Non Compliant - Moderate

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

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

Theme:

Individualised Supports and Care

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

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

Findings:

The centre promoted and supported positive relationships between residents and their family members. Family members and friends were encouraged to visit the centre if they wished.

A resident, who was living in the centre as an interim measure until they found a more permanent living arrangement, had received visits from their family and had regular communications with them as per their wishes. All residents could receive visitors in private during their stay; the centre had adequate facilities for this arrangement.

Families were kept informed of residents overall wellbeing during their stay in respite and promptly informed if any issues arose during their stay. Questionnaire response feedback received prior to the registration inspection indicated residents' families/representatives had positive things to say about the service their child/sibling received. Changes to residents' care planning or respite stay arrangements were discussed with residents families/representatives as they arose.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

There were inadequate arrangements in place to ensure residents were provided with written agreements which dealt with their support, care and welfare while staying in the designated centre and include details of the services to be provided for that resident.

The providers did not accept emergency admissions and all referrals for admissions are made through the HSE which were in turn assessed by the senior management team.

While written contracts of care had been drafted setting out the fees, terms and conditions for residents' stay in the centre, they had not been issued to residents and/or their representatives to agree and sign.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

While each resident had a personal plan, which included an assessment of needs they were not adequate to meet the needs for residents who were using the centre as a respite service. From the sample reviewed they did not set out enough information which would guide staff practice and support residents during their stay in the centre.

Each resident had a personal plan which included an assessment of need based on an evidence based assessment model of activities of daily living. While an assessment had been carried out, in some instances associated support plans were not adequate or in place for needs identified. For example, some residents that displayed behaviours that challenge did not have behaviour support plans in place to guide staff in how to support or manage them. In another instance a support plan to guide staff in the specific dietary management requirements for a resident was not in place.

Assessments did not identify, in enough detail, residents' personal preferences, opinions, wishes or personality. Therefore, the plans could not adequately support a resident to have a meaningful, enriched experience during their respite stay. Staff working in the centre knew the residents well and had extensive knowledge of residents' personalities and preferences. However, personal plans did not reflect this. Agency staff also worked in the centre from time to time who would not know the residents as well as regular staff. Personal plans did not set out enough information to ensure residents' needs could be met in relation to their choices, communications or preferences should a new or unfamiliar staff member be required to support them.

Residents' personal plans were not in an accessible format for residents. Personal plans were maintained in a written format and stored in the staff office. No personal plan had been adapted into a format which would provide residents with a copy of their own personal plan which they could refer to if they wished.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The centre was a suitable and safe premises for residents and in the most part met the matters as set out in the statement of purpose for the centre, which was to provide respite accommodation for five residents at any time. However, the centre, in some parts, appeared impersonal and functional rather than homely and comfortable.

The centre comprised of a six -bedroom, community-based house situated in the outskirts of Enniscorthy town. One bedroom was allocated for staff sleep over arrangements.

The communal accommodation of the centre included a sitting room, a separate kitchen/dining area with an adjoining conservatory which overlooked a large private back garden. The spacious gardens to the rear of the property were well maintained and the centre offered adequate parking spaces and accessible access for residents and visitors at the front.

Each resident was provided with a large single bedroom during their stay in respite. Two bedrooms had been adapted in order to meet the needs of residents who would require specific supports for physical disabilities and manual handling purposes. Overhead tracking hoists had been fitted and each adapted style bedroom provided residents with a very large shower/wet room ensuite.

The centre was found to be clean and well maintained. Laundry facilities were provided within the premises also. Maintenance records were available for equipment used in the centre, for example, high low beds used in the centre had been serviced and overhead tracking hoists also.

