

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Telford Houses & Apartments
Centre ID:	OSV-0002314
Centre county:	Dublin 4
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Mary's Centre (Telford)
Provider Nominee:	Muireann Cullen
Lead inspector:	Anna Doyle
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	19
Number of vacancies on the date of inspection:	5

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
05 April 2017 10:15	05 April 2017 19:10
06 April 2017 10:00	06 April 2017 14:15

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was the fourth inspection of the designated centre. The purpose of this inspection was to follow up on the actions from the last unannounced inspection carried out in the centre on 13th October 2016.

Description of the Service:

The centre is situated in South Dublin. It is part of a campus based setting and consists of 10 self contained apartments and three semi-detached houses. The apartments can accommodate ten residents, two of the houses can accommodate five residents and the other house can accommodate four residents. The centre provides care to female adults with a visual impairment, some of whom have an intellectual disability and health care needs. Care is provided using the social model of care, however nursing input is available as the person in charge is a nurse. The residents are supported to live independently with staff supports allocated on a needs basis.

How we gathered our evidence:

Over the course of this inspection the inspector met eight of the residents and visited one apartment and all of the houses. All of the residents said they were happy living in the centre. One resident who had recently been admitted to the centre met with the inspector. The inspector observed practices, met with staff, reviewed documentation such as: care plans, risk assessments, policies and procedures and the statement of purpose.

The person in charge and the person participating in the management (PPIM) of the centre were present over the course of the inspection. Since the last inspection a new provider nominee had been appointed to the centre. They met with the inspector after the initial opening meeting to discuss the arrangements in place to meet the requirements of the regulations.

Overall findings:

Overall the inspector found improvements were noted in residents' social care activities in the centre, which was improving outcomes for residents. Residents were observed to be happy in the centre and staff were observed to interact with the residents positively.

However, 16 actions from the last inspection had not been implemented or were still in progress, the details of which are contained in the body of this report. One major noncompliance was found under governance and management in the centre. Significant improvements were required in this area so as to ensure that effective management systems were in place to support and promote the delivery of safe quality care services in the centre.

Of the ten outcomes inspected eight were found to be in moderate compliance of the regulations, with improvements required under residents' rights, contracts of care, social care needs, health and safety, safeguarding, medication management, workforce and policies and procedures in the centre. One substantial noncompliance was found under health care needs.

The action plan at the end of this report identifies the improvements required.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector found that some of the practices in the centre were not respecting residents' rights. This included the variation in the fees residents paid in the centre and some records maintained in the centre. Improvements were also required in one intimate care plan in place.

The inspector viewed a record for one resident that was not respectful towards the resident. For example, the record stated that the resident agreed to be "good".

In addition, the inspector found that residents were being charged different amounts in the centre for services provided. The inspector found that this was not respecting residents' rights in the centre.

The inspector reviewed one intimate care plan for a resident. This had not been updated to reflect the residents changing needs and the supports required to assist them.

No other aspects of this outcome were inspected against.

Judgment:

Non Compliant - Moderate

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed

written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that there was an admission policy in place in the centre and that residents had a contract of care contained in their personal plan that had been signed by the resident or their representative as appropriate.

One resident who had been admitted to the centre since the last inspection met with the inspector. They said that they were very happy with the process. They had been invited to visit the centre and a pre assessment checklist was completed prior to admission. This was contained on the residents' plans which gave details of the supports required. The resident was aware of this plan and was aware of the contract of care which included the fees to be charged and the services provided.

However, the inspector found from a review of other resident's contracts of care that the services outlined were generic to each contract despite the fact that residents were being charged different amounts each month. For example, the contracts stated that utility bills were included in the fees charged, even though some residents paid for utility bills in the centre. This was discussed at the feedback meeting.

The inspector also found that there were no records to demonstrate how residents residing in the centre had been consulted about the new admission to the centre. In addition, the admission policy did not include the requirement under the regulations to consider the safety of other residents in the centre, prior to any new admissions to the centre and there were no records to demonstrate whether this had been considered.

