

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Group D - St. Vincent's Residential Services
Centre ID:	OSV-0003927
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Provider Nominee:	Breda Noonan
Lead inspector:	Julie Hennessy
Support inspector(s):	Geraldine Ryan
Type of inspection	Unannounced
Number of residents on the date of inspection:	7
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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: 19 July 2017 09:30 To: 19 July 2017 16:30

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

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 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This was the fourth inspection of this designated centre by the Health Information and Quality Authority (HIQA). The provider was issued with notices of proposal to refuse and cancel registration of the centre on 25 November 2016. The provider submitted a representation on 22 December 2016. A certificate to register this centre has not been granted.

The purpose of this focused inspection was twofold. First, inspectors followed up on a notification of an allegation of abuse that had been submitted since the previous inspection. The nature of the allegation concerned alleged breaches of individual resident's human rights and particularly their right to liberty. Second, inspectors monitored on-going compliance in relation to key grounds cited in the notices of proposal to refuse and cancel registration of this centre. Key failings cited in those notices related to the provider's failure to demonstrate that the least restrictive practices were being applied in the centre, to provide a suitable living environment or service for all residents based on their assessed needs or to provide a premises that afforded adequate privacy and dignity for residents and fire safety protection in the event of a fire. With respect to fire safety, adequate steps had been taken by the provider to mitigate against any immediate risk to residents. However, the provider has to date failed to submit a funded, costed and time-bound plan to HIQA to satisfactorily address the cited failings.

Description of the service:

The centre provides high-support residential accommodation for adults with an intellectual disability. The centre accommodates seven residents. The Statement of Purpose for the centre reflects that the centre was not accepting any new admissions, in line with the service's policy of moving on from congregated settings. The centre comprised two parts, a residential unit with a separate but connected apartment.

The centre is located in a larger building that is only partly occupied by this centre. The rest of this building accommodated two other designated centres (Groups G and H) as well as other facilities such as offices and other staff uses. The centre was located on a campus providing various facilities for persons with intellectual disabilities in addition to residential accommodation.

How we gather our evidence:

Inspectors met with three residents who were in the residential unit at the time of the inspection and observed staff interactions with residents living in both the unit and the apartment. Where residents were non-verbal, residents were comfortable in the presence of staff. Staff demonstrated that they were familiar with each resident's individual means of communication.

As a result of the notification submitted, this inspection focussed on a particular service being provided to individual residents. However, other aspects of the wider service being provided were also inspected as relevant to the grounds cited in the notices of proposal for this centre.

Inspectors met with the representative of the provider, the person in charge, the staff team on duty on the day of the inspection. Inspectors reviewed documentation pertaining to the areas being inspected such as assessments, reports, restrictive practice logs, risk assessments, care plans and training records. Inspectors also met with a resident's representative, who expressed their satisfaction with the day to day care and support being provided by the staff team.

Overall judgment of our findings:

Since the previous inspection, the provider had taken action to respond to failings cited in the notices of proposal to refuse and cancel registration of this centre. The provider had arranged for two independent external reviews of the service being provided in one part of this centre to be completed. The provider demonstrated that they were implementing or pursuing the recommendations arising from those reviews. However, a funded plan to ensure that individual residents would not be subjected to restrictions due to the environment itself was not yet in place. The provider confirmed at this inspection that they were exploring specific options and were in the process of submitting a business case to the Health Service Executive (HSE) to address this failing.

However, key failings remained largely unchanged since the previous inspection: Under Outcome 6, the design and layout of the centre was not satisfactory. The separate apartment was particularly unsatisfactory and was bleak and institutional in nature with limited access to outdoor space. In the remainder of the unit, natural light was limited, as was satisfactory private and communal space for residents. While the fundamental failings of the design and layout of the centre were

unchanged, improvements had been made since the previous inspection to the ventilation, upkeep and maintenance of the centre;
Under Outcome 7, the building was not provided with construction capable of containing a fire where required. Furthermore, the layout did not provide an adequate number of escape routes from some areas of the building in the event of a fire. While the fundamental fire safety failings were unchanged, adequate steps had been taken by the provider to mitigate against any immediate risk to residents;
Under Outcome 8, a funded plan was not yet in place to address the failing that the environment itself presented additional restrictions to individual residents. The use of a high-risk physical restraint in the centre had decreased but was still approved and continued to present a risk to resident's health and safety. Also, the recording around the use of chemical restraint required improvement. A recommendation relating to the use of chemical restraint had not been followed and the provider progressed this issue by the close of inspection;
Under Outcome 14, the provider has to date failed to submit a funded, costed and time-bound plan to HIQA to satisfactorily address fundamental failings cited in the notices of proposal to refuse and cancel registration of this centre. Also, adequate oversight of recommendations arising from internal and external reviews was not demonstrated.