While the centre was a suitable premises for the provision of respite services it lacked character and personalisation. Bedrooms, while clean, spacious and functional, were not decorated in such a way which presented as a home from home for residents during their stay. All beds in bedrooms of the centre, apart from the staff bedroom, were high-low metal frame beds which were suitable for manual handling purposes and suited the requirements of some residents that used the service. However, not all residents that used the centre needed such assistive equipment and the use of such beds in all bedrooms further contributed to lack of character and home like quality of the centre.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The health and safety of services users, visitors and staff was adequately provided for in the centre. However, some personal safety risks for residents had not been adequately risk assessed. Fire drills were documented but had not been reviewed or audited after each drill. There were also some issues with the containment of fire systems in the centre that needed to be addressed.

Fire extinguishers had last been serviced 16 February 2016. Throughout the inspection observed there were fire doors in place for each bedroom and the centre was compartmentalised into zones to prevent the spread of fire and smoke. The fire alarm system had received an annual service. Displayed fire evacuation procedures were specific to the centre. However, there were no intumescent strips or smoke seals on any doors in the centre which would provide smoke and fire containment systems.

Carbon monoxide monitors were used in the centre. The centre had an open fire and the chimney had been swept regularly.

There was an up to date record of fire drills that had been carried out in the centre. A review of the drills indicated that they had occurred twice in 2015. The most recent drill carried out indicated a full evacuation of residents had taken five minutes whereas other drills with the same number of residents and less staff had taken 30 to 90 seconds to complete.

The team leader and person in charge for the centre outlined to the inspector that the reason the most recent drill had taken five minutes was due to an unfamiliar staff member working in the centre at the time. While the inspector was assured that the management team of the centre had carried out a drill to test systems when an unfamiliar staff member was working in the centre, there was no documented review of the drill and what had or had not worked well.

Fire drills were not reviewed by a designated person for the organisation as a quality assurance method. Therefore, while learning had come from the most recent drill no changes in practice or procedures had occurred as a result.

Each resident had an individualised personal evacuation plan that documented the type of assistance they would need during an evacuation of the centre. Some residents that used the centre required more supports for personal evacuation than others due to their high dependency needs. While personal evacuation plans were in place for all residents some of the more detailed ones for residents with high support needs had not been implemented or trialled to ensure they suitably met the residents' evacuation requirements.

During the inspection, the inspector requested that the person in charge and team leader carry out a documented personal evacuation procedure for a resident who frequently used the service and had identified high support needs. This request was made by the inspector to ensure the prescribed procedure could support the resident adequately during an evacuation and provide learning which could improve the procedure to support the resident. The person in charge and team leader gave a commitment to undertake this directive when the resident used their respite services again.

Infection control measures were sufficient given the purpose and function of the centre. A cleaning rota was in place and the inspector observed a good standard of cleanliness throughout the premises. Electronic hand dryers were used in the centre. Alcohol hand gels were also located at the entrance/exit doors. Colour coded mops and buckets were in use in and designated to clean specific areas to prevent cross infection.

Potential risks and hazards in the centre were documented in a 'risk register'. This identified and documented potential risks. Each risk was graded using a risk potential/severity matrix. Risk control measures were documented against each risk that had been identified.

However, the risk register did not robustly capture the level of personal risks for residents using the centre. From a sample of personal plans reviewed the inspector identified two personal risks for residents that had not been risk assessed or identified on the risk register of the centre. Those personal risks therefore did not have adequate control/risk management strategies in place to safeguard the residents.

One example was a resident's risk of choking. Another risk not identified on the risk register for the centre was the use of bed rails for some residents during their stay. Without the comprehensive identification of risk in the centre some personal risks to residents had not been identified and therefore did not have adequate control measures in place to ensure those residents' safety.

Organisational policies and procedures contained the matters as set out in the regulations relating to self harm, aggression and violence, accidental injury and unexpected absence of a resident. An emergency management policy with procedures was in place also to direct staff in the event of such an event, for example, power outage, flooding.

Judgment:
Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

Measures were in place to safeguard residents and protect them from abuse, however, some improvements were required.

