Health Information and Quality Authority
Regulation Directorate

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

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	ORG-0008591
Centre county:	Tipperary
Email address:	Carol.moore@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Carol Moore
Person in charge:	Eadaoin Brennan
Lead inspector:	Vincent Kearns
Support inspector(s):	Louisa Power;
Type of inspection	Unannounced
Number of residents on the date of inspection:	12
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 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:
06 May 2014 08:30	06 May 2014 18:00
07 May 2014 08:00	07 May 2014 16:30

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

Outcome
Outcome 01: Residents Rights, Dignity and Consultation
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

As part of the inspection, inspectors met with residents, the person in charge, the Clinical Nurse Managers (CNM's) and staff members. Inspectors spoke with the person in charge and discussed the management and clinical governance arrangements and role of the person in charge. Inspectors reviewed centre-specific policies and procedures which covered issues such as staffing, medication management, accidents and incidents management and residents healthcare. The person in charge informed inspectors that she along with her staff endeavoured to provide a person-centred service to effectively meet the needs of residents. Due to a number of fire health and safety risks identified during this inspection an immediate action plan was issued to the provider. The response from the provider forms part of the action plan at the end of the report that also identifies areas where other improvements where needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres For Persons (Children and Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities. These areas include:

- the management of complaints was not adequate
- residents contracts of care were not available
- there was no residents guide available
- there was no policy on residents' personal property, personal finances and possessions
- the management and governance arrangements in relation to safeguarding residents rights were not adequate in one premises with locked doors
- the management of the use of circuit televisions cameras (CCTV) were not adequate
- there were a number of premises issues
- there were health and safety issues including significant fire safety issues
- there were a number of issues in relation to the management of restraint
- a number of the premises were not adequately clean
- there were issues in relation to the prevention of healthcare-associated infections
- staff training was not adequate
- there were issues in relation to medication administration
- there were issues in relation to the provision of effective governance and operational management of the centre during the out-of-hours period
- there were a number of staffing issues
- the statement of purpose required updating
- staff files did not contain all documents as required by regulation
- volunteers within the centre did not have their roles and responsibilities set out in writing.

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 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

Judgement:
Non Compliant - Major

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

Findings:
Residents to whom inspectors spoke stated that they felt safe and spoke positively about their care and consideration they received. Inspectors observed staff interaction with residents and noted staff promoted residents dignity and maximised their independence, while also being respectful when providing assistance. The CNM informed inspectors that residents and their representatives were actively involved in the centre. There were a number of options for residents to voice their views including a individual residents' committee meetings, through the development of residents personal care plan and the residents daily contact with staff. Staff to whom inspectors spoke outlined how communication with residents who were non-verbal was facilitated. For example staff used sign language, picture information approach or interpreted residents through other non verbal signs such as body language and facial expression. The person in charge informed inspectors that she monitored safe-guarding practices by regularly speaking to residents and their representatives, and by reviewing the systems in place to ensure safe and respectful care. The inspectors noted there was also a CNM who visited each house and also monitored the safeguarding practices and systems for ensuring respectful care was provided.

Inspectors observed staff endeavouring to provide residents with as much choice and control as possible by facilitating residents individual preferences for example in relation to their daily routine, meals and assisting residents in choice of activities. Inspectors noted there was plenty of activity in each house with residents busy getting ready for their day. Residents informed inspectors that they were involved in off-site activities such as going shopping, swimming or bowling. Some residents attended structured

activities in different areas including gardening, horticulture or arts and crafts including mosaic pottery. A number of residents to whom inspectors spoke stated that they enjoyed living in the centre and stated that they were very happy with the care and consideration shown by staff.

The person in charge confirmed with inspectors that she was the nominated complaints officer and inspectors noted that this was detailed in the statement of purpose. The person in charge also confirmed that the Provider was the second nominated person, other than the complaints officer to ensure that all complaints are appropriately responded. There was a copy of the Health Service Executive (HSE) national policy document "your service your say" and there was a centre-specific policy on the management of complaints dated February 2014. However, the management of complaints was not adequate for the following reasons:
- the complaints procedure was not in an accessible and age-appropriate format and did not include an appeals procedure
- a copy of the complaints procedure was not displayed in prominent positions within the centre
- there was no complaint log/record of complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied
- the complaints procedure did not require staff to record whether or not the resident was satisfied.

Inspectors noted that where possible residents retained control over their own possessions and that there was adequate space provided for storage of personal possessions. Residents had easy access to personal monies and where possible control over their own financial affairs in accordance with their wishes. Inspectors reviewed the local arrangements' to ensure residents' financial arrangements were safeguarded through appropriate practices and record keeping. These arrangements included the allocation of a nominated staff member where necessary to assist individual residents in their personal shopping. Inspectors noted that nominated staff were accountable to ensure adequate records and robust accounting procedures were used when handling residents monies. The CNM informed inspectors that he pro-actively monitored these arrangements to ensure their effectiveness in safeguarding residents' finances. Inspectors noted that all financial transactions when possible; were signed by residents. In addition all transactions were also checked and counter signed using signatures by staff and written receipts retained for all purchases made on residents' behalf. However, there were a number of issues in relation to safeguarding residents rights and consultation including:
- there was no residents guide which would have included a summary of the services and facilities provided, the terms and conditions relating to residency and arrangements for resident involvement in the running of the centre
- there was no contract of care available
- there was no policy on residents' personal property, personal finances and possessions.

Inspectors noted that there was closed circuit televisions cameras (CCTV) in operation in one section of one premises to facilitate unobtrusive observation of one individual resident. However, the management and governance arrangements in relation to

safeguarding this residents privacy rights were not adequate for the following reasons:
- there was no operational procedures available in relation to the use of CCTV within this premises
- there was no policy available in relation to the the use of CCTV
- there was no risk balance assessments available in relation the use of CCTV
- there was no evidence of residents or their representatives/advocates being involved in any discussion/consultation regarding the use of CCTV
- there was no consent from residents or their representatives/advocates in relation to the use of CCTV
- the statement of purpose did not detail the arrangements in relation to the use of CCTV in the centre.

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

Judgement:
Non Compliant - Major

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

Findings:
Inspectors did not review this outcome however, inspectors noted that not all premises in the centre had suitable communal facilities for residents to receive visitors.

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

Judgement:
Non Compliant - Major

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

Findings:
This outcome was not reviewed as part of this inspection however, inspectors noted that

there were no contracts of care available in the centre.

