### Centre name:
A designated centre for people with disabilities operated by Pilgrim House Community Ltd

### Centre ID:
OSV-0001916

### Centre county:
Co. Dublin

### Type of centre:
Health Act 2004 Section 39 Assistance

### Registered provider:
Pilgrim House Community Ltd

### Provider Nominee:
Ben Hogan

### Lead inspector:
Michael Keating

### Support inspector(s):
Florence Farrelly

### Type of inspection
Unannounced

### Number of residents on the date of inspection:
5

### Number of vacancies on the date of inspection:
0
About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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: 17 December 2014 10:30
To: 17 December 2014 19:00

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

| Outcome 01: Residents Rights, Dignity and Consultation |
| Outcome 02: Communication |
| Outcome 03: Family and personal relationships and links with the community |
| Outcome 04: Admissions and Contract for the Provision of Services |
| Outcome 05: Social Care Needs |
| Outcome 06: Safe and suitable premises |
| Outcome 07: Health and Safety and Risk Management |
| Outcome 08: Safeguarding and Safety |
| Outcome 09: Notification of Incidents |
| Outcome 10. General Welfare and Development |
| Outcome 11. Healthcare Needs |
| Outcome 12. Medication Management |
| Outcome 13: Statement of Purpose |
| Outcome 14: Governance and Management |
| Outcome 15: Absence of the person in charge |
| Outcome 16: Use of Resources |
| Outcome 17: Workforce |
| Outcome 18: Records and documentation |

Summary of findings from this inspection
This unannounced inspection was to follow up on the actions generated from the inspection(s) that took place on the 5 and 17 November 2014, where 17 Outcomes were found to be non compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013.

At this follow up inspection, the inspectors met with the provider, person in charge, residents and one other staff member over the course of the day. Inspectors reviewed documentation such as assessments, policies and procedures and daily notes and spoke with both staff and residents.
While inspectors found evidence of some improvement since the previous inspection, inspectors were not satisfied that the provider had demonstrated suitable progress overall, to ensure ongoing compliance with the Regulations and Standards. Inspectors found non compliances across many of the same outcomes. Non compliances were identified across 15 Outcomes. Improvement was recognised in the areas of safeguarding residents and policy development, as well as in the creation of a statement of purpose. However, policies were not yet steering practice to an acceptable level.

Some new practices were evident on this inspection, for example, some policies and procedures were developed and the bedrooms had been reorganised to increase the privacy and dignity of the residents. However, little or no changes to the oversight of the safety and quality of the service, resulted in non-compliances remaining across most outcomes.

Detailed findings across all areas are discussed under the relevant outcome heading within the body of the report and 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, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident’s privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

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

Findings:
While some improvements were noted in relation to this outcome, inspectors found while some actions had been satisfactorily addressed, some were still outstanding.

Evidence of some positive changes noted included the following:
- bedrooms had been re-organised to enhance the privacy and dignity of residents
- personal space within bedrooms had been personalised
- an intimate care policy was now in place
- a meeting had been set with a local bank branch to open individual accounts for each of the residents
- more robust procedures and related documentation relating to the expenditure of residents monies was in operation
- dates had been set to provide clinical assessments for residents with a psychologist, which will form part of the assessment of residents needs in relation to accessing day services
- contracts of care had been developed for all residents which highlighted the specific charges to each resident.

Inspectors found the development of a complaints policy had not yet begun as a barrier to this remained in that there was no independent person available in order to address concerns to. The person in charge had asked the mother of one of the residents to take on this role. However, this agreement had not got beyond discussion stage and it was still not clear who the nominated person to deal with all complaints for the designated centre was. There remained no independent objective person available to residents or
their representatives as identified on the previous inspection.

There was no evidence to demonstrate that residents were involved in the decision making in relation to their daily choices and living conditions. For example, while residents were observed carrying out domestic duties there was no assessments outlining particular interests or hobbies in this regard. Furthermore; residents were not encouraged to be involved in the decision making around significant events in their lives. For example, while residents were moved around bedrooms in response to findings relating to safeguarding issues identified during the previous inspection, the resident's were not provided were not then offered the informed choice of choosing to maintain a single room or sharing a room. The person in charge and provider both referred to the approach of observing him since the move to gauge his satisfaction stating 'he would have let us know if he wasn't happy'. However, no attempts were made to allow him choose between a single room (which was available in the centre but was used as an office over recent weeks) or a shared, twin room.