There was a policy and procedures for responding to allegations of abuse and staff spoken with were knowledgeable of the types of abuse and of what to do if they witnessed abuse or received an allegation of abuse. Easy read versions of the organisational safeguarding policy was in place and also information in relation to bullying and advice for residents what to do.

There were no restrictive practices in use in the centre at the time of inspection. However, documentation or systems were not in place which would identify any restrictive practices in place for all 74 residents that used the respite services. Behaviour support plans in place for residents that could display behaviours that challenge during their stay in the centre were inadequate.

Staff working in the centre had received training in the prevention, detection and response to abuse. Refresher training was also available to staff to ensure their skills and knowledge was maintained and up to date. There were no allegations of abuse under investigation at the time of inspection.

There was a policy and procedures in place for the provision of intimate care and residents had individual intimate care plans which identified the supports residents required. However, they did not sufficiently provide for maintaining residents' independence and enhancing self help skills as much as possible.

Staff working in the centre had received training in the management of behaviours that challenge and de-escalation techniques. A member of staff within the organisation was a qualified instructor in this remit and this resource had ensured all staff had received up to date training.

Residents requiring behaviour supports did not have their needs adequately identified in their personal plans. There was not enough detail in personal plans to identify situations which may raise a resident's anxiety or stress or offer guidance for staff of what to do to

mitigate and/or manage instances of behaviours that challenge.

The inspector did note that staff working in the centre knew residents very well and had a comprehensive understanding of how to support residents during difficult situations such as incidents of behaviours that challenge. However, this knowledge was not reflected in any meaningful way in a behaviour support plan. Agency staff sometimes worked in the centre and therefore would not be aware of residents' positive behaviour support requirements and would rely on detailed support plans for guidance.

A restraint free environment was promoted by the organisation and the inspector found in the most part this was in place in the centre. However, there was no restraint register in place which identified the number of restraints that were in place for all 74 residents that used the service. There were some instances where residents did require some restrictive practices in place, albeit for enabling purposes.

Bed rails were used for some residents that used the service. However, they had not been identified as a restrictive measure and therefore did not have an associated restraint risk assessment in place to ensure risks associated with their use had been identified, such as risk of entrapment or suffocation. The inspector also noted that cushions were used to pad the sides of bed rails for a resident when they used them. This was to prevent them hitting off the frame and causing an injury however, this was not in line with best practice guidelines for the use of bedrails and could pose as a risk for suffocation.

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):

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

Findings:

A record of all incidents occurring in the designated centre was maintained and where required notified to the Authority.

However, bedrails which would constitute as a form of restraint which were sometimes used in the centre, had not been notified in quarterly notifications.

Judgment:

Substantially Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

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

Findings:

All residents were engaged in social activities which were both internal and external to the centre. Staff working in day activity services supported residents to participate in activities during the day time, while residential staff supported evening activities.

Some examples of activities residents participated in during their stay were going to the cinema, out for dinner or coffee, bus trips and excursions and attending local events. During the course of the inspection the inspector observed residents go out for dinner in the evening with adequate staffing resources to ensure their needs were met.

The location of the centre was in a prime location for residents to easily access the local town of Enniscorthy.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

Residents healthcare needs were supported during their stay in the centre in the most part. Residents' health care plans required more documentation/recommendations by allied health professionals to guide practice in some instances.

The centre was a respite service and so residents accessed their general practitioner and other allied health professionals predominantly through the support of their families, independently or with the support of their representatives. Health care supports for

residents were then supported during their stay in respite in line with their usual provisions when they were at home, for example.

The inspector reviewed a sample of healthcare plans for residents that used the centre for respite services. Some residents presented with specific high support needs and during their stay a nurse was allocated on duty to ensure their medical supports were managed appropriately.

While healthcare supports were in place, the inspector identified a practice which was not based on advice from an allied healthcare professional, to guide consistent care for the resident. For example, in a resident's health care assessment regarding eating and drinking, they were described as requiring their food chopped. However, this was a recommendation from the resident's parents and was not substantiated in the plan with a recommendation by a speech and language therapist/dietician to guide best practice guidance for the staff.

