

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by CoAction West Cork Ltd
Centre ID:	OSV-0002105
Centre county:	Cork
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	CoAction West Cork Ltd
Provider Nominee:	Gobnait Ni Chruaiaoi
Lead inspector:	Mary O'Mahony
Support inspector(s):	Liam Strahan
Type of inspection	Unannounced
Number of residents on the date of inspection:	15
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: 14 December 2015 09:00 To: 14 December 2015 19:30

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

Outcome 01: Residents Rights, Dignity and Consultation
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 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This third monitoring inspection of the designated centre for adults with disability, by the Health Information and Quality Authority (HIQA or the Authority), was unannounced. As part of the inspection, inspectors met with residents, the person in charge, management personnel, social care leaders and social care workers. Inspectors reviewed the policies and procedures and examined documentation which covered issues such as staff files, complaints and incidents, personal plans, and health and safety risk management. The person in charge had been appointed since the previous inspection. The current provider stated that she was stepping down from the role of provider. A new provider had been interviewed and she was due to take over the role on 4 January 2106. She was available throughout the inspection process. Inspectors interviewed her during the inspection.

There were fifteen residents in the centre, which was now comprised of four houses located within a three km radius of each other. One house had been closed since the previous inspection. A previously unoccupied house had been renovated and was now occupied by residents. Inspectors met with a number of residents during the inspection. The houses were located a short distance from the local town. They were spacious and generally well maintained. The furniture and fittings were found to be

of good quality and the premises were suitable for the needs of residents.

Overall inspectors noted a number of improvements since the previous inspections. Failings in fire safety management identified on the previous inspection had been addressed in three houses and fire safety improvement work had commenced on the fourth house. The provider provided certification, to the Authority from a suitably qualified person, that the work on the first three houses was completed to the required standard. However, inspectors noted the required smoke seals were not in place on designated fire safe doors in one house. This was addressed in the body of the report. The action plan at the end of the report identifies areas where improvements were needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities 2013. Improvements were required in the areas of, fire safety management, medication management and health and safety risk assessments.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

During this follow up inspection inspectors found that the person in charge had maintained details of investigations into complaints and actions taken in response to complaints. Records were maintained as to whether or not the resident or complainant was satisfied. The name of the complaints officer and independent appeals person for complaints was identified in the complaints policy.

Inspectors noted that the rights of residents were supported by staff. Residents were treated with dignity and there was a regular consultation process in place. Inspectors spoke with one resident who was a member of the advocacy group for the organisation. She informed inspectors that she understood the rationale for unannounced inspections of designated centres. She was knowledgeable of media reports on centres and stated that she welcomed the inspectors.

Inspectors observed staff interacting with residents in a respectful manner. They were seen consulting with residents on various issues and feedback was taken into account when planning menus and weekend events. Minutes of meetings were viewed by inspectors. A folder containing accessible documents was displayed in the houses. This included information on how to make a complaint, residents' rights, advocacy, communication and the Resident's Guide.

Residents were involved in developing their personal plans. Staffing was arranged in a manner to support residents with their individual interests and preferences and there was continuity of staff members. The provider had developed a number of policies to

provide guidance to staff on the care of residents' property and finances, as required by the Regulations.

Residents maintained control over their personal possessions. However, similar to findings on the previous inspection, the provider failed to ensure that each resident availing of services in the centre had adequate space to store and maintain his or her clothes and personal property and possessions. This was significant where residents who required respite care shared a bedroom, on alternative nights, in some houses. Inspectors observed that there were no suitable locked facilities available for respite residents, who wished to leave their belongings in the house between stays.

Individual records were kept of the weekly spending money for residents. Since the previous inspection residents' money was counted and checked by two staff members on a weekly basis. Inspectors noted that two staff members had signed these records. A policy on residents' finances was available which outlined where contributions were expected from residents, when being accompanied by staff to concerts or on outings.

Residents were supported to be involved with the local community. This included the use of local amenities such as the cinema, library, shopping centres, and hairdressing facilities. Some residents engaged in work experience and the person in charge informed inspectors that the community provided excellent support to residents by providing work experience opportunities.