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

Judgement:
Non Compliant - Moderate

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

Findings:
There were a number of centre-specific policies in relation to the social care and welfare of residents including policies on assessing and management of individual social care needs. Inspectors were informed by staff that there were a number of options available for all residents in relation to activities. The CNM outlined to inspectors that all residents had a person-centred plan developed and individually tailored around each residents' life style choices. Staff to whom inspectors spoke stated that they worked as a team with other members of the multidisciplinary team towards supporting each resident in all activities which they enjoyed and were motivated to participate in. Inspectors noted that within each resident personal care plan individualised activation goals had been devised in consultation with the resident with the aim of enhancing residents' social skills and providing experiences and opportunities for socialising and community participation. For example there were opportunities for residents to attend the local swimming pool, some residents were members of local special olympics bowling club and other residents enjoyed creative outlets such as art therapy and pottery. In each premises there was transport provided including a minibus or people carrier to facilitate residents attend various activities/social outings including individual hotel breaks arranged as per residents' wishes, and attendance at concerts, shows, hurling matches or meals/evenings out.

Staff to whom inspectors spoke outlined how each residents' personal plan was managed; that each resident had their own person centred plan developed and prepared within one month of admission. The person in charge stated that personal care plans would be reviewed and updated annually or more frequently if necessary and all relevant persons would be invited to attend. Inspectors reviewed a selection of personal plans which contained evidence of a range of assessment tools being used and ongoing monitoring of residents needs including residents' interests, communication needs and

daily living support assessments. There were identified key workers responsible for pursuing objectives in conjunction with individual residents. In particular, there was a was a person-centred plan which detailed "my life, my story up until now" written from the residents point of view and gave inspectors an insightful picture of each resident. There were quality of life assessments which included assessments regarding motivation and activities of daily living and recreational assessments. There was assessments of comprehension, sensory, communication, personal networks, future goals and assessment of lifestyle to support each plan. There were also proactive risk assessments and health screening tools had been completed. There was evidence of interdisciplinary team involvement in residents' care including nursing, dietician, psychiatric and General Practitioner (GP) and chiropody services. There were service users daily reports that had been completed by staff.
From the selection of personal care plans reviewed however, there were a number of issues in relation to residents personal care plans including the following:
- there were no agreed time scales and set dates in relation to identified goals and objectives
- little evidence of residents or their representatives involvement in residents personal care plans
- there was no identified person responsible for pursuing objectives in the personal care plan within agreed time-scales
- in relation to a resident who smoked cigarettes there was no suitable care plan available
- the personal care plan was not available, in an accessible format, to the resident and, where appropriate, his or her representative.

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

Judgement:
Non Compliant - Major

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

Findings:
The centre was opened in 1995 and comprised of three residential houses. The first premises was a detached bungalow catering to the needs of four service users within the range of moderate to severe/profound intellectual disability and behaviour that challenges. There were three bedrooms and a one self contained purpose built apartment occupied by one resident. This apartment consisted of a bedroom, kitchen, bathroom, dining room, activity room and a separate access to the garden. All doors into

and within this premises was locked and all staff had keys. This issue of locked doors has been addressed under outcome 1. The second premises was a detached bungalow that was purpose built in 2008 to caterer for the needs of four residents within the range of severe to profound intellectual disability. The third premises catered for the needs of four residents within the range of moderate to severe intellectual disability who may present with behaviours that challenge. There were adequate sitting, recreational and dining space separate to the residents' private accommodation and separate communal areas, which allowed for a separation of functions. Residents to whom inspectors spoke with said they enjoyed having their own room and living in their house. Inspectors viewed a number of residents' bedrooms and noted most had personalised their rooms with photographs of family and friends and some personal furniture and memorabilia.

Inspectors noted that in each premises the external grounds were kept safe, tidy and attractive and inspectors observed a number of residents using these facilities. Generally there was garden seating provided and car parking spaces available in all premises that were accessible for car/mini bus transport. However, there were a number of premises issues including the following:
- the décor in two of the premises was not homely and there was inadequate efforts taken to create an atmosphere of homely comfort/relaxation. In particular the bedroom corridors were all the same colour with few decorative features/furniture to lighten the appearance of these premises. There was little or no indication of residents input/personalisation of the premises
- in one premises there were no suitable communal facilities for residents to receive visitors
- some premises were not adequately clean; as inspectors noted that there was stains on floors, walls and the ceiling with cobwebs and dust in a number of locations
- the décor was not adequate in some premises with missing wall tiles in one kitchen, cracked wall plaster, a large settlement type cracks in one premises and paintwork and flooring required upgrading in each premises
- there was two broken electric shower units in two premises and no lock available in one toilet
- in two premises some of the furniture was ripped/torn and in need of replacement
- in one premises residents had significant mobility issues however, there were no hand/grab rails provided in the corridors.

Outcome 07: Health and Safety and Risk Management

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

Theme:
Effective Services

Judgement:
Non Compliant - Major

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

Findings:
Fire equipment including fire extinguishers and fire blankets were available and inspectors observed that fire evacuation notices/fire plans were publicly displayed in each premises. Maintenance records for fire equipment including the fire alarm, fire extinguishers and fire blankets were available and the most recent inspection was recorded in June 2013. Most staff to whom inspectors spoke gave adequate accounts of their understanding of fire procedures in the event of an outbreak of fire. The person in charge outlined recent contingencies in relation to improving fire safety including the establishment of a health and safety committee and commencement of regular fire evacuation drills. However, there were a number of significant issues in relation to fire safety management including the following:
· fire training for staff was not up-to-date and a significant number of staff had not received fire training since 2007
· there were no individual fire evacuation plans (personal emergency egress plans) for residents with significant mobility needs
· in one premises all fire doors was locked and some had keys located in a red circular key boxes however, there were no written arrangements available to confirm the safe access and egress from this premises or that such arrangements were in compliance with statutory fire safety and building control requirements
· there were no records maintained of visitors to any of the premises therefore in the event of a fire and an evacuation; a record of all persons in the building would not be available
· there was no record of staff conducting regular fire safety checks for example checks regarding functionality of the fire alarm, fire exits or emergency lighting
· the light bulbs in a number of the green running man signs over designated fire exit doors appeared to have been blown
· a number of designated fire doors were wedged open
· there was no smoking policy in relation to residents who smoked cigarettes.
On the 9 May 2014 a request for an immediate action plan was sent to the provider in relation to these fire safety management issues.