Residents were facilitated to have their meals in the dining room or go out for meals if they wished. Residents had access to fresh drinking water at all times and other drink options were available also. Presses and cupboards were stocked with dry goods and condiments for making home meals. There were adequate frozen and fresh food storage options in the centre also.

Colour coded chopping boards were used in the preparation of meals to prevent cross contamination of foods for food safety purposes.

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):

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

Findings:

There were safe medication management practices in place at the time of inspection in the most part.

Written operational policies were in place to guide staff practice in relation to the ordering, prescribing, storing and administration of medicines to the resident. These policies were up to date and comprehensive.

Each resident's medication was stored safely during their stay in respite.

Residents brought their medication to the centre from home. There had been a few occasions where some residents' medications had not all come in from home. This had been identified by staff on their admission to the centre and a medication error incident had been completed to document this omission.

To address this staff completed a log of medication that arrived with residents and went home with them. This was to ensure medications entering the centre were monitored closely and accounted for. It ensured residents' had the correct medications with them during their stay and also gave staff the opportunity to contact the resident's parents, for example, and ask for any identified omitted medication to be brought to the centre.

There were also appropriate procedures for handling and disposing of unused and out-of-date medicines.

At the time of inspection some residents staying were not prescribed medication. Those that did require medication had associated medication administration charts in place. Staff who administered medication had received training in the safe administration of medication. Not all staff working in the centre had received training in this area and therefore were not permitted by the organisation's policy to administer medication or emergency management of seizures medication.

Medication administration charts were clearly documented with residents' names and dates of birth, for example, to reduce the risk of medication administration errors. However, from the small sample reviewed by the inspector, administration charts did not have a photographic identification of the resident by which the person administering medication could clearly, visually identify them.

At the time of this inspection there were no residents prescribed medication requiring strict controls.

Judgment:
Substantially Compliant

Outcome 13: Statement of Purpose

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

Theme:
Leadership, Governance and Management

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

Findings:

A written statement of purpose was available and although it contained most of the matters as set out in Schedule 1 of the regulations it required improvements.

The statement of purpose did not outline clearly:

The criteria for admissions to the centre.

Narrative description of the size of rooms in the centre.

The centre specific complaints procedure.

Adequate information regarding fire containment, evacuation and management procedures for the centre.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

As mentioned in the summary of this report the centre was part of County Wexford Community Workshop which is a not for profit organisation run by a board of directors and delivers services as part of a service agreement with the HSE to people with disabilities.

The board of directors meet on a monthly basis and the inspector reviewed comprehensive minutes of these meetings. The senior management team which deals with the daily operations comprises of the Chief Executive Officer (CEO), manager of day and residential services, human resources manager, management accountant, and a group commercial manager. There are a number of team leaders who are responsible for various areas of the service. The team leaders in the residential services report to the person in charge for the specific centres.

The person in charge for the centre had commenced in the post three weeks prior to the inspection. She had been allocated in the post full-time and had responsibility for a number of other residential designated centres.

The person in charge was a qualified nurse working the role of manager within the organisation since August 2014. She also had experience of working in the area of gerontology both in Ireland and overseas. The inspector formed the opinion that she had the required experience and knowledge to ensure the effective care and welfare of residents in the centre. Based on interactions with her during the inspection, the inspector was satisfied that she demonstrated a good knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

The person in charge was not specifically based in the centre. She divided her time between the designated centres she was responsible for over her working week. The provider had nominated a team leader who worked in a direct supervision and management role within the centre in the Person in Charge's absence.

Residents were familiar with the person in charge and team leader for the centre and approached to chat to them during the inspection. Staff who spoke to the inspector were clear about whom to report to within the organisational line and of the management structures in the centre.