The provider submitted an action plan to HIQA following this inspection. As part of that plan, the provider has submitted a business case to the Health Service Executive (HSE) and is engaged in active negotiations with the HSE in order to address the non-compliances identified in this report.

Findings are detailed in the body of this report and should be read in conjunction with the actions outlined in the action plan at the end of this report.

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 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):

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

Findings:

Overall, residents had a personal plan that had been developed based on a multidisciplinary assessment of needs. However, improvements were required to the on-going review of the personal plan as actions arising from reviews were not clear.

At the previous inspection, there was inconsistency between residents' personal plans with goals being clearly identified and tracked for some residents but not for others. At this inspection, personal goals had been set at a personal planning meeting with required supports identified. Consultation with resident's and their representatives was demonstrated and goals reflected individual resident's assessed needs. However, while goals identified in the personal plan were being tracked, other goals discussed at meetings were not and it was not always clear which goals were still relevant.

At this inspection, regular (monthly) multidisciplinary team meetings were held for individual residents. Individual care and support needs were considered and assessed at these meetings, including activities, outings, family visits, communication and behaviour support needs. Opportunities to increase communication and outings were discussed in detail. Detailed discussions were taking place in relation to individual's support needs, including for example, how to support increased outings, the meeting of sensory needs and the provision of a day activation programme. The resources required were also discussed at those meetings. Action in a number of areas was demonstrated, for example, the creation of a new activation area in one part of the centre had been costed and access to a sensory room was being explored. However, the actual actions agreed from these meetings was not always clear and it was not clear who was responsible for implementing actions and within what timeframe. For example, it was not clear what

decision had been made in relation to the purchasing of sensory equipment. Also, it could not be demonstrated that actions were being followed up on in a reasonably timely manner, for example, a resident had been waiting for a new bed for three years. This particular item was followed up by the person in charge by the close of inspection.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

At the previous inspection, a major non-compliance was identified in relation to the design and layout of the building. This finding related to a number of different failings and was unchanged at this inspection. It was noted that the provider evidenced on-going efforts being made to source more suitable accommodation for residents.

At previous inspections, it was found that the location and inherent design of the environment in one part of the centre was not adequate and involved the long-term use of CCTV monitoring and the use of a hatch for communication purposes prior to entering that part of the centre. Since the previous inspection, steps had been taken to increase opportunities for face-to-face communication with physical alterations to that part of the centre planned to further increase such opportunities. However, despite efforts of staff to improve the environment, it remained by its nature bleak and institutional. Of particular concern was the limited access to outdoor space, which was not adequate to meet the needs of any resident whose access to the wider community was also limited for a variety of reasons. The provider had sought external expertise to advise them on this matter and at the time of this inspection, a business case had been submitted to the Health Service Executive (HSE) to address this failing by providing alternative accommodation.

The fallings identified at previous inspections that related to the design and layout of other parts of the centre were unchanged. Adequate private accommodation was not provided for all residents. The privacy and dignity of four residents was compromised due to the fact that partitions between sleeping areas were taller than head height but did not extend the full height of the room. There was a gap between the top of the

partitions and the ceiling of the room. As a result, bedroom areas were not fully private. Inspectors observed that windows in five bedrooms were above head height with limited natural light. Curtains were also at ceiling height.

Over the course of two previous inspections, three residents had been transferred to more suitable accommodation. Alternative accommodation had also been identified for two further residents. This had positive benefits for both residents no longer residing in the centre and those residents still residing in the centre. For example, communal and private space available to residents had increased and bedrooms were no longer shared.

Since the previous inspection, plans were in place to ensure that baths, showers and toilets were of a sufficient number and standard suitable to meet the needs of residents. An on-going maintenance programme was in place. The centre was warm and bright. The staff team had made further efforts to decorate and personalise the centre with pictures, photographs, soft furnishings and other homely touches. Bedrooms were personalised and some residents chose to show inspectors their rooms, which they said they liked.