Opportunities for occupation and recreation remained minimal for residents with no access to adequate facilities. However, the person in charge had made contact with another local disability service provider and the Health Service Executive (HSE) in order to explore opportunities for day services for residents. Social workers from that service had visited the resident's and discussion was ongoing in relation to providing day services to two of the residents. Little other progress had taken place for the other three residents or in enhancing opportunities for occupation and recreation in the meantime. It was stated that there were some additional activities taking place such as increased access to a local gym and some residents were participating in ornithology however, this was not listed in resident's personal plans and there was no activities plan in place.

In general, while there was minor improvement in the documentation relating to each of the resident's significant work was required in this area, as is highlighted under Outcomes 5 and 11 within this report, as comprehensive plans were not in place and there was no evidence to suggest residents were involved in their plans.

**Judgment:**
Non Compliant - Major

### Outcome 02: Communication
*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
While staff were aware of the different communication needs of residents individual communication requirements were not highlighted within personal plans. Non
compliance's in relation to this outcome were identified on the previous inspection on the 17 November 2014 and agreed time-lines within the subsequent action plan had not yet been reached.

There was a plan in place to provide cognitive assessment to identify communication requirements with evidence of appointments for residents during January 2015. It was planned that this would consider all the needs of residents in relation to assistive communication devises and technologies. However, while personal care planning documentation had been progressed there was no reference to communication requirements within care plans. As staff and residents have lived together in excess of 20 years, staff should have the ability to document individual communication support requirements. In addition, staff referred to all residents repeatedly as being 'nonverbal' and this was found to be an inaccurate description of some of the residents who were able to communicate verbally with inspectors.

Residents did have access to the television and telephone. Resident's relied solely on staff for access or information on local events.

Judgment:  
Non Compliant - Moderate

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

**Theme:**  
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**  
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**  
Residents were supported to maintain links with their families. However, evidence of community involvement within personal plans was limited and there was no evidence of the encouragement of friendships within the broader community as most activities that were described as taking place in the community were group activities. In addition, there was limited involvement of resident's families within personal plans.

While this non compliance was identified during the previous inspection, the action plan stated that personal plans will reflect supports provided to 'develop and maintain personal relationships and links with the wider community in accordance with their wishes'. There was no evidence with the personal plans that this had been considered at this stage.

**Judgment:**  
Non Compliant – Moderate
### Outcome 04: Admissions and Contract for the Provision of Services

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

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The provider had developed an admissions policy for the centre which clearly set out the criteria for admission, and was reflected within the statement of purpose.

There were written contracts of care in place for each resident which dealt with the support, care and welfare of the resident in the designated centre and included the details of the services to be provided for each resident, including the associated fees charged.

**Judgment:**
Compliant

### Outcome 05: Social Care Needs

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

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Inspectors were not satisfied that residents' social care needs were being fully met in the designated centre.

Although there were some changes to the care planning documentation that was used at each admission, these did not result in a clearly documented plan for each of the residents. Assessments did not fully capture residents’ health; personal and social care needs. There was no evidence of the involvement of residents within these plans and there did not consider how they enhanced the lives of residents. Social goal were
extremely task and behaviour focused, concentrating on domestic chores and the preferences of the provider and staff in relation to how residents should be seen to act in public. For example, for a resident to 'stay seated in a restaurant' or at the dining table within his home. The wording used in these plans also did not demonstrate respect for the residents and spoke about them in a very controlling and condescending way. Many examples of this were provided to the person in charge and provider by both inspectors during the inspection.

Overall, personal plans did not outline the services and supports to be provided to residents' to achieve a good quality of life and to realise their goals, including:

- health services (detailed under Outcome 11)
- social services
- recreational activity
- development of a personal support network
- assistive devices and technologies

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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The location, design and layout of the centre was found to be suitable to meet the assessed needs of residents' individual and collective needs. The centre was clean, and efforts had been made to make the centre look more homely. Efforts had been made to personalise bedrooms through the use of photographs and decoration which the residents took pleasure in showing to the inspectors.

The layout of bedrooms had been improved in order to enhance the privacy and dignity to each resident as detailed previously under Outcome 1. Residents had not been considered during the changes to the allocation of single and shared bedrooms as has been detailed also under Outcome 1. However, it was determined that there was adequate accommodation available.