The inspector acknowledges that from speaking to another resident in the centre that they were happy with the new admission to the centre and from a review of the residents' plans there was no records that would indicate that resident's safety would be compromised as a result of this admission to the centre.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that

reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

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

Findings:

The inspector found that while improvements had been made so as to meet residents' social care needs in the centre, further improvements were still required in the assessment of need, annual reviews, the processes in place to review the effectiveness of personal plans and the records in place around residents goals.

Each resident had a personal plan in place that included an assessment of need. However, it did not include an assessment of residents' health care needs. This had been an action from the last inspection.

The inspector acknowledges that staff had recently received training in personal planning processes in the centre. As a result of this a schedule of meetings had been set with staff to review and improve the assessment of need in place for residents. The inspector was shown records demonstrating the steps involved in this and was informed that once the review was complete a new assessment of need would be introduced.

From a sample of plans viewed the inspector found that support plans were in place for some identified needs, but improvements were required as there were no support plans in place around the changing needs of some residents. For example, dementia care. The records demonstrated that some support plans had been reviewed and that recent meetings had been held with staff to discuss resident's supports and care in the centre.

However, the records did not demonstrate how this was improving outcomes for residents and the effectiveness of the personal plans. While this had been an action from the last inspection, the agreed time frame for this action had not been reached at the time of this inspection.

Staff spoken with were knowledgeable around residents needs and informed the inspector that there had been an increase in social activities for residents in the centre since the last inspection.

The inspector found from speaking with residents and on review of the social activity documents, that significant improvements had been made in this area. A social activity agenda was discussed at residents meetings and from this activity plans were made in line with residents' preferences for the month.

Residents spoke about planned holidays, attending the theatre, going to the cinema,

going for coffee and local walking groups. Some residents required no staff supports around their social activities and they talked to the inspector about being happy with this arrangement. Other residents were supported to have pets in the centre.

However, the inspector found that some improvements were still required so that some residents had access to meaningful activities during the day. This was acknowledged by the person in charge and they informed the inspector that the provider was currently in the process of trying to address this.

In addition, the inspector found that while goals had not been clearly set out in residents' personal plans, residents spoke to the inspector about some goals. For example, one resident spoke about going on holidays to Lourdes with a local parish group.

At the last inspection, it was found that the transition of one resident from one area of the centre had not been clearly recorded and the rationale for this move was not clear. The inspector was unable to inspect against this as the inspector was informed that this had not occurred in the centre since the last inspection.

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:

The inspector found that while there were systems in place to protect residents, visitors and staff in the centre, some of these systems were not always fully implemented or acted on in the centre.

As part of the action plan from the last inspection, the provider had commissioned an external consultancy firm to complete a health and safety audit in the centre. This had been completed in January 2017 however a significant number of the actions from this audit had not been implemented as yet. This included a review of the emergency plan, a review of staffing levels in the centre at night, to update the risk register for the centre and an update of areas of the centre due to infection control issues. For example, one radiator in a bathroom was rusted.

In addition, to this the provider had undertaken to ensure that risk assessments would

be completed for all identified risks in the centre and would be included in the risk register. The inspector found that some of these had been completed. However there were still improvements required as there were no risk assessments in place for some identified risks. For example, lone workers risk assessments.

The inspector also found that, of the individual risk assessments completed on some residents plans, that the control measures were not implemented into practice and the risk assessments had not been reviewed to reflect this. For example, one resident who resided in the centre had risk assessments in place around the use of chemicals and absconding from the centre. On speaking to staff the inspector found that the control measures recorded were not implemented and the risk assessments had not been reviewed to reflect this.

Some residents in the centre smoked and there were risk assessments in place around this. However, some of the practices contravened what was in the organisations own policy around this. In addition, the inspector saw records of a managers meeting held in the centre in February 2017 stating concerns around one practice , however there were no records to demonstrate how these had been followed up.

There were measures in place for residents who remained in the centre on their own. Each resident had panic buttons that were connected to a central location, staff were then alerted in the event that residents required supports.

There also were systems in place where residents who resided on their own checked in with the staff on duty at night and in the morning. Incidents were now being reported to the person in charge and the social care manager. These had been reviewed and corrective actions had been recorded as required. Health and safety committee meetings were held every 3 months to review incidents and health and safety issues in the centre. This had been an action from the last inspection.

