

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Peamount Healthcare
Centre ID:	OSV-0003505
Centre county:	Co. Dublin
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Peamount Healthcare
Provider Nominee:	Robin Mullan
Lead inspector:	Linda Moore
Support inspector(s):	Valerie McLoughlin
Type of inspection	Announced
Number of residents on the date of inspection:	20
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 3 day(s).

The inspection took place over the following dates and times

From:	To:
26 January 2015 13:00	26 January 2015 17:30
27 January 2015 09:45	27 January 2015 17:30
28 January 2015 07:15	28 January 2015 18:40

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 was an announced inspection of Peamount Healthcare Neurological Disability Service to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities 2013. Inspectors visited the designated centre on the campus where they met with residents, relatives and staff. They also met the provider, person in charge and management.

Inspectors observed practice and reviewed documentation such as personal care

plans, medical records, accident and incident records, minutes of meetings, policies and procedures, staff training records and staff files.

Overall, inspectors found that residents' healthcare needs were met to a high standard. Staff supported and encouraged them to participate in the running of the centre and to make choices about their lives.

Residents were supported to develop and maintain personal relationships and links with the wider community. There were regular meetings for residents, and residents' communication needs were supported.

While evidence of good practice was found, areas of non compliance with the Regulations were identified.

The management of behaviours that challenge was not effective and did not protect other residents, the provider took immediate action to address this during the inspection.

The premises did not meet the requirements of the Regulations. The governance arrangements needed to be strengthened.

Other areas for improvement included risk management practices, safeguarding, fire safety and the documentation available to support practices. These non compliances are discussed in the body of the report and included in the action plan at the end of this 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):

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

Findings:

Inspectors found that resident's rights, dignity and consultation were well maintained. However, there were areas for improvement. There was evidence that residents have opportunities to contribute in how the centre is planned and run. Staff were observed knocking on bedrooms, toilet and bathroom doors and waiting for a response to enter and this was confirmed by residents. However, the location of the beds in the bays and the location of the sinks on the corridor as discussed in Outcome six did not ensure adequate privacy and dignity.

Residents gave numerous examples of how they were involved in the running of the centre for example, deciding on their own meals and assisting to decorate their own bedrooms.

Residents told inspectors about their involvement with their local community including trips to the supermarket, visiting family members, going out for a meal. A rights committee was in place and many of the residents said that there had been improvements to the premises as a result of these meetings.

Inspectors reviewed the complaints recorded, a complaints log was in place which showed that complaints were being addressed, however, this did not include a space for the satisfaction of the complainant to be recorded. The complaints procedure was available in an accessible format, however it was not updated to include the new complaints officer. The complaints officer was knowledgeable of her role within the procedure. Residents expressed familiarity with who they could make a complaint to, and they described how the staff were available if needed. Meetings were held with an

external advocate if required.

During the inspection, staff were seen to treat residents with dignity and respect, facilitating individual routines and practice in a manner maximising residents' independence where possible. Support plans showed that staff facilitated residents to exercise civil, political and religious rights. Residents were supported to access mass in the church on the grounds.

There was an open visiting policy with protected meal times and contact with family members was encouraged.

A residents' committee was in place, this was provided for residents to give them the opportunity to express any concerns they may have and for it to be discussed with the nurse manager and clinical nurse specialist if they wished. The meeting was chaired by the assistant director of nursing and there was access to independent advocacy as required. The minutes showed that issues identified were responded to by the nurse manager. Residents also said they had opportunities to discuss issues as they arose with any staff members.

Inspectors found the management style of the centre maximised residents' capacity to exercise personal autonomy and choice. Residents told inspectors they were free to plan their own day, to join in an activity or to spend quiet time in their room, take a walk, or spend the day in their bedroom if they wished. Residents choose what they liked to wear and inspectors saw residents were very well groomed and encouraged to choose their own jewellery and make up. Some of the residents said they liked a lie in and this was provided. However some of the residents said that they were told that there was not always enough staff on duty and therefore, they often had to wait for a shower. One resident's records showed that a shower was not provided for ten days, this was confirmed by the resident.

The newspapers were available on request and the main news topics were discussed each day if residents choose to join the group.

Residents had access to the ward telephone if they asked for it. However, they said that they could not access a private phone.

There were opportunities for residents to participate in activities that were meaningful and purposeful and reflected their interests and capacities. Activities are planned in conjunction with the residents on many occasions. However, many of the residents, relatives and staff confirmed that at times the activities are dictated by the routine and resources of the centre, not by the wishes of the residents and their suitability. Residents said they particularly enjoyed the day trips, and trips to the park. Residents enjoyed a number of social and therapeutic activities such as shopping trips. An aromatherapist provided weekly sessions paid for by the resident and residents appeared to enjoy this interaction. However this type of activity could be further enhanced for residents who spent their day in their rooms or in their beds.