Judgment:
Compliant
<table>
<thead>
<tr>
<th><strong>Outcome 07: Health and Safety and Risk Management</strong></th>
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<tbody>
<tr>
<td><em>The health and safety of residents, visitors and staff is promoted and protected.</em></td>
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<tr>
<td><strong>Theme:</strong></td>
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<tr>
<td>Effective Services</td>
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<tr>
<td><strong>Outstanding requirement(s) from previous inspection(s):</strong></td>
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<tr>
<td>The action(s) required from the previous inspection were satisfactorily implemented.</td>
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<td><strong>Findings:</strong></td>
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<tr>
<td>Overall it was found that efforts had increased to ensure that the health and safety of residents, visitors and staff had protected and promoted. Associated policies were now in place to guide practice such as a relevant safety statement, accident and incident recording, a policy on the response to emergencies and an infection control policy. In the main, these policies were found to be concise and centre specific. The policy on risk management was under development, and related risk assessments practices steered by this policy were yet to be developed. However, a system had yet to be developed relating to the assessment, management and ongoing review of risk. Inspectors were also cognisant that the dates set for addressing the non-compliance's identified under this outcome during the last inspection had not yet passed.</td>
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<tr>
<td>Staff had completed fire safety training and there was a procedure identified for the safe evacuation of all residents and staff. Fire drill were taking place on a regular basis, and personal emergency evacuation plans (PEEP)'s had been developed for each of the residents.</td>
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<td><strong>Judgment:</strong></td>
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<tr>
<td>Non Compliant - Moderate</td>
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<tr>
<th><strong>Outcome 08: Safeguarding and Safety</strong></th>
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<td><em>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.</em></td>
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<tr>
<td><strong>Theme:</strong></td>
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<tr>
<td>Safe Services</td>
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<tr>
<td><strong>Outstanding requirement(s) from previous inspection(s):</strong></td>
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<tr>
<td>Some action(s) required from the previous inspection were not satisfactorily implemented.</td>
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<tr>
<td><strong>Findings:</strong></td>
</tr>
<tr>
<td>Evidence was provided to reassure inspectors that a number of agreed actions identified in previous inspections in the area of safeguarding vulnerable adults were now in progress. For example, confirmation that training courses in safeguarding vulnerable</td>
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</table>
adults and in positive behaviour support had been booked for staff members and were due to be completed during the first week in January 2015 was provided to inspectors. Policies on restrictive practices and positive behaviour support had also been developed. However, concerns remained in that there was no documentation in place relating to the frequency of the use of restrictive practices in response to behaviour that may challenge, and in how staff were interpreting what a restrictive practice to be. There were no individual behavioural guidelines in place as required. These actions were due to have been addressed by the date of this inspection.

Care planning documentation and the views expressed by the nominee provider provided evidence that common daily interventions relating to an insistence upon a resident to conform to requested behaviour were causing anxiety and 'anger' for one resident described as presenting with difficult behaviour. This related to an imposition of rules in the centre such as insisting residents remain seated at the table until everyone has finished their meal. This was a clear example that principles of individualised and positive behaviour supports were not being considered, especially considering the complex nature and needs of the residents'.

There was a policy developed on personal care which was centre specific and provided guidance to staff on developing intimate care plans and in following best practice in relation to supporting resident's personal care requirements. While the individual care plans had yet to be filled in, templates were in each residents care plan and the person in charge committed to having these in place within the agreed time-frame, as outlined in the action plan from the previous inspection.

Judgment:
Non Compliant - Major

**Outcome 09: Notification of Incidents**

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

**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
A record of all incidents occurring in the centre was now being maintained and notifications had been submitted to the chief inspector since the last inspection.

Judgment:
Compliant
### Outcome 10. General Welfare and Development

*Resident’s opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Resident’s opportunities for new experiences, social participation and training opportunities remained extremely limited and although it is acknowledged that the timeline for the completion of this action as identified in the last inspection is March 2015; the recent review of the personal planning process was not adequately considering needs in this regard.

As discussed previously under Outcome 5: Social Care Needs, goal setting within the planning process identified one off activities or tried to address perceived behavioural issues, with no consideration of ongoing development or personal achievement. While the residents remain exclusively reliant upon the 'staff' of the centre to meet their needs in this area, progress was recognised in relation to a referral for two of the residents to a day service provider. While it was also acknowledged that the person in charge had planned for a cognitive assessment for residents in January 2015 as referred to previously, this on its own, will not address this non compliance as referred to in the previous action plan (and as restated here).

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

**Findings:**
Inspectors were not satisfied that the actions had been fully addressed under this outcome.

Inspectors found that residents had good access to a general practitioner (GP) and
some evidence was found indicating residents had attended specialist consultants in acute services. However, adequate reporting and particularly clear evidence of follow up actions were not identified in health care plans. For example, the provider nominee spoke about residents having epilepsy and diabetes but there was limited or no information pertaining to these conditions within care plans.