From a selection of personal plans reviewed inspectors noted that individual risk assessments had been conducted and included screening for falls risks, daily living support plans such as swallowing, diet and weight management and behaviours that challenge. There were also assessments of risks associated with supporting positive behaviour and the management of epilepsy, were appropriate. There was a safety statement that included a risk register which identified the arrangements for the identification and recording of hazards including slips, trips, falls, manual handling risks, assaultive behaviour and included measures aimed to reduce such risks. However, there were a number of issues in relation to health and safety management including the following:
· there was no emergency plan available
· the risk management policy did not detail the arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents
· the incident reports reviewed by inspectors were not comprehensively completed
· the risk management policy did not provide the measures and actions to be in place to control specified risks of the unexpected absence of any resident or self-harm as

required by regulation.

In addition the hazard identification and assessment of risks throughout the centre was not adequate as the following risks had not been assessed:
- the locked fire exit doors in one premises
- the temperature of the hot water was unregulated and the risk from scalding had not been assessed
- latex gloves and plastic aprons were stored in the toilets/bathrooms throughout each premises, however the potential risks to residents had not been assessed
- the location of cleaning liquids in toilets/bathrooms in some premises.

The structural environment of the premises were generally adequately maintained, with most of the flooring and lighting in adequate condition. Inspectors were informed by the person in charge that the cleaning of each premises had been done by the household staff. However, the person in charge also stated that since in April 2014 the household staff had been withdrawn. Since then cleaning had therefore been undertaken by staff who also had a number of responsibilities including meeting the care and welfare needs of residents. This issue will be also addressed under "outcome 17 workforce". Inspectors formed the view that there were a number of issues in relation to the prevention of healthcare-associated infections including:
- there were a number of areas including the kitchen floor and ceiling, the dinning room and bathrooms that were not adequately clean with evidence of dust, cobwebs, stains and sticky residue
- the storage of cleaning mops was inadequate as a number of mops were stored in buckets when not in use, one mop had a broken handle and both mops for the kitchen and toilets were stored in close proximity potentially compromising cross contamination
- the air vents in a number of toilet/bathrooms contained excessive dust
- a number of waste bins did not have any lid/covers
- there was evidence of some shower drains not cleaned and contained matted hair
- there were two large waste collection bins that were overfilled and were not closed securely.

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

Judgement:
Non Compliant - Major

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:
Inspectors noted that statement of purpose stated that the philosophy of care provided in the centre dovetailed with a person-centred service provision, promoting a safe therapeutic environment where privacy, dignity and confidentiality were respected. There was a CNM in charge of each premises who was actively involved in the management of the day-to-day support provision for residents. The CNM's informed inspectors that in conjunction with the person in charge, they monitored safe-guarding practices in each premises and residents and their representatives had access to an outside advocacy service. Staff to whom inspectors spoke were able to clearly outline suitable arrangements for reporting any issues to the CNM's or the person in charge. Inspectors were informed by the person in charge that the safeguarding of residents was enhanced by the small number of residents living in each premises; both residents and staff were well known to each other and any issues could easily be identified or brought up. The CNM's informed inspectors that as different residents attended different activities both in their homes and in other venues during the week; this arrangement gave residents the opportunity to meet with a variety of other staff to whom they could also raise any concern. Residents to whom inspectors spoke seemed content and well cared for and staff were observed providing assistance to residents in a supportive and caring manner. Within each house, inspectors noted a positive and respectful atmosphere emanated between residents in their interactions with staff. The person in charge emphasised to inspectors that she was approachable to any resident and their representatives or staff; that she welcomed all to approach her if they had any issues. Staff to whom inspectors spoke confirmed that they could easily raise any issues or concerns with both the CNM's and the person in charge. Inspectors viewed policies and procedures for the prevention, detection and response to allegations of adult abuse including the HSE national policy "trust in care". Staff to whom inspectors spoke were able to confirm their understanding of the features of adult abuse. All staff knew what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to.

From a review of residents' personal plans inspectors noted that there were risk assessments completed by key workers and behavioural interventions records gave directions to staff on how to prevent or appropriately respond to behaviour that challenges. Inspectors noted from reviewing staff training records that training in the management of behaviour that is challenging including de-escalation and intervention techniques had been provided. Staff to whom inspectors spoke confirmed that they had received suitable training in responding to behaviour that is challenging. Staff were able to describe a number of interventions strategies available in relation to the management of behaviour that challenges including: close supervision, re-directing strategies, the use of panic alarms and supportive response. There was evidence that previous incidents had been recorded and were appropriately investigated and responded to in line with the centre's policy, national guidance and legislation.

In relation to the use of restraint for example lap belts were used in some residents assisted chairs and at times some residents had chemical restraint in place however, the management of the use of restraint was not adequate for the following reasons:
- there was no centre specific policy on the management of restraint

- personal care plans did not detail the use of restrictive practices
- personal care plans did not detail the specific symptoms to be treated or behaviour of concern to be responded to or prevented by the use of restraint
- personal care plans did not detail the steps taken to identify any underlying physical, psychological and/or environmental causes of the symptom prior to the use of restraint
- personal care plans did not detail any alternative measures that have been taken, for how long; how recently, and the outcomes
- the risks involved in using physical/chemical restraint had not been identified
- personal care plans did not detail the type of restraint, the reason for use, period of restraint, and location of physical restraint
- there was no suitable record of the use and monitoring of restraint
- personal care plans did not detail the names of the inter-disciplinary team members involved in the decision to use restraint
- personal care plans did not detail any conditions or circumstances under which the restraint was to be used.

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

Theme:
Health and Development

Judgement:
Non Compliant - Minor

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

Findings:
The person in charge outlined that staff promoted a holistic model of support, based on the biopsychosocial model of care; this model aimed to combine supports for the resident that ensured their biological, psychological, social and environmental needs were met. Inspectors noted that the statement of purpose confirmed the biopsychosocial model of care was employed and that staff were committed to the process of maximising the health and social well-being of residents; where individual choice and community participation was encouraged and facilitated. There were a number of centre-specific policies in relation to the care and welfare of residents including policies on health assessment and care management. Inspectors reviewed a selection of personal plans and noted that each resident's health and welfare needs were kept under formal review by their key-worker as required by the resident's changing needs or circumstances. Inspectors noted that the care delivered encouraged and enabled residents in making healthy living choices in relation to activity/exercise, weight control and dietary considerations. Inspectors noted that each resident had an individual personal care plan. Inspectors were informed by staff that the philosophy of nursing practice was to have a holistic approach to care; that takes into account the total care of residents. This approach considers the totality of residents' physical,

mental, emotional, spiritual, social, cultural, relational, contextual and environmental needs.

