**Centre name:** A designated centre for people with disabilities operated by Health Service Executive  

**Centre ID:** OSV-0003687  

**Centre county:** Meath  

**Type of centre:** The Health Service Executive  

**Registered provider:** Health Service Executive  

**Provider Nominee:** Dermot Monaghan  

**Lead inspector:** Catherine Rose Connolly Gargan  

**Support inspector(s):** None  

**Type of inspection** Announced  

**Number of residents on the date of inspection:** 3  

**Number of vacancies on the date of inspection:** 1
About monitoring of compliance

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

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

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.

▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 08 August 2014 09:00
To: 08 August 2014 17:30

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

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Summary of findings from this inspection
The designated centre consists of two semi-detached single storey houses on the perimeter of a rural village. The designated centre provides services for individuals with an intellectual disability. All residents on the day of inspection were male however inspectors were informed that the designated centre can provide services for both male and female residents. There were three residents residing in the designated centre on the day of inspection with one vacant bed in one community house.

The inspection was facilitated by the person in charge. The provider was not present at the feedback meeting but nominated the coordinator of services, to attend the feedback meeting on his behalf.

Residents did not engage on this inspection as they were unwell. The inspector spoke with staff, viewed documentation and observed practice. Staff were observed engaging with residents in a dignified and respectful manner on the day of inspection.
Nine of the eighteen inspection outcomes were inspected on this inspection. Findings in five outcomes constituted major non-compliance with the legislation and placed the health and safety of residents at risk. The provider was forwarded correspondence with this report requiring an urgent and robust response to the findings of this report. The inspector found that residents’ personal plans did not impact positively on their lives. Residents’ healthcare needs were not adequately met and impacted negatively on their quality of life. There was an absence of referral and assessment pathways for residents with underlying mental health disorders. The premises did not meet its stated purpose in all respects. Fire safety arrangements in the community houses did not protect residents, staff and others. Medication management was not adequate. While staff has access to some education and training in line with their professional development requirements, there was evidence that training on protection of vulnerable adults and moving and handling training was not completed by all staff working in the designated centre.

The statement of purpose document did not meet the requirements of the legislation. Areas of this document requiring review are detailed in this report.

The action plan at the end of this report contains the breaches in the legislation identified and the actions which the provider and person in charge are required to take to be in compliance with Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Quality Standards for Residential Services for Children and Adults with Disabilities.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 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:
Each resident had a personal plan in place which was reviewed annually. The annual review meeting was in some respects multidisciplinary. It included the resident where possible, their family or representative where possible, key and associate workers, a representative from day services where a resident was attending a day programme and where possible a member of the allied health professional team. However, each resident’s GP did not attend this meeting. This lack of expert input at this forum does not support a comprehensive holistic approach to reviewing each resident’s well-being and care pathways.

Some residents did not actively engage in their personal planning process and while staff confirmed that they had made a number of unsuccessful attempts to include residents in the process, no records were available recording same.

There was a lack of evidence to support that residents' personal plans impacted positively on their lives. Not all residents' personal plans adequately outlined the services and supports to be provided to them, to achieve a good quality of life and to realise their goals in terms of meeting some of their healthcare needs, provision of assistive aides and reasonable access to occupation, education and life-long learning within their capabilities. One resident did not have access to a day programme due to his challenging behaviour. Another resident attended a day programme for three days each week which was reduced from five days in response to assessment of capability.

However, the transport vehicle used posed some un-assessed accessibility difficulties for this resident. A toilet was 18” high as opposed to 16” in one of the houses and did not meet the needs of a resident of smaller stature and in addition to the absence of grab
rail assistive aides posed accessibility difficulties for this resident. The inspector was informed by the person in charge that a referral had been made on his behalf to the occupational therapist to review his accessibility difficulties some weeks previously however assessment has not taken place up to the time of inspection.

Goal-setting in terms of short and longer term aspirations were found not to be adequate for some residents. The inspector found that one resident had been assisted to meet his goal of going on a two-night break which he was on during the day of inspection. However goals set for another resident were achieved and in the absence of new goals to work towards were part of this resident's usual day to day routine. On the day of inspection the residents went out for lunch. The person in charge told the inspector that this was a social activity that all the residents liked to do. While staff endeavoured to review each resident’s personal plan including their well-being and progress, the inspector was told by the person in charge that residents may choose not to actively participate but some residents will sit with their key worker who goes through the documentation with them. A communication passport was developed for each resident to improve accessibility of their personal plan documentation for them.

Most of the residents residing in the community houses inspected transferred to community living from psychiatric institutions and experienced episodes of challenging behaviour which negatively impacted on their quality of life and ability to integrate into the community in which they now lived. These residents did not have access to professional psychiatric, psychological or behavioural assessment therapies to support them with behaviour modifying strategies. Each resident’s GP managed these areas of care in the absence of alternative referral pathways. A risk-based assessment of health needs with concomitant management plans was in use to inform staff care to meet assessed needs. However, the information to direct care in the management plans referencing some health care needs was not informative. For example, the information to care for a resident with epilepsy did not inform appropriate interventions to inform staff response to seizure activity and while reference was made to 'call an ambulance', there was no protocol information to inform at what stage this action should be taken. A 'risk of falls' management plan did not provide adequate direction for staff in relation to preventative interventions based on the level of risk assessed. This finding is discussed further in outcome 11 of this report.