Judgment:

Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Aspects that related to fire safety management and risk management were inspected on this inspection. Overall, previous findings relating to fire containment were unchanged.

The representative of the provider confirmed that failings, identified on a previous inspection by the HIQA fire and estates inspector relating to the construction of the building and fire containment, were unchanged. The building was not constructed in a manner capable of containing a fire, should one occur. The escape routes were not constructed in a manner capable of being maintained free from heat and smoke in the event of a fire. The provider had taken interim measures to mitigate against any immediate risk including upgrading of fire detection systems and increased night-time staffing in this building.

At this inspection, the inspector reviewed on-going compliance with other fire safety arrangements and precautions, including those that related to staff training, fire

detection, evacuation and maintaining, reviewing and testing of fire equipment. On the day of this inspection, a current fire risk assessment had not been completed by a suitably competent person although one had been recently completed and was submitted the day following the inspection. New personal emergency evacuation plans had been introduced into the centre and had been completed by the staff team for each resident. Fire safety management checks were up to date. Fire drill records demonstrated that all relevant evacuation scenarios had been simulated. Servicing records for the fire alarm system, emergency lighting and fire fighting equipment were up to date.

At the previous inspection, inspectors found that improvements were required to risk assessments with some risk assessments not being treated as 'live documents'. At this inspection, inspectors again found that further improvement was required as the control measures in place did not always reflect the practices. For example, a risk assessment in place to support a resident during a high-risk activity referenced the use of restraint, as opposed to a detailed protocol that had been developed for staff to follow.

At the previous inspection, parts of the centre and equipment used in the centre (trolleys, commodes) required attention in terms of hygiene and cleanliness. At this inspection, the centre appeared hygienic and clean. There was a cleaning schedule in place and deep cleaning took place on a regular scheduled basis in one part of the centre where it was required.

Judgment:

Non Compliant - Major

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

Overall, the provider had sought an independent assessment of restrictions in place in one part of this centre and was working to progress the recommendations. However, the environment itself was not suitable and presented additional restrictions and a funded plan was not yet in place to address this significant failing. The use of a high-risk

physical restraint in the centre had decreased but was still approved and continued to present a risk to resident's health and safety. Also, the recording around the use of chemical restraint required improvement and a recommendation relating to the use of chemical restraint had not been followed.

At this inspection as on previous inspections, staff demonstrated that they were knowledgeable about all aspects of individual resident's care and support and how to support complex behaviour support needs. Staff were observed to interact with and spoke of individual residents in a warm and respectful manner.

Since the previous inspection, a notification had been submitted to HIQA that related to an alleged breach of human rights. The provider reported the allegation to the relevant statutory bodies and a safeguarding plan was devised and submitted to the national safeguarding team. The representative of the provider confirmed that the safeguarding plan had been accepted by the national safeguarding team. The provider and person in charge demonstrated that the safeguarding plan was being implemented. This included on-going monthly multidisciplinary team meetings with a focus on further reducing restrictions, support from a speech and language therapist in communicating options and choices and maintaining a familiar staff team.

The unsuitable environment in this part of the centre has been identified on successive inspections. This finding is unchanged on this inspection with the environment itself leading to restrictions for individual residents. While all restrictions were in place to protect residents and staff from harm, some restrictions were directly as a result of the environment itself. This resulted in restrictions such as individual residents using wheelchairs to go for a walk, despite being fully mobile and limited access to adequate outdoor space. This failing will remain at the level of major non-compliance pending the development of a funded plan to satisfactorily address any unnecessary restrictions caused by the living environment.

Any physical restraint technique used was carefully recorded and reviewed by the clinical team. Staff involved in using any such techniques were appropriately trained and experienced. A review of physical restraint indicated an incremental decrease in high-risk restraint techniques over the previous two years with a particularly high risk technique (prone or face-down restraint) being used once so far this year (once in a seven month period). This was a significant decrease from previous years. There were however well-documented difficulties with carrying out a health examination of any individual resident involved following any such episodes with only visual monitoring being possible. As a result, despite the safeguards in place, the on-going use of such a high-risk technique coupled with the difficulties examining residents following any such episode remains a cause for concern for HIQA in terms of residents' health and safety.

