

**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 Muiriosa Foundation
Centre ID:	OSV-0001451
Centre county:	Westmeath
Email address:	Teresa.feery@muiriosa.ie
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Muiriosa Foundation
Provider Nominee:	Josephine Glackin
Lead inspector:	Jillian Connolly
Support inspector(s):	Sonia McCague
Type of inspection	Unannounced
Number of residents on the date of inspection:	18
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 1 day(s).

The inspection took place over the following dates and times

From: 12 February 2014 10:30 To: 12 February 2014 17:00

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

Outcome 01: Residents Rights, Dignity and Consultation
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 14: Governance and Management
Outcome 16: Use of Resources

Summary of findings from this inspection

The designated centre is a residential service for individuals with an intellectual disability. The designated centre consists of two residential areas. The designated centre is part of the larger organisation, Muiriosa Foundation. This was the first inspection of the centre and was initiated as the provider had indicated to the Authority the intention to cease the operation of one of the residential areas.

One residential area is the home of ten residents, 2 male and 8 females. The second residential area is the home of eight residents, 5 male and 3 females. The Statement of Purpose of the centre states the dependency level of all residents as high. On the day of inspection, inspectors reviewed documentation, spoke with staff and observed practice. The inspection took place over one day, and was facilitated by the person in charge. The regional director and the person in charge attended the feedback meeting at the conclusion of the inspection.

Eight outcomes were inspected on this inspection. Inspectors found that although staff demonstrated a good understanding of the needs of the residents, there were areas in each of the outcomes where significant improvement was required for the centre to be compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Inspectors found that the governance and management of the centre did not resource the centre to ensure effective delivery of care in accordance with the Statement of Purpose. Inspectors also found significant evidence that the dignity and privacy of the residents is compromised on a daily basis. Of the two units inspected, one was not fit for purpose. The provider has been requested to submit a detailed plan for the transition of the residents who reside in the unit. This plan must be compliant with Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

The findings are outlined in the report and mandatory improvements required are stated in the action plan at the end of the report.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

Inspectors found that the privacy and dignity of residents was not respected. The Statement of Purpose stated that each individual had their own bedroom; however in one area inspectors observed that the areas referred to as bedrooms consisted of partition walls which did not reach the ceiling, therefore creating a cubicle as opposed to a bedroom. Inspectors discussed the impact of this on residents with staff. Staff stated that residents can be impacted as a result of the behaviours that challenge of other individuals who they live with, as a result of the structure of the premises.

In both areas each bedroom door had a window panel, which had no curtain or privacy screen. Therefore any individual walking through the centre could see directly into each individual's bedroom. From the corridor, one inspector observed a staff member assisting a resident with a personal care need. Personal information of residents was displayed in some residents' bedrooms and products required for intimate care were clearly on view in the bedroom of individuals and in communal toilets. Fixtures and Fittings such as taps, wardrobe doors and curtains on external windows had been removed as an intervention to support behaviours that challenge however there was no evidence that alternative strategies which would promote the dignity of the residents had been implemented prior to that.

Inspectors also observed a lack of privacy locks on the bathroom and communal toilet facilities in one area. The toilet facilities included three toilets laid out within a room as cubicles with curtains to support privacy as opposed to individual doors. There was one twin room which was occupied and shared by two residents. There was a portable screen available to promote resident privacy, however, inspectors were not satisfied that the screen was sufficient to respect and protect residents privacy and dignity while receiving intimate care due to its size. On review of documentation and through

observation of staff interactions with residents, inspectors had concerns over the age – appropriateness of the language used by staff. Inspectors read in care plans terminology such as ‘nappy’ and ‘tummy’ and heard staff asking at mealtimes who needed to be ‘fed’ next.

On this inspection, the complaints procedure or consultation process with residents’ was not reviewed.

Judgment:

Non Compliant - Major

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

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

Findings:

Inspectors reviewed the personal plans of residents. Each resident had a comprehensive person centred plan, addressing the needs, wants and wishes of the individuals. The person centred plan consisted of an assessment and goals resulting from the assessment. There was evidence of input from the Multi – Disciplinary team.

Inspectors discussed the needs of residents with staff who demonstrated an in depth knowledge of residents individual needs. However inspectors observed the goals to be non – specific and deficient of measurable elements as ‘ongoing’ frequently appeared as the time frame for recorded goals. Inspectors also observed that the daily progress notes of residents did not evaluate or reflect the progress of goals. While there was evidence in some residents’ files of consultation with their representative, consultation with representatives for all residents was not consistent or evident. Inspectors discussed this with staff who stated that the information in the assessment would be based on staff knowledge of the individual and documentation completed regarding residents. Staff further informed that residents’ representatives were invited to participate in the personal plan process; however there was no recorded evidence of this within the plans reviewed.