**Judgment:**
Non Compliant - Major

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**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:
The designated centre consists of two single storey, semi detached community houses next door to each other. Both houses had accommodation for two residents on the ground floor in each case. The inspector found that both community houses required urgent review to ensure they were suitable for their stated purpose in terms of design and layout. One house required maintenance to address damaged floor covering, damaged surfaces on furniture, repair/replacement of a heavily rusted radiator in a bathroom and fitting of a lampshade over a light bulb in the entrance hall.

In each house, communal accommodation consisted of a room extending the width of the house. This room provided sitting, dining and kitchen accommodation and as such did not afford residents privacy to meet their visitors in private or to have quiet time if they wished other than in their bedrooms. There was inadequate space for storage of clinical equipment, residents’ documentation and medication. A wooden shed in a shared back yard/garden provided shelter for a tumble dryer, cleaning equipment, household stores and other miscellaneous items. There was no office space available for resident assessment by specialists or staff working in the centre. All documentation work including review of residents' personal plans and handover from one shift to the next was done at the dining table. This finding did not promote residents' privacy or dignity needs.

Bedrooms were sparsely furnished and were not personalised. Residents did not have a bedside light. The inspector was told that this omission was risk assessed and due to some residents exhibiting challenging behaviour that resulted in property damage, the availability of these furniture items posed risk to others in the houses. Residents shared a shower/toilet facility as bedrooms did not have this facility en-suite. The communal toilet/shower was accessible through the entrance hallway. This may impact on the privacy of residents accessing or returning from using this facility as it was in direct view of the front door in each house. There was also direct view into one resident's bedroom from the dining table; the resident's bed was located in a part of the room which was also in full view of the dining table while the bedroom door was open. The layout of this bedroom requires review to ensure the occupant’s privacy is respected.

A floor level shower in the bathrooms had steep surfaces into drainage outlets and grab rail supports were inadequate. A shower chair was placed over one of the steep surface shower water outlets. The only toilet available to residents in one house was 18” high and in addition to the absence of grab rails did not meet the needs of some residents. The inspector observed that one resident was of short stature with a condition that caused skeletal disfigurement. He was also assessed as being at high risk of falls and had sustained a fall with an injury requiring suturing on the night previous to the inspection. The inspector was also told by staff that this resident had difficulty accessing the toilet.
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 inspector found that the health and safety of residents, staff and visitors was not adequately promoted and protected in the designated centre.

A risk register was in place which detailed potential hazards to residents' safety with controls in place to mitigate risks, however not all risks found were identified in the register. For example, a steep incline down to the drainage outlet in the residents' showers posed a risk of fall due to these uneven surfaces. The lack of aides to assist vulnerable residents placed them at risk. In addition, the suitability of the centre's transport vehicle was not risk assessed to ensure its design and layout did not pose a risk of injury to residents. Medication storage was confined to one house and resident's medicines in the other community house were carried by a staff nurse from one house to the other across the yard/garden at the back of the houses.

The inspector was told that there was a risk management policy available however a copy was not readily available in the community houses. Therefore a copy of this policy document was not readily accessible to staff to ensure guidance was available on management of resident self-harm and resident risk of leaving the centre unaccompanied. Residents in the centre were assessed as being at risk in both these areas and were supervised as a control measure to prevent an incident occurring with them.

Fire safety was not of an adequate standard in either community house inspected. The inspector was informed by the person in charge that a fire safety assessment was completed in the houses earlier this year and a policy document on fire safety prevention was provided. Fire safety drills were completed on the 19 June 2014 at 19:00hrs, 23 June 2014 at 15:00hrs and 24 July 2014 at 23:00hrs. A commentary record was available however; it did not reference actual staff numbers involved in the drill to ensure actual staffing level representation was assessed at the time or location of the simulated fire. Residents did not have individual personal evacuation plans developed to assess their evacuation requirements in terms of staff numbers and equipment. Internal panel type doors were in place throughout both houses which did not meet fire safety requirements; the inspector was informed by staff that this deficit had already been highlighted on a fire safety report completed prior to the inspection. No emergency lighting, fire evacuation directional signage or fire alarm panel was in place. Smoke and
heat ceiling sensors were fitted in bedrooms and communal rooms. Fire extinguishers and fire blankets were available in both houses. The sensor alarms were checked every month. The inspector observed that a number of waste bins were located in front of exit gates from the back of the centre to the front where the designated fire assembly area was located. Therefore in the event of evacuation occurring through to the back of the centre, a risk of entrapment was posed due to obstruction posed by the waste bins in front of gates. All staff working in both houses had completed fire safety training and staff refresher training for 2014 was scheduled for September 2014.

All residents had moving and handling assessments completed and although they had physical disabilities, the residents currently living in the houses did not require the assistance of a hoist. The inspector did not observe any episodes of moving and handling on the day of inspection. Seven out of the twelve staff had completed moving and handling training and further training dates were scheduled this month to enable completion of this training by all staff.