Staff informed inspectors that the level of support which individual residents required varied and was documented as part of the resident personal care plan. From reviewing residents personal care plans inspectors noted that residents were provided with support in relation to areas of daily living including eating and drinking, personal cleansing and dressing, toileting and oral care. There was evidence of a range of health assessments being used within the framework of the holistic assessment including physical well-being assessments, falls assessments, people related hazard assessment, eating and drinking assessment. Inspectors noted that there was evidence of multidisciplinary involvement in residents care and welfare including GP visits, dietician, speech and language therapy, dental and occupational therapist involvement.

Inspectors viewed the policy and guidelines for the monitoring and documentation of residents' nutritional intake and noted that residents' weights were checked regularly and weight records were maintained. Appropriate referrals for dietetic reviews were made, the outcome of which was recorded in the residents' personal care plans. Inspectors were informed that residents' choice in relation to food options was available and any particular dietary needs that they might have were addressed. Staff to whom inspectors spoke stated that the quality and choice of food was frequently communicated with individual residents and changes were made to the menu accordingly. Staff described how they knew the likes and dislikes of every resident and inspectors noted that picture information charts were used to assist some residents in making a choice in relation to their meal options. Inspectors were informed that residents' meals were prepared in each house with some residents participation depending on residents capacity and interests. Inspectors reviewed the dining experience and noted that meals were well presented and residents requiring assistance from staff were observed providing such assistance in an appropriate manner. For residents requiring it swallowing assessment had been completed by speech and language therapist and records of such reviews were available in residents personal care plans. Staff to whom inspectors spoke to were able to describe how to provide assistance to residents in relation to eating and drinking. However, inspectors noted that staff had not received training in providing assistance with eating or drinking.

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

Theme:
Health and Development

Judgement:
Non Compliant - Major

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

Findings:
Nursing staff to whom inspectors spoke demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements. Residents' medication was stored and secured in the nurses' office and the medication keys were held by the staff nurse on duty. There was evidence of GP and psychiatric medication reviews having been conducted regularly. All residents' medication administration records reviewed had photographic identification in place. For residents attending the daily activity centre their medication were brought by the nurse in locked containers and suitably stored in the centre. However, there were a number of issues in relation to medication administration including:
- there was a centre-specific medication policy that detailed the procedures for safe ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out-of-date medicines however, it was in draft form since 2013
- one staff nurse was observed pre-dispencing/pre-pouring medication ahead of time – before the medication was due for administration; therefore potentially increasing the risk of a medication administration error
- from a review of records of medication errors there was no record of any remedial actions having been taken
- in one premises the medication administration sheet did not have the maximum dose for as "required medication" (PRN).

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

Judgement:
Non Compliant - Moderate

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

Findings:
Inspectors reviewed the Statement of Purpose and noted that the centre provided care and support for residents with moderate, severe and profound intellectual disabilities. The Statement of Purpose detailed that residents were afforded respect, choice and dignity through a holistic and person-centered approach to care. Inspectors noted that the Statement of Purpose broadly reflected the day-to-day operation of the centre, the services and facilities provided in the centre. The person in charge confirmed that she kept the Statement of Purpose under review and provided inspectors with a copy of the most up to date version. Inspectors were informed by the person in charge that a copy of the Statement of Purpose had been made available to each resident or their representative. However, the Statement of Purpose was not adequate as it did not

contain all the details as required under schedule 1 of the regulations including the following:
- it did not detail the facilities including the secure premises that were provided by the registered provider to meet those care and support needs
- a description (either in narrative form or a floor plan) of the rooms in the designated centre including their size and primary function
- it did not adequately provide the arrangements made for dealing with reviews and development of a resident's personal plan
- the arrangements for residents to access education, training and employment
- the arrangements made for consultation with, and participation of, residents in the operation of the designated centre
- the arrangements made for contact between residents and their relatives, friends, representatives and the local community.

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

Judgement:
Non Compliant - Moderate

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

Findings:
There was a full-time person in charge who was a registered nurse with the required experience and clinical knowledge to ensure the effective care and welfare of residents in the centre. The person in charge informed inspectors that she was also appointed as person in charge for two other centres. The person in charge stated that she divided her time between each of the three centres fairly evenly and spent more time in any one centre as required. Inspectors were informed by the person in charge how she ensured the effective governance of each premises in the context of her being responsible for centres that were geographically dispersed in a number of different locations. The person in charge stated that this was achieved by regularly meeting with the CNM's, effective policies and procedures, on-going training of staff and regular reviews/audits of the quality of care and welfare provided to residents. Inspectors noted that a CNM was based in two of premises within this centre and provided supervision directly to these premises. In the absence of the person in charge, the most senior CNM on duty undertook her responsibilities for the centre. Inspectors noted that the person in charge and the CNM's were actively engaged in the governance, operational management and

administration of the centre. The person in charge outlined how she had good access and on-going support from the nominated provider. The person in charge met with the nominated provider regularly and had daily contact with the CNM's. There was evidence that the person in charge had a commitment to her own continued professional development and she had completed a number of relevant courses on a regular basis. The person in charge was also actively involved in the management and monitoring of risk management within the centre. Throughout the inspection the person in charge demonstrated a good knowledge of the 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. Inspectors also noted that the person in charge and the CNM's demonstrated a positive approach towards meeting regulatory requirements and a commitment to improving standards of care. Staff to whom inspectors spoke were clear about who to report to within the organisational line management structures in the centre. The CNM's outlined the out-of-hours arrangements that required three CNM's to be available out-of-hours on a rotational basis. However, inspectors formed the view that there were a number of issues in relation to the provision of effective governance and operational management of the centre during the out-of-hours period for the following reasons:

- inspectors were informed that the number of CNM's available to provide out-of-hours supervision had been recently reduced to two CNM's
- the CNM's stated that this arrangement was not suitable and gave an example of one weekend when a CNM dealt with thirty two phone calls (mainly in relation to staffing issues)
- the person in charge also confirmed to inspectors that this out-of-hours arrangement was not adequate or sustainable
- there was no effective arrangements in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they were delivering.