At the previous inspection, an external independent assessment of all aspects of the service being provided, including any restraint techniques in use, was in the process of being arranged. Since the previous inspection, two independent assessments had been completed. The provider demonstrated that they were implementing or pursuing the recommendations arising from those assessments. A number of these recommendations were solely within the provider's control and the provider and person in charge were taking action to address the recommendations. For example, these related to increasing

opportunities for outings, increasing choice, formal staff supervision, on-going staff training and trialling specific communication aids. Other recommendations relating to the provision of a suitable environment require significant resources and the provider was working with their main funder (the Health Service Executive or HSE) in this regard. This will be further discussed under outcome 14.

At the previous inspection, the steps to be taken following an incident, and in particular an incident involving the use of chemical or physical restraint, were not included in individual residents multi-element behaviour support plan. Since the previous inspection, a new protocol had been developed and was being implemented.

Administration of chemical restraint was reviewed on a weekly basis by a psychiatrist and service-wide oversight was by a drugs and therapeutics committee. At the previous inspection, one area for improvement was identified in that the medication administration record for recording PRN medicine (medication only taken as the need arises) usage did not adequately document any adverse effects of such medicines. While this was logged in daily records, the record-keeping did not ensure that the prescriber could monitor the efficacy of the medication by having access to required information when carrying out reviews. This was again identified as a failing on this inspection. In addition, improvement was required to ensure that the reasons for administering chemical restraint were recorded clearly and consistently as general terms such as 'agitation' were being recorded as the rationale. In addition, where the consultant psychiatrist had indicated that its use under one particular circumstance was inappropriate, the practice had not changed. This was discussed with the person in charge and representative of the provider, who by the close of the inspection arranged for a clinical meeting to take place to further review their practices in the centre.

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:

Grounds cited in the notices of proposal to refuse and cancel registration of the centre

concerned a failure of the provider to submit a funded, costed and time-bound plan to HIQA to satisfactorily address failings as they related to restrictive practices, provision of a service that satisfactorily met residents' assessed needs, fire safety and the premises. Overall, while the provider had taken steps to address these failings, a fully funded plan that satisfactorily addressed all of the grounds cited in the notices of proposal had yet to be submitted to HIQA. In addition, improvement was required to the oversight and governance systems in the centre.

Since the previous inspection, the provider had taken action to respond to failings cited in the notices of proposal to refuse and cancel registration of this centre. Cited failings included a failure to provide a suitable living environment or service for all residents based on their assessed needs and in particular, to meet complex behaviour support needs, to demonstrate that the least restrictive practices were being applied and to demonstrate that where restrictive procedures including physical or environmental restraint are used, they are applied in accordance with national policy and evidence-based practice. In response, the provider had arranged for two independent external reviews of the service being provided in one part of this centre to be completed. These independent reviews were in addition to a previously completed full multidisciplinary assessment of needs. The provider demonstrated that they were implementing or pursuing the recommendations arising from those reviews. However, and as previously mentioned under outcome 8, a funded plan to ensure that individual residents would not be subjected to restrictions due to the environment itself, was not yet in place. The provider confirmed at this inspection that they were exploring specific options and were in the process of submitting a business case to the Health Service Executive (HSE) to address this failing.

However, inspectors found that it was difficult to track the current status of some actions arising from the external reviews and as previously mentioned under outcome 5, actions arising from multidisciplinary team meetings were not clear and also difficult to track. As such, the oversight and governance systems were not sufficiently robust. The representative of the provider provided reassurance that she would work with the person in charge to ensure that recommendations arising from such reports and meetings would be assigned to responsible persons and monitored.

Other grounds cited in the notices of proposal to refuse and cancel registration of the centre concerned failings relating to fire safety systems and the premises. The provider was working with their main funder and endeavoring to identify suitable alternative accommodation for residents. Two more residents were at the time of this inspection in the process of being transferred to more suitable accommodation. However, a fully funded plan had yet to be submitted to HIQA in relation to transferring all residents from this centre.

The inspector reviewed the report of the annual review for this centre completed in January 2017. The action plan in place identified key issues. The person in charge had progressed actions under her remit. Failings that related to risk assessments however had not been satisfactorily addressed. Fundamental failings cited in the notices of proposal to refuse and cancel registration of the centre were highlighted in the annual review but as indicated above, no corresponding plan was available. An unannounced visit had taken place in May 2017 and actions required from that visit were being

progressed or had been completed by the person in charge.

Judgment:

Non Compliant - Major

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

Inspectors followed up on the action identified at the previous inspection that was relevant to this outcome.