The senior management team for the organisation were involved in an audit of the services. A senior CWCW manager had carried out two unannounced visits of the centre in line with the matters as set out in regulation 23.

However, the visits had not been formulated into a report on the care and welfare of residents and but rather an overall report on concerns and issues with regards to inadequate nursing resources, for example. This meant there were no actions for the person in charge to address with regard to the direct quality of service residents were receiving in the centre. The audits did not review, in a comprehensive manner, how the services was meeting its regulatory responsibilities to residents or achieving the standards as set out by the Authority. The inspector identified a number of non compliances during the inspection that could have been identified through the unannounced audits of the centre had they focused more on the direct care provision to residents.

While an annual review had been completed at the time of the inspection, it had only been informed by the unannounced audits completed over the year. Therefore, it did not set out adequately a comprehensive review of the quality and safety of care and support for residents using the designated centre.

Judgment:
Non Compliant - Moderate

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The provider was aware of their responsibility to notify the Authority of the absence of the person in charge.

There had been a vacancy for the person in charge post of the centre in the months previous to the inspection. The provider had ensured there was a person acting in a management capacity of the centre while they were in the process of appointing a new person in charge.

Judgment:

Compliant

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

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

Findings:

The centre was adequately resourced to meet the needs of residents during their stay in respite. The provider had ensured a nurse was employed on duty to support residents with high support needs during their stay.

However, in recent times the provider had found providing nursing care from within the organisation difficult and had undertaken a number of recruitment drives to employ more nursing staff. In the meantime agency nurses were employed to provide nursing care to residents that required it, during their respite stay.

At the time of inspection the provider was reviewing their options with regards to the resources they had within the organisation and how they could best utilise their current workforce to their maximum potential. Discussions regarding this were evidenced in Board of Management meetings the provider nominee had attended.

Judgment:
Compliant

Outcome 17: Workforce

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

Theme:
Responsive Workforce

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

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

Findings:

The numbers and skill mix of staff working in the centre met the needs of residents during their stay. Not all care staff working in the centre had received training in skills which could enhance the health care supports they could provide to residents. Some staff files reviewed did not meet the matters as set out Schedule 2 of the regulations.

The centre generally had two members of staff on duty during daytime hours. During night hours, there was usually a waking staff member, usually a nurse as per the health care needs of some residents staying at any given time. There was a planned and actual staff rota in place. Accommodations were made to the duty roster to meet the specific needs of residents during their stay.

Staff were observed to interact with residents in a respectful and dignified manner. Staff who spoken with very knowledgeable about residents that attended the centre and knew their likes and dislikes, personality and health care needs well. Many staff had worked in the centre for a number of years and had built up a wealth of knowledge about residents and had established rapports with them.

The inspector reviewed a sample of staff files and noted that overall they met the requirements of Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

From the sample of files reviewed professional staff had up-to-date registration with the relevant professional body. The inspector spoke with the human resources manager and was satisfied that recruitment and vetting of staff was sufficiently robust to ensure the safety of residents. There were currently no volunteers associated with the centre. However, there were some unaccounted for gaps in the employment history documented in staff files. This did not meet the matters as set out in Schedule 2 of the regulations.

There were regular staff meetings, both for staff within the centre and for the person in charge who attended team leader meetings with other persons in charge in the employment of the provider. The team leader for the centre had regular contact and supervision by the person in charge and they regularly discussed and planned staffing rosters and other items pertinent to the residents staying in the centre at any given time.

Staff training records indicated staff had received mandatory training in fire safety, manual handling and safeguarding of vulnerable adults. Amongst the additional training available for staff were management of behaviours that challenge and de-escalation/low arousal techniques, food hygiene and safe administration of medication.

All care staff working in the centre had Bachelor of Arts/Science degrees in Social Care and were suitably qualified to work in the centre. However, they had not received training specific to manage certain health care needs for residents, such as safe administration of medication, Percutaneous endoscopic gastrostomy (PEG) management, administration of emergency medication for the management of epilepsy, modified diets and management of dysphagia.