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

Judgement:
Non Compliant - Major

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

Findings:
There was a centre-specific policy on recruitment and selection of staff and the person

in charge was familiar with the recruitment process. The person in charge stated that a large proportion of staff had been employed in the centre for a significant period of time. Inspectors noted that some staff had worked in the centre for a number of years and staff outlined that on a daily basis they were supported in their role. The person in charge and CNM's outlined a number of significant challenges in relation to maintaining the staff roster. There were significant numbers of agency staff regularly employed. Inspectors were informed by the person in charge and the CNM's that this was mainly due to staff leave requirements and non replacement of staff as a result of the Health Service Executive (HSE) moratorium on staff recruitment. The person in charge outlined that replacement of both nursing and healthcare assistant staff involved the continued use of two different recruitment agencies. However, within the context of the centre catering for residents with sever to profound intellectual disabilities with specialist care needs and staff retiring/leaving combined with the continued HSE moratorium on staff recruitment; inspectors formed the view that this had resulted in a significant negative impact on staffing arrangements. Inspectors noted that the centre required an average weekly minimum staffing of five hundred and fourteen hours. However, inspectors were informed that in one particular week a total of four hundred and forty nine hours had been filled by agency staff. In addition, the weekly requirement to replace staff with agency workers fluctuated from a low of three hundred and forty five hours to a high of five hundred and seventy eighty hours. Inspectors formed the view that this level of continued weekly replacement of nursing and healthcare assistants using workers from two different agencies did not ensure that residents received the continuity of care and support required. In addition, the above mentioned staffing arrangements also impacted on some staff by reducing their access to appropriate training, including refresher training, as part of a continuous professional development programme.

There was an induction process which mainly consisted of a record of a number of issues to be covered by new agency staff; including health and safety issues, emergency procedures and policies. However, this induction process was not adequate for the following reasons:

- there was no identified outcome/goals for new staff to achieve during their induction period
- the aforementioned staffing arrangements meant that many of the staff on duty would have be been agency staff and may not have had the experience to provide an effective induction
- there was no review or progress log of the outcome/effectiveness/completion of the induction programme
- induction records viewed did not contain any dates of completion and had not been signed by supervisory staff
- the induction record was signed by the agency staff however, there was no verification by supervisory staff that such staff had completed any section of the induction programme.

Inspectors reviewed the staff roster and noted that it was an accurate reflection of the aforementioned staffing arrangements. Inspectors reviewed records of staff meetings that were held regularly. These meetings indicated that issues discussed included staffing issues, policy issues, care planning, staff training, residents' changing needs and standards/regulatory requirements. Staff to whom inspectors spoke to were able to articulate clearly the management structure and confirmed that copies of the standards

had been made available to them. The person in charge and CNM's demonstrated a willingness and commitment to the delivery of person-centred care and to work towards meeting regulatory requirements. The inspectors noted that mandatory staff training had generally been provided including the following:
- management of challenging behaviours training
- manual handling training
- adult abuse training
- cardio-pulmonary training (CPR).

Inspectors reviewed staff files and noted that such files did not contain all of the documents as required under schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres For Persons (Children and Adults) with Disabilities) Regulations 2013 including:
- evidence of the person's identity, including a recent photograph
- relevant current registration status with professional bodies in respect of nursing and other health and social care professionals employed in the designated centre.

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

Judgement:
Non Compliant - Moderate

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

Findings:
This outcome was not reviewed during this inspection however, inspectors noted there were no residents guide available in the centre.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Vincent Kearns
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 report[1]

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	ORG-0008591
Date of Inspection:	06 May 2014
Date of response:	25/07/2014

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: DCAD10 Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability to participate in and consents, with supports where necessary, to decisions about his or her care and support.

Action Required:
Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support

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

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

This Service follows a Person Centred Planning process to plan individual services and supports. Annual reviews for all Service Users will be completed by year end.
Service Users will be supported to sign each section of the PCP documentation and the resulting care plans when possible as they are completed with the person.
Service Users will be involved in the review of their PCP and care plans with the support of their Key Workers.
Guidelines for Staff and Service Users will be written by mid October to accompany this process to support and encourage the participation of every Service User throughout the process and set out the frequency of reviews and how to establish the effectiveness of a plan.
Terms of Residency will be completed and given to each Service User and/ or their representative by the end of August.
Each Service User and / or their representative will receive a Contract of Care in addition to the Terms of Residency by the end of August.
A Residents Guide will be given to each Service User in this Service by mid September.

Proposed Timescale: 31/12/2014

Theme: DCAD10 Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.

Action Required:
Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

Please state the actions you have taken or are planning to take:
Promotion of Choice and Control of Daily Life is part of the Person Centred Planning process. Annual reviews of the PCP and Care Plans for all Service Users will be completed by year end. Accompanying guidelines will outline how the PCP will be used to promote and support the person to exercise choice and these guidelines will be completed by mid October.
Where a restriction is in place that affects any Service User the Multi Disciplinary Team will discuss and approve appropriate restrictions and document same with supporting rationale. A review meeting for this purpose will be held by the end of July. In addition these decisions will be included in the Care Plans of all affected Service Users.
Restrictions in place will be outlined in the Statement of Purpose (to be updated by the end of August) and the Terms of Residency (to be completed by the end of August).
A Residents Guide will be given to each Service User in this Service by mid September.

Proposed Timescale: 31/12/2014

Theme: DCAD10 Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability can exercise his or her civil, political and legal rights.

Action Required:
Under Regulation 09 (2) (c) you are required to: Ensure that each resident can exercise his or her civil, political and legal rights.

Please state the actions you have taken or are planning to take:
The Terms of Residency will be completed by the end of August. Included in the Terms of Residency will be the names of Advocacy Services and how to contact them. This information will also be displayed in each house by the end of August.
Where a restriction is in place that affects any Service User the Multi Disciplinary Team will discuss and approve appropriate restrictions and document same with supporting rationale. A review meeting for this purpose will be held by the end of July. Restrictions will be outlined in the Statement of Purpose and the Terms of Residency in addition to the Care Plans of all affected Service Users. The rationale for such a restriction will also be included in the Department Safety Statement general risk management forms if appropriate which will be completed by mid August.
Each Service User will be supported to be entered on the Register of Electors by the end of September.
A Residents Guide will be given to each Service User in this Service by mid September

Proposed Timescale: 30/09/2014

Theme: DCAD10 Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
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,and intimate and personal care.

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:
To support Service Users and staff in relation to meeting the above requirements the following policies for this Service will be completed by the dates highlighted; CCTV by mid September, Intimate Care Policy by the end of September and Communication with Service Users by the end of November.
Included in the CCTV Policy will be operational procedures in addition to how any affected Service User and / or their representative will be involved in consent and

decision making in relation to the use of CCTV, the Multi Disciplinary Team involvement and also how the rationale for its use will be agreed and recorded.
Use of CCTV will also be included in the Statement of Purpose for this Service which is to be completed by the end of August.