Some residents retain control over their property and where monies are held by the centre there is transparent procedures around this to protect both residents and staff. Balances were checked and were correct; all entries were signed by two staff members.

However, this could be further developed when resident's money is being used for holidays. The records of resident's money used for holidays were not sufficiently maintained.

Residents who can are supported to launder their own clothes. There was a washer and dryer on the unit.

Inspectors found that there was inadequate storage space provided for residents to store their own clothes. For example, one resident who resided in the bay, had a wardrobe which was located across the corridor from the resident's bed.

Inspectors observed that the resident's name, consultant and key worker names were on display over the resident's beds. Some residents said they were not happy with this information on display.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

A communication policy was in place.

Inspectors found that the nurse manager and staff responded very effectively to the communication support needs of residents. Relevant information was available throughout the centre in accessible formats. For example, the daily activity programme and menu choices were in pictorial form for residents to support residents making a choice. Resident's basic communication needs were displayed which enhanced communication with the residents.

Staff were aware of the communication needs of residents and these were clearly described in the communication passport and profiles on file for some resident. Inspectors noted that this may enhance the communication with residents if these documents were in place for all. Many of the staff said that these information systems were only used when a resident went into hospital as they were stored at the reception desk.

Residents told inspectors that they had access to magazines, radio and TV in three locations. Internet access was also available in the bedroom and in the dining room.

There was a talking library available to residents.

The speech and language therapist informed inspectors that funding had been made available for two ipads for the unit and there were plans to use these with residents. A communication assessment of need was being carried out at the time of the inspection to ensure that residents have access to assistive technology, aids and appliances to promote their full capabilities.

Judgment:

Compliant

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):

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

Findings:

Inspectors found that residents were supported to develop and maintain personal relationships and links with the wider community, through the day services and that family were encouraged and welcomed to be involved in the lives of residents.

Inspectors briefly met with relatives who were visiting family members and evidenced good rapport and communication between family members and staff. Residents told inspectors that family members and friends could visit at any time and some residents said that they visited their family home regularly. While residents visit their families, they often requested to return to the centre as they described this as their home. Residents were supported to maintain friendship with those they lived with in the past.

Inspectors saw that there were records maintained in residents' files that the family were very involved in the residents' multidisciplinary review if the resident requested this. The documentation of the involvement of families on an ongoing basis could be improved.

Inspectors received completed questionnaires from some family members and relatives which were complementary of the service and opportunities being provided.

Both residents and staff confirmed that if they wished to meet a visitor in private, they could use the resident's bedroom, the office or sitting room.

Judgment:

Compliant

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):

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

Findings:

Inspectors reviewed and found that the admissions policy set out the arrangements for admissions, however, this did not guide practice regarding admitting new residents to the centre. Resident's criteria for admissions were not determined in the statement of purpose. Inspectors noted that the provider had not set out the type of care they intended to provide. While all residents had a neurological disability, there needs varied from residents who are independent with care needs, social admissions, residents with intellectual disability, residents who present with behaviour that is challenging and residents who required total nursing care.

Inspectors found that the mix of residents in the centre was unsafe at times and did not protect all residents in the centre. See outcome eight. In addition, residents who were more independent did not partake in activities and the service was not designed to meet their needs.

There was a contract of care in place to detail the supports, care and welfare of the residents in the designated centre and included details of the services to be provided for that resident and the fees to be charged and any additional charges. However, these had not yet been signed by residents.

Judgment:

Substantially 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):

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

Findings:

In general, inspectors found that resident's wellbeing and welfare was maintained by a high standard of evidence-based care and support. However, the documentation required improvement. While some of the resident's spoke of their plans, personal plans was not consistently in place for all residents. Many of the staff said they were not involved in the development of the plans and therefore were not aware of resident's goals.

While residents had care plans and personal plans in place, the assessment and care plans were health focused and the personal plans did not include adequate information on residents' specific social, emotional, participation needs, preferences and preferred routines.

While residents were reviewed by the multidisciplinary team on a four monthly basis, a comprehensive assessment was not completed. Many of the residents and relatives said that they were invited to be involved in the review process.

Improvements were required to ensure personal plans were outcome focussed rather than solely activity based. Some of the residents did not have goals defined in the "My life, my plan" documentation and regular reviews of the plans were not taking place. There was a lack of evidence to show if the goals set in 2014 had been realised and if they improved the lives of residents.