Staff were familiar with the fire evacuation procedures in the centre and had no concerns regarding evacuating residents safely from the centre in such an event. The inspector was informed that a fire drill was scheduled to take place in the centre on the second day of the inspection. This would be over seen by an external fire consultant.

No other aspects of this outcome were inspected against.

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:

The inspector found that there were measures in place in order to protect residents from suffering abuse in the centre. However, the action plan from the last inspection had not been fully implemented. Improvements were also required in behaviour support.

Since the last inspection the provider had undertaken to ensure that all staff had received safeguarding training in line with the HSE policy and to ensure that there was a senior member of staff in place in the evening time or at night for staff to report safeguarding concerns to. These two actions had not been completed.

The inspector was informed at the feedback meeting that there was a plan in place to address the training for all staff.

In addition, as part of the action plan from the last inspection the provider had undertaken to ensure that interventions were in place for residents who may have behaviours of concern in order to guide staff practice. The inspector found that while this had been implemented, they were not detailed enough to guide practice.

For example, the inspector observed one residents records that showed where an intervention had been implemented in response to a behaviour that had not been agreed by team members and was not in line with best practice as it may be considered punitive in nature. This was discussed with the person in charge, the social care manager and at the feedback meeting.

Since the last inspection two restrictive practices that were in place had ceased. However, the inspector found that two other restrictive practices were in place in the centre since the last inspection.

The restrictions related to times when residents had access to certain items. Both residents spoken with told the inspector that they were happy with this being in place and the inspector observed that the items were not locked away. However, one incident reviewed by the inspector was recorded as a result of this restriction being in place at certain times for one resident. There was no documented rationale as to why this restriction to items was in place for residents.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

The inspector found that residents had access to a medical practitioner in the centre and were supported to achieve good health. However, improvements were still required in personal plans.

Since the last inspection the provider had undertaken to ensure that personal plans would be updated to include health support plans for each residents' assessed needs. This had not been completed for all residents. For example there were no support plans in place for some residents changing needs.

Staff spoken to were knowledgeable around residents needs. The inspector spoke to two residents about their healthcare needs and the inspector found that both residents were informed about the supports in place. For example, one resident spoke about the recommendations made from one allied health professional that was recorded in their personal plan.

Meals plans were not observed as part of this inspection. However, residents spoken to were happy with the meals supplied in the centre. Residents attended the local canteen on the campus for some meals. They had access to cooking facilities in the centre if they wished to avail of this. Residents spoken with said that they liked going to the canteen for meals as it was a social event for them and they got to meet friends and other staff there.

Judgment:

Substantially 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:

The inspector found that there were written medication policies in place in the centre. However, improvements were required in some practices in the centre.

As part of the action plan from the last inspection the provider had undertaken to ensure that there were protocols in place to guide staff on the administration of prescribed as required medication. The inspector found that this had not been completed and on speaking to staff some were not fully aware of when to administer one prescribed medication. However, the staff stated that they would ring for nursing assistance if required.

A sample of medication prescription sheets were reviewed and the inspector found two instances where the dose of medication was not clearly written on the prescription sheet. This was amended by the general practitioner on the second day of the inspection. The inspector was also informed that in response to this finding the provider had commissioned a full audit to be completed of all medication prescription sheets in the centre.

There were now appropriate procedures in place regarding the disposal of unused medication and the storage of the second set of drug keys in the centre.

Medications audits had been completed in the centre and the inspector found that the actions required from the audit had been implemented into practice. For example, the audit found that prescribed creams did not always have the opening date labelled on them. This was now completed for all creams stored in the medication press.

All staff had completed training in the safe administration of medication. The inspector found that medication errors were followed appropriately and that additional control measures were implemented as required.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspector found while there was a defined management structure in place. The systems in place to review, monitor and implement quality of care services in the centre were not effective. Improvements were required to ensure effective reporting structures were in place in the centre and that services provided were effectively monitored in the centre. The inspector found that since the last inspection a considerable number of actions had not been implemented. In addition, audits carried out in the centre to improve service provision were not been fully implemented.

The inspector met with the person in charge on the second day of the inspection. They were suitably qualified and knowledgeable of the residents needs in the centre. They reported directly to the provider nominee. The person in charge was responsible for another elderly care designated centre on the campus. They were supernumerary in their role as person in charge for both centres. They were supported in their role for this centre by a social care manager.