Judgment:
Non Compliant - Major

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The community houses have a policy in place informing the prevention, detection and response to abuse dated July 2014. The inspector was told that this policy was currently under review. Review of the policy was required to provide further detail regarding the additional support available to residents in the event of an allegation or suspicion of abuse such as social work and advocacy services. The inspector confirmed that no staff attended accredited training in the prevention, detection and response to abuse in at least five years. The person in charge told the inspector that she discusses the policy at staff meetings. An algorithm referencing the stages of the procedure was recently developed and was displayed on the wall in the communal living area of one house. The inspector observed staff and resident interactions which were supportive, gentle and caring. Staff took time to ascertain each resident's consent where possible. Agency staff was contracted on occasions to support staffing levels in the event of unplanned leave.
and unavailability of regular staff to replace same. The inspector was not assured that a service level agreement was in place to ensure all agency staff contracted had attended training in protection of vulnerable adults with a disability. The inspector was also informed by the person in charge that there had not been any allegations of abuse in either house.

Behavioural management guidelines were in place to inform practice. Documentation reviewed identified reactive strategies but did not clearly identify proactive strategies. Some residents in the designated centre had a history of presenting with behaviours that challenge. There were instances where chemical restraint was utilised however protective buffering was employed as an initial intervention with use of psychotropics when all other strategies were unsuccessful. Comprehensive positive behavioural support plans were not in place or assessment by psychiatric, behavioural or psychology specialists for residents who presented with challenging behaviour also discussed in outcome 11.

The person in charge was the nominated agent on behalf of residents to collect their social welfare contributions. While, this process was transparent and careful receipted accounts were maintained with double signatures of staff established as part of practice in this area. A policy informing the Management of Personal Finances for Service Users in Meath Adult Disability Services was available. It was overdue for review since July 2014 and did not completely reflect practice in all aspects.

**Judgment:**
Non Compliant - Major

**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:**
The inspector found that residents' healthcare needs were not adequately met. This finding was supported by an absence of access to specialist psychiatric, behavioural support and psychological services for assessment and management of underlying and developing mental health issues. Two residents, one of which was on a two night break with two staff on the day of inspection presented with on-going episodes of challenging behaviour requiring management by administration of psychotropic medication at times. One resident was observed by the inspector to be in an agitated state and staff told the inspector that the resident was scheduled to attend his GP for assessment of his condition on the day of inspection. The inspector was also told by staff that although
aged under 65 years, he was not accepted on an occupational day programme due to risks posed by his episodes of challenging behaviour to others. Another resident with deteriorating mental capacity had partial assessment carried out by a behavioural psychologist and was awaiting a second assessment to confirm a preliminary diagnosis of dementia. However, the behavioural psychology service was no longer available and diagnosis was not conclusive due to incomplete assessment. A third resident aged over 65 years who had significant episodes of challenging behaviour had not been referred for assessment by the psychiatry of older age services.

Residents had access to occupational therapy, physiotherapy, dietetic and speech and language therapy. However one resident with underlying bone density deterioration had developed changes in his posture which impacted on his safety. Staff did not fully comply with a rehabilitative programme developed following physiotherapy assessment. There was a lack of evidence in his care plan to support behaviour modifying interventions that would promote a positive outcome and improved quality of life for him in this regard.

A risk-based assessment of health needs with concomitant management plans was in use to inform staff care to meet residents assessed needs. However, the information to direct care in the management plans referencing some health care needs were not adequate. For example, the information to care for a resident with epilepsy did not inform appropriate interventions in response to seizure activity and while reference was made to 'call an ambulance', there was no protocol information to inform at what stage should this be done. A 'risk of falls' management plan did not provide adequate direction for staff in relation to preventative interventions based on level of risk assessed.

**Judgment:**
Non Compliant - Major

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

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
Not all areas of medication management procedures and safeguards met the requirements of the legislation and professional standards and as such posed risk to residents.
Nursing staff administered medication to residents in the centre. A staff signature record was available for reference as part of medication management in the centre. All medication administered to residents was prescribed by the residents’ GP. An audit of medication stock was completed weekly. The maximum dose of ‘as required’ (PRN) medications was stated as required. A PRN recording record was completed each time a PRN medication was administered. The inspector observed that no residents were receiving their medication in crushed format.

A regional medication management policy informing practice was in place and was due for review in December 2014. It was not centre specific and as such did not reflect specific medication management practices in the centre in all respects. The policy did not provide clear guidance on medication administration, recording and safekeeping. There was no procedure for storing out of date medications separately from other medications pending return to the pharmacy for safe disposal.

Transcription of residents' medications was undertaken by staff. Staff involved in transcribing and checking same were not referenced on the prescriptions reviewed by the inspector as instructed by the medication management policy. In addition the inspector noted that medication spelling errors were corrected by the GP reflecting inadequate transcription of names of medication which posed a risk of medication error.

All medications administered to residents were recorded by the signature of the nurse administering the medications. There were no resident photographs attached to prescriptions for referencing during administration. Residents’ medication allergy status was not stated on prescriptions reviewed.

Medications were stored in a locked cupboard. All medications used in both houses were stored in one house. This arrangement required the nurse to transport residents’ medications for administration in the second house via the back yard/garden. This arrangement did not support safe medication administration. As there was one staff member on duty in each house at night, this practice also resulted in a period of time where there was no member of staff present in one of the houses to provide resident supervision.

