Health Information and Quality Authority
Regulation Directorate

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

Centre name:	Cuan Aoibheann
Centre ID:	OSV-0002562
Centre county:	Dublin 20
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Deirdre Murphy
Lead inspector:	Jillian Connolly
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	11
Number of vacancies on the date of inspection:	5

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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
13 December 2016 10:00	13 December 2016 18:00

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

Outcome
Outcome 01: Residents Rights, Dignity and Consultation
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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:
This was the third inspection of the centre. This monitoring inspection was carried out to monitor compliance with specific Outcomes. As part of the inspection, inspectors reviewed the actions the provider had undertaken since the previous inspection.

How we gathered our evidence:
As part of this inspection, inspectors spoke with seven residents. Inspectors also met with staff, family members, observed practices and reviewed documentation such as residents' personal plans, health and safety documentation and audits. Residents, management and staff facilitated the inspection.

Description of the service:
The designated centre consists of one unit located in a campus setting in Co. Dublin. Services were provided to male and female residents over the age of 18. The centre is operated by the Health Service Executive.

Overall findings:

Residents expressed satisfaction with the service received and how they were supported to live their lives. Residents were very positive regarding the staff supporting them and stated that they felt safe. Family members stated that they felt that their loved ones were well cared for. Notwithstanding this positive feedback, due to the premises of the centre, the provider had recognized that the centre was not appropriate as a centre for persons with disabilities and therefore were in the process of ceasing the operation of the centre. However as of the day of inspection there was no clear time frame available.

In the interim, significant improvements were required in the day to day practices of the centre to ensure that residents were supported to live active lives and that residents had control over how and where they spent their time. Medication management practices in the centre were also not safe and improvements were required to ensure that the healthcare needs of residents were met. The inspector also found that the risk management systems were not implemented effectively.

Within this report, the inspection findings are presented under the relevant outcome. The action plan at the end of the report sets out the failings identified during the inspection and the actions required by the provider to comply with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

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

Theme:
Individualised Supports and Care

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

Findings:
The inspector did not review all aspects of this outcome however did identify practices during the inspection which did not promote the privacy or autonomy of residents.

Each of the residents had their own bedroom which facilitated their privacy. An action arising from the previous inspection was that locks had been added to the storage in bedrooms to secure residents' belongings. However due to the layout of the centre, there were multiple access points to the building. The inspector observed staff who were not employed directly in the centre to access the building without the knowledge of residents and staff. At times this access was via bedroom corridors. Following the inspection, the provider submitted a risk assessment to HIQA which outlined the measures that would be taken to address this.

Residents' finances were managed through a Patient Private Property Account operated by the Health Service Executive. The inspector was informed that staff collected a specific amount of money from a central office on a weekly basis. However the inspector found that this did not promote residents' maintaining control over their own finances. For example, a goal identified was to access a hairdresser in the community. However it was documented as unachievable as it was too expensive. Residents and staff were not clear of how much money residents had and stated if they needed more money they would request this and see if it was achievable.

Some residents were supported to attend an external day service. There was also a weekly schedule of activities in the centre for residents who did not. The inspector reviewed a sample of activity schedules and found residents were supported to partake

in activities such as word searches, gardening and art. However there was an absence of a robust assessment to demonstrate that the activities were in line with their interests and capabilities. Daily records also demonstrated that some residents left the campus infrequently. For example in a one month period one resident had left the campus twice.

Judgment:
Non Compliant - Major

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

Findings:
There was a policy and procedure in place for admissions; however the centre had committed to no long term admissions to the centre. Staff confirmed that this was occurring in practice and there had been a reduction from 15 long term residents to 11 long term residents since the last inspection. There remained one respite placement which was vacant as of the day of inspection.

Inspectors found that two residents did not have a written agreement with the provider for the terms in which the resident would reside in the centre. This was an action arising from the last inspection and therefore the failing is repeated at the end of this report.

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

Findings:
Residents had an assessment completed of their health and social care needs. There was a system in place for the development of a personal plan arising from any identified needs. However the inspector found that this assessment was not reviewed annually or sooner if required and personal plans did not identify all of the supports residents required.