Judgment:
Substantially Compliant

Outcome 06: Safe and suitable premises

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

Theme:
Effective Services

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

Findings:
The facilities and services in each of the five houses varied:
House 1: provided a seven day residential service: three full time residents lived in this house and there were three bedrooms available for respite residents who availed of rotational nights, weekly. The house was a dormer style bungalow and there were two bedrooms available for staff who slept over each night from 12 midnight. In the downstairs section there was one respite bedroom which was shared in turn by two highly dependent residents. This had appropriate hoisting equipment installed there and

inspectors noted pictures of each resident displayed on the wall. However, inspectors observed that there were shared slings and sliding sheets used for both residents which presented a risk of cross infection and in addition the size of the sling may not be suitable for each individual. The person in charge stated that these would be individualised in the future. There was a second bedroom in this area which was used by one resident who came to the house for a weekly respite stay. Two of the full time residents had individual bedrooms downstairs which were seen to be personalised. One of these bedrooms had en suite facilities. The person in charge explained to inspectors that painting, renovations and fire safety management works were yet to be commenced in this house. Residents were to move temporarily to another house in the centre which would be vacant during Christmas.

House 2: provided a three day respite service: there were three residents' bedrooms and one staff bedroom in this house. Two regular residents availed of respite in this house and the third bedroom was used alternatively by the same two residents each week.

This house closed on bank holidays, Easter and Christmas.

House 3: provided a seven day residential service: there were six bedrooms in this house, one of which was used by staff. Three full time residents lived there, one resident stayed from Monday to Friday and two respite residents shared the week between them in the fifth bedroom.

House 4: This house had been closed during the first inspection. It had undergone refurbishment and now provided a respite service from Monday to Friday for three regular residents.

Each house was equipped with television, DVDs and radios. Residents had access to the internet and mobile phones. Since the previous inspection blinds had been placed on the glass double doors, where appropriate, to afford increased privacy between the sitting and dining rooms. Grab rails were provided on stairs and in bathrooms. However, in house three, the shower riser needed to be repaired. In addition, inspectors noted a large circular opening in the bathroom wall. The person in charge stated that a external vent had yet to be inserted in the wall. This was significant as the bathroom appeared cold at the time of inspection, due to this opening. In addition, a section of the wardrobe door in one room was missing and there was some repair work to be completed to woodwork at the top of the stairs. Furthermore, in house three inspectors noted that the smoke seals had not been installed in the designated fire doors in this house. This issue was addressed under Outcome 7: Health and safety and risk assessment. In addition, in one house there was an open channel through the bedroom floor boards in one bedroom where a dividing wall had been removed. This presented a potential trip hazard. There was a spare bed in this room which the person in charge stated was to be removed. Repairs were required to the plaster on the walls of this room also. However, new carpets, tiling and flooring had been fitted in other areas in this house and bedrooms had been personalised.

Inspectors noted that in house one there was an inadequate radiator cover on the radiator in the hall. This was significant as one resident liked to sit in the hall with her back to the radiator. Inspectors also noted that this resident's bedroom was very cold. When the radiator was checked by inspectors it was noted to be turned off. There was no radiator cover on this radiator. Inspectors formed the view that it had been turned off to protect the resident from burns due to her aforementioned habit of sitting with her back to the radiator. The person in charge agreed with this observation. The

bedclothes on this bed were not sufficient for warmth, considering that the radiator had been turned off. This was discussed with the provider and person in charge during the inspection who stated that these issues would be addressed. Furniture in the houses was seen to be in good condition. The person in charge informed inspectors that all houses were to be painted. Quotes for this work were seen by inspectors.

Judgment:

Non Compliant - Moderate

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:

Findings:

Actions not completed since the previous inspection included:

~All hazards in the centre were not identified and controls were not in place to control or mitigate all risks.

During this inspection inspectors noted that the centre had an updated health and safety statement. It identified, assessed and outlined the controls required for certain risks in the centre. Procedures were in place for the prevention and control of infection. Alcohol hand gels, plastic aprons and disposable latex gloves were available. There were coloured coded systems in use for cleaning and steam mops had been purchased since the previous inspection.

However, similar to findings on the previous inspection, inspectors noted that the outdoor paths and drive ways in some houses were broken and uneven in places. The potential trip hazards presented had not been identified or risk assessed as before, and repairs were not planned at the time of inspection. In addition, inspectors noted that the edges of a number of steps at the entrance to one house were damaged. This presented a further potential trip hazard.