Inspectors found that while there was a transition policy in place, it did not include the supports available for residents to move between the services. While residents were consulted when moving within the service, there were no transition plans in place for residents who were identified by staff as not being suitable for the service.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The physical environment in the centre does not meet the requirements of the Regulations.

- The centre is divided into two areas, the male and female. There were 13 single rooms, three of these did not have a sink, one twin bedroom, with a sink. Residents are also accommodated in alcoves on the corridor called bays. These bays are the located off the corridor which is the access to the facilities and other bedrooms on each corridor. One of the bays consists of three beds, one bay has two beds.
- There were two assisted showers in the unit, four toilets, two of which were assisted. The toilets were located at the end of each corridor and were not in close proximity to residents. Staff said that residents used commodes at night as they could not access the toilet.
- Due to the lack of wash hand basins in the bedrooms, residents were observed to be washing their teeth at the sink on the corridor.
- The centre was clean, comfortable, welcoming and well maintained, however, inspectors observed the catering staff member washing the floor without the appropriate personal protective equipment in place. Inspectors observed that the ground at the smoking area was slippery and unsafe and may have placed residents at risk.
- There was inadequate storage space. Inspectors observed residents equipment stored in the bathrooms used by residents and in the sluice room.
- There were no restrictors on the windows to ensure the safety of residents.
- There were no handrails throughout the centre.
- Inspectors found that the lighting and signage outside of the unit was not sufficient to guide those visiting.
- There was no sink available in the cleaners room, therefore cleaners filled and emptied buckets in the sluice room, which may lead to a risk of cross infection.
- There were no separate changing facilities for catering staff.
- The kitchen was found to be well equipped. Inspectors found however, that residents could not access snacks without asking staff.

There was suitable and sufficient communal space for residents. There were two sitting rooms, relaxation room and a dining room. The sitting rooms were appropriately decorated.

Windows were located at a level to enable those in a wheelchair to see out.

The non resident areas were secured with the aid of a key pad locking system.

Inspectors found that the communal spaces and some of the single bedrooms were homely in design, decor and furnishings and this was also frequently mentioned by residents and their relatives.

There was an internal courtyard garden which residents could access.

Appropriate assistive equipment was provided to meet residents' needs such as hoists, specialised beds, seating and mattresses. Inspectors viewed the servicing and maintenance records for equipment such as hoists and found they were up to date.

There is twenty four hour security of the premises maintained.

Judgment:

Non Compliant - Moderate

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:

Inspectors generally found that the provider had put risk management measures in place; however, they needed to be improved. For example, risks associated with fire safety and behaviours that challenge. The systems for the identification, assessment and management of risk required improvement.

Inspectors found that the policy on the management of immediate safety concerns was not being used to guide practice. The policy stated that "any threat to the future safety of the service user must be reviewed or minimised as far as reasonably practicable". Inspectors found that residents were frightened of one resident. See Outcome eight for further detail.

There was not a consistent approach to manage risk. Staff had not received training in risk management. This was being addressed by the provider.

Inspectors read the Health and Safety Statement and found it was not specific for the location. It did not include all risks associated with the premises.

The corporate and unit risk registers were reviewed as was the system of reporting risks to the management team.

However staff were not knowledgeable in the development of the register, for example, the control measures recorded were not adequate to mitigate the risk. All risks were also not included, such as smoking and staffing levels, for example.

The health and safety/risk manager undertook a review of all incidents and accidents and the findings of this review were discussed with managers at the weekly management meetings and discussed at board level if required. A quality and risk committee was in place. Inspectors reviewed the learning outcome report and noted that the information was not been analysed to improve the service and this was a missed opportunity to share any learning for the period.

All medication errors were reviewed weekly and changes made to the service as required. For example, a new medication kardex was recently introduced.

Inspectors found that a number of the incident reports were incomplete, they did not include the preventative measures and the staff did not have access to the necessary information following an incident to effect change. However investigations were not always robust and did not ensure that the learning had taken place and improvements implemented as a result.

The risk management policy was in draft format, while it included many of the aspects of the Regulations, it did not comprehensively include the practice in place for identification, recording, investigation and learning from serious incidents.

Inspectors found that there was an emergency plan in place to guide staff in the event of such emergencies as power outages or flooding. All staff spoken with were knowledgeable of the plan.

Fire safety

Overall while fire safety was well managed, there were areas for improvement. Inspectors viewed the fire training records and found that all staff had received up-to-date mandatory fire safety training and this was confirmed by staff. All staff spoken to knew what to do in the event of a fire and regular fire drills were carried out by staff at suitable intervals as defined by the Regulations.