Inspectors were also concerned that staff did not have the required knowledge or guidance to care for the complex needs of residents (This non compliance is actioned under Outcome 17: Workforce). Records of blood glucose monitoring viewed by inspectors indicated that blood sugar levels were not being controlled and records of a consultation with a consultant endocrinologist highlighted concerning that had not been followed up on by the staff members. This posed a risk to residents and the provider was informed on the day of inspection that this must be followed up as a matter of urgency.

Inspectors were not satisfied that a strong system was in place to ensure that all residents' assessed needs were being planned, met and monitored while in the designated centre.

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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
It was acknowledged that while the agreed action from the previous inspection was not due to be completed until mid January 2015 the person in charge discussed what was being progressed in the area of policy development. There were also plans in place to provide for a system to ensure safe medication management practices were completed such as implementing regular audits of medication.

The person in charge had identified a need to educate and inform herself more in the area of medication management, and had started this process by contacting an experienced person in charge from another organisation and also by seeking guidance from the GP associated with the centre. As these actions were a ‘work in progress’ the non compliances are again actioned within this report.

Judgment:
Non Compliant - Major
### 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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
There was a statement of purpose in place that describes the service provided in the centre. However, the person in charge must remain vigilant in ensuring that the statement of purpose remains factually correct at all times, as some information relating to this existence of policies and a monitored fire alarm were inaccurate. In addition, the statement of purpose had not yet been made available to residents or their representatives.

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

**Findings:**
Inspectors found that there was a lack of effective management, supervision or systems in place to support and promote the delivery of safe, quality care services. While they had now proposed a revised management structure, nominating a separate provider and person in charge, there remained a lack of oversight as these persons were effectively operating as staff members, management and board members.

The person in charge had begun the process of removing herself from the position of chairperson of the board, and had asked a parent of a resident to undertake this role. Some discussion had also taken place between the provider and person in charge in relation to identifying other persons to sit on the board. However, the inspectors
remained concerned as to the reliance upon a small number of people effectively carrying out all of the roles with no effective oversight or lines of accountability or authority in practice. While some improvement was identified in relation to the running of the centre, as identified within this report, findings from this and previous inspections leave the inspectors with significant concerns in relation to the ongoing governance and management of the centre.

As identified during the previous inspection(s) the person in charge remained without any of the documentation on file as required under Schedule 2 of the regulations. She remained confident that this would be in place by the date agreed on the previous action plan.

The person in charge and the provider demonstrated an understanding of their statutory responsibilities and showed a good awareness of the regulations. However, as has been highlighted elsewhere in this report, neither party had any relevant qualifications and demonstrated poor awareness in relation to health care requirements, and in relation to best practices standards and practices relating to personal care practices, personal care documentation, restrictive practices, and the imposition of rules within the centre.

**Judgment:**
Non Compliant - Major

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**Outcome 15: Absence of the person in charge**

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The person in charge and provider stated they were aware of the need to notify the Authority of any absence of the person in charge for more than 28 days. There had been no incidences reported where she had been absent since commencement of the Regulations.

The person in charge and provider both live in the centre full-time. It was determined there were supports in place for the management of the centre in its current format if she were off-site, as the rota identified 'persons in charge' at weekends, when the person in charge was taking time away from residents developing policies and addressing non compliance's identified during the previous inspection.

**Judgment:**
Compliant
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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The previous inspection had identified that there was insufficient transparency in the planning and deployment of resources in the centre. While this remained, plans were now in place with evidence provided, that funds were to be separated with increased transparency in the allocation of resources. In addition, residents were to be provided with separate, individual bank accounts, and what they were being charged by the centre was now apparent.

However, while it was now clear that many of the residents actually had adequate resources, there was a plan in place to demonstrate how the overall resources were going to be deployed and prioritised to meet the needs of residents.

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

Findings:
There was no policy in place to guide practice in relation to the recruitment, selection and vetting of staff to ensure this was carried out in line with best recruitment guidelines. The centre operated as a community and did not refer to themselves as staff, with residents and support staff living together for more than twenty years.

However, as was highlighted during the previous inspections, this is a designated centre and therefore subject to all of the conditions of the Regulations. As referred to previously, the centre continued to operate without basic safeguarding procedures such
as Garda vetting which was a major concern to the Authority. During the inspection documentation was provided to show that all staff had applied for vetting disclosures and the person in charge remained confident that they would be in place by 31/01/2015 as agreed in their previous action plan. No other information pertaining to the documents as required by Schedule 2 of the Health Act 2007 had been obtained.