Proposed Timescale: 30/11/2014

Theme: DCAD10 Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
To make a policy available to ensure as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

Action Required:
Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

Please state the actions you have taken or are planning to take:
A Personal Property and Possessions Policy for this Service will be completed.

Proposed Timescale: 31/08/2014

Theme: DCAD10 Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

Action Required:
Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

Please state the actions you have taken or are planning to take:
A Complaints Policy for this Service will be completed. This Policy will include the procedure for making complaints in an accessible format for the Service User.

Proposed Timescale: 31/10/2014

Theme: DCAD10 Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:
To display a copy of the complaints procedure in a prominent position in the designated centre.

Action Required:
Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

Please state the actions you have taken or are planning to take:
A Complaints Policy for this Service will be completed and it will be circulated and displayed throughout the Service's Houses.

Proposed Timescale: 31/10/2014

Theme: DCAD10 Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

Action Required:
Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:
A Complaints Policy for this Service will be completed. The Policy will include a log of all complaints, investigations and outcomes.

Proposed Timescale: 31/10/2014

Outcome 03: Family and personal relationships and links with the community

Theme: DCAD10 Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
To ensure that having regard to the number of residents and needs of each resident provide a suitable private area, which is not the resident's room, is available to a resident in which to receive a visitor if required.

Action Required:
Under Regulation 11 (3) (b) you are required to: Provide a suitable private area, which is not the resident's room, to a resident in which to receive visitors, if required.

Please state the actions you have taken or are planning to take:
To provide the residents with a private area to receive visitors, a room in the house will be renovated to accommodate this. New furniture will be bought and alternative appropriate storage put in place for files and medication to allow the existing office to be used at a visitor's room at any time that a resident wishes to receive a visitor in private.

Proposed Timescale: 31/08/2014

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:
On admission, to agree in writing with each resident, or their representative where the resident is not capable of giving consent,
the terms on which that resident shall reside in the designated centre.

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

Please state the actions you have taken or are planning to take:
Terms of Residency and Contracts of Care for each Service User will be completed and circulated to each person or their representative.

Proposed Timescale: 31/08/2014

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:
To make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.

Action Required:
Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

Please state the actions you have taken or are planning to take:
This Service follows a Person Centred Planning process to plan individual services and

supports. Annual reviews for all Service Users.
Service Users will be supported to sign each section of the PCP documentation and the resulting care plans when possible as they are completed with the person.
Service Users will be involved in the review of their PCP and care plans with the support of their Key Workers.
Guidelines for Staff and Service Users will be written to in order to accompany this process to support and encourage the participation of every Service User throughout the process and set out the frequency of reviews and how to establish the effectiveness of a plan.
During the review process the plans will be put in a format accessible to the person as appropriate and made available to the person or their representative.

Proposed Timescale: 31/12/2014

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
To ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs
or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

Please state the actions you have taken or are planning to take:
This Service follows a Person Centred Planning process to plan individual services and supports. Annual reviews for all Service Users will be completed by year end.
Service Users will be supported to sign each section of the PCP documentation and the resulting care plans when possible as they are completed with the person.
Service Users will be involved in the review of their PCP and care plans with the support of their Key Workers.
Guidelines for Staff and Service Users will be written to accompany this process to support and encourage the participation of every Service User throughout the process and set out the frequency of reviews and how to establish the effectiveness of a plan.

Proposed Timescale: 31/12/2014

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:
To ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs
or circumstances, which review shall assess the effectiveness of the plan.

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:
This Service follows a Person Centred Planning process to plan individual services and supports. Annual reviews for all Service Users will be completed by year end.
Service Users will be supported to sign each section of the PCP documentation and the resulting care plans when possible as they are completed with the person.
Service Users will be involved in the review of their PCP and care plans with the support of their Key Workers.
Guidelines for Staff and Service Users will be written by the end of October to accompany this process to support and encourage the participation of every Service User throughout the process and set out the frequency of reviews and how to establish the effectiveness of a plan.
A Care Plan for a Service User who smokes was put in place.

Proposed Timescale: 31/12/2014

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
To ensure that the recommendations arising out of a review shall be recorded and shall include—
(a) any proposed changes to the personal plan;
(b) the rationale for any such proposed changes; and
(c) the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

Please state the actions you have taken or are planning to take:
This Service follows a Person Centred Planning process to plan individual services and supports. Annual reviews for all Service Users will be completed by year end.
Service Users will be supported to sign each section of the PCP documentation and the resulting care plans when possible as they are completed with the person.
Service Users will be involved in the review of their PCP and care plans with the support

of their Key Workers.
Guidelines for Staff and Service Users will be written by the end of October to accompany this process to support and encourage the participation of every Service User throughout the process and set out the frequency of reviews and how to establish the effectiveness of a plan. The above requirements in relation to recommendations will be included in the guidelines.

Proposed Timescale: 31/12/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To ensure the premises are homely and designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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:
New furniture will be delivered during July and August to replace existing damaged furniture
With the support of the Technical Services Department the kitchen identified will be renovated with work to start in September 2014 and all three houses will be painted internally.
Following the painting of the houses soft furnishings and finishing touches to improve the décor will be completed by the end of October
Renovation for the creation of a visitor's room in the identified house will be completed following the painting work by the end of October.

Proposed Timescale: 30/11/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To ensure that the premises are of sound construction and kept in a good state of repair externally and internally.

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

Please state the actions you have taken or are planning to take:
In consultation with the Technical Services Dept a plan for the completion of repair work will be developed by July to include repair of identified damage and faults and also a system for a regular maintenance service of identified issues. All identified issues will be addressed by 30 September 2014.

Proposed Timescale: 30/09/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To ensure that each premises are clean and suitably decorated.

Action Required:
Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

Please state the actions you have taken or are planning to take:
The cleanliness of the premises will be addressed by completing a deep clean by July and establishing a cleaning rota to ensure that premises are kept clean from June.
A plan for decorating and improving the homeliness of the buildings, including the supply of new furniture, with work completed by the end of October 2014 between the Service Users, Staff Members and Technical Services Dept.

Proposed Timescale: 31/10/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To ensure that the premises of the designated centre are equipped, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.

Action Required:
Under Regulation 17 (5) you are required to: Equip the premises, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.

Please state the actions you have taken or are planning to take:
A request for an Occupational Therapy assessment for the use of assistive technology, aides and appliances will be completed and sent by June.