Improvements were required with regards to elements of fire safety. Inspectors observed fire doors been held open with furniture during the inspection. There was no system to ensure the fire doors would prevent the spread of fire. For example, there was a gap under one of the bedroom doors and an intumescent strip was missing from the kitchen door.

Inspectors were not satisfied with the arrangements in place to assess and control the risk to residents who smoked, while residents had smoking risk assessments in place, they were not comprehensive and did not include the actual area where the resident smoked. One resident may have placed themselves and others at risk due to smoking. Residents care plans in this area did not guide practice.

Written confirmation from a competent person that all requirements of the statutory fire authority, was submitted to the Authority prior to the inspection.

Fire procedures were not displayed throughout the centre.

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 provider and person in charge had not taken sufficient measures to protect all residents from being harmed from another resident who presented with behaviour that was challenging.

The incidents of these behaviours were impacting significantly on the safety of residents and staff. Residents and staff expressed their fear of these behaviours. The provider took immediate action to address this issue on the day of the inspection.

Examples of behaviours that challenged included episodes of threatening behaviour and other incidents of physical assault. There had been approximately 30 incidents of behaviours that challenge between residents in the month of November and appropriate action had not been taken to minimise the risk of future occurrences.

There was a policy on the management of behaviours that challenged, which was in draft format but this was not being used to guide the care delivered. Staff told inspectors that they did not feel they had the resources or skills to manage these episodes and to keep other residents safe. Training had been provided in this area but staff said they would welcome more training in this area.

Inspectors reviewed the centre's policy on the prevention, detection and response to elder abuse and found that this policy gave guidance to staff on the types of abuse and included the procedures for reporting alleged abuse and the procedures to follow when investigating an allegation of elder abuse. Inspectors found that the policy had not been followed in that all protection issues had not been reported to the safety committee.

Staff were generally knowledgeable about what constituted abuse and how they would respond to any suspicions of abuse. All staff had been provided with training in this area.

Throughout the inspection, inspectors noted that staff interacted with residents in a kind, caring, respectful and patient manner. Staff maintained resident's privacy during the delivery of intimate care.

Overall restrictive practices were used infrequently in the centre. However, not all staff had received training in restrictive practices. Staff had not identified that they were using two types of restrictive practice in the centre. While a clinical nurse specialist in behaviour was available to staff and residents in the intellectual disability service, this service was not available in this service. Inspectors found that the processes needed to be improved in line with the Regulations. Residents had limited access to psychology and psychiatry services as required, and this may have had an impact on the care delivered. There was no documentary evidence to demonstrate who initiated the restrictive practice. There were no risk assessments in place to include the alternatives that were tried prior to its use.

There was no record maintained of the frequency of its use in all instances. The person in charge said that they were in the process of developing a positive approach committee to review any restraint in place. While residents had positive intervention support plans, some resident's plans did not guide the staff and there was no care plans in place for all restrictive practices in place.

Inspectors read the restraint policy and the behaviours that challenge policy and noted that they had not been implemented. The restraint policy and bed rail policy did not include all restrictive practices. See outcome 18.

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):

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

Findings:

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. However, to date and to the knowledge of inspectors, all relevant incidents had not been notified to the Chief Inspector by the person in

charge. All allegations, suspected or confirmed, of abuse of any resident had not been notified as identified in outcome 8 in relation to behaviours that are challenging.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

Inspectors found that residents' general welfare and development was being facilitated. Most of the residents attended a day service area for a period of time during the day which provided a range of activities. Residents told the inspector that they were supported by staff to pursue a variety of interests, including parachute jumping and computer classes, drama therapy and joining various clubs of interest. However, many of the residents, due to their clinical condition could not avail of training and employment and educational outcomes were not set for residents.

Inspectors noted that residents were encouraged to be independent in the unit and community as much as possible. This could be further developed for residents. One of the residents travelled unassisted within the community with the appropriate supports.

Judgment:

Compliant

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:

Inspectors noted that residents' healthcare needs were met to a high standard. Areas for improvement included falls management, behaviours that are challenging and end of life care. Issues regarding behaviour that is challenging is discussed further under outcome eight. Inspectors noted that due to the mix of residents in the centre, the staff had difficulty meeting all residents needs and did not protect all residents in the centre.

Inspectors found that there were appropriate arrangements in place to support residents' health care issues as they arose. Inspectors reviewed the personal plans and medical folders for residents and found that they had access to a respiratory consultant, registrar in rehabilitation, senior house officer, including an out of hours service. There was evidence that residents accessed other health professionals such as chiropodists and speech and language therapists and daily physiotherapy. There was evidence that residents had regular medical reviews.