The social care manager was also supernumerary in their role and is responsible for overall service provision of care on a daily basis in the centre. The person in charge links with the social care manager on a daily basis. However, this arrangement is informal and there were no formal meetings held to discuss the quality of care being provided in the centre on a regular basis.

Meetings were held on a monthly basis with the provider nominee, the person in charge, the social care manager and other relevant department heads to discuss issues relating to service provision in the centre.

Staff meetings were held in the centre, however on review the inspector found that these were not regular. For example, there had been only two staff meetings held in the centre since the last inspection.

At the last inspection the provider had undertaken to introduce clearly defined reporting structures for staff in the evening time and at night. This had not been implemented. However, the inspector was informed that this was due to commence in May 2017.

Since the last inspection the provider had commissioned an external auditor to audit the quality and safety of care being provided in the centre. These audits were divided into specific themes and would be ongoing over the next year. Two audits had been completed to date. However, on review the inspector found that only some of the actions had been addressed and a considerable amount of actions were still required to be implemented.

The inspector was shown records of a residents survey that had been completed in the centre since the last inspection, the findings from which had brought about positive changes for residents regarding social care activities in the centre.

An annual review had not been completed for 2016 in the centre.

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):

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

Findings:

The inspector found that improvements had been made to ensure that there were adequate staffing levels in the centre in order to meet residents assessed needs. However, further improvements were required in this area and in supervision for some staff and volunteers in the centre.

Since the last inspection the staffing levels in the centre had been reviewed and more staff were rostered in the evening times and at weekends when social activities were planned. In addition the inspector was informed and shown records to demonstrate that the provider had reviewed the skill mix in the centre and was currently trying to recruit another social care worker in the centre. This was still in progress.

Staff spoken with felt that there was sufficient staff in place some days in the centre. However, some days additional staffing was required to ensure that residents' needs could be met. This was confirmed by the person in charge, and observed by the inspector as some parts of the day there was no meaningful activities for residents to engage in, in one part of the centre.

In addition, the inspector found from a review of staff rotas that contingencies had not been in place to cover staff's leave in the centre. This had resulted in staff shortages. However, the inspector did see records demonstrating that when staff had raised this as a concern during their supervision that the issue had been addressed by the social care manager. Staff spoken to confirmed that since this issue had been addressed it had not occurred again.

The inspector was shown records confirming that 25 additional hours had been

approved for the centre to meet one residents needs. In addition to this the provider was looking to recruit an activities coordinator part time for the centre.

Staff spoken to felt supported in their role and as already mentioned staff received formal supervision in the centre. However, there was no supervision in place for the social care manager in the centre.

From a sample of personnel files viewed staff were recruited, selected and vetted in accordance with schedule 2 of the Regulations.

Volunteers were employed in the centre. The inspector found that the roles and responsibilities was only set out in writing for some volunteers and there was no supervision in place for volunteers in the centre. This had been an action from the last inspection.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The inspector found that improvements were still required in the policies and procedures in the centre.

Not all aspects of this outcome were inspected against. Since the last inspection the provider had undertaken to ensure that the policies and procedures as required under Schedule 5 of the regulations would be reviewed to reflect the practices in the centre. This action had not been implemented.

The inspector acknowledges that this action had not reached its completion date as per the providers action plan at the time of this inspection. However, some of the policies

were not reviewed in line with regulations. For example some policies had not been reviewed since 2013.

The inspector found that the some of the records contained in personal plans had gaps. For example, daily progress notes were not recorded for each resident every day.

The inspector was also informed that progress notes were only completed when a significant event occurred for the resident. However, there was no guide or policy in place on what constituted a significant event. This did not guide best practice as residents who may have changing needs did not have daily progress notes consistently completed in order to assess the resident's progress.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Anna Doyle
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 St Mary's Centre (Telford)
Centre ID:	OSV-0002314
Date of Inspection:	05 April 2017
Date of response:	14 July 2017

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The fees charged to residents in the centre were not the same for each resident.

Some records in the centre were not respecting residents dignity.

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

1. Action Required:

Under Regulation 09 (1) you are required to: Ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.