There was a washing machine and tumble dryer in each house and the equipment was in good repair. During the previous inspection a broken tumble drier was seen to be unsuitably stored on top of a work top in an unsecured manner. This had been taken down from the worktop on this inspection. The person in charge stated that it had not been removed from the utility room as it was awaiting repair or replacement due to a safety notice, issued by the manufacturer. Similar to findings on the previous inspection inspectors found that the risk register was not complete and was not accessible to all

staff in each house. For example one resident who was prone to frequent seizure activity did not have a risk assessment in his file to mitigate harm from these events. This was significant as inspectors viewed notifications and incidents which indicated that the resident had to receive medical attention as the result of falls associated with the seizures. However, the person in charge explained to inspectors that special headgear had been ordered for this resident as a control measure. Inspectors were shown this headgear by the resident, who stated that he was happy with this. In addition, there was now a policy in the centre on the prevention of self harm which was not in place on the previous inspection. Furthermore, inspectors observed that plastic chairs were still in use in the dining rooms for residents in one house. However, the person in charge informed inspectors that the suitability of these chairs had been risk assessed, since the previous inspection, as suitable for specific residents needs.

A fire evacuation plan was in place in each house of the designated centre and in the event of an evacuation of the centre being necessary, alternative accommodation had been identified. Regular fire drill training was documented. All residents had been provided with personal evacuation plans (PEEPS). Records reviewed by inspectors indicated that the fire alarm was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis. There was emergency lighting in place. Carbon monoxide detectors had been installed. Fire drills were carried out regularly and inspectors saw evidence of this. The person in charge stated that a fire detection panel, which had been shared by two houses, had been removed. Each house now had a separate fire panel. These two houses had previously been joined by a connecting upstairs hallway. However, this had been sealed up, on the instructions of the fire safety consultant. Inspectors viewed these renovations. A certificate of fire safety compliance was provided to inspectors on inspection for the completed houses. However, during the inspection, inspectors noted that a number of designated fire safe doors did not have any smoke seals in place. This issue was brought to the attention of the person in charge. During the inspection builders completed the required work.

During the previous two inspections, fire safety non compliance had warranted immediate action plans. Inspectors were satisfied that in general, suitable fire safety arrangements were now in place in the centre with the exception of one house, where work was to commence during the week before Christmas. The provider had attended to the recommendations of a suitably qualified person as regards meeting the requirements of Regulations and relevant legislation. Certification from a suitable qualified person was submitted to the Authority following completion of the remaining work.

Staff had up to date moving and handling training, infection control and hand hygiene training.

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):

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

Findings:

Actions not satisfactorily implemented since the previous inspection included as follows:
- all staff had not received training in the management and de-escalation of behaviour which challenges

The person in charge informed inspectors that she met with staff regularly and that she was aware of her obligation to report any allegation of abuse to the Authority. During the inspection staff were seen to act in a kind manner towards residents. Residents spoken with by inspectors that they felt safe in the centre and that their independence was encouraged. One resident attended advocacy meetings and spoke for the non verbal residents, at these meetings. Inspectors reviewed personal care plans for managing any behaviour escalations and saw that interventions were being implemented where required. The policy on 'behaviour that challenges' had been updated since the previous inspection. The centre availed of the services of behaviour experts such as psychologists and occupational therapists when drawing up plans on positive behaviour support. Residents and their representatives were involved in the personal care plans where appropriate. Staff, with whom inspectors, spoke had received updated training in positive behaviour support and de-escalation techniques. The person in charge informed inspectors that a further cohort of staff would attend the training in January. In addition, the centre now had the services of a clinical nurse specialist (CNS) who organised appropriate training. Inspectors were shown the proposed training schedule. Inspectors noted that approximately 50% of staff had received the aforementioned training in the time frame since the previous inspection.