Health screening and health assessments were in place for all residents but there were gaps in the documentation, they included some valuable information for staff in the care of residents. There were no health plans developed on foot of these assessments.

Inspectors reviewed a sample of residents' files and noted that a nursing assessment and additional clinical risk assessments were carried out for residents. Daily notes were being recorded in line with professional guidelines.

Overall care plans contained the required information to guide the care for residents. Residents and/or relatives were involved in the development of their care plans and they discussed this with inspectors.

Inspectors found that the management of falls required improvement. Care plans that were in place for some residents identified at high risk of falling were not sufficient to guide care provision. Post falls assessment had not been completed, residents' care plans were not updated with interventions to reduce the likelihood of reoccurrence.

Inspectors noted that while "do not resuscitate orders" were prescribed by the consultant in consultation with next of kin, there was no care plan to guide care. These orders had not been reviewed in line with the policy.

Nutrition

Residents received a varied and nutritious diet that was tailored to meet resident's preferences and requirements.

Inspectors reviewed the nutrition policy in place and found it covered the importance of nutrition and adequate hydration. There was a process in place for assessment prior to admission, on admission, and then how it would be monitored and reviewed.

Weights were recorded on a monthly basis or more frequently if required. A number of examples were seen of resident's intake being monitored, and action taken if it was seen to be low.

The care plan was reflective of the resident's nutritional assessment and included input

when required from the dietician, clinical team and the speech and language therapist. For example, supplements prescribed by a doctor were recorded in the care plan and administered appropriately. Where modified consistency diets or special diets such as diabetic were recommended this was adhered to by nurses, care staff and kitchen staff. Staff were familiar with the correct diets and inspectors observed staff checking each meal prior to serving to ensure it was correct.

Inspectors read the interdisciplinary notes and observed practices and saw that staff were using appropriate techniques as recommended in assisting residents and providing the support they needed to eat and drink safely.

Many residents were provided with assistive equipment to enable them to be independent with meals.

Inspectors observed the dining experience at breakfast and lunch time and residents reported that they enjoyed their meals and that the food was excellent. There was a choice of meals and drinks and residents were asked what they would like. They said their meals were hot and appetising and that the chef would provide an alternative if they did not want what was on the menu. One resident had a sandwich as she did not want dinner.

Judgment:

Non Compliant - Minor

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:

Inspectors found staff were knowledgeable about medication management and administered medications safely.

While there was a comprehensive medication management policy in place which gave guidance to nursing staff on areas such as ordering, prescribing, administration of medicines 'as required' (PRN) medication, refusal and withholding medications, not all of the medication policies had been updated to reflect the needs of the residents. For example, special medications to be administered only by a doctor did not have a policy to guide practice and this had resulted in a medication error.

There was no system of transcribing medications in the centre. Written evidence was available that medications were regularly reviewed by the doctor.

Inspectors read a small sample of completed prescription and administration records and found that while there was a good system in place, the policy and guidelines on prescribing practices were not consistently adhered to. Inspectors observed two prescriptions had not been re-written as outlined in the policy and this could increase the risk of a medication error.

Medications to be administered via a special feeding tube were prescribed as "crushed" were dispensed from pharmacy in a liquid or disolvable tablet format to make it easier and safer to administer.

A small number of residents were self medicating and inspectors found this process to be safe and in line with the self-medication policy. For example, there were risk assessments in place and residents had a lockable space in their room to store their medications safely.

A system was in place for reviewing and monitoring safe medication management practices.

Inspectors found nursing staff were knowledgeable about medications. Records reviewed indicated staff were trained in medication management; staff spoken with confirmed they had attended training and that they felt competent. For example, staff were trained to administer medications via percutaneous endoscopic gastrostomy (PEG) feeding tubes, and inspectors observed nurses adhering to the policy.

There was a specific protocol in place authorised by the consultant and nursing staff were trained and knowledgeable in the administration of the emergency medication.

While care staff had been trained in the administration of medication to manage seizures, it was not the protocol within the campus for care assistants to carry this medication when they brought residents to the community. This may have placed these residents at risk.

Inspectors did not have an opportunity to view documentation relating to the management of unused and out of date medicines as the pharmacy book had been sent to the main pharmacy on site. Nurses informed inspectors that unused and out of date medicines were returned to pharmacy twice weekly if required. Inspectors found that there were no out of date or unused medications in the clinical room on the day of inspection.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. inspectors viewed the stock balance and observed that it was checked and signed by two nurses at the change of each shift in line with the policy.