Care staff were not engaged in these practices unless they had received specific training. The provider ensured a nurse was on duty to manage such healthcare needs. However, in some instances the nurse on duty was an agency nurse and not as familiar with the residents as the care staff working in the centre.

With the reduced nursing resources in the organisation the provider needed to ensure care staff in the centre had the necessary skills to manage all aspects of residents' needs during their stay.

Judgment:
Substantially Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

Records and documentation were appropriately managed and easily retrievable within the centre. However, there was some improvement required in terms of policies for the centre.

The centre had a folder which contained all of the policies required by Schedule 5 of the Regulations. Some of these policies were in draft format. There was no policy on communication with residents. The statement of purpose for the centre also did not set out that these policies are in place.

There was a residents' guide available in the centre. Staff who spoke to inspectors demonstrated knowledge of the policies and procedures that were in place. The centre had a directory of residents also.

Insurance for the centre was up to date and available for review.

Judgment:

Substantially Compliant

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:

Ann-Marie O'Neill
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 Co Wexford Community Workshop (Enniscorthy) Limited
Centre ID:	OSV-0002125
Date of Inspection:	17 February 2016
Date of response:	11 April 2016

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

While money management procedures in the centre were robust in the main, some localised procedures did not adequately provide for residents to have access to their finances at all times.

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 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

Our Finance Policy has been revised to reflect this change. It has been discussed at PCP review meetings and families are aware of this change. Our monthly finances audit will pick it up immediately.

Proposed Timescale: 29/04/2016

Outcome 02: Communication

Theme: Individualised Supports and Care

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

Residents' communication needs and supports were met in some parts, however, there were inadequate systems in place to ensure residents' individual communication needs had been identified.

2. Action Required:

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

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

Through the PCP process, individual's assessment of needs will be identified and a Communication Passport developed. We propose to prioritise the regular residents (approx. 10 individuals)

Proposed Timescale: 31.08.2016 Priority / 28.02.2017 All other residents

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:

While written contracts of care had been drafted setting out the fees, terms and conditions for residents' stay in the centre, they had not been issued to residents and/or their representatives to agree and sign.

At the time of inspection a resident was living in the centre while awaiting a transition to a more appropriate living arrangement. This resident had not been issued a written contract of care setting out the arrangements or details of the services that would be provided to them during their stay.

3. 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:

When individuals are being invited to Respite we will be asking them to sign the Contract of Care prior to their stay.

Proposed Timescale: 31.08.2016 Priority / 28.02.2017 All other residents

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:

While an assessment had been carried out, in some instances associated support plans were not adequate or in place for needs identified.

4. Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

The assessment tool being used is the Supports Intensity Scale. It is being completed with key-workers from day and residential, team leaders for day and residential, the residents, their family and multi-disciplinary team (HSE).

The assessment covers home living activities, community living activities, employment opportunities, health and safety activities, social activities, protection and advocacy, medical/nutrition needs, behaviour support needs.

This information will be included in the PCP process. It will highlight the supports needed for each individual attending respite.

We will also identify goals and aspirations in the PCP and identify what supports are needed to achieve these goals.

The core 10 individuals (priority group) PCP review meetings have been scheduled for May/June 2016.

All other individuals attending respite will have an annual PCP review before the end of year 2016.

Proposed Timescale: 01.07.2016 Priority / 31.12.2016 All other residents

Theme: Effective Services

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

Assessments did not identify, in enough detail, residents' personal preferences, opinions, wishes or personality. Therefore, the plans could not adequately support a resident to have a meaningful, enriched experience during their respite stay

5. Action Required:

Under Regulation 5 (4) (c) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which is developed through a person centred approach with the maximum participation of each resident, in accordance with the resident's wishes, age and the nature of his or her disability.