There was a policy on the management of allegations of abuse and the new Health Service Executive (HSE) policy on Safeguarding Vulnerable Adults (2014) had been adopted in the centre. There was a named person identified as the person responsible for investigating allegations and the responsibility to report any allegation to the Authority was documented. Inspectors spoke with staff who were knowledgeable of what constituted abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. The provider informed inspectors that designated personnel had been identified to investigate any allegation of abuse. She stated that these staff were currently undergoing training. Inspectors noted that the admission policy now contained

guidance for staff in protecting all residents from peer abuse.

There was a policy on the use of restrictive interventions which outlined measures to promote a restraint free environment. Documentation was reviewed which indicated that residents requiring restraint had risk assessments in their personal plans. In addition, there was documentation in place to indicate that staff supervised residents, who required restraint, for example, lap belts or bedrails. There was a policy and suitable measures in place for the management of residents' finances.

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):

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

Findings:

Similar to findings on the previous inspection residents had access to the general practitioner (GP) services and appropriate therapies, such as, the dentist, the psychologist, the dietician, the occupational therapist (OT), pharmacist and the speech and language therapist (SALT). Inspectors noted that residents had assessments and plans of care in their personal care plans (PCPs) from the SALT and the dietician. Documentation with regard to information from these reviews was detailed and had been updated where necessary. Residents with specific medical conditions had been seen by the relevant consultant and documentation to support these appointments were viewed by inspectors.

Regular multidisciplinary input was evident in the personal care plans. Residents were included in these PCP reviews and inspectors viewed the records of recent reviews which had taken place. There was an emphasis on a healthy lifestyle and residents were encouraged to walk and exercise where possible. There was a 'food pyramid' poster on display in each kitchen.

Staff were knowledgeable about residents' health and social care needs and were observed to provide care as outlined in the personal plans. They gave pertinent information to inspectors about each resident's needs and how these were met.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

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

Findings:

Actions not satisfactorily implemented since last inspection:

- not all drugs had the maximum 24hr PRN (when necessary) dose included on the prescription
- effective medication audits were not available for review by inspectors
- allergies were not identified on all medication administration charts
- not all medication administration charts contained the date of birth of the resident and the current date.

The new medication policy, dated 2015, was in use on this inspection. Each resident now had an individual medication plan and staff spoken with by inspectors were familiar with safe medication practice. Medication errors were recorded on the computerised system however, the person in charge stated that there were no errors in the centre at present.

During this inspection there were no controlled medications in use. There were improvements in practice noted since the previous inspection for example, medications were stored in individual plastic boxes with each resident's photograph attached. There were a number of residents in the centre with epilepsy and some respite residents were prescribed emergency epilepsy medication. Staff with whom inspectors spoke were aware of how to administer this medication and had been trained in its use. The provider stated that not all pharmacists were willing to provide the centre with pre printed medication administration record sheets (MARS) based on the GP's prescription. These sheets would eliminate the aforementioned errors. However, the person in charge stated that systems had improved since the previous inspection and the centre was working with pharmacists on quality assurance and audit. The CNS was also working with the centre on audit. However, the results of this audit and any actions carried out, were not available to inspectors during the inspection.

Judgment:

Non Compliant - Moderate

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The registered provider had updated the statement of purpose as required, following the previous inspection and had submitted a copy to the Authority. However, inspectors found that the registered provider had closed one service unit and re-opened another. This change was not reflected in the statement of purpose submitted to the Authority. The updated statement of purpose was submitted following the inspection.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The actions not satisfactorily implemented since the last inspection included:

-Unannounced 6 monthly visits by the provider or a nominated person and the regulatory requirement for the compilation of a yearly report on the quality and safety of care had yet to be completed in the centre.

During this inspection, inspectors interviewed the new person in charge. She informed inspectors that her post was full time. She stated that she was engaged in the governance, operational management and administration of the centre on a regular basis. She stated that regular management meetings were held with the provider and staff and staff were facilitated to discuss issues of safety and quality of care at team meetings. Minutes of these meetings were viewed by inspectors. Audit of areas such as infection control and health and safety had taken place in 2015. However, similar to findings on the previous inspection medication management audits were not available to inspectors. This was a repeated non compliance and was addressed under Outcome 9: Medication management.

Staff and resident surveys were carried out previously but the person in charge stated that these did not occur regularly. During a previous inspection of November 2014 the provider informed inspectors that she had hoped to commence unannounced inspections just prior to the announcement of that inspection. However, inspectors again noted on this inspection that the bi-annual unannounced inspections of the centre by the provider, as required by the Regulations, had yet to commence. In addition, the required yearly review had not taken place.