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:

Inspectors found that the Statement of Purpose did not fully meet the requirements of the regulations. It reflected the centre's aims ethos and facilities. However, it did not describe the care needs that the centre is designed to meet, or how those needs would be met. The admissions procedure was also not fully outlined, and therefore could not be demonstrated in practice.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

A number of audits and reviews of the safety and quality of the service had taken place, such as care record, hand hygiene, medication, privacy and dignity.

Residents were facilitated to communicate about the service through the quarterly residents forum, and suggestions made were taken on board. Inspectors noted that relatives attended the multidisciplinary team meetings on occasion and parties were held where staff used the opportunity to meet with families.

A review of the quality and safety of care was carried out by the person in charge, delegated by the provider. These could be improved by including measurable outcome goals, where the benefits of improvements could be identified, verified and monitored. The provider had not completed the six monthly report as required by the regulations.

The provider had established a management structure, and the roles of managers and staff were clearly set out and understood.

Inspectors noted that there was a person in charge of Peamount Healthcare, which comprises the campus, community, neurological services and the designated centre for older persons. She was appropriately qualified and had continued her professional development. She is supported by an assistant director of nursing and clinical nurse managers. However, due to the size and layout of Peamount Healthcare, the provider did not ensure that the management systems were in place to ensure the service provided is safe, appropriate to the residents needs, consistently and effectively monitored in line with the regulations. The provider was in the process of reviewing the role of the person in charge for the centre.

Inspectors found that residents referred to the clinical nurse manager as the person in charge of the service. Inspectors noted that she was not adequately supported in her role by management. While she was suitably qualified and aware of the regulations, she could not carry out the role of the person in charge, as she had a case load four days per week.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

Inspectors was satisfied that the person in charge had not been absent from the designated centre for more than 28 days. There were satisfactory arrangements were in place through the availability of another experienced staff member to cover any absences of the person in charge.

The provider was aware of the requirements to notify the Authority in the event of the person in charge being absent.

<p>Judgment: Compliant</p>

<p>Outcome 16: Use of Resources <i>The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.</i></p>
<p>Theme: Use of Resources</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre’s first inspection by the Authority.</p> <p>Findings: Inspectors found that while there was sufficient transparency in the planning and deployment of resources in the centre. However, the centre required additional resources to meet the needs of residents. For example, the premises did not meet the requirements of the Regulations.</p> <p>Inspectors found that at times the centres routines and activities were resource led and not person centred. Staff told inspectors that due to the numbers of staff on duty, they cannot bring residents on trips. This was confirmed with residents.</p>
<p>Judgment: Non Compliant - Moderate</p>

<p>Outcome 17: Workforce <i>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.</i></p>
<p>Theme: Responsive Workforce</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre’s first inspection by the Authority.</p> <p>Findings: While the staff observed to be very caring and passionate about the care they provided,</p>

inspectors noted that there appeared to be sufficient staff on duty to meet the needs of residents on the day of the inspection. Inspectors found that there was an extra nurse and the nurse manager was in a supernumerary capacity on the second day of the inspection. This facilitated staff to spend time with residents. Inspectors noted that this was not the number on duty at all times.

From a review of rosters, inspectors were not satisfied that the staff number and skill mix was sufficient to meet the needs of residents at all times.

Inspectors found that there were 2 residents with low dependency needs, one resident with medium dependency, 2 high and 14 maximum dependency needs. There was one resident who was independent.

One resident required additional staffing support and this was delivered from the existing staff complement, therefore there was an insufficient number of staff on duty at times to consistently meet the needs of the other residents. The nurse manager was not available to supervise the care delivered when she was part of the staff team.

Residents told inspectors that there was not enough staff to assist them with personal hygiene at a time suitable to them. Care staff stated that they did not have time to provide activity programmes for residents. Inspectors found that the use of agency staff and the rotation of staff within the organisation was having a negative effect on residents wellbeing. Due to the medical condition of residents, they required consistent staff who were aware of their non verbal needs and routines and this was not provided. Relatives stated that residents demeanour changed when they engaged with new staff and residents often waited for care to be provided by familiar staff.

Staff files were reviewed and they contained all of the documents as required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Training records which had been held centrally outlined the training for all staff up until 2015. Many of the staff had received training in the Regulations and National Standards in 2014. All mandatory training was provided. However, as identified in the report, staff were not knowledgeable on areas such as risk management, behaviours that are challenging and restrictive practices.

Staff meetings took place regularly however, there was no formalised supervision of staff in place.