Proposed Timescale: 27/06/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To provide adequate private and communal accommodation for residents, including adequate social, recreational, dining and private accommodation including a suitable private area, which is not the resident's room, is available to a resident in which to receive a visitor if required.

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:
To provide the residents with a private area to receive visitors, a room in the house will be renovated to accommodate this. New furniture will be bought and alternative appropriate storage put in place for files and medication to allow the existing office to be used at a visitor's room at any time that a resident wishes to receive a visitor in private. All renovations will be completed by October 31st 2014.

Proposed Timescale: 31/10/2014

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:
To ensure that the risk management policy, includes the hazard identification and assessment of risks throughout the designated
centre.

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

Please state the actions you have taken or are planning to take:
A Risk Management Policy for this Service will be completed. This Policy will include procedures in relation to hazard identification, risk assessment, implementation of control measures, and evaluation of control measures, serious incident review and emergency planning in keeping with existing HSE Policies.

Proposed Timescale: 15/08/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To ensure that the risk management policy includes the measures and actions in place to control the risks identified.

Action Required:
Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

Please state the actions you have taken or are planning to take:
A Risk Management Policy for this Service will be completed. This Policy will include procedures in relation to hazard identification, risk assessment, implementation of control measures, and evaluation of control measures, serious incident review and emergency planning in keeping with existing HSE Policies.

Proposed Timescale: 15/08/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To ensure that there are arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

Action Required:
Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

Please state the actions you have taken or are planning to take:
A Risk Management Policy for this Service will be completed. This Policy will include procedures in relation to hazard identification, risk assessment, implementation of control measures, and evaluation of control measures, serious incident review and emergency planning in keeping with existing HSE Policies.

Proposed Timescale: 15/08/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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:
A Risk Management Policy for this Services will be completed. This Policy will include procedures in relation to hazard identification, risk assessment, implementation of control measures, and evaluation of control measures, serious incident review and emergency planning in keeping with existing HSE Policies.

Proposed Timescale: 15/08/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To ensure that the risk management policy, includes the following measures and actions in place to control the following specified
risk of the unexpected absence of any resident.

Action Required:
Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

Please state the actions you have taken or are planning to take:
This Service's Safety Statement will be reviewed and updated to include a Risk Management Plan in relation to Unexplained Absence of a Service User

Proposed Timescale: 15/07/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To ensure that the risk management policy, includes the following measures and actions in place to control the following specified
risk of self harm.

Action Required:
Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

Please state the actions you have taken or are planning to take:
This Service's Safety Statement will be reviewed and updated to include a Risk Management Plan in relation to Risk of Self Harm

Proposed Timescale: 15/07/2014

Theme: Effective Services

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

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:
The cleanliness of the premises will be addressed by completing a deep clean and establishing a cleaning rota to ensure that premises are kept clean.
Storage of mops, personal protective equipment and cleaning products has been addressed and appropriate storage is now in place.
Replacement bins with lids are ordered.
A warning notice in relation to hot water has been put in place where appropriate and the Technical Services Dept has been contacted in relation to regulation of same with plan for control of this hazard to be in place.
Fire evacuation plans are in place for each house in the Centre and they have been updated re the use of keys to unlock the fire doors in the event of an emergency.

Proposed Timescale: 18/07/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To ensure that effective fire safety management systems are in place.

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

Please state the actions you have taken or are planning to take:
The following information is in place:
Fire Orders: These are in a fire safety folder in each house and also centrally in Admin Office in this service
Fire Action Notices: Individualised for each house and displayed prominently throughout the buildings

Fire Training Records: These are held centrally in Admin Office in Damien House and on a shared IT folder, coordinated by the Day Services Manager)
Evacuation Drill Records: Held in each house monthly from May 2014 with records for each house retained in a folder in that house
A visitors book is now in place in each location for all visitors to sign on entry and departure from each house
A smoking care plan is now in place for a Service User who smokes
The Fire Management systems are currently being reviewed in a regional Fire Risk Assessment process. Information from the HSE's Fire Officer is that this is a regional exercise with a report due to be given to the Fire Officer by mid June 2014. Currently no specific works in relation to fire management have been identified for this Service. This will form part of the report due in Mid June. Should there be any remedial works identified at that time then a tendering process will occur. Given that the HSE tendering and procurement processes must be taken into account and that the process is to include 27 buildings, an approximate commencement date for any works would be November 1st. A "Written confirmation that the centre complies with fire safety requirements" will be issued once any issues identified in the Fire Risk Assessment report are addressed.
If no issues are identified for correction/remedial action a written confirmation that the centre complies with fire safety requirements will be given.

Proposed Timescale: 18/06/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To make adequate arrangements for reviewing fire precautions, and testing fire equipment.

Action Required:
Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

Please state the actions you have taken or are planning to take:
Fire Safety Checklists: A system of weekly checks has been put in place since May and the completed checklist will be held in each house. A daily alarm check is also in place since 15-05-14 and the record posted beside the fire alarm and old records held in a folder locally in each house
Maintenance records of the Fire Alarm System: 25% maintained quarterly by and external company leading to 100% annually and record held centrally in Admin Office in this service
Maintenance records of the Emergency Lighting System: 25% maintained quarterly by an external company leading to 100% annually and record held centrally in Admin Office in this service
Maintenance records of the Fire Fighting Equipment: Maintained annually by an external company and record on each piece of equipment serviced
Fire Audits /Reports /Correspondence: held centrally in Admin Office in this centre

Proposed Timescale:

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To make adequate arrangements for providing an adequate means of escape, including emergency lighting.

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

Please state the actions you have taken or are planning to take:
The following are also in place:
Emergency Lighting bulbs are replaced. One emergency lighting sign is a non maintained light which means that it would only light up in the case of an emergency. This will be replaced by a constant on sign at the next quarterly service.
The fire evacuation plan for this service has been updated re the use of keys to unlock the fire doors in the event of an emergency. The HSE's Fire Officer has given written reassurance that the use of key boxes is compliant. However it is the HSE's intention to remove the key lock cylinders and provide thumb turn devices on the inside of these doors going forward. This may pose other Health & Safety risks re Service Users' safety etc, if so these doors will have to be magnetised, provided with green electronic break glass units and also interfaced to the fire alarm system. This will be assessed by the Fire Consultant in the regional Fire Risk assessment process. In the mean time the use of key boxes are acceptable as an interim measure.
Individual emergency evacuation plans for service users with mobility issues have been written and are now displayed where this issue is relevant
Door wedges have been removed from all areas. Where this has affected a Service Users freedom of movement staff members are on alert to be aware of and watchful for signs that Service Users wish to move from one room to another. An assessment regarding the use of magnetic hold open devices that release upon fire alarm activation will be carried out in consultation with the Technical Services Dept, Disability Manager and Operations Manager.