The provider was stepping down from the role on 4 January 2016 and the new provider attended the centre during this inspection. She was found by inspectors to be qualified for the role and was experienced in management within the sector. She demonstrated knowledge of the Regulations and Standards. She had a commitment to ongoing professional development.

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:

During this follow up inspection a sample of staff files reviewed by inspectors complied with the requirements of Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres For Persons (Children and Adults) with Disabilities) Regulations 2013. There was evidence on each file that there was regular audit to

ensure that the requirements of Regulations were met. Inspectors viewed the policy on staff recruitment and saw that staff had fulfilled the required vetting procedures. There was an induction policy and procedure in place.

Training records reviewed by inspectors indicated that staff had attended a range of training. However, not all staff had received mandatory training in managing challenging behaviour as addressed under Outcome 8: Safeguarding and Safety. Staff supervision records were seen and inspectors saw that staff appraisals had been undertaken.

Inspectors found that staff had a good understanding of the responsibilities of their role and of the needs of residents. Staff with whom inspectors spoke were informed about residents' wishes and goals. They informed inspectors that residents had attained a number of achievements and inspectors observed a number of related certificates displayed in the centre. Residents were seen to be familiar and with the staff members on duty during the inspection. Staff had access to the Health Act 2007, a copy of the relevant Regulations, and the National Standards for Residential Services for Children and Adults with Disabilities 2013.

Judgment:
Compliant

Outcome 18: Records and documentation

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

Theme:
Use of Information

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

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

Findings:

During this inspection, inspectors noted that records and documentation in the centre were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. A directory of residents was maintained in the centre and this contained all of the items required by the Regulations. A record of residents' assessments and copies of personal plans were available. Inspectors noted that records of nursing and medical care provided to residents, including any treatment or medical interventions, were maintained. Resident's files were found to be informative and complete. For example, a record was maintained of all referrals and the outcome of these. Records relating to

communication needs, money or valuables, incidents, fire safety were stored securely and were easily retrievable. Training records were accessible on this inspection.

The policies required under Schedule 5 of the Regulations were in place such as: medication management, the prevention of abuse, approaches to challenging behaviour and the provision of information to residents, among others.

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:

Mary O'Mahony
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 CoAction West Cork Ltd
Centre ID:	OSV-0002105
Date of Inspection:	14 December 2015
Date of response:	17 February 2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The person in charge failed to ensure that each resident availing of services in the centre had adequate space to store and maintain his or her clothes and personal property and possessions. This was significant where residents who availed of regular weekly respite care, shared a bedroom, on alternative nights, in some houses. Inspectors observed that there were no adequate, suitable locked facilities available

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

these residents, who wished to leave their belongings in the house between stays.

1. Action Required:

Under Regulation 12 (3) (d) you are required to: Ensure that each resident has adequate space to store and maintain his or her clothes and personal property and possessions.

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

Storage space to store and maintain each residents' clothes and personal property and possessions is being created

Proposed Timescale: 18/03/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Inspectors found that one radiator was turned off and areas in one house were found to be cold for example, the bathroom and a resident's bedroom.

2. Action Required:

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

- The residents' use of this particular bedroom was an interim arrangement until the fire safety measures had been implemented. The resident has now moved back to their original bedroom which is more suitable to the individual's particular support needs.
- Three quotations had to be obtained to install radiator covers. These quotations have now been received and a contractor appointed to install the covers.

Proposed Timescale: 07/03/2016

Theme: Effective Services

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

Repairs were required in some areas as highlighted under this Outcome.
For example: the shower, the external fan, the provision of radiator covers, the stair repairs and painting works.

3. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

- The shower riser and the large circular opening in the bathroom wall in House 3 have been repaired.
- The external vent has been inserted in the bathroom wall.
- The section of the wardrobe door in one room has been replaced.
- The woodwork at the top of the stairs has been repaired.
- The open channel was made safe immediately and this has now been filled.
- The repairs have been done to the plaster on the walls in the bedroom.
- The radiator covers will be installed by 7th March 2016.
- Quotations have been obtained for painting Houses 2 & 4 and works will be undertaken during the next fixed closure.