**Judgment:**
Non Compliant - Moderate

**Outcome 13: Statement of Purpose**

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

**Theme:**
Leadership, Governance and Management
Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
There was a statement of purpose document available. This document did not adequately describe the services, facilities and care provided to meet the diverse needs of residents as required in schedule 1 of the legislation.
The following information required review: –

Services to be provided by the provider to meet care needs was not adequately described.
Criteria used for admission to the designated centre were not adequate and made reference to an admission policy not included. Admission exclusion criteria, if any were not stated.
The maximum number, age range and gender of residents who can be accommodated in each house were not stated.
The WTE of staff nurses employed in the houses.
The arrangements for residents to engage in social activities, hobbies and leisure interests.
The arrangements for residents to engage access education, training and employment.
The arrangements made for consultation with, and participation of, residents in the operation of the centre.
The procedure for complaints is inadequate.
The organisational structure of the designated centre did not clearly detail the reporting lines and as presented describes the PIC reporting through three layers of management to access the provider nominee.

Judgment:
Non Compliant - Moderate

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.
Findings:
The inspector found that staffing levels and skill mix, while adequate on the day of inspection however, one resident was absent from the centre. Therefore, a review of the adequacy of staffing levels was not possible on this inspection as all residents were not at home, in addition to the absence of use of a tool to determine resident dependency levels and staff requirements. However, the inspector formed the view from findings that staffing levels and skill mix at night-time did not take account of medication administration arrangements as discussed in outcome 12 of this report or an event where a resident required care by two staff at night-time. The staffing arrangement at night-time was a staff nurse in one house and a carer in the other house. There were no formal arrangements in place if support was required by the nurse in one house or the carer in the second house during the night-time period to ensure residents in both houses received continuous supervision. The inspector noted that one resident was restless during the night previous to this inspection and had sustained a fall resulting in injury and admission to hospital for follow-up care. Agency staff were contracted on occasions to support staffing levels in the event of unplanned leave and unavailability of regular staff to replace same. However the person in charge told the inspector that the same agency staff are allocated to the houses where possible to promote continuity for residents.

An arrangement was in place where the person in charge had responsibility for the region consisting of seven houses (four designated centres) one weekend each month. While an informal on-call arrangement was in place where the coordinator of services provided on-call cover, this arrangement did not ensure that the designated centre had adequate full-time person in charge/deputising arrangements in place for two days each month.

While staff has access to some education and training in line with their professional development requirements, there was evidence that training on protection of vulnerable adults was not completed. The inspector did not observe any episodes of moving and handling on this inspection. Seven out of the twelve staff had completed moving and handling training and further training dates were scheduled this month to enable completion of training by all staff.

Judgment:
Non Compliant - Moderate

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.
**Theme:**
Use of Information

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector was told that there was a risk management policy available however, a copy was not readily available in the community houses on the day of inspection. Residents in the centre were assessed as being at risk of self harm and absconsion and were supervised as a control measure to prevent an incident occurring.

A regional medication management policy informing practice was in place and was due for review in December 2014. It was not centre specific and as such did not reflect specific medication management practices in the centre in all respects. The policy did not provide clear guidance on medication administration, recording and safekeeping. Transcription of residents’ medications was undertaken by staff and did not reflect policy guidance in place. Staff involved in transcribing and checking same were not referenced on the prescriptions reviewed as required in the medication management policy. In addition the inspector noted that medication spelling errors were corrected by the GP.

A policy informing the Management of Personal Finances for Service Users in Meath Adult Disability Services was available. It was overdue for review since July 2014 and did not comprehensively reflect practice in all aspects.

The community houses had a policy in place informing the prevention, detection and response to abuse of vulnerable adults dated July 2014. The inspector was told that this policy was currently under review. Review of the policy was required to provide further detail regarding the additional support available to residents in the event of an allegation or suspicion of abuse to include social work and advocacy services.

**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:

Catherine Rose Connolly Gargan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<th>Centre name:</th>
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<td>Centre ID:</td>
<td>OSV-0003687</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>08 August 2014</td>
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<td>Date of response:</td>
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Requirements

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

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

Outcome 05: Social Care Needs

Theme: Effective Services

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

There was a lack of evidence to support that residents' personal plans impacted positively on their lives. Not all residents’ personal plans adequately outlined the services and supports to be provided to them, to achieve a good quality of life and to realise their goals in terms of all aspects of their healthcare needs, assistive devices, education and life-long learning.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**Action Required:**
Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

**Please state the actions you have taken or are planning to take:**
The Registered Provider accepts the findings of the Inspector. The Registered Provider has directed the PIC to review each residents care plan to ensure it meets the regulatory requirements, that services and supports necessary are outlined clearly and provided, and that information regarding direct care in management plans is detailed and specific.

This will involve comprehensive Occupational Therapy assessment for each resident to ensure that necessary assistive aids and technology are in place, and that there is direction with the planning of their day to day occupation and education.

Each resident’s GP will be requested to participate in the resident’s care planning meeting and subsequent review meetings.

The Provider will discuss and agree with the Mental Health services the support available from Mental Health and Intellectual Disability Team. This will identify the most appropriate care pathway to address resident’s presenting needs in this area.

The Provider will progress the reinstatement of the post of Senior Clinical Psychologist to Meath Disability Services according to the HSE recruitment process.

The Provider will review the role of the Regional Behavioural Specialist, a clinical nurse specialist post in order to ascertain the referral pathways for residents presenting with needs in this area.

**Proposed Timescale:** 31/12/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
One resident did not have access to a day programme due to his challenging behaviour which was not adequately assessed.

Residents did not have access to professional psychiatric, psychological or behavioural support assessment or therapies.

Residents did not have access to adequate assistive aides.