The person in charge informed inspectors of plans to transfer residents from one area of

the designated centre due the provider recognising that the building was not fit for purpose. However inspectors found no evidence of the supports required to assist individuals with the transition. Staff were also not familiar with the process and timeframes, although they identified one resident had gone to see their potential new home. There was evidence in files that families had been informed of the intention for transition of residents to a new residential setting.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

Prior to the inspection, the Authority had been informed of the providers intention to cease the operation of one area of the designated centre and inspectors confirmed on inspection that the area was not fit for purpose.

One area accommodated ten residents, 2 male and 8 females. The unit consisted of nine bedrooms, a sitting room, kitchen/dining room, relaxation room, den, a bathroom and a room with three toilet areas. Inspectors observed that bedrooms in this area had been personalised, however the temperature in some bedrooms was cold and on further inspection draughts and leaks from bedroom windows was found, which staff confirmed to be a common occurrence. As outlined in outcome 1, window panels in bedroom doors compromised the dignity and privacy of residents undertaking personal activities and intimate care.

In both areas, there were kitchens however the dinner and supper for each resident was prepared in a central kitchen on campus. Inspectors were informed that food stores were ordered weekly, to supplement the food provided by the central kitchen.

The other area accommodated eight residents, 5 male and 3 female. The statement of purpose stated there were eight bedrooms in the unit; however inspectors observed that up to four bedrooms were not enclosed rooms but separated by a partition, as described in outcome 1. There were also two sitting rooms, one kitchen/dining area and three toilet areas and two bathrooms.

The accommodation in the 8 bedded area was not suitably maintained, decorated or equipped for residents within. The environment was not homely and had not been personalised to promote suitable, safe and age appropriate facilities for residents who lived there. It had not been maintained in a good state of repair. Inspectors observed worn floor covering, furniture and fittings, and paint chipped of walls and wardrobe/storage units. Staff informed inspectors that seven of the eight residents display behaviours that challenge resulting in modifications made to rooms, including missing/removed wardrobe doors and sink taps, no curtains in one bedroom and music on constant play throughout the unit. Deficiencies within the premises and arrangements described negatively impacted on residents within the communal setting. A group of residents may be exposed to inappropriate music, such as nursery rhymes, at times to meet the needs of one resident and there was no evidence that alternative options had been considered to personalise the area, or reduce the impact of the behavioural needs of one resident living with a group of residents.

Inspectors discussed with the Person in Charge the deficiencies within the premises design, layout and arrangements in place and confirmed that it did not 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. Therefore the Authority requested that the provider submit detailed plans to the Authority, to include the specific process and timeframe for the transition of the service users from this environment.

Judgment:

Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The Centre had a Health and Safety Policy in place, which outline the roles and responsibilities of all individuals in relation to maintaining the health and safety of all stakeholders. The policy also identified that risks were identified, recorded, investigated and a system was in place for learning from incidents. The Safety Statement was up to date and risks were identified. However inspectors found that the risks recorded were general and did not comprehensively address identified risks specific to the designated centre. Individual plans also contained risk assessments for service users absent without leave. However there was no evidence in either of learning from specific adverse events. Operational and environmental risks identified by inspectors had not been assessed, rated or evaluated. For example, reduced staffing levels and skill mix in each of the units

at night had not been risk assessed or rated. Contingency measures such as personal alarm systems were not available to staff or in place in the event of an emergency occurring with one member of staff on duty. This is discussed further in outcome 16.

Inspectors observed suitable fire equipment within the designated centre, and also adequate means of escape. The fire evacuation procedure was prominently displayed and staff demonstrated knowledge of the procedure. The individual mobility and cognitive understanding of each resident was accounted for in the event of fire. However as stated in Outcome 1, this information was displayed in a manner which did not promote the dignity of the individuals. Inspectors reviewed the records of the maintenance of fire equipment; evidence was present that the fire alarms had been serviced. The inspectors were informed that the fire extinguishers were due to be serviced in the coming week. Inspectors noted that a record of fire safety training for all staff was not available and in the records reviewed, inspectors found, that two staff rostered for night duty did not have up to date training in fire safety/prevention.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

There was a policy in place, which inspectors reviewed, on the prevention, detection and response to abuse. However there was no evidence that staff had received training in the understanding of abuse, particularly in relation to adults with disability. The centre supports individuals who display behaviours that challenge. Inspectors reviewed the personal plans of residents and the documentation pertaining to their individual positive behaviour support plan. There was evidence of regular reviewing of the behaviours that individuals engage in, but there was limited analysis of the impact that recommended interventions have on the individual. Staff demonstrated an understanding of the needs of the residents and stated the techniques implemented to alleviate the cause of behaviour; however this was not apparent in the daily documentation. An example of this was, there was no evidence of the proactive strategies that were recommended by the multi disciplinary team.