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

The residential template is focused on personal outcome measures. It is a holistic approach identifying physical and emotional health needs, behaviour support needs, communication needs, end of life care, religious considerations, goals, aspirations and achievements to date, as well as what supports are needed for the individual to live the life of their choosing.

Proposed Timescale: 01.07.2016 Priority / 31.12.2016 All other residents

Theme: Effective Services

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

Residents' personal plans were also not in an accessible format which would indicate they had been included in their development or review. Personal plans were maintained in a written format and stored in the staff office.

6. Action Required:

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

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

This will vary on residents depending on their needs. It may be easy read, audio, picture exchange depending on the specific needs of the individual.

Proposed Timescale: 01.07.2016 Priority / 31.12.2016 All other residents

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

While the premises met the needs of residents in relation to accessibility and space it did not present as a homely environment.

7. Action Required:

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

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

Regular respite attendees will be asked to suggest colours and then it will be put to a vote. Internally the corridors and bedrooms will be painted. Externally will be painted by the end of the year, if budget allows.

The PIC will complete Risk Assessments on the need for high low beds. We will continue to use the high low beds due to the changing needs and the variety of individuals attending respite.

Proposed Timescale: Internal 31.08.2016 / External 31.12.2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The risk register did not robustly capture the level of personal risks for residents using the centre

8. 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:

Priority residents personal risk assessments have been completed. The centres risk register have been updated to reflect the current risks.

Proposed Timescale: Priority residents completed / 31.12.2016 All other residents

Theme: Effective Services

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

Fire drills were not reviewed by a designated person for the organisation as a quality assurance method. Therefore, while learning had come from the most recent drill no changes in practice or procedures had occurred as a result.

9. Action Required:

Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

Fire drills will be reviewed by the HR Manager (who is also the Health and Safety Coordinator) as soon as they are brought to his attention with feedback being given to the team leader via email. The team leader will update the staff in the unit. Where the HR Manager has serious concerns these will be brought to the attention of the PIC and Provider (who is also the Health & Safety Manager).

Proposed Timescale: 11/05/2016

Theme: Effective Services

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

There were no intumescent strips or smoke seal on any doors centre which would provide adequate smoke and fire containment systems.

10. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

The house has a valid fire safety cert. Quotations for intumescent strips/smoke seal have been received and contractor has been booked. Contractor will carry out task during periodic period prioritising highest risk areas.

Proposed Timescale: 30/06/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Residents requiring behaviour supports did not have their needs adequately identified in their personal plans. There was not enough detail in personal plans to identify situations which may raise a resident's anxiety or stress or offer guidance on managing instances of behaviours that challenge.

11. Action Required:

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

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

We will work with our CPI Mapa Instructor / Multi Disciplinary Team when devising behaviour support plans to ensure that residents needs are adequately identified in the PCP and robust behaviour support plans are comprehensive and offer guidance to staff on managing behaviours that challenge with regular reviews.

Proposed Timescale: Priority residents completed / 31.12.2016 All other residents

Theme: Safe Services

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

Systems were not in place which would identify any restrictive practices in place for all 74 residents that used the respite services.

Bed rails were used for some residents that used the service. However, they had not been identified as a restrictive measure and therefore did not have an associated restraint risk assessment in place to ensure risks associated with their use had been identified, such as risk of entrapment or suffocation.

12. 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 carried out a bed rail risk assessment and sourced bumpers to reduce the residents risk of entrapment and suffocation.

The PIC will ensure that bed rails are correctly fitted to the bed when identified as a requirement for the resident and that staff are competent in using bed rails. Documentation also includes recording of 30 minute checks when bed rails are used as well as the time on and off.

A restraint register has been set up which will inform of all restraints and enablers in practice in the centre.

All staff have been made aware of what constitutes restrictive practice and the relevant procedures to be followed.

Proposed Timescale: 11/05/2016

Theme: Safe Services

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

Residents had individual intimate care plans which identified the supports residents required. However, they lacked a focus on maintaining residents' independence and enhancing self help skills as much as possible.