Epileptic seizure treatment protocols/procedures were not available to inform practice if required.
**Action Required:**
Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

**Please state the actions you have taken or are planning to take:**
The Registered Provider accepts the findings of the Inspector. The Registered Provider will put in place arrangements to meet the assessed needs of each resident.

The Registered Provider has directed the PIC to review each resident’s care plan to ensure it meets the regulatory requirements, that services and supports necessary are outlined clearly and provided where available and that information regarding direct care in management plans is detailed and specific.

The Provider will review the role of the Regional Behavioural Specialist, a clinical nurse specialist post in order to ascertain the referral pathways for residents presenting with needs in this area.

The Provider will discuss and agree with the Mental Health services the support available from Mental Health and Intellectual Disability Team. This will identify the most appropriate care pathway to address resident’s presenting needs in this area.

The Provider will progress the reinstatement of the post of Senior Clinical Psychologist to Meath Disability Services according to the HSE recruitment process.

The Provider will ensure that a comprehensive Occupational Therapy assessment is arranged by the Person in Charge for each resident to ensure that an appropriate intervention plan is identified, which may include the use of assistive aids and technology.

Each resident’s GP will be requested to participate in the resident’s care planning meeting and subsequent review meetings.

**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:**
Each resident’s GP did not attend their annual review meeting. This lack of expert input at this forum does not support a comprehensive holistic approach to reviewing each resident’s well-being and care pathways.

**Action Required:**
Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.
Please state the actions you have taken or are planning to take:
The person In Charge accepts the findings of the Inspector. The person in charge will ensure that the person centred plans meet the regulatory standard and that reviews are multidisciplinary.

Each resident’s GP will be requested to participate in the resident’s care planning meeting and subsequent review meetings.

Proposed Timescale: 01/12/2014
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some residents did not actively engage in their personal planning process and while staff confirmed that they had made a number of unsuccessful attempts to include residents in the process, no records were available recording same.

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:
The Person in Charge accepts the findings of the Inspector. The PIC will ensure that the personal plan reviews are conducted in a manner that ensures the maximum participation of each resident. The PIC is now going to review each residents care plan to ensure it meets the regulatory requirements. The PIC will refer each resident for support from the advocacy service. Each subsequent engagement with the residents regarding their personal plans will be recorded in full.

Proposed Timescale: 15/09/2014

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 house required maintenance to address damaged floor covering, damaged surfaces of furniture, repair/replacement of a heavily rusted radiator in a bathroom and fitting of a lampshade over a light bulb in the entrance hall.
**Action Required:**
Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

**Please state the actions you have taken or are planning to take:**
The Registered Provider accepts the Inspector’s report and is committed to providing equipment and facilities for use by residents and staff and to maintaining them in good working order. Including service and maintenance of equipment and facilities, and carrying out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

The deficits highlighted will be rectified by August 31st.

The Registered Provider proposes to close these two bungalows and move the residents to a single bungalow currently also owned by the HSE. The Registered provider will therefore submit an action plan for the consultation process with resident’s to transition the residents to their new accommodation.

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**Proposed Timescale:** 31/12/2014  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
A floor level shower in the bathrooms had steep surfaces to drainage outlets and grab rails were inadequate. A shower chair was placed over one of the shower water outlets. The only toilet available to residents in one house was 18” high in addition to the absence of grab rails did not meet the needs of some 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:**  
The Provider accepts the findings of the Inspector, and is committed to ensuring that the premises is equipped with assistive technology, aids and appliances, as directed by individual assessment so that each resident is supported to develop full capabilities and independence.

The Provider asked the Person in Charge to immediately refer to an Occupational Therapist for assessment of toilet reported on. The toilet is 18” as opposed to a standard 16” bowl and is assessed as suitable for the resident’s needs. The Occupational Therapist recommended that the resident requires a grab rail on each side of the toilet, the OT will supply the Person in Charge with the supplier details of same.
The structural deficit regarding the shower drains would need to be remedied by the County Council under whom the residents are tenants and this will be applied for.

The Registered Provider proposes to close these two bungalows and move the residents to a single bungalow currently also owned by the HSE. The Registered provider will therefore submit an action plan for the consultation process with resident’s to transition the residents to their new accommodation.

Proposed Timescale: 31/12/2014
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The communal room provided sitting, dining and kitchen accommodation and as such did not afford residents privacy to meet their visitors in private or to have quiet time if they wished other than in their bedrooms.

There was inadequate space for storage of clinical equipment, residents’ documentation, medication staff facilities and household items.

Bedrooms were sparsely furnished and bedrooms were not personalised. Residents did not have a bedside light.

The communal toilet/shower was accessible through the entrance hallway which may impact on the privacy of residents accessing or returning from using this facility. There was a direct view into one resident's bedroom from the dining table; the resident's bed was located in a part of the room which was also in full view of the dining table while the bedroom door was open. This layout of this bedroom requires review to ensure this resident's privacy is respected.

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:
The Registered Provider accepts the report of the Inspector.
The Registered Provider is committed to meeting the requirements of Schedule 6 in regards the provision of suitable premises.

The Registered Provider proposes to close these two bungalows and move the residents to a single bungalow currently also owned by the HSE. The Registered provider will therefore submit an action plan for the consultation process with resident’s to transition the residents to their new accommodation.