Inspectors were not satisfied that staff were provided with education and training in order to meet specific needs of residents. For example, no staff had any related qualifications and while there was a plan in place to provide mandatory training for all staff in the coming months, there was no training plan in place to meet specific needs of residents in areas such as health care as identified previously within this report.

There was a staff rota operating which identified who was in charge at any given time. There was no record of any supervision of staff based upon their community ethos however, this has contributed to a lack of accountability for care and did not identify areas where staff could improve practice.

Staff knowledge of residents was demonstrated as all staff had an intimate knowledge of each one of the residents. It was also determined that there was consistency within the care provided to residents, as three staff were on duty at all times from a pool of five and they were all well known to residents.

Judgment:
Non Compliant - Major

Outcome 18: Records and documentation

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

Theme:
Use of Information

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

Findings:
The inspectors found that significant work had been undertaken to ensure many of the policies and procedures as required by Schedule 5 of the health Act 2007 had now been put in place. policies now in place included:

- management of residents' monies
- safety statement
- policy on accidents and incidents
- admissions policy
- Infection control
- food safety
- the use of restrictive procedures
- provision of behavioural support
- provision of personal care.

These were the policies that were prioritised following the last inspection, as these policies had only just been developed it was not possible to determine if they were steering practice, and this will be considered on subsequent inspections. Some of the other policies and procedures as required under Schedule 5 remain outstanding. In addition, there remains no staff files in place as has been actioned under Outcome: 17 Workforce.

Work had also begun to create records as required under Schedule 4 and Schedule 3 of the Health Act 2007. However, as detailed elsewhere in this report, significant improvement was required in relation to developing all care plans, recording any incidences of restraint.

Overall, inspectors found that significant improvements were required in relation to the recording of information relating to residents living in the centre. Specifically, improvement was required in the area of care planning documentation and progress or daily notes relating to each resident, to ensure safe practice was delivered to residents across all areas.

**Judgment:**
Non Compliant - Moderate

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**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:**

Michael Keating  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Pilgrim House Community Ltd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001916</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>17 December 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>28 January 2015</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 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:
Residents' were not consulted on the operation and running of the centre.

Action Required:
Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

---

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:
1. Residents continue to be consulted and their input is sought on the operation and running of the centre and this is reflected in the minutes of the weekly residents meeting.
2. The resident who recently moved into a twin room (after consultation) has been offered the choice of remaining there or having a single room (currently in use as an office) and he has decided to remain in the twin room.

**Proposed Timescale:** 31/12/2014  
**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no evidence to suggest that residents were involved in their choice of daily activity and the routines and practices identified did not maximise residents' independence or choice.

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

Please state the actions you have taken or are planning to take:
1. Residents' personal social care plans have been further developed and now reflect increased consultation with each individual and their participation. Additional care plans which are goal-oriented are now currently in operation and they too reflect consultation and participation and are reviewed at the end of every week.

**Proposed Timescale:** 31/12/2014  
**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Progress in relation to the lack of suitable opportunities for occupation and recreation was minimal and there was no activity plan in place.

**Action Required:**
Under Regulation 13 (2) (a) you are required to: Provide access for residents to facilities for occupation and recreation.

Please state the actions you have taken or are planning to take:
1. Psychological assessments were carried out on 15th and 27th January.
2. We are waiting on formal application forms to arrive for day care services for two of the residents from the day care provider we have been in discussions with.
3. On Thursday, 8th January, the HSE disability manager visited us and confirmed funding for day care services for two of our ‘residents,’ to begin with.
4. Additional activities are now listed in individual’s personal plans.
**Proposed Timescale:** 31/03/2015  
**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no independent objective person available to residents or their representatives.

**Action Required:**
Under Regulation 34 (2) (a) you are required to: Ensure that a person who is not involved in the matters the subject of a complaint is nominated to deal with complaints by or on behalf of residents.

**Please state the actions you have taken or are planning to take:**
1. A friend of one of the residents, who also knows the rest of the residents over many years, is coming in once a month, beginning in January to meet with everyone as an advocate.

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**Proposed Timescale:** 31/01/2015  
**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no complaints policy or procedures operating within the centre.

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

**Please state the actions you have taken or are planning to take:**
1. Complaints policy and procedures now in place.

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

**Outcome 02: Communication**

**Theme:** Individualised Supports and Care

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Personal plans did not outline the individual communication supports required by each resident.

**Action Required:**
Under Regulation 10 (2) you are required to: Make staff aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.

