

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. John of God Kildare Services - DC 1
Centre ID:	OSV-0002932
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Company Limited By Guarantee
Provider Nominee:	Philomena Gray
Lead inspector:	Conor Brady
Support inspector(s):	Louise Renwick
Type of inspection	Unannounced
Number of residents on the date of inspection:	11
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 inform a registration decision. This monitoring inspection was unannounced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 20 June 2017 08:00 To: 20 June 2017 14:00

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

Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This unannounced inspection was carried out to monitor compliance with specific outcomes and follow up on assurance reports provided to the Chief Inspector as a result of regulatory non compliance in this centre since commencement. HIQA have had previous concerns regarding the registration of this centre (and other centres on this campus) following a series of inspections conducted in 2015 and 2016. A notice of proposal to cancel and refuse the registration of this centre was issued by HIQA in 2015 and the provider indicated this centre was planned to close in 2016 and again in 2017. This designated centre has not been registered by HIQA to date. This was the sixth inspection of this designated centre since the commencement of the regulatory process in disability services in November 2013. Seven residents have transitioned out of this centre since commencement as part of the planned closure.

The last inspection of this centre was completed in February 2016. A number of action plans, transitional plans and closure plans were submitted to HIQA following the 2015 and 2016 inspections by the registered provider regarding this centre. This plan of closure was reiterated on this inspection with the potential destination of transitioning residents now being re-considered. This inspection was focused specifically but not exclusively on assurances made by this provider to the Chief

Inspector in 2017 that were to be implemented to improve the service provision and quality of life of residents living in this centre.

How we gathered our evidence:

As part of the inspection, the inspectors met with all residents who were present on the day of inspection. The centre provided care to eleven residents. The inspector spoke with and observed the practice of the person in charge, clinical nurse manager, nurses and healthcare staff members who were on duty. The inspectors observed practices and reviewed documentation such as personal support plans, medical/healthcare records, risk management practices, rosters, complaints, notifications, incidents/accidents, safeguarding matters, residents finances, staff files, audits, training and induction records and policies and procedures.

Description of the service:

The provider had a statement of purpose in place that explained the service that they provided. There was one campus based location within this designated centre that provided full time residential care to eleven male residents with intellectual disabilities. All residents in this centre required full support with personal care and all residents used a wheelchair. The building and premises in this service was not fully meeting the residents assessed needs and the provider indicated to HIQA their plans to close this centre. Four bedrooms were shared in this centre (reduced from 4 residents to 2 residents sharing) and some residents had moved bedrooms since the transitions out of the centre that have occurred to date. All remaining residents were awaiting implementation of transitional planning out of this centre. Some residents had complex healthcare and nursing support care needs in this designated centre.

Overall judgment of our findings:

Overall, the inspectors found that while improvements were found in many areas since previous inspections, the centre remained to be non-compliant in most of the outcomes inspected against. This provider had identified some of these areas of non-compliance within their own assurance reports and quality enhancement planning.

The transition of seven residents out of this centre was found to have had a positive impact on the remaining residents. However transitions had ceased in 2016, despite remaining residents and families being informed they were transitioning.

It was found that the person in charge and staff team had implemented various changes and improvements in line with assurance reports submitted to HIQA. For example, good improvements in some areas of personal planning, social care provision, healthcare and some elements of risk management. Auditing and monitoring of care and staffing had also improved. The major safeguarding issues and many of the risk areas identified on previous inspections had also been mitigated. However there remained concerns regarding resident's quality of life, transitional planning, governance, infection control, fire safety, food and nutrition and provision of consistent staffing. From a governance perspective, the registered provider had not closed the centre as planned in September 2016 and January 2017 and has not managed to bring the centre into substantive regulatory compliance.

All findings regarding compliance and non-compliance are discussed in further detail within the inspection report and accompanying action

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 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

The inspectors found that while contracts had been drawn up for all residents there were inconsistencies in terms of charges to residents for the same service. The person in charge highlighted that two of the eleven residents/families had refused to sign their contracts for provision of services.

The inspector found that there were substantive inconsistencies in financial differences in what residents were paying for their service. For example, one resident was paying €513 per month for their service while another was paying €282 for the same service. There was no explanation for this difference available on this inspection.