Proposed Timescale: 31/12/2014
### 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:**  
A risk register was in place which detailed potential hazards to residents' safety with controls in place to mitigate risks, however not all risks found were identified in the register. For example, a steep incline down to the drainage outlet in the residents' showers posed a risk of fall due to the uneven surface. The lack of aides to assist vulnerable residents placed them at risk. In addition, the suitability of the centre's transport vehicle was not risk assessed to ensure its design and layout did not pose a risk of injury to residents.

**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:**  
The Registered Provider accepts the findings of the Inspector. The provider is committed to ensuring that a comprehensive risk management policy is on the premises, and adhered to, including proactive as well as reactive strategies.

The Registered provider has instructed the Person in Charge to immediately review and update the current risk register.

An Occupational Therapy assessment was completed on Wednesday 13th August. The resident concerned was assessed as being able to access and leave the house vehicle but did have some difficulty on the day of assessment, the OT recommended that the PIC explore more accessible vehicle options and suggested a company who could complete this work. In addition that resident was assessed for other equipment also.

The issue of the drainage is being discussed with Meath County Council, however the Registered Provider proposes to close these two bungalows and move the residents to a single bungalow currently also owned by the HSE. The Registered provider will therefore submit an action plan for the consultation process with resident’s to transition the residents to their new accommodation.

### Proposed Timescale: 01/12/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Internal panel type doors were in place throughout both houses which did not meet fire safety requirements.
**Action Required:**
Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

**Please state the actions you have taken or are planning to take:**
The Registered Provider accepts the findings of the Inspector, and understands the importance of providing adequate precautions against the risk of fire.

The houses have been assessed by our fire department and report received. As the property belongs to Meath County Council negotiations are taking place for the installation of signage, lighting, new doors, alarm panel and all other requirements.

The Registered Provider proposes to close these two bungalows and move the residents to a single bungalow currently also owned by the HSE. The Registered provider will therefore submit an action plan for the consultation process with resident’s to transition the residents to their new accommodation

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**Proposed Timescale:** 31/12/2014  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
No emergency lighting or fire evacuation directional signage was in place to guide evacuation routes.

The inspector observed that a number of waste bins were located in front of exit gates from the back of the centre to the front where the designated fire assembly area was located. Therefore in the event of evacuation occurring through to the back of the centre, a risk of trapping was posed due to obstruction posed by waste bins.

**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 Registered Provider accepts the findings of the Inspector, and understands the importance of providing adequate means of escape.

The waste bins were immediately removed from their position of obstruction, and signs for affixing to both sides of the gate have been dispatched notifying that they are fire exits and must be kept clear. The houses have been assessed by our fire department and report received. As the property belong to Meath County Council negotiations are taking place for the installation of signage, lighting, new doors, alarm panel and all other requirements.
The Registered Provider proposes to close these two bungalows and move the residents to a single bungalow currently also owned by the HSE. The Registered provider will therefore submit an action plan for the consultation process with resident’s to transition the residents to their new accommodation

**Proposed Timescale:** 31/12/2014  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Sensor alarms were checked at monthly intervals. There was no fire alarm panel in place.

**Action Required:**  
Under Regulation 28 (3) (b) you are required to: Make adequate arrangements for giving warning of fires.

**Please state the actions you have taken or are planning to take:**  
The Registered Provider accepts the findings of the Inspector, and understands the importance of providing adequate precautions against the risk of fire. The houses have been assessed by our fire department and report received. As the property belong to Meath County Council negotiations are taking place for the installation of signage, lighting, new doors, alarm panel and all other requirements.

The Registered Provider proposes to close these two bungalows and move the residents to a single bungalow currently also owned by the HSE. The Registered provider will therefore submit an action plan for the consultation process with resident’s to transition the residents to their new accommodation

**Proposed Timescale:** 31/12/2014  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Residents did not have individual personal evacuation plans developed to assess their evacuations requirements in terms of staff numbers and equipment.

**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 Registered provider accepts the findings of the Inspector. The Registered Provider has directed the Person in Charge to provide written personal evacuation plans, and these are now in place.(August 18th 2014)
**Proposed Timescale:** 18/08/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A fire drill commentary record was available however; it did not reference actual staff numbers involved in the drill to ensure actual staffing level representation at the simulated time or location of the simulated fire.

**Action Required:**
Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

**Please state the actions you have taken or are planning to take:**
The Registered provider accepts the findings of the Inspector.
The Registered Provider has directed the Person in Charge to reference actual staff numbers involved in our drills in future, and to execute a fire drill within the next three weeks, recording accurately to meet Regulation 28 (4) (b)

**Proposed Timescale:** 07/09/2014

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Comprehensive positive behavioural support plans were not in place or assessment by psychiatric or behavioural psychology specialists for residents who presented with challenging behaviour.

**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:**
The Provider accepts the findings of the Inspector.

The Provider will review the role of the Regional Behavioural Specialist, a clinical nurse specialist post in order to ascertain the referral pathways for residents presenting with needs in this area

The Provider will review the role of the Regional Behavioural Specialist, a clinical nurse specialist post in order to ascertain the referral pathways for residents presenting with needs in this area
The Provider will progress the reinstatement of the post of Senior Clinical Psychologist to Meath Disability Services according to the HSE recruitment process.

**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:**

Behavioural management guidelines were in place to inform practice. Documentation reviewed identified reactive strategies but did not clearly identify proactive strategies.

**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:**

The Provider accepts the findings of the Inspector.