Inspectors found that volunteers were vetted as per the requirements of the Regulations and the roles and responsibilities were set out in writing. There were no volunteers working in the centre.

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:

Inspectors found that records were accurate and up to date and maintained securely but easily retrievable.

Inspectors were satisfied that the records listed in schedules 2, 3 and 4 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations however, they were in draft format and had not been rolled out to staff. As referenced in the report, Inspectors read the restraint policy and the behaviours that challenge policy and noted that they had not been implemented. The restraint policy and bed rail policy did not include all restrictive practices.

An up to date insurance policy was in place for the centre which included cover for resident's personal property and accident and injury to residents in compliance with all the requirements of the Regulations.

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:

Linda Moore
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Peamount Healthcare
Centre ID:	OSV-0003505
Date of Inspection:	26 January 2015
Date of response:	02 March 2015

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:

The location of the beds in the bays and the sinks on the corridor did not ensure adequate privacy and dignity.

Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

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

dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

The environment will be reviewed with a view to installing sinks in each single room and to examine the feasibility of eliminating the bay areas. This will involve determining the optimal number of beds in the unit.

Proposed Timescale: 31/12/2015

Theme: Individualised Supports and Care

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

The records of resident's money used for holidays were not sufficiently maintained.

Action Required:

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

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

The Policy guiding service users' monies is currently being finalised and will clearly set out the process for recording residents' expenditure on holidays. Staff will receive training in this.

Proposed Timescale: 30/04/2015

Theme: Individualised Supports and Care

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

There was insufficient storage space for all residents personal clothing.

Action Required:

Under Regulation 12 (3) (d) you are required to: Ensure that each resident has adequate space to store and maintain his or her clothes and personal property and possessions.

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

The premises will be reviewed to ensure that all residents have adequate storage.

Proposed Timescale: 31/12/2015

Theme: Individualised Supports and Care

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

At times the activities are dictated by the routine and resources of the centre, not by the wishes of the residents and their suitability.

Action Required:

Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

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

The unit's routine as well as the resources available for activities will be reviewed. Care plans will be reviewed to ensure service users' preferences for activities are prioritised, within the resources available. The activities available for less mobile residents will be enhanced.

Proposed Timescale: 31/05/2015

Theme: Individualised Supports and Care

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

The complaints records did not include a space for the satisfaction of the complainant to be recorded.

Action Required:

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

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

The complaints officer has reviewed the complaints log in place used to record incoming complaints. A column has been added to the complaints log to record the complainant's satisfaction. In addition, the complaint's officer has reviewed the Individual complaint summary sheet. In the past, complainant satisfaction has been recorded on the form by free text. On review, a dedicated space has been inserted into the form to record complainant satisfaction.

The up to date accessible complaints policy with the Complaint's Officer's picture and details has been inserted into the policy folder on the Unit.
Complete

Proposed Timescale: 06/03/2015

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The contract of care had not been signed by the resident or representative.

Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

All contracts will be re-issued and residents/or their families will be requested to sign and return a copy.

Proposed Timescale: 30/06/2015

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:

A comprehensive assessment was not completed.

Action Required:

Under Regulation 05 (1) (b) 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 as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

Each service user's care plan will be reviewed by their key worker and a comprehensive assessment will be completed.

Proposed Timescale: 30/04/2015

Theme: Effective Services

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

Personal plans was not consistently in place for all residents

Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

Each service user's care plan will be reviewed and updated by their key worker and a comprehensive assessment will be completed with clear goals identified.

Proposed Timescale: 30/04/2015

Theme: Effective Services

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

There was a lack of evidence to show if the goals set in 2014 had been realised and if they improved the lives of residents.

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:

The documentation currently in use will be reviewed and alternatives which may be more appropriate to service user's needs will be considered and implemented.

Proposed Timescale: 30/04/2015

Theme: Effective Services

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

There was no transition plans in place for residents who were identified by staff as not being suitable for the service.

Action Required:

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

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

The residents in question will have transition plans agreed and documented by their key worker.

Proposed Timescale: 30/04/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The physical environment in the centre does not meet the requirements of the Regulations.

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 environment will be reviewed with a view to installing sinks in each single room and to examine the feasibility of eliminating the bay areas. This will involve determining the optimal number of beds in the unit.

Proposed Timescale: 31/12/2015

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:

The risk management policy did not comprehensively include the practice in place for identification, recording, investigation and learning from serious incidents.

Action Required:

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

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

The risk management policy will be reviewed and amended to address the requirement to have arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

Proposed Timescale: 31/05/2015

Theme: Effective Services

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

The emergency plan did not include all emergencies as required by the Regulations

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:

The Internal Response Plan is currently being reviewed and updated and will reflect the requirements outlined.