At the previous inspection, staff changes had raised health and safety concerns in this centre. The person in charge outlined how staffing arrangements had been revised during that period to ensure that high-risk areas were not under-staffed. Since the previous inspection, a business case had been made to the Health Service Executive (HSE) to fill those vacancies and the staff team was now at full compliment. Staff skill mix was carefully monitored, as was the impact on individual resident's behaviours of any new staff or staff changes. Input from psychology was provided during such times to support residents and the staff team. A robust induction programme was in place with a gradual induction period and foreseeable changes were planned for well in advance.

Staff in this centre were both qualified and experienced to support individual resident's needs. A formal supervision programme had been introduced, as recommended by an independent external reviewer. Staff received training in the therapeutic management of aggression and violence and an additional day's training around specific techniques. One team member was also an accredited trainer in this area. Staff also received other training that they required to support residents, including in relation to safeguarding, infection control, fire safety and manual handling.

Judgment:

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:

Julie Hennessy
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 Daughters of Charity Disability Support Services Company Limited by Guarantee
Centre ID:	OSV-0003927
Date of Inspection:	19 July 2017
Date of response:	22 August 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 05: Social Care Needs

Theme: Effective Services

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

The recommendations arising out of each personal plan or multidisciplinary team review were not clear making it difficult to identify proposed changes to the personal plan and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

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

Action commenced immediately post this inspection to review all recommendations arising out of each personal plan and/or multidisciplinary team review. All plans and recommendations will be tracked to ensure that all recommendations result in actions being taken. The clinical nurse manager 3 and the person in charge are reviewing all minutes of meetings, reports both internal and external, and responsible persons to complete actions will be identified. All future multidisciplinary team meetings will have actions from previous meetings discussed to update on progress of recommendations. Where recommendations are unachievable or that there are barriers a team approach to discussing and overcoming the barriers or setting new steps to achieving the recommendations will be implemented. This action has commenced.

Proposed Timescale: 15/08/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

As detailed in the findings, the design and layout of the centre was such that adequate private accommodation was not provided for all residents.

2. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

- The provider has submitted a detailed business case to the HSE for funding for a more appropriate accommodation for a resident, a response to same will be given at the end of August. An assessment of this resident by another provider is commencing on 08/08/2017 to establish if a more appropriate service can be delivered by them.
- Plans are in place for the transfer of two residents from Group D and will be actioned by 31/10/2017.
- Service reform funding has been approved to support the purchase of a number of houses by the service; these houses will support the transfer of the remaining residents from this centre. Six of the residents will have transferred from the centre by the proposed timescale of the 30/09/2018

Proposed Timescale: 30/09/2017

Theme: Effective Services

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

As detailed within the findings, the location and inherent design of the environment in one part of the centre was not adequate to meet resident's assessed needs.

3. 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:

- The provider has submitted a detailed business case to the HSE for funding for a more appropriate accommodation for a resident, a response to same will be given at the end of August. An assessment of this resident by another provider is commencing on 08/08/2017 to establish if a more appropriate service can be delivered by them.
- Plans are in place for the transfer of two residents from Group D and will be actioned by 31/10/2017.
- Service reform funding has been approved to support the purchase of a number of houses by the service; these houses will support the transfer of the remaining residents from this centre. Six residents will have transferred from the centre by the proposed timescale of the 30/09/2018.

Proposed Timescale: 30/09/2017

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:

As detailed within the findings, the system in place in the designated centre for the assessment, management and on-going review of risk required review.

4. 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:

The service health and safety officer has delivered, since inspection, training and input to the person in charge and staff team on risk management and the risk assessment process. The health and safety office will support the staff team in review and completion of each residents risk assessment, ensuring that risks are identified, control measures are clearly outlined and additional control measures identified. All risk assessments are being reviewed to ensure they are appropriate and relevant to possible

risks to residents in the centre.

Proposed Timescale: 08/09/2017

Theme: Effective Services

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

The building was not constructed in a manner capable of containing a fire should one occur.

5. 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 provider has submitted a detailed business case to the HSE for funding for a more appropriate accommodation for one resident, a response to same will be given at the end of August. An assessment of this resident by another provider is commencing on 08/08/2017 to establish if a more appropriate service can be delivered by them for the resident.

Plans are in place for the transfer of two other residents from Group D and will be actioned by 31/10/2017.