The Provider will review the role of the Regional Behavioural Specialist, a clinical nurse specialist post in order to ascertain the referral pathways for residents presenting with needs in this area.

The Provider will discuss and agree with the Mental Health services the support available from Mental Health and Intellectual Disability Team. This will identify the most appropriate care pathway to address resident’s presenting needs in this area.

The Provider will progress the reinstatement of the post of Senior Clinical Psychologist to Meath Disability Services according to the HSE recruitment process.

The Provider has asked the Person in Charge to review all resident’s care plans, and to use the knowledge currently widely available amongst staff to document the procedure of de-escalation, diffusion and diversion commonly used before a medication is used, and the purpose of that medication if administered.

The Provider has also asked the Person in Charge to review the purpose of PRN medication prescribed for residents with the GP, and so identify those medications prescribed solely to treat an episode of a recurrence of mental health difficulty.

**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:
No member of staff had attended accredited training in the protection of vulnerable adults. The inspector was not assured that a service level agreement was in place to ensure all agency staff contracted had attended training in protection of vulnerable adults with a disability.

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:
The person in Charge accepts the findings of the Inspector.

Whilst the Person in Charge has delivered “in house” training in the field of Safeguarding Vulnerable Adults it is accepted that this is not accredited.

Quotes for training for curricula accredited by An Bord Altranais have been received to date (August 18th) and arrangements are being made to commission this training.

We have responded to comments made on the day of inspection regarding the Policy on Safeguarding Vulnerable Adults and made alterations recommended.

Proposed Timescale: 01/02/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A resident with underlying bone density deterioration had developed changes in his posture which impacted on his safety. Staff did not fully comply with a rehabilitative programme developed following physiotherapy assessment. There was a lack of evidence in his care plan to support behaviour modifying interventions that would promote a positive outcome and improved quality of life for him in this regard.

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

Please state the actions you have taken or are planning to take:
The Provider accepts the comments of the Inspector.
However, staff suspended the exercise programme prescribed on the clinical advice from the medical consultant when the new diagnosis of osteoporosis was made. Therefore the resident has been re-referred for a physiotherapy re-assessment in light of his new diagnosis. He is currently being re-assessed also by the GP, and has received an appointment with a Cardiologist (August 19th 2014). The resident’s health care plan will be updated on receipt of new medical recommendations.

Proposed Timescale: 01/12/2014

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Information to direct care in residents’ management plans referencing some health care needs was not adequate.

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

Please state the actions you have taken or are planning to take:
Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident’s personal plan.

Please state the actions you have taken or are planning to take:
The Provider accepts the findings of the Inspector and understands that appropriate healthcare must be provided for each resident.

Comprehensive multidisciplinary reviews are underway for each resident. The care plans are also being reviewed with a greater emphasis being placed on more directional plans being provided.

The Provider will review the role of the Regional Behavioural Specialist, a clinical nurse specialist post in order to ascertain the referral pathways for residents presenting with needs in this area.

The Provider will discuss and agree with the Mental Health services the support available from Mental Health and Intellectual Disability Team. This will identify the most appropriate care pathway to address resident’s presenting needs in this area.

The Provider will progress the reinstatement of the post of Senior Clinical Psychologist to Meath Disability Services according to the HSE recruitment process.

The Provider will instruct the Person in Charge to ask the GP to initiate referral to Mental Health services regarding access to Psychiatry for the Older Person.

Proposed Timescale: 31/12/2014
Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents with mental health issues did not have access to specialist psychiatric, behavioural or psychological services.

Action Required:
Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

Please state the actions you have taken or are planning to take:
The Person in Charge accepts the finding of the Inspector, and has made many efforts to access appropriate services for the residents.

The Provider will discuss and agree with the Mental Health services the support available from Mental Health and Intellectual Disability Team. This will identify the most appropriate care pathway to address resident’s presenting needs in this area.

The Provider will discuss and agree with the Mental Health services the support available from Mental Health and Intellectual Disability Team. This will identify the most appropriate care pathway to address resident’s presenting needs in this area.

The Provider will progress the reinstatement of the post of Senior Clinical Psychologist to Meath Disability Services according to the HSE recruitment process.

Proposed Timescale: 31/12/2014

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:
Medications were stored in a locked cupboard. All medications used in both houses were stored in one house. This arrangement required the nurse to transport residents’ medications for administration in the second house via the back yard/garden. This arrangement did not support safe medication administration.

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 Person in Charge acknowledges the deficits identified by the Inspector. A second locked cupboard has been supplied in the second bungalow in order to comply with the safe administration of medication and regulation 29 (4) (a)

However, the Registered Provider proposes to close these two bungalows and move the residents to a single bungalow currently also owned by the HSE. The Registered provider will therefore submit an action plan for the consultation process with resident’s to transition the residents to their new accommodation.

**Proposed Timescale:** 31/12/2014

**Theme:** Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were no resident photographs attached to prescriptions for referencing during administration. Residents' allergy was not stated on prescriptions reviewed.

**Action Required:**
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:
The Person in Charge acknowledges the deficits stated. These were corrected on the day of inspection. Photographs are now affixed to each kardex. The section on allergies is also completed with 'no known allergies' being entered for each resident concerned.

**Proposed Timescale:** 03/12/2014

**Theme:** Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no procedure for storing out of date medications separately from other medications pending return to the pharmacy for safe disposal.