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

A meeting has been held with the HSE on 29th May seeking clarity on the long stay charges. All contracts will be amended accordingly to reflect the individualised situation based on feedback from the HSE, which we are currently awaiting on.

Promotion of residents' dignity will be adhered to at all times with immediate effect (17th May 2017).

Proposed Timescale: 31/08/2017

Theme: Individualised Supports and Care

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

One intimate care plan in place had not been updated to reflect the changing needs of the resident.

2. Action Required:

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

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

Intimate care plan will be updated to accurately reflect the current care and support the resident is receiving.

Proposed Timescale: 30/07/2017

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The admission policy did not include the requirement under the regulations to consider the safety of other residents in the centre, prior to any new admissions to the centre and there were no records to demonstrate whether this had been considered.

There were no records to demonstrate that residents had been consulted with prior to a

new admission to the centre.

3. Action Required:

Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

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

RR105 – waiting list management, RR009 Resident involvement and participation in care and day to day activities and RR002 Communication with prospective residents and their families – these policies will be updated to include in written format the current verbal practice of consulting current residents prior to a new admission.

All new admissions have to be suitable for integration with current residents from not only a health and safety perspective, but holistic. In future, from 16th May 2017 communication with current residents on this matter will be noted in their care plans.

St Mary's Centre are developing a new admissions policy which will have defined the necessity to record in the pre-admission assessment the risk to other resident's wellbeing from applicant. Special consideration will also be taken of the applicant's recorded behavioural history. The potential impact behaviours may have on current residents and the controls St Marys would have to put place to protect residents if applicant's application was successful will also be recorded.

Current residents will be given opportunity to meet potential new resident and give feedback to management prior to final decision on admission. This will be documented in the residents' care plans and included in our new admissions policy.

Proposed Timescale: 30/09/2017

Theme: Effective Services

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

The services outlined in residents' contracts of care were generic, despite the fact that residents were being charged different amounts each month and the services provided to each resident for the fees charged were not correct.

4. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

A meeting has been held with the HSE on 29th May seeking clarity on the long stay charges. All contracts will be amended accordingly to reflect the individualised situation based on feedback from the HSE, which we are currently awaiting on.

Proposed Timescale: 31/07/2017

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 assessment of need contained in residents' personal plans did not include their healthcare needs.

5. Action Required:

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

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

The new care plan template will contain all information relating to health care needs. Utilisation of the new template will commence by end of June 2017.

Proposed Timescale: 30/06/2017

Theme: Effective Services

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

Records of the review of some residents plans did not demonstrate how this was improving outcomes for residents and the effectiveness of the personal plans.

There was no review completed for some residents on the overall effectiveness of their personal plans.

6. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

Planning to commence personal care plan review by end of June 2017 to incorporate the review of the outcomes and the overall effectiveness of the individual personal plans. Aim to have completed by end of August 2017.

Proposed Timescale: 31/08/2017

Theme: Effective Services

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

The records contained in residents personal plans did not detail goals they had set for the year and the people responsible for supporting the resident to achieve those goals.

7. Action Required:

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

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

Introduction of new template for personal care plans will encompass the goal(s) of the residents and the person responsible for achieving same. Commenced in June and to be completed by end of August (31.08.17)

Proposed Timescale: 31/08/2017

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:

A significant number of actions from an audit completed in the centre had not been implemented. This included a review of the emergency plan, a review of staffing levels in the centre at night, to update the risk register for the centre and an update of areas of the centre due to infection control issues. For example, one radiator in a bathroom was rusted.

There were no risk assessments in place for some identified risks. For example, lone workers risk assessments.

Some residents individual risk assessments had control measures recorded that were not implemented into practice and the risk assessments had not been reviewed to reflect this change.

Some practices in the centre contravened what was in the organisational policy for the centre. This had not been appropriately followed up as outlined in the body of the report.

8. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

Currently policies are in the process of being updated and these will reflect the required amendments based on best and current practice.

The risk register and emergency plan will be updated following the recent establishment of a Quality and Safety Risk Register committee incorporating heads of the relevant departments within St. Mary's Centre. (31 August 2017)

As part of the health and Safety Audit completed in January 2017 a quality improvement plan has being devised which includes review of the emergency plan and infection control. A sub-committee of the quality and safety team has been put in place. On a quarterly basis, this team reviews the risk register, updates controls required for identified risks.