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:

Resident's wellbeing and welfare was maintained by the personal planning process. Personal planning had substantially improved and each plan reviewed by inspectors had evidence of multidisciplinary input, plans were comprehensive and reviewed by either the clinical nurse manager or person in charge. Accessible personal planning had been implemented in the form of the use of visual plans displayed on resident's personal electronic devices.

The provision of meaningful days was found to have improved for residents in this centre. Residents attended day programme on the campus and the inspectors found that there were improvements in social activities provided in this centre at evenings and weekends since the previous inspections.

The providers quality enhancement plan and assurance report were found to be accurate in terms of work completed regarding residents social care needs and as cited above there were good improvements noted in planning and provision of meaningful activities. High quality transition plans were found for residents however these had not yet been implemented for residents identified, assessed and informed of transition from this centre.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The design and layout of this premises remains institutional by design and not based on the assessed needs of the residents. The provider had made some changes to bathrooms and bedrooms since the previous inspection and seven residents transitioned out of the centre. This centre was due to close in September 2016 and January 2017 as the provider highlighted to HIQA that the premises was 'not fit for purpose'.

There were four shared bedrooms still operational in this centre. Food was provided from a central canteen with no accessible kitchen or laundry facilities available to residents. Communal toilets and bathrooms had been removed and this practice had ceased according to staff. The premises were found to be generally clean with domestic staff observed throughout this inspection.

The inspector observed ants in the centre and could see a pest control company had laid a powdery substance in three different areas in the centre the day prior to inspection. The inspector requested preventive measures be put in place to ensure a resident who spent a lot of time on the floor could not access these areas.

Judgment:

Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Inspectors noted improvement in relation to the management of risk in the centre. Policies and procedures in place met the requirements of the Regulations. Risk assessment documentation was kept updated and reviewed regularly by the person in charge. Staff presented as demonstrating awareness of key risk areas in the centre. However some improvement was required regarding some aspects of fire safety and infection control in this centre.

Inspectors found there to be an adequate fire detection and alarm system in place in the designated centre. The provider had ensured a contract was in place to service and check the alarm system on a three monthly basis and inspectors reviewed evidence which showed that this had been done. The building was fitted with fire fighting equipment such as fire extinguishers which were all checked on a yearly basis by a professional.

Due to the size and design of the building there were numerous exit points available

should there be a need for an evacuation, and on the day of inspection fire exits were found to be unobstructed. Daily and weekly checks were in place to ensure good practice in relation to fire safety and prevention measures.

Inspectors found that there had been two fire related incidents requiring evacuation in August 2016. One incident involved burning food being put in an internal bin in a day service (part of the building) resulting in a full evacuation being completed of all parts of the building. A second incident occurred at night when a coat was put on a lamp/light that set off the fire alarm causing a near miss whereby a full evacuation was not completed. Inspectors were not satisfied that a full/simulated evacuation had taken place in this centre with the lowest complement of staff on duty, e.g. 2:11. This was an identified action on previous inspections prior to the two near misses that occurred in this centre. In addition, this area (assurance around fire evacuation) was also subject to immediate action on previous inspections when the centre was under a different management team.

While there was an emergency lighting system in place in the designated centre, inspectors found that it was inadequate. The last report evidenced by a professional in December 2015 deemed the emergency lighting in place to be insufficient, and identified a number of recommendations. Recent audits conducted on behalf of the provider in March 2017 also identified this as an issue and the need for the emergency lighting to be upgraded. The provider indicated at the preliminary feedback meeting that the intention remained to close this centre.

Since the previous inspection, inspectors noted that self-closure devices had been installed on main fire doors that were used to separate parts of the building in the event of a fire. Residents' bedrooms had also been fitted with fire doors.

Inspectors spoke with staff regarding fire safety and the evacuation plan and found that staff were clear and knowledgeable on what to do in the event of a fire and were confident in the use of fire fighting equipment. Training records indicated that staff were provided with fire training which was refreshed routinely.

Inspectors found there was a lot of assistive equipment in use in the centre. For example, hoists, pressure relieving mattresses and mobility aids. Inspectors found that any equipment used by residents had been serviced or checked by a professional and deemed fit for use.