Service reform funding has been approved to support the purchase of a number of houses by the service; these houses will support the transfer of the remaining residents from this centre. Six of the residents will have transferred from the centre by the proposed timescale of the 30/09/2018.

An additional night staff has been put in place for twelve hours of every night to support the evacuation of residents from the centre in an emergency, this post has been in place since January 2017.

Proposed Timescale: 30/09/2017

Theme: Effective Services

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

The escape routes were not constructed in a manner capable of being maintained free from heat and smoke in the event of a fire.

6. 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 provider has submitted a detailed business case to the HSE for funding for a more appropriate accommodation for one resident, a response to same will be given at the

end of August. An assessment of this resident by another provider is commencing on 08/08/2017 to establish if a more appropriate service can be delivered by them for the resident.

Plans are in place for the transfer of two other residents from Group D and will be actioned by 31/10/2017.

Service reform funding has been approved to support the purchase of a number of houses by the service; these houses will support the transfer of the remaining residents from this centre. Six of the residents will have transferred from the centre by the proposed timescale of the 30/09/2018.

Proposed Timescale: 30/09/2017

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:

As detailed in the findings, it was not demonstrated 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:

- The environment itself was not suitable and presented additional restrictions
- Recommendations relating to the use of PRN medication had not been followed
- A high-risk physical restraint technique was in use in the centre.

7. 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:

- Post inspection, the person in charge and key worker of a resident met with the consultant psychiatrist. The PRN protocols were reviewed and recommendations for use were documented, to ensure that all staff have clear guidance on rationale and occasions when PRN medicines are to be administered if required. A clinical nurse manager 3 who is a registered nurse prescriber will deliver training to all staff and the person in charge in the centre around the documentation to be recorded around PRN medication, guidance for use and the importance of clearly documenting its effects post administration.
- The use of a high risk physical restraint for a resident in the centre will continue to form part of the monthly multidisciplinary reviews. - An alternative in house activation area is being planned to aim to assist in the possible reduction of some of the risks that can lead to the use of this restraint.

Proposed Timescale: 18/08/2017

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 following actions were required in order to demonstrate that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored:

1. A funded, costed and time bound plan has not been submitted to HIQA to address previously identified failings to:
 - provide a service appropriate to the needs of residents in terms of privacy and dignity and health and safety.
 - provide a suitable living environment or service for all residents based on their assessed needs and in particular, to meet complex behaviour support needs
 - demonstrate that the least restrictive practices were being applied
 - demonstrate that where restrictive procedures including physical or environmental restraint are used, they are applied in accordance with national policy and evidence-based practice.
2. Adequate oversight of recommendations arising from internal and external reviews was not demonstrated.

8. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

The provider has submitted a detailed business case to the HSE for funding for a more appropriate accommodation for one resident, a response to same will be given at the end of August. An assessment of this resident by another provider is commencing on 08/08/2017 to establish if a more appropriate service can be delivered by them for the resident.

Plans are in place for the transfer of two other residents from Group D and will be actioned by 31/10/2017.

Service reform funding has been approved to support the purchase of a number of houses by the service; these houses will support the transfer of the remaining residents from this centre. Six of the residents will have transferred from the centre by the proposed timescale of the 30/09/2018. Post inspection the person in charge and key worker of a resident met with the consultant psychiatrist. The PRN protocols were reviewed and recommendations for use were documented, to ensure that all staff have clear guidance on rationale and occasions when PRN medicines are to be administered if required. A clinical nurse manager 3 who is a registered nurse prescriber will deliver training to all staff and the person in charge in the centre around the documentation to be recorded around PRN medication, guidance for use and the importance of clearly documenting its effects post administration.

The use of a high risk physical restraint for a resident in the centre will continue to form part of the monthly multidisciplinary reviews. An alternative in house activation area is being planned for this individual to aim to assist in the possible reduction of some of the risks that can lead to the use of this restraint.

All plans and recommendations will be tracked to ensure that all recommendations result in actions being taken. The clinical nurse manager 3 and the person in charge are reviewing all minutes of meetings, reports both internal and external, and responsible persons to complete actions will be identified. All future multidisciplinary team meetings will have actions from previous meetings discussed to update on progress of recommendations. The Clinical Nurse Manager 3 will support the Person in charge in the continuous review to ensure recommendations are being actioned and progress is being tracked.

Proposed Timescale: 30/09/2017