**Action Required:**
Under Regulation 29 (4) (c) 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 out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.
Please state the actions you have taken or are planning to take:
The Person in Charge acknowledges the deficits identified. Immediate action has been taken to provide separate storage for out of date medications. The Medication management policy will be amended accordingly.

Proposed Timescale: 31/08/2014

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:
The following was information required review: –

Services to be provided by the provider to meet care needs was not adequately described.
Criteria used for admission to the designated centre were not adequate and made reference to an admission policy not included. Admission exclusion criteria, if any were not stated.
The maximum number, age range and gender of residents who can be accommodated in each house were not stated.
The WTE of staff nurses employed in the houses.
The arrangements for residents to engage in social activities, hobbies and leisure interests.
The arrangements for residents to engage access education, training and employment.
The arrangements made for consultation with, and participation of, residents in the operation of the centre.
The procedure for complaints is inadequate.
The organisational structure of the designated centre did not clearly detail the reporting lines and as presented describes the PIC reporting through three layers of management to access the provider nominee.

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

Please state the actions you have taken or are planning to take:
The Registered Provider accepts the findings of the Inspector. The statement of purpose will be rewritten to ensure that it contains 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.

The statement of purpose will be amended to reflect the organisational structure.

Proposed Timescale: 07/09/2014
### Outcome 17: Workforce

**Theme:** Responsive Workforce

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

Staffing levels and skill mix at night-time did not take account of medication administration arrangements or an event where a resident required care by two staff at night-time. There were no formal arrangements in place if support was required by the nurse in one house or the carer in the second house during the night-time period to ensure residents in either house were not unsupervised.

**Action Required:**

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

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

The Registered Provider accepts the findings of the Inspector.

The Registered Provider proposes to close these two bungalows and move the residents to a single bungalow currently also owned by the HSE. The Registered provider will therefore submit an action plan for the consultation process with resident’s to transition the residents to their new accommodation.

A review of the ongoing requirement for additional staffing levels will be conducted prior to the move from Hillside to Caradas. Then, if required a proposal will be submitted to the National Director’s office for approval for the request to employ additional staffing of Intern Health Care Assistants.

In the interim, agency staff will be employed to provide safe staffing levels.

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### Proposed Timescale: 31/12/2014

**Theme:** Responsive Workforce

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

An arrangement was in place where the person in charge had responsibility for the region consisting of seven houses (four designated centres) one weekend each month, this arrangement did not ensure that the designated centre had full-time person in charge/deputising arrangements in place for two days each month.

**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 Registered provider accepts the findings of the Inspector.

The Persons in Charge all work full time hours across the centres. Hitherto they have worked over 7 days rather than 5. In the interim the Persons in Charge will provide “on call” cover for the designated centres in Meath at weekends on a rota basis. When these staff are off duty, the staff nurses will deputise as Persons in Charge.

Within the HSE recruitment process structure, the Registered Provider will initiate a new organisational structure including posts of Director of Nursing, Assistant Director of Nursing, CNM3, and CNM1’s to ensure continuity of local nurse management in each house, with an appropriate line management structure. This will provide for a consistent named deputy for each centre, with the statement of purpose updated to reflect.

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<td><strong>Theme:</strong> Responsive Workforce</td>
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The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
While staff has access to some education and training in line with their professional development requirements, there was evidence that training on protection of vulnerable adults and moving and handling training was not completed.

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:
The person in Charge accepts the findings of the Inspector.

Whilst the Person in Charge has delivered “in house” training in the field of Safeguarding Vulnerable Adults it is accepted that this is not accredited.

Quotes for training for curricula accredited by An Bord Altranais have been received to date (August 18th) and arrangements are being made to commission this training.

The Service has a newly appointed Manual Handling Trainer, and staff are being refresher trained on an ongoing basis.

A policy document on staff training and development has also been implemented.

| Proposed Timescale: 03/12/2014 |
**Outcome 18: Records and documentation**

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A regional medication management policy was not centre specific and as such did not reflect medication management practices in the centre in all respects. The policy did not provide clear guidance on medication administration, recording and safekeeping. Transcription of residents’ medications was undertaken by staff and did not reflect policy guidance. Staff involved in transcribing and checking same were not referenced on the prescriptions reviewed as stated in the medication management policy. In addition the inspector noted that medication spelling errors were corrected by the GP.

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

**Please state the actions you have taken or are planning to take:**
The Registered Provider accepts the findings of the Inspector.

The centre specific policy was replaced into the centre on the evening immediately following the inspection. Whilst meeting the requirements outlined it requires review to address issues raised previously in this document, such as the safe storage of out of date medication pending return to the pharmacy.

The Registered Provider recognises that the act of transcribing is not within the scope of practice for the Nurses and therefore the Person in Charge is negotiating with the GP to ensure compliance in this area.

**Proposed Timescale:** 30/09/2014

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The inspector was told that there was a risk management policy available however a copy was not readily available in the community houses.

**Action Required:**
Under Regulation 04 (2) you are required to: Make the written policies and procedures as set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 available to staff.

**Please state the actions you have taken or are planning to take:**
The Registered Provider accepts the findings of the Inspector.
The policy was replaced in the centre on the evening immediately following the inspection. It has been reviewed and amended also in light of the Inspector’s advice on the day of the inspection and will continue to be reviewed and updated on an ongoing basis.

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