**Please state the actions you have taken or are planning to take:**
1. Full cognitive assessments took place on 15th and 27th January. The reports from these will guide us, for eg. on how and if some of the residents could benefit from the use of the internet.
2. Prior to the assessments taking place we will have documented within the personal care plans each individual’s current communication support needs, abilities and wishes, based on our long-term involvement with each individual.

**Proposed Timescale:** 31/01/2015

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

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Personal plans did not identify the wishes of residents in relation to their access to the wider community.

**Action Required:**
Under Regulation 13 (2) (c) you are required to: Provide for residents, supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

**Please state the actions you have taken or are planning to take:**
1. Personal plans will, in so far as is reasonably practicable, identify the wishes of residents in relation to their access to the wider community.

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

**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:**
The revised personal plans in place did not provide a comprehensive assessment of individual health, personal and social care needs.

**Action Required:**
Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.
Please state the actions you have taken or are planning to take:
1. The personal plans have been revised again since the last inspection to provide a more comprehensive assessment of individual health, personal and social care needs. For eg:
   (a) We have consulted with our GP specifically in relation to formulating goals which take into consideration the healthcare needs of a number of individuals.
   (b) We have consulted with each individual and with family members in relation to social care needs. Each person is now enjoying greater variety – in the last month alone people attended carol services during the festive period, an open air Christmas market, a visit to the Hugh Lane gallery, a visit to Dublin Zoo and a weekend break in Clonakilty, Co. Cork. These social care activities have also created increased access/involvement with the wider community.
   (c) Full cognitive assessments have been carried out (January 15th) in relation to two people, with the other three assessments carried out on January 27th. We will have the reports from the Jan 15th assessments in early February which will further guide us in our person-centred planning. We specifically asked that the psychologist assess whether or not each individual could benefit from the use of assistive technologies.
2. In the event of any new person coming to share life with us, a comprehensive assessment of the health, personal and social care needs of that person will be carried out prior to admission, guided by our Policy on Admissions.

Proposed Timescale: 15/02/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There remained no evidence to suggest that residents were involved in the formulating of their personal plans, and the plans were not provided in an accessible format.

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:
1. There is greatly increased evidence to show how the five people (residents) are involved in the formulating of their personal plans through the minutes of weekly meetings. As none of the people can read we speak with each person and show photographs and illustrations for eg. prior to the weekend break in Clonakilty, which was discussed with people and their families, we looked at photographs of the hotel and of the Fota wildlife park, on the internet. In the next six weeks we plan to make a day trip to Kilkenny and take another weekend break in Galway. These too will be discussed in detail and images shown.
2. Three family members (of three different residents) have been consulted on the plans, have read them and have given input on future care plans.

Proposed Timescale: 16/01/2015
Theme: Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Reviews of personal plans did not consider how they were enhancing the lives of residents or meeting the needs of each resident.

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

**Please state the actions you have taken or are planning to take:**
1. Personal plans, both goal oriented and social care are discussed day-to-day with the individual. Input is also sought from family members where appropriate. Along with the day-to-day discussion of the plans and a discussion at the weekly residents’ meeting an overall review of each person's plan is carried out every four weeks. The purpose of this review is to ascertain the benefits to each person and if and when changes need to be made.

**Proposed Timescale:** 26/01/2015

Theme: Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Assessed needs were not appropriately or adequately identified in residents care plans and this reflected the fact that there was no appropriately qualified health care professional available to complete this assessment.

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

**Please state the actions you have taken or are planning to take:**
1. Full cognitive assessments were carried out on 15th January in relation to two people and the remaining three were carried out on 27th January by a psychologist recommended by the HSE, to assess the needs of each person.
2. As we are not a nurse-led 'service', we are working more closely with our GP, pharmacist and the Diabetes Clinic in Connolly hospital.

**Proposed Timescale:** 31/01/2015

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 was no system in place for the assessment, management and ongoing review of risks.

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

Please state the actions you have taken or are planning to take:
1. A policy on risk management has been developed as committed to in the previous action plan and a system put in place for the assessment, management and ongoing review of risk.

Proposed Timescale: 31/12/2014

Outcome 08: Safeguarding and Safety
Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
While it was acknowledged by staff that restrictive interventions were used within the centre, there was no documentary evidence relating to its frequency, duration or impact upon the resident.