The inspector reviewed a sample of personal plans and found that there had been a three year time period in which an assessment had not been reviewed. Furthermore, the inspector found that when the review had occurred it was not reflective of the current needs of residents. For example, a resident was identified as not having gained weight; however records maintained of their weight demonstrated that there had been a significant weight gain.

The centre operated a nurse led model of care which ensured that there was a nurse on duty 24 hours a day. As a result residents were charged long stay charges for full time nursing care. However the inspector found that residents' assessments did not demonstrate that they required full time nursing care.

Residents also had goals identified to meet their social care needs. However inspectors found that in the main, the goals were short term and did not promote skill building or development. Examples of goals included going on a day trip, going shopping or learning how to use a tablet. The inspector found however that some goals had been developed two years previous and reviews did not identify the effectiveness of the goals to justify the continuation. This was a failing identified on the inspection in January 2015 and therefore is repeated at the end of this report. Also the inspector identified that there was a disproportionate delay to the achievement of some goals. For example, the charger for the tablet had been broken for seven months and this delayed the opportunities the resident had to achieve their goal.

The inspector also identified that personal plans were not multi disciplinary or demonstrate maximum participation from the resident. This was also a failing from the previous inspection and is repeated at the end of the report.

The inspector was informed that the process of discharging residents from the centre had commenced. Family members confirmed that they were aware of this. However the inspector was not assured that the process of discharge was appropriate and in line with the needs of residents. For example, daily records indicated that a resident had been assessed by an alternative service provider and had visited another centre. However there was no discharge plan in place and the personal plan of the resident did not indicate that this was occurring. Therefore there were no supports identified which the resident may require.

Judgment:
Non Compliant - Major

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

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The centre consisted of a unit which was once the home to a large number of residents. However, as stated previously, a number of residents had been discharged from the centre. The provider recognised that the centre was not fit for purpose and therefore was in the process of closing the centre. The action plan at the end of this report states the timeframe in which the provider has committed to ensuring that the centre will cease operation.

In the interim the inspector found that efforts had been made to adapt the environment to make it homely. This included the addition of soft furnishings to bedrooms and communal areas. The inspector observed the centre to be clean with suitable heat and light as of the day of inspection. There was also the provision of external grounds which residents had access to. Notwithstanding this the inspector found that areas of the centre were in disrepair. For example there were areas in which the flooring was worn and skirting boards were visibly marked. Bedrooms had once been multiple occupancy rooms and while efforts had been made to personalise them they were not homely. Some bedrooms had multiple access points from different corridors. The communal area did not contain furnishings that would be associated within a home with activities taking place at a long table which was also used for meals. There was no kitchen in the centre suitable for cooking main meals, therefore meals were provided by a communal kitchen on the main campus via a bain marie.

There was also the addition of an activities room which at the time of the last inspection was not suitably heated. The inspector confirmed that this had been addressed. The reduction in residents in the centre also facilitated additional storage which had been identified as a previous failing.

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):
No actions were required from the previous inspection.

Findings:
There were organisational policies and procedures in place for the health and safety of residents, staff and visitors. There was also a risk management policy and a record maintained of all accidents and incidents. Risk assessments had been conducted of risks which were relevant to the entire centre. Individual risk assessments had also been completed for risks to individual residents. The inspector reviewed this and found that improvements were required to ensure that all risks were adequately assessed and control measures were reviewed at appropriate intervals. For example, of the sample reviewed, there were some risks which had not been reviewed in a two year period to ascertain the effectiveness of the control measure. This included the risk of slips/trips and falls. The incident record demonstrated that residents had fallen in this time period.

There were policies and procedures in place to protect residents from healthcare associated infections. There was also the provision of appropriate personal protect equipment and hand hygiene facilities throughout the centre. The centre observed the centre to be clean.

There were systems in place for the prevention and management of fire. This included a fire alarm system, emergency lighting and fire extinguishers. There were also fire doors in place however the inspector found that final fire exits were key operated. The inspector noted one which did not have the provision of break glass unit.

Staff had also received training in fire safety. There was an emergency plan in place however the inspector found that it did not adequately include all actions to be taken in the event of a fire. At night, there was a reduction in staffing to two staff. The inspector was informed that additional supports would be obtained from staff in the wider campus if required. However staff were not clear on the action to be taken to obtain support and coordinate if necessary. The inspector also found that the personal evacuation plans of residents did not account for when residents were in bed. Fire drills had occurred in the centre, however they did not evidence that the highest number of residents could be evacuated to a place of safety with the lowest number of staff.