Proposed Timescale: 04/04/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Not all risks in the centre had been risk assessed and controlled.

For example: radiator covers were not adequate

- a resident who was subject to increased seizure activity did not have an adequate risk assessment in place
- designated fire safe doors had not been completed to the required standard
- a designated fire safe door was wedged open
- the risk register was not available in each house
- floor repairs and wall repairs were required in one bedroom
- footpaths, steps and external surfaces were uneven and presented trip hazards.

4. Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

- The risk assessment relating to the resident who is subject to increased seizure activity has been completed and control measures identified to manage the increased risks.
- The seals were installed to designated fire safe doors on the day of the inspection.
- All wedges have been removed and staff have been instructed not to reintroduce them
- The radiator covers will be installed by 7th March 2016.
- Work is ongoing on the risk register including an upgrade to the software. The risk register will be fully operational by 7th March 2016.
- The open channel was made safe immediately and this has now been filled.

- The County Council have been advised that there are vulnerable adults living on the street and that the footpath was highlighted as being very uneven and unsafe. The Council have taken note of our concerns and put it on their schedule of works. The Council have come to view the footpath but said they could not give us a timeframe of when the works would be done as it was dependent on budgets.
- Quotations have been obtained to level the steps and other uneven surfaces and a timescale will be finalised once a contractor is appointed.

Proposed Timescale: 07/03/2016

Theme: Effective Services

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

There was one house in which the upgraded fire safety management system had yet to be installed.

Designated fire safety doors had not been completed to the required standard.

5. Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

- The upgraded fire safety management system in one house was completed and certified and Compliance Form submitted to the Authority on 23rd December 2015.
- The fire safety doors in House 3 were completed on the day of the inspection.

Proposed Timescale: 17/02/2016

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:

A number of staff had yet to complete training in the management of behaviour that was challenging including de-escalation and intervention techniques.

6. 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:

Up until late 2015 staff training in the management of behaviour that is challenging was in-house (uncertified). Certified training commenced in November 2015 and staff are being systematically trained across the services. Three certified training sessions are

scheduled for 18th & 19th February; 28th & 29th April and 19th & 20th May 2016.

Proposed Timescale: 20/05/2016

Outcome 12. Medication Management

Theme: Health and Development

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

The following failings were found on inspection:

- not all drugs had the maximum 24hr PRN (when necessary) dose included on the prescription
- effective medication audits were not available for review by inspectors
- allergies were not identified on all medication administration charts
- not all medication administration charts contained the date of birth of the resident and the current date.

7. 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:

- Some of the actions that were committed to in the previous inspection were not followed through on due to insufficient time and resources. The focus in the immediate was to ensure that staff were trained, assessed, that there were appropriate medication management arrangements in each house, that prescription charts were legible, that Self Medication Risk Assessments were undertaken with all residents and that IMPs (Individual Medication Plans) and Epileptic Care Plans were up to date and in place. The Provider is finalising a proposal to ensure all outstanding issues pertaining to compliance with this Regulation 29 are addressed.
- A Checklist has been devised for staff to complete at the end of shift to ensure all drugs include the maximum 24hr PRN dose on the prescription, to identify allergies on all medication administration charts and to ensure that the date of birth of residents and the current date are noted.
- Medication audits have been organised.

Proposed Timescale: 26/02/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose submitted to the Authority did not accurately list the service units in use in this centre.

8. Action Required:

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

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

The statement of purpose was updated and submitted on 1st February 2016.

Proposed Timescale: 17/02/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The registered provider had failed to carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and had not prepared a written report on the safety and quality of care and support provided in the centre. In addition, a plan had not been put in place to address any concerns regarding the standard of care and support.

9. Action Required:

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

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

•6-monthly audits have been undertaken in all four houses and Action Plans identified to address concerns regarding the standard of care and support.

Proposed Timescale: 17/02/2016

Theme: Leadership, Governance and Management

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

The registered provider had failed to ensure there was an annual review of the quality and safety of care and support in the designated centre to evaluate that such care and support was in accordance with Standards and Regulations.

10. 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 on the safety and quality of care and support provided in the centre is currently being organised.

Proposed Timescale: 08/04/2016