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

Please state the actions you have taken or are planning to take:
1. Individual behavioural guidelines have been put in place for the resident who presents with challenging behaviour.
2. Two of the five ‘staff’ were trained in the use of restrictive practices at the time of the last inspection. Two of the remaining three received training on the 7th of January as per the last action plan.
3. The last incident where minor challenging behaviour was presented was in June 2014 and did not involve the use of a restrictive practice. However there was no documentation relating to this incident. Any future incidents will be logged and recorded in detail in relation to its frequency, duration and impact on the resident.
4. Individual intimate care forms in line with policy have been filled in and are in the personal plans.

Proposed Timescale: 07/01/2015
Theme: Safe Services
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no documentation in place relating to the requirements of this regulation, and evidence suggested that staff insistence for residents to comply with perceived norms were in fact creating anxiety amongst residents.

**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:
1. As per our ‘Policy on the Provision of Behaviour Support to Residents’ and our ‘Policy on the Use of a Restrictive Procedure’ every effort will be made to identify and alleviate the cause of a resident’s behaviour – individual behavioural guidelines have been put in place for the one individual who sometimes presents with challenging behaviour. Also as per policy, all alternative measures will be considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary will be used.

**Proposed Timescale:** 07/01/2015

### Outcome 10. General Welfare and Development

**Theme:** Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents were not being adequately supported to access new experiences or to have their needs in relation to social participation considered.

**Action Required:**
Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

Please state the actions you have taken or are planning to take:
1. Substantial progress has been made in relation to the provision of day care as outlined under outcome 1.
2. Enquiries have been made through our disability manager in the HSE in relation to a resident who is over the age of 65 attending a retirement group.
3. Goal-setting for each individual has been developed since the last inspection in consultation with the individual, where applicable and/or a family member.

**Proposed Timescale:** 31/03/2015

### Outcome 11. Healthcare Needs

**Theme:** Health and Development
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Personal plans did not provide appropriate information on individual health care needs.

**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:**
1. Personal plans have been updated since the last inspection to provide appropriate information on health care needs.

**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:
Evidence did not suggest that medical treatment/follow up recommended had been provided in all cases.

**Action Required:**
Under Regulation 06 (2) (b) you are required to: Facilitate the medical treatment that is recommended for each resident and agreed by him/her.

**Please state the actions you have taken or are planning to take:**
1. Following the last inspection, immediate action was taken in relation to medical treatment/follow up and there is documentation in place to support this.

**Proposed Timescale:** 18/12/2014

**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:
Policies and systems had not been developed to guide and ensure safe medication practices were operating within the centre.

**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:**
A medication management policy and systems are now in place following consultation
with our GP, pharmacist, the Diabetes Centre in Connolly hospital and the Dermatology unit in Beaumont hospital.

**Proposed Timescale:** 18/01/2015

### 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 statement of purpose had not been made available to residents or their representatives.

**Action Required:**
Under Regulation 03 (3) you are required to: Make a copy of the statement of purpose available to residents and their representatives.

**Please state the actions you have taken or are planning to take:**
1. A residents guide to the statement of purpose has been prepared and shown to each resident and is now on the notice board.
2. A copy of the statement of purpose has been made available to representatives of each resident.
3. The statement of purpose has been amended and is now accurate in all respects.

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

### 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 person in charge did not hold the appropriate qualification and did not demonstrate an adequate skill base to meet specific needs of residents.

**Action Required:**
Under Regulation 14 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge has the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.

**Please state the actions you have taken or are planning to take:**
1. The Board of Management has agreed that the person in charge will apply for the B.A. (Ord) in Applied Social Studies (Disability) degree with the Open Training College in February 2015. This three year course commences in September 2015.
Proposed Timescale: 28/12/2014

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Information in relation to Schedule 2 of the Regulations was not in place for the person in charge.

Action Required:
Under Regulation 14 (5) you are required to: Obtain the information and documents specified in Schedule 2 in respect of the person in charge.

Please state the actions you have taken or are planning to take:
1. Full name, address and date of birth with recent photo now on file.
2. Date on which person in charge became part of the organisation, (currently not an employee) now on file.
3. Still awaiting Garda vetting disclosure, should be through by date below as one of the five people working in the organisation has already received clearance and applications were made at the same time.
4. Currently hold no relevant qualifications and have no accredited training as this was not considered necessary for the life-sharing model on which this organisation is based. Will undertake degree course commencing September 2015.
5. No relevant current registration status with professional bodies for reasons mentioned in point 4.
7. No previous experience in carrying on the business of a designated centre but person in charge has 18 years experience in current organisation.
8. Two written references will be on file by date below. These do not include a reference from a previous employer (18 years ago) as that person is now deceased.
9. Person in charge lives in the premises full-time (home) as this is a life-sharing model. In the event of her absence arrangements are in place as per regulation 9 32 (1).
10. As per schedule 2 1(k) correspondence, reports, records of disciplinary action and any other records in relation to employment are not applicable.