From an infection control perspective the inspector observed good documentation and observed a policy being provided to staff at the staff team meeting. Inspectors reviewed the risk of an infectious disease and found appropriate risk assessment was in place, with control measures evident on inspection. For example, clinical waste bins in resident's room, personal protective equipment available.

However on the morning of inspection in another part of the centre the inspector observed a staff member being requested to change a residents bed clothes as there were blood stains on a pillow. This task was not completed and the inspector brought this to the person in charges attention before leaving the inspection.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

The inspectors found that measures in place protected residents from being harmed from abuse. The person in charge had systems in place to monitor and ensure safeguarding practices were evident in this centre. Previous issues had been appropriately addressed and there was a clear system of reporting and recording allegations and disclosures of abuse.

There were no safeguarding issues being investigated at the time of this inspection. Staff were up to date with mandatory training and demonstrated knowledge of the different forms of abuse and systems of reporting. A designated person was in place and procedures were highlighted/on display in the centre. Safeguarding policy was in place encompassing safeguarding vulnerable persons at risk of abuse - national policy and procedures (2014).

There was a restrictive practice register in place and any restrictive practices were recorded, reviewed and monitored by the person in charge and multidisciplinary team. The environment was not found to be overly restrictive based on this inspection.

Judgment:

Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

On review of the record of incidents, accidents and adverse events inspectors identified two incidents that had not been notified to HIQA in line with the three day Regulatory requirement. One incident was in relation to a serious injury which resulted in medical attention, and the second in relation to the activation of the fire alarm and partial evacuation of the centre.

These were discussed with the person in charge over the course of this inspection.

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):**Findings:**

Overall, inspectors found that residents' healthcare needs were well assessed, planned and supported in the centre and residents' health promoted. Improvements were still required in relation to food and nutrition.

Inspectors found that residents' healthcare needs were assessed appropriately, with input from allied healthcare professionals. These assessments had resulted in clear plans to support any health need or risk identified. For example, inspectors review care documentation and practices regarding wound care, infection and swallow difficulties and found appropriate input from the relevant healthcare professional, monitoring and review of the health issue and clear documentation maintained.

Inspectors found on-going review from multidisciplinary team members in relation to residents' care, and clear guidance and advice for staff supporting residents directly. For example, when trialling new medication there was clear monitoring for side effects or positive therapeutic effects.

In relation to health and nutrition, inspectors found any nutritional risk or need was well assessed and appropriate supports put in place. For example, modified diets as

recommended by Speech and Language therapists. Residents at risk of malnutrition had weights and diets monitored, and investigative appointments with a range of health professionals to ascertain possible cause, or to advise on further supports.

Inspectors noted residents did not have access to a suitable kitchen area to assist in the preparation and cooking of meals. All meals were delivered to the centre via a centralised kitchen on campus. Staff told inspectors that they did not cook any food in the centre. There was a selection of fresh fruit available, along with snack items such as crackers, cream rice and yogurts. However, residents choice and control around meal times, and their involvement in the preparation of same was inhibited due to the manner in which the centre was designed and operated. Inspectors observed some meal times in the centre. While in general, staff supported residents in a pleasant manner, for some residents who were demonstrating their wish to refuse or slow down their meals this was not always supported appropriately or in line with the advice of SALT. For example, to give the resident enough time between spoonfuls, and to respect their demonstration of refusal by pursing their lips.

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:

Overall there were some good improvements in the local management of this centre. The person in charge had implemented improved systems of oversight and was supported by a clinical nurse manager onsite. However as evidenced throughout this inspection, the centre while demonstrating improvements in a number of areas remained non compliant with a large number of regulatory requirements. Most substantially HIQA had been informed on two separate occasions that this centre was to be closed in line with previous plans submitted in order to transition residents, this had not happened.

From a governance perspective the person in charge was responsible for the

management of three designated centres (recently reduced from four). The regional director (person authorised to represent the provider) was not available on this inspection. The programme manger role on the campus that was vacant since December 2016 had been filled with the new appointee commencing their post on the day of this inspection (this manager attended preliminary feedback). Inspectors were informed that there remained a vacancy for a clinical nurse manager (CNM) post in the centre. These factors have contributed to an inconsistent management approach at registered provider level.