Judgment:
Non Compliant - Moderate

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

Theme:
Safe Services

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

Findings:
There were policies and procedures in place for the prevention, detection and response to abuse. Staff had received training and was aware of the actions to be taken in the event of an allegation or suspicion of abuse. However there were two staff identified on the training records as not having received training since the introduction of national policy. Residents stated that they felt safe within their home and were observed to be comfortable within their environment. Family members stated that they felt their relatives were safe.

There was a requirement for the provision of positive behaviour support in the centre. However the inspector found that there was an absence on support from appropriate Allied Health Professionals. This resulted in the absence of appropriate positive behaviour support plans. Risk assessments had been completed by staff within the centre, however they identified reactive strategies. There was an absence of proactive strategies to attempt to identify and alleviate the cause of a resident's behaviours. Staff had received training in breakaway techniques and the management of aggression. However one staff had not received training and two had not received refresher training at the appropriate intervals.

There was also p.r.n (as required) medication prescribed in response to behaviours that challenge. However there was an absence of appropriate guidelines to support the administration of this.

Judgment:
Non Compliant - Moderate

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

Theme:
Health and Development

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

Findings:
The inspector found that while residents had regular access to their General Practitioner (GP) and other Allied Health Professionals, improvements were required in the day to day practice within the centre to ensure that the healthcare needs of residents were met.

A nursing assessment had been completed for each resident; however they had not been reviewed annually or sooner if required. Furthermore the inspector found that if a need was identified a plan of care was not consistently developed. For example, a resident who was identified as requiring a pain management plan did not have one. Interventions as identified in the plan of care were not always completed. For example, a resident was identified as requiring their blood to be checked weekly. A review of records demonstrated that there had been a four month period in which they had not been done.

Improvement was also required to ensure that residents were supported to maintain an appropriate Body Mass Index (BMI). The policy of the centre was for residents to be supported to monitor their weight on a monthly basis and if there was an increase of a certain percentage and record of their food was to be maintained for 3 days prior to referral to the appropriate Allied Health Professional. However the inspector identified an instance in which there had been an increase of 10 kg over a 20 month period. However as the increase on a monthly basis was less than that identified in the policy, there had been no referral to the appropriate Allied Health Professional. This demonstrated that the absence of annual reviews of residents' assessments resulted in a deficit in the service delivered. The inspector also found that evidence did not support that the meals provided to residents were in line with their dietary requirements. For example, a resident identified as requiring a low fat diet was documented as having a 'Good Intake' however it did not state if the food was in line with the needs of the resident.

The inspector observed a mealtime and found that residents were supported to have a choice from the bain marie and alternatives were offered if the resident did not like the choice of the day. The inspector observed that improvements were required to the mealtime experience as staff were observed to be supervising residents as opposed to promoting a relaxed social environment. There were sufficient staff available to support residents in line with their assessed needs. Residents told the inspector that they liked the food provided to them.

Judgment:
Non Compliant - Moderate

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

medication management.

Theme:
Health and Development

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

Findings:
There were policies and procedures in place for safe medication management practices; however improvements were required to ensure practices in the centre were safe.

The centre had a policy in place in which medication must be administered by a registered nurse. The inspector found that the majority of medication was stored securely in a cupboard. However the medication refrigerator did not have a lock. The inspector observed medication being administered and found that residents were supported in a dignified and respectful manner and safe practices were adhered to regarding signing for medication. The inspector also observed good hand hygiene practices.

However the inspector found that improvements were required in the storage of medication, as the inspector observed that medication was not maintained in its original outer packaging. For example, the inspector did a sample stock take and found that one package of medication contained more tablets that on the outer label and had three different dates of expiry. This risk was increased as it was p.r.n medication and there was no regular stock take of p.r.n medication occurring to ensure that it was administered to the resident it was prescribed for.