13. Action Required:

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

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

Resident's key-workers have drafted intimate care plans with a focus on maintaining residents independence and self help skills in consultation with the residents and relevant carer/advocate from home, if necessary, with regular reviews. All staff supporting residents with intimate care are required to first read the intimate care support plan.

Proposed Timescale: Priority residents completed / 31.12.2016 All other residents

Outcome 09: Notification of Incidents

Theme: Safe Services

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

Bedrails which would constitute as a form of restraint which were sometimes used in the centre, had not been notified in quarterly notifications.

14. Action Required:

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

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

All episodes of restraint will be documented in a restraint register; this will be reviewed by the PIC prior to the submission of notifications to HIQA.

Proposed Timescale: 11/05/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

While healthcare supports were in place some recommendations were not based on evidence based practice.

15. Action Required:

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

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

A PCP review meeting was held on 27.04.2016 with relevant professionals and family input.

We have requested a SALT review and FED care plan. GP has sent in referral, risk assessment is in place for the resident requiring a FED care plan.

The PIC and Team Leader are involved in PCP reviews and are ensuring that the Allied Health professionals are involved where necessary. Any recommendations made by Allied Health professionals are discussed with staff and guidance is given to ensure they are competent in following the recommendations.

Proposed Timescale: 11/05/2016

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:

From the small sample reviewed by the inspector, administration charts did not have a photographic identification of the resident by which the person administering medication could clearly, visually identify them.

16. 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:

Each individual will have photographic identification on their Kardex and MARS sheet prior to their Respite stay.

Proposed Timescale: 31.08.2016 Priority / 28.02.2017 All other residents

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 outline clearly:

The criteria for admissions to the centre.

The centre specific complaints procedure.

Fire containment, evacuation and management procedures for the centre.

17. 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 following will be included in the Statement of Purpose;

Criteria for admission to Respite; Respite specific Complaints procedure; Fire containment, evacuation and management procedures for Respite

Proposed Timescale: 30/04/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The unannounced visits did not review in a comprehensive manner how the services was meeting its regulatory requirements or achieving the standards.

18. 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:

Audit process of Announced and Unannounced visits has been reviewed to include inspection of the National Standards as follows;

1st quarter – auditing Themes 1 + 2

2nd quarter – auditing Themes 3 + 4 – 6 monthly Report (1)

3rd quarter – auditing Themes 5 + 6

4th quarter – auditing Themes 7 + 8 + All Findings – 6 monthly Report (2)

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:

While an annual review had been completed at the time of the inspection, it had only been informed by the unannounced audits completed over the year. Therefore, it did not set out adequately a comprehensive review of the quality and safety of care and support for residents using the designated centre.

19. 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:

On completion of the 2 x 6 monthly Reports based on the Announced and Unannounced Audits an Annual Review will be prepared.

Proposed Timescale: 30/11/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

There were some unaccounted for gaps in the employment history documented in some staff files. This did not meet the matters as set out in Schedule 2 of the regulations.

20. Action Required:

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

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

Written clarification from staff to be obtained and placed in their personnel files. All personnel files will be reviewed by 10 June 2016 with staff written to and written explanations requested. All files to be updated with gaps by 15 July 2016.

Proposed Timescale: 15/07/2016

Theme: Responsive Workforce

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

With the reduced nursing resources in the organisation the provider needed to ensure care staff in the centre had the necessary skills to manage residents' needs.

21. Action Required:

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

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

There is a 2016 Training Plan in place by additional training required due to reduced nursing cover will be identified.

Proposed Timescale: 30/11/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

There was no policy on communication with residents available for review at the time of the inspection.

22. 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:

Policy on Communication with Residents will be developed

Policy will be in place in August 2016 to allow for creation, input from and consultation with staff and management and approval by board. This will involve input from the HSE and information from other agencies.

Proposed Timescale: 31/08/2016