Proposed Timescale: 31/12/2015

Theme: Effective Services

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

The fire doors been held open with furniture. There was a gap under one of the doors and an intremescent strip was missing from the kitchen door.

Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

This issue has been addressed. Complete

Proposed Timescale: 06/03/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Staff did not receive appropriate training in managing behaviours that were challenging.

Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

All staff received training in the Professional Management of Violence and Aggression in 2014.

A further training needs analysis will be conducted to identify the specific training needs that staff have and training will be provided accordingly.

Proposed Timescale: 31/05/2015

Theme: Safe Services

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

Restrictive practices were not implemented in line with national policy.

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:

The policy will be reviewed to ensure all restrictive practices are outlined. Staff training will emphasise all forms of restraint.

Proposed Timescale: 30/06/2015

Theme: Safe Services

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

All residents were not protected from all forms of abuse.

Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

The assistance of the HSE has been sought to assist in sourcing suitable accommodation for residents whose needs cannot be met in the current environment. The details regarding the current risk have been escalated to the HSE Corporate Risk Register.

Staff will be trained in the importance of referring all concerns regarding the safety of vulnerable adults to the Safety Committee, in accordance with the agreed policy.

Proposed Timescale: 06/03/2015

Theme: Safe Services

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

The safeguarding policy had not been implemented.

Action Required:

Under Regulation 08 (4) you are required to: Where the person in charge is the subject of an incident, allegation or suspicion of abuse, investigate the matter or nominate a third party who is suitable to investigate the matter.

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

Staff will be trained in the importance of referring all concerns regarding the safety of vulnerable adults to the Safety Committee, in accordance with the agreed policy.

Proposed Timescale: 30/04/2015

Outcome 09: Notification of Incidents

Theme: Safe Services

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

All allegations, suspected or confirmed, of abuse of any resident had not been notified.

Action Required:

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

within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

The notification required was submitted to HIQA on January 29th 2015
Complete

Proposed Timescale: 06/03/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

There was no care plan to guide "do not resuscitate orders" as prescribed. These orders had not been reviewed.

Action Required:

Under Regulation 06 (3) you are required to: Support residents at times of illness and at the end of their lives in a manner which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

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

Each resident's care plan will be reviewed specifically in respect of their end of life care, in line with agreed policy.

Proposed Timescale: 30/04/2015

Theme: Health and Development

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

Evidenced based care was not delivered in falls management and behaviours that are challenging.

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:

Each resident's care plan will be reviewed specifically in respect of falls and behaviour that challenges. Training will be provided for staff in these areas.

Proposed Timescale: 30/04/2015

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:

The medication policy did not guide practice.

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:

Medication policies are currently being reviewed. Training for staff on these policies will be delivered once the review is complete. Clinical pharmacy services will address prescribing issues with doctors and provide education to reduce risk of re-occurrence.

Proposed Timescale: 31/07/2015

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 did not meet the requirements of the Regulations.

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 current Statement of Purpose will be reviewed

Proposed Timescale: 31/05/2015

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:

An unannounced visit was not carried out as required by the Regulations.

Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

An unannounced visit will be carried out every 6 months and the requisite report will be developed.

Proposed Timescale: Ongoing

Theme: Leadership, Governance and Management

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

The management structure did not ensure that the service provided was safe, appropriate to the residents needs, consistent and effectively managed.

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:

The current structure will be reviewed to consider what actions are required to enhance current arrangements.

Proposed Timescale: 31/05/2015

Outcome 16: Use of Resources

Theme: Use of Resources

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

The centre is not resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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:

Staffing, skill mix and daily routines of the unit will be reviewed to take account of residents' assessed needs and preferences.

Proposed Timescale: 31/05/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

The staff number and skill mix was sufficient to meet the needs of residents.

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:

Agency/ relief staff currently account for 12% of staff hours. We will seek to reduce this through recruitment of permanent staff.

Proposed Timescale: 30/06/2015

Theme: Responsive Workforce

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

Staff did not have access to training in the area of restrictive practices, risk management and behaviours that are challenging.

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:

A further training needs analysis will be conducted with staff to establish what additional supports they require.

Proposed Timescale: 31/05/2015

Theme: Responsive Workforce

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

There was no formalised supervision of staff in place.

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:

Performance management system will be implemented for all staff.

Proposed Timescale: 31/12/2015

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 policies were in draft format or were being developed and were not being implemented by staff.

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 policies currently in draft will be approved and implemented with training as required for staff.

Proposed Timescale: 30/06/2015