A review of a sample of prescription records confirmed that they contained all of the necessary information included the name, date of birth and photograph of a resident. Administration records demonstrated that medication was administered at the times prescribed. However, the centre had a pre-populated coding system which was used to identify the medication administered. A review of prescription records identified an instance in which two medications had the same code. Therefore it was unclear on the administration sheet which medication was administered.

Judgment:
Non Compliant - Major

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):
No actions were required from the previous inspection.

Findings:
The person in charge for the centre was absent on the day of inspection, however there had been no change to the person in charge since the last inspection. A review of rosters confirmed that they were employed full time in the centre.

There was a clear management structure in place in which the person in charge reported to the assistant director of nursing, the assistant director of nursing reported to the director of nursing. The director of nursing reported to the hospital manager. The hospital manager was the person nominated on behalf of the provider for the purposes of engaging with HIQA.

Due to the absence of the person in charge the inspector was not able to assess the audit system within the centre. However the inspector was provided with a copy of the annual review of the quality and safety of care completed for the previous year. The inspector found that it did not consistently review the practice of the centre and the outcomes for residents. For example, the review outlined the number of complaints which had been addressed and the number of medication errors. However it described the systems in place for auditing the clinical care as opposed to reviewing if the healthcare needs of residents were adequately met. The findings of this inspection identified significant deficits in practice.

The inspector was informed that a member of management was regularly in the centre and that this could be unannounced. However there was no report available which was generated following the six monthly unannounced visit.

Judgment:
Non Compliant - Moderate

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):
No actions were required from the previous inspection.

Findings:
A review of rosters, daily notes and risk assessments did not demonstrate that the centre had sufficient number of staff to meet the needs of residents. The inspector was informed that the centre was staffed by two nurses and two care staff from 08.00 to 20.00 every day. From 20.00 to 08.00 this reduced to one nurse and one care staff. A review of a sample of rosters demonstrated that this was consistent however at times support was required from other units within the wider campus. However, the inspector was not assured that the night time staffing levels met the needs of residents. A risk assessment had been conducted by management to ascertain if two staff were suitable. However the inspector found that the control measures in place did not promote the choice of residents. For example, one control measure was that supper would be served at 19.00 hours and only midnight snacks would be provided to residents who woke during the night. Furthermore the absence of activity in the evening further demonstrated that the staffing levels did not promote choice for residents. The inspector was informed that some residents employed personal assistants to support them in leaving the campus and meeting their social care needs.

The inspector found that mandatory training was provided to staff however as outlined in Outcome 8 improvements were required in the frequency of training in the protection of vulnerable adults and positive behaviour support. However the inspector determined that additional training was required to staff to ensure that the social care needs of residents could be adequately assessed and that personal plans promoted skill building and development as opposed to once off short term goals.

The inspector did not review staff supervision or staff files on this inspection.

Judgment:
Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Jillian Connolly
Inspector of Social Services

Regulation Directorate
Health Information and Quality Authority

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Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0002562
Date of Inspection:	13 December 2016
Date of response:	17 February 2017

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:
Practices of the centre did not maintain the privacy of residents.

1. 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

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

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:
Privacy of residents will be maintained at all times. Notices are in place to state the front door is the only access point to the unit. All departments on campus have been made aware of this.

Proposed Timescale: 20/12/2016

Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents were not supported to manage their finances.

2. 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:
The centre's Guidelines on the Management of Residents monies, which is in place since 2014, highlights the current process and advocates for supporting residents to manage their own finances where possible.
All Residents are provided with the choice of using a locked press in their own bedroom or to avail of a centrally located safe in the unit for safekeeping of their monies. Residents and or their chosen representative are the only key holders of their personal locked facility in their bedroom.

The Guidelines on the Management of Residents monies are reviewed every two years and changes are made where necessary. An audit tool will be commenced on the processes outlined in the Guidelines on the Management of Residents monies by 31/03/17. Wherever reasonably practicable residents will be supported to manage their own monies. Residents are encouraged and advised, as per guidelines, to be present any time they wish to access their monies from the unit safe. Staff are aware of the importance of promoting self help skills and so are reminded to include residents in all financial processes and this will be revisited during a review of the Guidelines and will also be reflected in the audit tool by 31/03/17.