A critical component, was the environment in one area not being fit for the purpose. One example identified by the inspector, was that an individual can exhibit behaviours that challenge if the environment is too noisy. However based on the lack of private space in the unit, and the needs of the other residents, the individual was regularly exposed to a noisy environment.

Restrictive procedures were implemented in the designated centre. Both units were key padded. Toilets were also locked in one area based on the needs of some of the residents. Staff demonstrated an understanding of how to alleviate the impact this had on the other residents. However this was not evidenced in personal plans. There were also water restrictions in place in the female bathroom, due to the needs of one resident, however there was no acknowledgment of the impact this could have on the other female residents. There was evidence that staff had received training in the de-escalation of behaviour that challenge, however there was no evidence of training in proactive strategies.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

There was evidence that residents had access to G.P services and medications were supplied by a local pharmacy. The Person in Charge and the Statement of Purpose stated that individuals had access to a allied health professionals including, Psychiatry, Psychology, Behaviour Therapists, Social Workers, Speech and Language Therapists, Occupational Therapy and Physiotherapy. There was also access to a community based palliative care team and community based dietician. There was evidence in the personal plans of referrals and records of appointments.

Inspectors reviewed the dining experience for residents. Inspectors had concerns over the limited choice available, however observed that modified food was served in an appropriate and dignified manner. The menu of the day was displayed in picture format in the kitchen. Staff informed inspectors that the menu was cyclical and informed by staff knowledge of the residents, however there was no documented evidence of this available on the day of inspection. Inspectors observed residents being given their meal without choice being offered. Meals were prepared in the central kitchen of the campus.

This resulted in the meals being plated prior to being distributed to the units. On the day of inspection, bacon was on the menu. Staff informed inspectors that if an individual did not like bacon, some chicken and mince were available. However this meant that the meat on the pre-plated dinner would be removed and replaced with the alternative meat.

Documentation reviewed demonstrated that the residents weight was monitored regularly however the Body Mass Index (BMI) of each resident was not recorded. Therefore there was no evidence of the nutritional status of residents available.

Individuals had wide ranging health needs, inclusive of Percutaneous endoscopic gastrostomy (PEG) feeding tubes. There was also a variety of dependency needs in relation to manual handling and intimate care. As reported in Outcome 7 and Outcome 16, inspectors had concerns over meeting the needs of the residents due to the reduction in staffing and skill mix mainly at night and on occasion from 6:00pm.

Judgment:

Non Compliant - Minor

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The Statement of Purpose outlines the management structure of the designated centre. Inspectors were not satisfied that the current arrangements ensure staff had the opportunity to exercise their personal and professional responsibility for the quality and safety of the services delivered. All staff files and training records were maintained offsite and in another location. Frontline management did not have direct access to staff files or training records. On inspection, frontline management did not demonstrate knowledge of the training undertaken or continuous professional development needs of the staff that they were responsible for. Rosters and workforce planning was by senior management, which inspectors found did not reflect the needs of the service users, particularly after 6:30pm on occasion and nightly after 9:00pm. Audits or documentation of the assessed needs and dependency level of residents on units was not available or calculated at unit level to inform the allocation of staffing levels and skill mix.

As previously stated, the provider had informed the Authority of the plans to cease the operation of one area of the designated centre, due to the deficiencies within the premises. However there was no evidence that decision-making regarding this included consultation with frontline management or staff working directly with the residents of this unit. Staff spoken with were not clear on the proposed plan or timeframe, which in turn impacts on the arrangements and supports to be implemented for the individual involved in the transition.

Judgment:

Non Compliant - Moderate

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

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

Findings:

The inspectors reviewed the rosters over a three week period, that included the week of the inspection. It was noted that rosters were reflective in practice with the exception to changes and relief staff required on the day. However inspectors were concerned that the centre was not resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose. Residential staff were deployed to support some residents to attend and participate in their day service, however daily records reviewed demonstrated that the majority of actions taken to achieve the personal plan of the individual were day service related. Daily records demonstrated evidence of limited activity occurring in the residential setting. Staff reported that there were group outings on the weekend, such as bus drives indicating that the centre routines and activities are resource led as opposed to person centered.