All current risk assessments will be reviewed and reflective of current required controls and this will be discussed with staff at the upcoming multidisciplinary team meeting. Staff will be reminded at handovers of the importance of reading current risk assessments.

Going forward meetings with residents to discuss issues will be followed up within a four-week period with a formal meeting to discuss progress achieved on the issue and documented in the resident's care plan.

Our smoking Policy CE018 will be updated to be reflective of current practice where by residents in single apartments may smoke in their own home.

Policy HR002; Staffing Levels, Rotas and Working Hours Policy will be reviewed to ensure adequate controls are in place for the lone worker and the risk register will be updated accordingly to reflect this review.

Proposed Timescale: 31/08/2017

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:

The rationale for the use of two restrictive practices in the centre was not documented.

9. 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:

Care plans for the two restrictive practises will be amended to reflect the rationale for

such.

Proposed Timescale: 30/07/2017

Theme: Safe Services

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

The care interventions in place to support residents who may have behaviours of concern were not detailed enough to guide practice.

One intervention implemented in response to a behaviour of concern was not in line with best practice and had not been agreed by the team.

10. Action Required:

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

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

Care plans are being amended and the intervention support will provide more detailed guidance for staff in supporting behaviours of concern. Commenced by end of June and completed by end of August.

By the end of May 2017 all current staff will have received safeguarding awareness training and this training will be provided to newly recruited staff also in line with the HSE Policy. St Mary's have a plan to implement a manager on-call 7 evenings/ nights a week and a meeting with HSE was held on 29th May to discuss funding for this proposal. This plan will be operational by 30th June.

A positive and supportive response to negative behaviour will be promoted at all times and residents will be supported to follow advice in line with best practice as agreed by all. Resident and staff will discuss together negative behaviours and plan for positive behaviour. This will be recorded in the resident's care plan.

Proposed Timescale: 30/06/2017

Theme: Safe Services

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

There was no senior person identified in the centre to report allegations of abuse in the evening time or at night.

11. Action Required:

Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers

abuse.

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

Subject to funding received from the HSE, a multi-departmental meeting will be scheduled to determine how a rota will be established for on call managers during evenings and nights.

Current practice is that staff will ring their unit manager in the evening/night if a safeguarding issue arises. St Mary's have a plan to implement a manager on-call 7 evenings/ nights a week and a meeting with HSE was held on 29th May to discuss funding for this proposal. This plan will be operational by the 30th of June.

Proposed Timescale: 30/06/2017

Theme: Safe Services

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

Safeguarding training that was in line with the HSE policy had not been provided to all staff.

12. Action Required:

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

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

Safeguarding training is scheduled for all current staff on rota for between the 22nd and 29th of May, provided by CHO6 safeguarding team. Newly recruited staff will receive safe guarding training also.

Proposed Timescale: 30/05/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

There were no healthcare plans in place for some residents' healthcare needs.

13. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

New care plan templates to be introduced in the near future and care plans will reflect

all residents' current healthcare needs (30.06.2017). Aim for completion by 31st August 2017.

Proposed Timescale: 31/08/2017

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:

There were no protocols in place to guide staff on the administration of medication for prescribed as required medication.

14. 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:

Written Protocols for all PRN medication are currently being developed by City Pharmacy to provide clarity for staff by end of June 2017. All staff will be educated on this information when received.

Proposed Timescale: 30/06/2017

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:

There was no clearly defined reporting structures for staff in the evening time or at night time.

There no formal meetings held between the person in charge and the social care manager to discuss the quality of care being provided in the centre.

Staff meetings were not held on a regular basis in the centre.

15. 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:

Current practice is that staff will ring their unit manager in the evening/night if a safeguarding issue arises. St Mary's have a plan to implement a manager on-call 7 evenings/ nights a week and a meeting with HSE was held on 29th May to discuss funding for this proposal. This plan will be in operation by 30th June.

Formal meetings have commenced between the social care manager and the clinical services manager, a record of topics discussed will be recorded.

Staff meetings will be scheduled on a monthly basis commencing end of May 2017.