Under the Residential Support Services Maintenance and Accommodation Contributions (RSSMACs) a review of all residents' finances in conjunction with the resident will be completed by 15/03/17 and changes will be made where applicable. To date one resident has actively engaged in the process on 13/02/17.

The OT (Occupational Therapy) Community Living Skills Programme includes supporting residents on outings where they can practice financial management skills. Where appropriate the OT department and frontline staff will endeavour to increase

opportunities for residents to engage in this programme/activity to support residents in managing their finances.

Proposed Timescale: 13/02/17 15/03/17 31/03/2017

Proposed Timescale: 31/03/2017

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The activities residents partook in were not supported by an assessment to demonstrate that they were in line with their interests and capabilities.

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

Please state the actions you have taken or are planning to take:
A system will be put in place to ensure the regular review of activities to support resident choice and needs. This will be carried out in consultation with each Resident and relevant members of the multidisciplinary team. Opportunities for resident feedback will be increased through the use of satisfaction surveys and focus groups.

Proposed Timescale: 30/04/2017

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 remained two written agreements outstanding between the resident and/or their representative and the provider.

4. Action Required:
Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

Please state the actions you have taken or are planning to take:
In order to protect the anonymity of residents, the actions the provider is taking are not being published at this time. However they had been agreed with HIQA and will be reviewed in the course of the regulatory activity of this centre.

Proposed Timescale: 31/03/2017

Outcome 05: Social Care Needs

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centre provided a nursing model of care however residents were not assessed as requiring this.

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

Please state the actions you have taken or are planning to take:
Nursing model of care and assessment of need for each resident will be reviewed by 15/03/17. The centre is designated a Category A centre under the Residential Support Services, Maintenance and Accommodation Contributions. Each resident will be re-assessed on an individual basis, and changes will be made where applicable. This will be completed by 15/03/17. To date one resident has actively engaged in the process on 13/02/17

Proposed Timescale: 13/02/17 15/03/17

Proposed Timescale: 15/03/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents were not consistently supported to achieve their goals.

6. Action Required:
Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

Please state the actions you have taken or are planning to take:
Residents will be supported in a consistent manner to achieve their goals by ensuring that arrangements are in place to continuously meet the assessed needs. The assessed needs will be identified to the team as a whole to include the Multidisciplinary team and the New Journeys transition team. All members of the team will be aware of and document goals in the Individual plan to ensure continuity. If issues arise which may hinder a person in achieving his/her goal, these issues will be identified and addressed in the individual plan and will be transparent to all the team as documentation will be recorded in one place- i.e. the individual plan. The resident will be supported throughout this process.

Proposed Timescale: 30/04/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Personal plans did not maximise residents independence and in the main were short term goals.

7. 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:
Individual plans will be developed through collaboration, communication and consultation with the resident and their chosen representatives , and will evidence that maximum participation of each resident was supported. Each resident will be given the option to attend this meeting if they choose to. They may also nominate their key worker to attend in their place should they so wish.

Proposed Timescale: 30/04/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Assessments were not reviewed on an annual basis.

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

Please state the actions you have taken or are planning to take:
All residents in the centre are assessed by the medical personnel whenever necessary and at a minimum of once every six months. All nursing assessments are completed every three months. (In place and ongoing)
Individual plans will be re- assessed and reviewed annually with each resident and their chosen representatives. All residents will receive a full OT functional review every 6 months.

Proposed Timescale: 30/04/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Personal plans were not multi disciplinary.

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:
Individual plans will be reviewed with each resident, their chosen representatives and relevant members of the Multi Disciplinary team, and individual plans will reflect multidisciplinary input.

Proposed Timescale: 30/04/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Personal plans were not developed with maximum participation of the resident.

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

Please state the actions you have taken or are planning to take:
Individual plans will be developed through collaboration, communication and consultation with the resident and their chosen representatives , and will evidence that maximum participation of each resident was supported. Each resident will be given the option to attend this meeting if they choose to. They may also nominate their key worker to attend in their place should they so wish.

Proposed Timescale: 30/04/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Personal plans did not include a discharge plan to ensure residents were discharged in a safe and planned manner.

11. Action Required:
Under Regulation 25 (4) (b) you are required to: Discharge residents from the

designated centre in a planned and safe manner.