As mentioned in Outcome 14, inspectors were not satisfied that the systems were in place to meet the needs of residents, specifically after 9:00pm. At 8:00pm, staffing levels reduce to one staff nurse and two care staff to support the eighteen residents of both units. At approximately 9:00pm, one staff is deployed to a community residential house which is part of the larger organisation. Therefore the staffing levels are reduced to one staff nurse and one care staff for the eighteen residents. At approximately midnight the second care staff returns to the designated centre to facilitate the breaks of the care staff and the staff nurse prior to concluding their own shift at 1:00am. Inspectors reviewed documentation regarding the needs of individuals, and noted that there were individuals who required supports of two staff for intimate care and movement and handling. The person in charge stated that in the event of an emergency

the staff would be allocated on a priority basis; however Inspectors found no documented evidence of a contingency plan in the event of an emergency.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Jillian Connolly
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Muiriosa Foundation
Centre ID:	OSV-0001451
Date of Inspection:	12 February 2014
Date of response:	02 April 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: Individualised Supports and Care

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

The premises of one of the residential areas does not provide the opportunity for residents dignity and privacy to be respected. The panels in the doors of both units compromises the privacy and dignity of the individual. Personal information is openly displayed in bedrooms. In appropriate language is utilised both verbally by staff and in documentation to describe the care needs of residents.

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.

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

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

Actions completed:

- Each bedroom door with glass panel has been measured for curtains.
- Wardrobe doors have been fitted.
- Personal information and items for intimate care are kept in wardrobes/closed press.
- The bathroom area in one area has been fitted with a lock to both shower and bath access doors to ensure privacy.

Actions Planned (Timescale Immediate and Ongoing)

- Before the introduction of an intervention that will impact negatively on others, consultation will take place with the individual, their representatives, behaviour support team and staff which will be recorded and reviewed as required.
- A privacy curtain will be fitted in the twin room by 26th March 2014.
- Toilet cubicles have been measured up for doors and these are currently being manufactured and will be fitted by 7th April 2014.
- The external window on one bedroom has been measured and curtains are on order and will be fitted by 26th March 2014.
- Staff are scheduled to attend updated training led by the behaviour support team on how to support individuals with behaviours that challenge, how to ensure that the appropriate use of reactive strategies and de-escalation techniques are utilized, and also to recognise the impact that the reactive strategies can have on others and to consider also how these can be minimised. All staff will be trained by 2nd April 2014.
- Staff are scheduled to attend support plan training which will address the use of age appropriate language in interactions and in documentation. This will also be addressed at team meetings and through the documented regular review of progress notes by the person in charge. Training commenced on the 24th February 2014. Further dates are scheduled for 6th and 19th of March. All staff will have attended support plan training by the 16th May 2014.
- It is currently an organisational priority to support seven individuals to move to more suitable living arrangements. This move will be completed by 31st July 2014.

Proposed Timescale: 31/07/2014

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:

Each resident had a personal plan but not all plans reflected consultation with the resident or 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:

- Training has commenced to support staff in the appropriate use and completion of support plans. This training incorporates the need for measurable, achievable, and realistic goals and addresses the requirement for progress notes to accurately record how the individuals are progressing in terms of the goals identified. Training commenced on the 24th February 2014. Further dates are scheduled for 6th and 19th of March. All staff will have attended support plan training by the 16th May 2014.
- Guidelines will be produced to ensure a consistent approach to appropriate consultation with individuals and or their representative in terms of support planning. The guidelines will be completed by 7th April 2014. Copies of this correspondence will be presented to all staff at team meetings to ensure appropriate application of same by 25th April 2014.

Proposed Timescale: 16/05/2014**Theme:** Effective Services**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The Authority was informed of the intention to close one area in the designated centre. There was no evidence of the services and supports available for the transition.

Action Required:

Under Regulation 25 (3) (a) you are required to: Provide support for residents as they transition between residential services or leave residential services through the provision of information on the services and supports available.