Overall while local operations and oversight had improved in some key areas since previous inspections, as highlighted throughout this report and the centre remained non-compliant with a number of core outcomes. While the seven people who had transitioned out of this centre resulted in an improvement for the remaining residents, the transitioning planning ceased in 2016.

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:

From information provided to HIQA as part of the assurance reporting in place with this provider (15 June 2017), there remained a number of unfilled staffing vacancies in this designated centre. Inspectors found that while there was an appropriate number of staff on duty on the date of inspection, unfilled vacancies and high agency staff usage remained a concern in terms of consistent care provision to residents.

The person in charge stated that a vacant CNM post in the centre had not yet been filled and may be reorganised and provided in a different way in the centre.

While agency usage had decreased, inconsistent staffing in the centre remained high with 40-50% of every shift being made up of agency staffing. The inspector found that 32 different agency staff had worked in the centre in the 3 months previous to inspection. All residents in this centre required full assistance and support with personal

and intimate care. Not all agency staff spoken with by inspectors were familiar with residents.

The inspector questioned the person in charge why a regular relief panel system was not in place to cover vacancies as opposed to the use of continual different staff. Inspectors accepted that on the previous inspections of this centre agency staff usage was almost treble this number so this has improved. However this remained a high number of unfamiliar and inconsistent staff for residents to be supported by on an on-going daily basis.

In reviewing staffing rosters and discussing same with the person in charge it was clear that the local management, induction and training of agency staff had improved in terms of better managerial oversight of agency. This was an improvement.

In terms of staff knowledge, most staff spoken to presented as knowledgeable in their role and were aware of the required cultural and practice changes that had occurred to date in the centre. Staff were observed treating residents well on this inspection however there was occasions where the language and communication by one staff member with a resident was not observed to be in line with best practice or the residents personal support plan.

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:

Conor Brady
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 John of God Community Services Company Limited By Guarantee
Centre ID:	OSV-0002932
Date of Inspection:	20 June 2017
Date of response:	18 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 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:

Fees charged to residents varied and were not based on assessed needs and transparent criteria.

1. Action Required:

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

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:

- 1.The Registered Provider ensured that a RSSMAC review occurred for all residents in the Designated Centre
- 2.The Registered Provider will contact residents and their representatives to outline the changes that will occur after new RSSMAC charges have been applied.
- 3.New RSSMAC charges will be applied by ensure consistencies in payments for services made by residents

Proposed Timescale:

- 1.11/05/2017
- 2.18/08/2017
- 3.31/08/2017

Proposed Timescale: 31/08/2017

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:

Resident's transitional plans were not implemented.

2. Action Required:

Under Regulation 25 (4) (c) you are required to: Discharge residents from the designated centre in accordance with the resident's assessed needs and the resident's personal plans.

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

Person in Charge will ensure that transition plans are recommenced for all resident and will be completed post the transition to their new home

Proposed Timescale: 31/03/2018

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

This premise is not laid out based on residents needs and is due to close as was assessed as 'not fit for purpose' by the provider.

3. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

- 1.The Registered Provider has redesigned the bathrooms to better meet the needs of the residents
- 2.The Registered Provider will ensure the closure of the designated centre by March 2018

Proposed Timescale:

1.30/04/2017

2.31/05/2018

Proposed Timescale: 31/05/2018

Theme: Effective Services

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

All elements of Schedule 6 of the Regulations were not in place.

4. Action Required:

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

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

- 1.The Registered Provider will ensure the closure of the designated centre by March 2018
- 2.As an interim measure the Kitchen in Avoca will be used by the residents for food preparation and cooking prior to moving to their new home.

Proposed Timescale:

1.31/03/2018

2.21/07/2017

Proposed Timescale: 31/03/2018

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Infection control procedures were not implemented in all parts of the designated

centre.

5. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

- 1.The Person in Charge will ensure that the new infection control policy is discussed with staff at the team meeting.
- 2.The Person in Charge will ensure infection control will be discussed at morning handover for the week of the 24th of July.
- 3.The Person in Charge will ensure an infection control audit is conducted in the Designated Centre

Proposed Timescale:

- 1.25/07/2017
- 2.30/07/2017
- 3.01/08/2017

Proposed Timescale: 01/08/2017

Theme: Effective Services

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

- Emergency lighting system in place had been deemed insufficient by a professional and some faults had not been addressed by the provider.
- There was no evidence the emergency lighting had been checked or serviced by a professional since December 2015.

6. Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

- 1.The emergency lighting was tested as per regulations in Dec 2016
- 2.A quote will be sought to upgrade the emergency lighting in the Designated Centre only.
- 3.The Registered Provider will ensure the closure of the designated centre by March 2018

Proposed Timescale:

- 1.16/12/2016
- 2.18/12/2017
- 3.31/03/2018

Proposed Timescale: 31/03/2018

Theme: Effective Services

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

The provider had not ensured through appropriate drills/ simulation that all residents could be evacuated at times of the lowest staffing numbers.

7. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

A night time drill was conducted in line with the emergency plan. All residents were evacuated in 5minutes 17seconds.

Proposed Timescale: 16/07/2017

Outcome 09: Notification of Incidents

Theme: Safe Services

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

An unplanned evacuation of the centre had not been notified to the Chief Inspector.

8. Action Required:

Under Regulation 31 (1) (c) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any fire, any loss of power, heating or water, and any incident where an unplanned evacuation of the centre took place.

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

The Person in Charge retrospectively submitted the notification

Proposed Timescale: 17/07/2017

Theme: Safe Services

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

An injury which required medical attention was not notified.

9. Action Required:

Under Regulation 31 (1) (d) you are required to: Give notice to the Chief Inspector

within 3 working days of the occurrence in the designated centre of any serious injury to a resident which requires immediate medical or hospital treatment.

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

The Person in Charge retrospectively submitted the notification

Proposed Timescale: 17/07/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Residents were not supported to be involved in the preparing and cooking of meals in the centre.

10. Action Required:

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

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

- 1.As an interim measure the Kitchen in Avoca will be used by the residents for food preparation and cooking prior to moving to their new home.
- 2.A cookery programme will be conducted with residents in their day services and same will be documented in section 9 in their MPP

Proposed Timescale:

1.21/07/2017

2.31/08/2017

Proposed Timescale: 31/08/2017

Theme: Health and Development

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

While there were sufficient staffing available, support was not always appropriate.

11. Action Required:

Under Regulation 18 (3) you are required to: Where residents require assistance with eating or drinking, ensure that there is a sufficient number of trained staff present when meals and refreshments are served to offer assistance in an appropriate manner.

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

- 1.Person in Charge will ensure all rostered staff are available during mealtimes to support residents.

2. Person in Charge will discuss the need to give sufficient time to residents during mealtimes at staff team meeting
3. Person in Charge & Speech and Language therapist will conduct a mealtime audit.

Proposed Timescale:

- 1.10/07/2017
- 2.25/07/2017
- 3.11/08/2017

Proposed Timescale: 11/08/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

Registered provider plans submitted to HIQA had not been implemented.

12. 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:

1. The Registered Provider will ensure the closure of the designated centre by March 2018
2. The Registered Provider will ensure the recruitment of a Clinical Nurse Manager 2
3. Person in Charge will ensure that transition plans are recommenced for all resident and will be completed post the transition to their new home

Proposed Timescale:

- 1.31/03/2018
- 2.31/10/2017
- 3.31/03/2018

Proposed Timescale: 31/03/2018

Outcome 17: Workforce

Theme: Responsive Workforce

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

There remained unfilled vacancies in the whole time equivalent staffing provision in this centre.

13. 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:

- 1.The Registered Provider will ensure the recruitment of a Clinical Nurse Manager
- 2.Ongoing recruitment campaign since 2016 for full time, part time and relief panels.

Proposed Timescale:

1.31/10/2017

2.01/12/2016

Proposed Timescale: 31/10/2017

Theme: Responsive Workforce

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

Unfamiliar and agency staffing provision remained high in this centre.

14. Action Required:

Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

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

- 1.Person in Charge will monitor the agency usage to ensure that where agency staff are required these agency are regular and familiar with resident's needs.
- 2.Ongoing recruitment campaign since 2016 for full time, part time and relief panels.
- 3.Person in Charge and the Assistant Director of Nurse will arrange to meet with agency staff to see if a regular line can be developed, to increase continuity of care provided to residents.

Proposed Timescale:

1.17/07/2017

2.01/12/2016

3.06/08/2017

Proposed Timescale: 06/08/2017