Please state the actions you have taken or are planning to take:
All residents will have discharge plan developed with multidisciplinary team input to ensure that their individual discharge is planned and safe. This will be achieved by the integrated documentation in the individual plan. The work of the New Journeys transition team, which has included detailed discharge planning will be evidenced in the individual plan.

Proposed Timescale: 30/04/2017

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 premises were not fit for purpose.

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:
A review of the use of the layout of the centre will be conducted in consultation with residents'. Further efforts will be made to make the communal areas more homely.
Skirting boards will be painted and other minor works carried out by 20/03/17
Multiple access points have been reduced with the main entrance being the only access point for staff and visitors.

The HSE confirms that there will be no further admissions to the centre. The HSE confirms that that the centre will cease operation on 31/12 2018 and the HSE do not intend to renew registration .

Proposed Timescale: 20/03/2017 31/12/2018

Proposed Timescale: 31/12/2018

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 systems in place for the management of risk were not implemented effectively.

13. 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:
All incidents are reported and inputted electronically to the National Incident Management System, where they are discussed at a 2 weekly review meeting by management. Trends are analysed and any risks that can't be managed locally are placed on the risk register for the site and escalated to senior management. A clinical quality and safety meeting takes place every 2 months where relevant issues are discussed and actioned locally.

All risk assessments will be reviewed and updated yearly or sooner if required..

Proposed Timescale: 18/03/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The procedures to be followed in the event of a fire were not adequate.

14. 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:
Procedures in the Event of a Fire will be updated and will be more comprehensive. This updated version will be displayed throughout the unit. Personal emergency evacuation plans will be reviewed and updated.

Proposed Timescale: 06/03/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staff were not clear of the procedure to be followed in the event of a fire at night.

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

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

A mock night fire evacuation was completed in the unit in 2016. A record of this night drill is now available in the Fire Policy folder in the unit. Staff to be reminded of the night drill procedures, via staff meetings and fire training. This information will also be included in the updated notices regarding' Procedures in the Event of a Fire

Proposed Timescale: 06/03/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Fire drills did not demonstrate that the highest number of residents could be evacuated with the lowest compliment of staffing.

16. 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:
Further training with emphasis upon night time fire drills will provided to all staff. Night time drills will be repeated. The Emergency response system will be reiterated to staff at night. Two night supervisors and two security staff are alerted to any emergency via a page system activated at the main reception from the fire alarm. They will support staff in carrying out a staged evacuation. All personal emergency evacuation plans will include transfer method to be used for each resident from bed at night.

Proposed Timescale: 29/05/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some final fire exits were key operated.

17. 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 final fire door exits which are key operated will be replaced with a push bar type or similar safety lock that does not require a key.

Proposed Timescale: 15/03/2017

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:
One staff had not received training in breakaway techniques and two had not received refresher training at the appropriate intervals.

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

Please state the actions you have taken or are planning to take:
3 staff are listed for the next available training date and have been informed of this by management in writing.

Proposed Timescale: 22/03/2017

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was an absence of appropriate support to ensure that all efforts were made to identify and alleviate the cause of residents' behaviour.

19. 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:
A plan of care for residents who exhibit behaviour that challenges are supported by all members of the team. Plans of care for residents that have behaviour that challenges are in place and will be reviewed and updated. Every effort is made to identify and alleviate the cause of resident’s behaviour. The least restrictive procedures are implemented and should more restrictive measures be required, instructions for use will be clearly outlined. This will be completed in conjunction with input from the multidisciplinary team and external referrals will be made where necessary for psychology or psychiatry input.

Proposed Timescale: 30/03/2017

Theme: Safe Services

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

Some staff had not received training in the national policy.

20. Action Required:
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

Please state the actions you have taken or are planning to take:
These members of staff are listed for the next available training date on 21/02/2017 and have been informed of this by management in writing.

Proposed Timescale: 21/02/2017

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:
Residents were not consistently referred to the appropriate Allied Health Professionals.

21. 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:
All residents that require the services from the other Allied Health Professionals will be appropriately referred in a timely manner. Updated documentation tools will be put in place to highlight changes in body weight. Regular multidisciplinary team meetings will also serve to enhance appropriate referrals.