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

- In line with guidance from the Congregated Settings Implementation Group, a working group will be empanelled to prepare local guidance to underpin transition planning. This guidance will be completed by the 28th April 2014. Information sessions will be held locally for staff and representatives by 16th May 2014.
- While informal verbal communication has taken place, a formal meeting will be held with each individual, representative, key worker, psychologist and or other relevant persons with the aim of identifying the individual's support requirements. These meetings will have taken place by the 30th May.
- Six individuals who will be moving to the three houses currently identified and one individual will be supported through the Person Centred Wing. All individuals will have the opportunity to visit proposed new home and the surrounding local amenities as part of the transition process by the 31st July 2014.
- In relation to the one remaining individual alternative living arrangements are being pursued in order to facilitate his transition to more suitable accommodation. This will allow for closure of the unit.
- Staff continue to try and source accessible formats for conveying pertinent information to individuals. (This is proving difficult as individuals do not have any functional literacy and their capacity to understand information conveyed via line drawings or photographs is uncertain.)

Proposed Timescale: 31/07/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

One of the two areas inspected does not meet the needs of supporting individuals with behaviours that challenge.

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:

- A review is currently being undertaken of strategies that have been implemented to support specific individuals' behaviour that impact negatively on others with a view to eradicating/minimising same. The completion date for the review is the 7th April 2014. Required actions identified by the review will be addressed as they arise.
- A report on the transition of the service users to more suitable accommodation will be prepared in line with guidance from the Congregated Settings Implementation Group. The report will include the process and timeframe of the transition; it will be submitted to HIQA as requested by 30th May 2014.
- It is currently an organisational priority to support all individuals to move from the unit which is due to close to more suitable living arrangements. This move will be completed by 31st July 2014 and will allow for closure of the unit.

Proposed Timescale: 31/07/2014

Theme: Effective Services

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

One of the two areas is not of sound construction and not in a state of good repair. The temperatures in the bedrooms of the other area are cold due to draughts.

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:

Actions completed:

- The radiator cover has been removed. The heating temperature has been increased. These actions were completed immediately.
- Cosmetic work and minor repairs were completed in the unit which is due to close by

the 28th February 2014. (Bearing in mind the imperative to close the unit with immediate effect, committing further resources to adapting the environment would not be a cost effective or justifiable use of resources.)

Action Planned:

- Room thermometers will be installed by 7th April 2014.
- It is currently an organisational priority to support all individuals to move from the unit which is due to close to more suitable living arrangements. This move will be completed by 31st July 2014.

Proposed Timescale: 31/07/2014

Theme: Effective Services

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

One area of the designated centre is not suitably decorated and is not reflective of a home environment

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:

Actions Taken

- Painting has been carried out in the sleeping areas.
- A shower curtain has been fitted in the shower.
- All high locks removed.
- Windows on bedroom doors have been obscured.
- Key pad locks removed (Excluding main entrance doors).
- Extractor fan fixed in shower room.

All above completed by 28th February 2014.

Actions Planned

- Handles attached on wardrobe doors.
- Curtains have been ordered for windows and will be fitted.
- Sink taps will be replaced.
- Windows have been measured and curtains ordered these will be fitted.

All of the above will be completed by the 4th April 2014.

- It is currently an organisational priority to support all individuals to move from the unit which is due to close to more suitable living arrangements. This move will be completed by 31st July 2014.

Proposed Timescale: 31/07/2014

Theme: Effective Services

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

Adequate private accommodation is not provided due to the structure and lack of privacy screens or curtains on windows.

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:

Actions Completed:

- Curtains have been ordered for the windows and these will be fitted by the 4th April 2014.
- A privacy screen has been ordered and will be fitted by the 4th April 2014.

Action planned:

- To progress the transfer of individuals from the designated centre to more suitable living accommodation.
- It is currently an organisational priority to support all individuals to move from the unit which is due to close to more suitable living arrangements. This move will be completed by 31st July 2014.

Proposed Timescale: 31/07/2014

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:

There is a risk register in place but it does not reflect all of the actual risks in 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:

- The actions identified as required on completion of the accident/incident report will be reviewed at local unit team meetings with effect from 7th March 2014.
- Hazard identification and assessment of risks will be carried by person in charge in conjunction with the Occupational Therapist. Risks identified will be recorded in the risk register and any required control measures will be put in place. This process will be completed by the 30th May. 2014 and a review of same will be added as a standing item on the agenda of all subsequent local team meetings.

Proposed Timescale: 30/05/2014

Theme: Effective Services

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

Not all staff have up to date training in fire prevention.

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:

- Those staff due to attend their 18 monthly training session will have completed same by 16th May 2014.

Proposed Timescale: 16/05/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

There was no evidence that staff received training in therapeutic interventions to support individuals with behaviours that challenge.

Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

- A new challenging behaviour policy document will be issued on 10th March 2014 (Policy Guidance on Listening and Responding to Individuals who Demonstrate Behaviours of Concern).
- Training sessions on its contents and application will be completed with all staff by 2nd June 2014.
- Reviewed and enhanced guidance on what should be tracked in daily progress notes is being prepared in the context of the introduction of an IT/ Mediated service user information system. This guidance will be available from 7th April 2014. The system will be fully operational in Westmeath by 31st October 2014 – and in certain Westmeath locations on a pilot basis by 31st August 2014. Staff will be supported to apply this new guidance in their manual records until the IT system is in place.

Proposed Timescale: 31/10/2014

Theme: Safe Services

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

There was evidence of monitoring of behaviours that challenge, however, implementation of techniques was not reflected in daily records.

Action Required:

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

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

- A guidance note will be prepared on seeking consent from each individual and or their representative – the guidance note to be made available from 21st April 2014.
- Consent will be sought from the individual or representative before implementation of therapeutic interventions.
- All interventions and any relevant learning there from will be documented in the daily record (support plan).

Proposed Timescale: 23/05/2014

Theme: Safe Services

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

There was no evidence that staff received training in the prevention, detection and response to abuse.

Action Required:

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

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

- Training on Adult Protection & Welfare and Trust in Care will take place on the 5th, 11th and 18th March 2014. (Each session lasts for three hours.)
- Additional training sessions will be arranged if required.
- Training of all staff will be completed by 16th May 2014.

Proposed Timescale: 16/05/2014

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:

Food was nutritious and varied, however, there was limited choice at mealtimes.

Action Required:

Under Regulation 18 (2) (c) you are required to: Provide each resident with adequate quantities of food and drink which offers choice at mealtimes.

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

- With effect from 3rd March 2014 the Catering Department is supplying additional choice of meat and vegetables at dinner time and this choice is available in required consistency suitable to individual needs.

Proposed Timescale: 03/03/2014

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:

The Statement of Purpose outlines the management structure, however there was evidence that frontline managers did not have the autonomy to support and promote the delivery of safe and effective services.

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:

Actions Planned:

- Persons in charge will actively engage with senior managers (i.e. those managers who have responsibility for risk assessing allocation of resources) in designing rosters effective from 3rd March 2014.
- An available IT training module will be commissioned and installed by 1st September 2014. This will assist persons in charge to review the training needs and training status of front line staff.
- Review oversight and performance management systems currently in place to ensure that the quality and safety of services is optimised within the resources available by 30th May 2014.

Proposed Timescale: 01/09/2014

Outcome 16: Use of Resources

Theme: Use of Resources

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

There was evidence that the staffing in the evenings and weekends did not meet the assessed needs of the residents.

Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

Actions taken:

- A review of night time reports, accidents and incidents has been completed following the inspection. The evidence indicates that the staffing arrangements at night are appropriate and safe. The back-up plan which is in place (i.e. provision of a third staff member after 1 am) has needed to be activated on only four occasions over the past five months (since 29th September 2013) – on each occasion the requirement related to an individual needing to be accompanied when being admitted to Accident and Emergency. The back-up plan proved adequate and effective on each occasion.
- Following a behaviour support review relating to one individual additional support has been introduced. This arrangement will be the subject of regular review.
- The introduction of assistive aids and further training of staff on 26th and 27th February by the physiotherapist ensures that individuals whose current support plans indicate that two people are needed to manage their intimate care, movement and handling can now be supported safely and appropriately by one person.

Actions Planned:

- The well recognised though informal back-up plan (for additional staffing during the night time) will be formally written up. (It will be held on the units in the night schedule folder.) Timeframe for completion: 3rd March 2014.
- A profile of support needs will be captured for each individual in the service user information system currently under design – the design template currently has fields for "health support needs" and "daily support needs".
- Between now and the going "live" of the service user information system the support needs of each individual (currently captured across various headings within the support plan) will be consolidated within a single document. Date for completion of the document is 30th May 2014.
- Contact will be initiated with the appropriate external bodies body to identify whether a validated and transparent methodology for converting information on individual support profiles into a reliable estimate of staffing levels throughout the day can be sourced. Timescale: 5th May 2014.
- Formal correspondence will be issued to the funding body seeking resources to reinstate the staffing levels in place in December 2007. Date for completion 25th April 2014.
- Actively collaborate with volunteer coordinator to ascertain what potential there is to increase weekend volunteer support – report will be submitted to regional director by

28th April 2014.

Proposed Timescale: 30/08/2014