Proposed Timescale: 30/06/2017

Theme: Leadership, Governance and Management

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

An annual review had not been completed in the centre for 2016.

16. Action Required:

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

An annual review for 2016 will be undertaken by the end of August 2017.

Proposed Timescale: 31/08/2017

Theme: Leadership, Governance and Management

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

Action plans arising from audits completed in the centre had not all been implemented.

17. 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:

Quality Improvement Plan meetings commenced in May 2017 and work is being undertaken to address the gaps identified in the audits conducted by Healthcare Informed. Unannounced visits by management to the houses and apartments will be

commenced in July and a written report on the quality and safety of care and the support needs of the residents will be completed by September 2017.

Proposed Timescale: 30/09/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The staffing levels in the centre were not sufficient to meet residents social care needs at all times.

18. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

Current practice is that additional staff are rostered to enable residents to attend external events/activities on a needs basis – residents are always accommodated to go out. In addition, there is a current recruitment drive to ensure the full complement of staff. Due to unforeseen circumstances, this has been delayed but we envisage having new team members in situ by end of August 2017, subject to Garda vetting.

Residents will be encouraged and facilitated to participate in scheduled social activities that are taking place in other units in St Mary's. Lists of upcoming events are displayed on notice boards throughout the centre and staff daily update residents on choices available. Consultation with residents on activities will take place at residents meeting every quarter and activities will be scheduled as per resident's requests.

Recorded supervision for volunteers has commenced since June 2017 and it is planned to have met with all volunteers the end of August 2017. In addition, a formal role and responsibility/job description has being developed for all volunteers and is being discussed at their supervision session also.

The Social Care Manager and the Clinical Services manager have commenced weekly supervision sessions and a written record is maintained also.

Proposed Timescale: 31/08/2017

Theme: Responsive Workforce

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

The social care manager did not receive supervision in the centre from their line

manager.

19. Action Required:

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

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

Supervision is now formalised and recorded in comparison to prior informal supervision. Commenced May 2017.

Proposed Timescale: 16/05/2017

Theme: Responsive Workforce

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

The roles and responsibilities was only set out in writing for some volunteers employed in the centre.

20. Action Required:

Under Regulation 30 (a) you are required to: Set out the roles and responsibilities of volunteers working in the designated centre in writing.

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

Social care manager is currently updating the roles and responsibilities of volunteers with a view for completion by end June, subject to availability of volunteers to attend.

Proposed Timescale: 31/08/2017

Theme: Responsive Workforce

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

There was no supervision in place for volunteers in the centre.

21. Action Required:

Under Regulation 30 (b) you are required to: Provide supervision and support for volunteers working in the designated centre.

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

Formal supervision commenced May 2017 and by end of August to be provided for all volunteers, subject to availability of the volunteers.

Proposed Timescale: 31/08/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

Some of the policies and procedures available in the centre had not been reviewed in line with the requirements of the regulations.

22. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

Currently all schedule 5 policies are in the process of being updated as a matter of priority. It is envisaged that the revisions will be available for circulation to all staff by end of September 2017.

Proposed Timescale: 30/09/2017

Theme: Use of Information

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

The policies and procedures as set out in Schedule 5 of the regulations had not been reviewed so as to reflect the practice in the centre.

23. Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

Currently all schedule 5 policies are in the process of being updated as a matter of priority. It is envisaged that the revisions will be available for circulation to all staff by end of September 2017.

Proposed Timescale: 30/09/2017

Theme: Use of Information

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

Daily progress notes were not maintained for each resident and there was no policy in place to guide practice in this area.

24. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

Schedule 5 policy IM001: Resident Records: Creation, Initiation, Content and Review is currently being reviewed and updated by the managers and Health Care Informed as a matter of priority. Care Plans are updated subject to the circumstantial/environmental changes that affect resident in question. All relevant meaningful activities and events for residents are recorded on a daily basis as they occur. On a monthly basis progress and changes of residents' needs are discussed at the monthly disciplinary team meeting as reflected in the care plans. The new template for the care plans include more detail on residents' goals and outcomes and staff training has been provided on the new template.

It is envisaged that the revisions will be available to circulation to all staff by end of September 2017.

Proposed Timescale: 30/09/2017