Proposed Timescale: 31/03/2017

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Thre was an absence of plans of care for some identified needs. Furthermore interventions identified in plans of care were not consistently implemented in practice.

22. 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:
All resident needs will be reassessed and MDT care plans will be reviewed and updated.

All interventions identified will be implemented consistently and interventions will be re-evaluated according to their needs.

Proposed Timescale: 30/04/2017

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was an absence of appropriate kitchen facilities for the preparation of main meals.

23. Action Required:
Under Regulation 18 (1) (a) you are required to: Support residents, so far as reasonable and practicable, to buy, prepare and cook their own meals if they so wish.

Please state the actions you have taken or are planning to take:
Residents are supported by frontline staff and by staff such as personal assistants to buy their groceries or food of choice. There is an Occupational Therapy area in the centre that provides a kettle, toaster, microwave and sink facilities where residents can prepare their own meals. The Occupational Therapy Department facilitates a breakfast group twice weekly on Tuesday and Thursday where residents are supported to prepare their own breakfast. This group is resident led and supported by an OT and Therapy Assistant. This area is available as an open therapeutic area throughout the day for residents to access and make a cup of tea/snack as appropriate .The OT department utilises the kitchen facilities in other areas of the campus to prepare more complex meals with residents where appropriate.

Proposed Timescale: 30/12/2016

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:
The medication fridge was not secured.

24. Action Required:
Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

Please state the actions you have taken or are planning to take:
Medication fridge will have a lock put in place and will stay in the treatment room which is locked all the time.

Proposed Timescale: 15/02/2017

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The practices for the recording and monitoring of medication were not safe.

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:
All nurses were reminded by the Practice Development ADON of the correct procedures for safe recording and monitoring of medication. This was carried out between 16/12/2016 and 16/01/2017. A record of this will be kept in the centre.

Proposed Timescale: 16/01/2017

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 findings of this inspection demonstrate that the management systems in place did not ensure that the service provided was safe and effective.

26. 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:
Nursing metrics are in place monthly and measure care plans, medication management, environment etc using the Test your care Web based system. Outcomes are actioned locally.

There is also a steering committee for the unit which meets six weekly and all audits carried out in the centre report back to a centralised audit governance committee for the entire service.

The annual review of the quality and safety of care and support in the centre is currently being drafted. Feedback from the inspection and the report will be used to

assist in this to ensure that it meets the standards.

The unannounced management inspection is also scheduled to take place on 24/02/17 using the HIQA guidance document.

Proposed Timescale: 30/03/2017

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The annual review of the quality and safety of care did not adequately review the outcomes for residents.

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

Please state the actions you have taken or are planning to take:
The annual review of the quality and safety of care and support in the centre is currently being drafted. Feedback from the inspection and the report will be used to assist in this.

Proposed Timescale: 30/03/2017

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no report generated from the unannounced visit.

28. Action Required:
Under Regulation 23 (2) (b) you are required to: Maintain a copy of the report of the unannounced visit to the designated centre and make it available on request to residents and their representatives and the chief inspector.

Please state the actions you have taken or are planning to take:
Report from Unannounced visit will be completed using the approved template as provided on the HIQA website.

Proposed Timescale: 03/03/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspector was not assured that the number of staff available met the needs of the residents.

29. 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 risk assessment was completed regarding staffing levels on night duty and it was identified that there were adequate supports available to the unit such as Night supervisor and relief nurse. (A copy of this risk assessment was provided to the inspector on 19/12/2016) Day duty staffing was also deemed appropriate when such supports as personal assistants , new journeys staff (transition team) , activities staff , occupational therapy staff and catering staff were considered. Additional staffing is provided at the weekends to support a social model of care. Ongoing monitoring of staffing levels will be carried out every three months or sooner if needs of residents change.

Proposed Timescale: 28/02/2017

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff did not have sufficient training to ensure that the social care needs of residents were met.

30. 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:
In House, onsite training sessions will be provided by a staff member who has a degree in Social Care studies to re iterate the social model approach to care. These sessions will commence on 21/02/2017, 07/03/2017, 14/03/2017, initial emphasis will be upon person centred care and Individual planning. Sessions will continue following evaluation of the initial sessions. Further dates will be then decided

Proposed Timescale: 14/03/2017