Proposed Timescale: 18/06/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the
designated centre and bringing them to safe locations.

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:
The fire evacuation plan for this Service has been updated re the use of keys to unlock the fire doors in the event of an emergency. The HSE's Fire Officer has given written reassurance that the use of key boxes is compliant. However it is the HSE's intention to remove the key lock cylinders and provide thumb turn devices on the inside of these doors going forward. This may pose other Health & Safety risks re Service Users' safety etc, if so these doors will have to be magnetised, provided with green electronic break glass units and also interfaced to the fire alarm system. This will be assessed by the Fire Consultant in the regional Fire Risk assessment process. In the mean time the use of key boxes are acceptable as an interim measure.
Individual emergency evacuation plans for service users with mobility issues have been written and are now displayed where this issue is relevant.

Proposed Timescale: 18/06/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

Action Required:
Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

Please state the actions you have taken or are planning to take:
Fire training for staff took place on Thursday 19th June 2014 in each of the 3 houses with further training to take place Thursday 2nd and Tuesday 21st and Thursday 16th October and Wednesday 5th November when the remaining 5 staff will be booked for training.
Evacuation Drill Records: Held in each house monthly from May 2014 with records for each house retained in a folder in that house
Fire Safety Checklists: A system of weekly checks has been put in place since April and the completed checklist will be held in each house. A daily alarm check is also in place since May and the record posted beside the fire alarm and old records held in a folder locally in each house.

Proposed Timescale: 15/11/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.

Action Required:
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

Please state the actions you have taken or are planning to take:
This Service's Policy on Restrictive Interventions and the use of restraint or restrictive practices will be completed and will be in keeping with National Policy and Evidence Based Practice.
This policy will include the identification of approved Restrictive Interventions, who is to be involved in deciding to use any Restrictive Interventions, when, why and how to use them and Care Planning for same in the individual Service Users Care Plans, risk management for their use, how to document their use and review and audit procedures.
Care Plans will also include the reasons for use of Restrictive Interventions, alternative strategies to be used and assessment required prior to their use. Care Plans will be reviewed as part of the Person Centred Planning process by year end.

Proposed Timescale: 31/12/2014

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
To ensure that, where a resident's behaviour necessitates intervention under this regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour; all alternative measures are considered before a restrictive procedure
is used; and the least restrictive procedure, for the shortest duration necessary, is used.

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:

Each Service Users' Care Plans will detail when, why and how to use any Restrictive Interventions and also include the reasons for use of Restrictive Interventions, alternative strategies to be used and assessment required prior to their use. Care Plans will be reviewed as part of the Person Centred Planning process by year end.

Proposed Timescale: 31/12/2014

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:
To ensure that where residents require assistance with eating or drinking, that there is a sufficient number of trained staff present when meals and refreshments are served to offer assistance in an appropriate manner.

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:
Written guidelines to support Staff Members who assist Service Users to eat and drink will be circulated.
A plan will be completed with the Speech and Language Therapist and the Nurse Practice Coordinator for Disability Services to devise and deliver appropriate training for staff in this area.

Proposed Timescale: 30/09/2014

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:
To ensure that the designated centre has appropriate and suitable practices relating to the administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident.

Action Required:
Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

Please state the actions you have taken or are planning to take:
The existing Draft Medication Management Policy in this Service will be signed off and put into practice. Audit of medication practices and of medication management will be included in this policy and a schedule of audits will be put in place. Review of Medication errors will be included in the Medication Management Policy and also the Serious Incident Review section of this Service's Risk Management Policy due for completion in August.

Proposed Timescale: 30/09/2014

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To prepare in writing a statement of purpose containing the information set out in Schedule 1.

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

Please state the actions you have taken or are planning to take:
A Statement of Purpose for Damien House Services will be reviewed and updated to include the required information

Proposed Timescale: 31/08/2014

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:
To ensure that the management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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:

Out of hours support arrangements will be reviewed to take into account the support that can be provided by Senior Staff Nurses to CNMs. Protocols and Guidelines in relation to issues that cause staff to ring the on call manager will be put in place to support staff decision making and reduce the reliance on the on call system as appropriate. This review and the accompanying guidelines will be in place.

Proposed Timescale: 15/09/2014

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To ensure that there are effective arrangements in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

Action Required:
Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

Please state the actions you have taken or are planning to take:
A plan for support for staff in the form of individual supervision will be in place. The plan will include training for managers in supervision skills and a schedule of meetings to allow all staff to have the opportunity to meet with a manager on a one to one basis.

Proposed Timescale: 31/10/2014

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

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:
The Person Centred Planning Process and the development of Care Plans form the basis of consistent care and support for Service Users in this Service. All PCPs and Care Plans

will be reviewed by year end to include all aspects of support that each person requires.
Guidelines for Staff and Service Users will be written by October to accompany this process to support Staff members and Service Users throughout the process.
Induction is provided to agency staff when they first work in this Service and to try to provide consistency a core panel of agency staff is used as much as possible.
Currently recruitment for Intern Health Care Assistants is underway which will provide a consistent team of HCAs for the service. Recruitment will be completed by the end of October
This Service's induction process for new staff will be enhanced and in line with HSE policy will be completed over a 6 month period for new staff. This process will be due for completion by April for HCAs
An Induction Pack for agency staff will be developed and induction of the agency staff will be reviewed by CNMs with this process in place by September

Proposed Timescale: 31/12/2014

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
To ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.

Action Required:
Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

Please state the actions you have taken or are planning to take:
All required information and documents will be on file for each person with the support of the Personnel Dept.

Proposed Timescale: 15/10/2014

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
To ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Action Required:
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Please state the actions you have taken or are planning to take:
This Service's Professional Development Policy, to include all Mandatory Training as

outlined in the Department Safety Statement.
The Professional Development Policy will be linked to Individual Supervision for staff so that professional development needs and supports are included.

Proposed Timescale: 30/09/2014

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To prepare a guide in respect of the designated centre and ensure that a copy is provided to each resident.

Action Required:
Under Regulation 20 (1) you are required to: Prepare a guide in respect of the designated centre and provide a copy to each resident.

Please state the actions you have taken or are planning to take:
A Residents Guide will be given to each Service User in this Service.

Proposed Timescale: 15/09/2014