Proposed Timescale: 31/01/2015

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were no management systems in place to ensure the service is being effectively monitored.

Action Required:
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
1. The person in charge has resigned from the board of directors, and from her role as chairperson. She will now be accountable directly to the board. Four of the directors, who are not involved in the day-to-day operation of the life will provide oversight.
2. The person in charge and one other ‘staff’ person have decided to become employees of the organisation. That ‘staff’ person will also resign from the board of directors.
3. The mother of one of the residents is the new chairperson. She will also act as complaints officer as she has the independence to do so, not being involved in the day-to-day running of the house.
4. As these roles become more defined management systems will be put in place.

Proposed Timescale: 28/02/2015
Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were no attempts to manage members of the workforce and monitor quality and safety of the services delivered.

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:
1. The new management structure will create clearer lines of accountability within the organisation. The person in charge will be able to put systems in place for monitoring quality and safety as she herself will not be directly accountable to the ‘working’ directors but to the four directors who are not involved in the day to day running of the organisation. The ‘working’ directors will be accountable to the person in charge.

Proposed Timescale: 28/02/2015

Outcome 16: Use of Resources
Theme: Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Resources were not prioritised to meet the needs of 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:
1. Three of the individual bank accounts for residents are now open. We expect the other two to be opened by 30 January – the delay was due to the holiday period and then a backlog of processing in the bank.
2. As HSE funding is allocated quarterly, the management committee will plan at the beginning of each quarter in relation to the use of funding. This decision had not been made when the committee met in January so this planning will begin at the February meeting and thereafter quarterly. (We do already know that there will a substantial drain on resources in the first quarter due to costs incurred in meeting HIQA requirements and the organisation has also identified the need for another vehicle.)

**Proposed Timescale:** 28/02/2015

### Outcome 17: Workforce

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There were no staff files containing the documents as required by Schedule 2 of the Health Act 2007.

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

**Please state the actions you have taken or are planning to take:**
1. A Policy on Recruitment has now been developed.
2. A ‘staff’ file has been opened for each person.
3. Garda clearance has come through for one of the five ‘staff’ and we expect to have the other four received by the date below.

**Proposed Timescale:** 31/01/2015

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There were no supervision systems in place which resulted in a lack of accountability and authority within the centre.

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

**Please state the actions you have taken or are planning to take:**
1. As roles are being more clearly defined, specifically the role of person in charge, supervision systems will be put in place for eg, we already have a monthly audit of the accounts of residents monies and a monthly audit of medication.
2. A Code of Conduct for workers/staff has also been developed.
**Proposed Timescale:** 31/01/2015  
**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
Staff were not provided with access to suitable training to meet the assessed needs of residents in areas identified throughout this report; for example the areas of health care (meeting specific identified needs) and person centred planning.

**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:**  
1. Fire safety training, MAPA training and first aid training has been completed.  
2. Safeguarding training scheduled for 7th February, 2015 for all ‘staff’.  
3. “Patient handling” training – no availability in January and on a waiting list for two dates in February.  
4. Once this training is completed person in charge will put a training plan in place to ensure that each ‘staff’ person has access to refresher training and new training, where appropriate.

**Proposed Timescale:** 28/02/2015

**Outcome 18: Records and documentation**  
**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The provider had not yet developed and implemented some of the policies and procedures on the matters set out in Schedule 5.

**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:**  
1. Policy on Complaints  
2. Policy on Whistleblowing  
3. Policy on Risk Management  
4. Policy on Medication Management  
5. Policy on Recruitment – also Code of Conduct
7. Policy on Provision of Information to ‘Residents’
8. Policy on the Prevention, Detection and Response to Abuse
and the following policies will be developed by the date below:
1. Policy on Visitors
2. Policy on Induction and checklist
3. Policy in relation to Garda Vetting
4. Policy on access to education
5. Policy on ‘staff’ training and development
6. Policy on Data Protection
7. Policy on Monitoring and Documenting of Nutritional Intake
8. Policy on creation of access to records.

**Proposed Timescale:** 28/02/2015

**Theme:** Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The documentation pertaining to each resident as required in Schedule 3 were not been adequately maintained to ensure consistency and delivery of safe quality care.

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

**Please state the actions you have taken or are planning to take:**
1. Work has been done on these files – we were currently waiting on the reports from the full cognitive assessments which were carried out on 15th and 27th January.

**Proposed Timescale:** 28/02/2015