

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0004633
Centre county:	Westmeath
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Maura Morgan
Lead inspector:	Jillian Connolly
Support inspector(s):	Brid McGoldrick; Catherine Rose Connolly Gargan;
Type of inspection	Unannounced
Number of residents on the date of inspection:	10
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 2 day(s).

The inspection took place over the following dates and times

From:	To:
13 November 2014 10:30	13 November 2014 17:00
14 November 2014 09:30	14 November 2014 11:30

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

Outcome 01: Residents Rights, Dignity and Consultation
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 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This inspection took place in two community houses which are part of a designated centre that is operated by the Health Service Executive in Westmeath. The designated centre consisted of nine community houses. There were ten residents residing in the two houses involved in this inspection. The designated service provides services for both male and female residents who have a diagnosis of an intellectual disability. The residents also had additional needs such as mobility needs and behaviours that challenge.

The inspection took place over two days. Inspectors met with residents and staff, reviewed documentation and observed practice. Inspectors also met with the person in charge and members of the management team on the commencement of inspection. The feedback meeting involved the person in charge and four members of the management team.

Staff spoken to facilitated the inspection well. However inspectors found during the course of the inspection significant deficits in the safety and quality of the service provided. Fourteen outcomes were inspected, with eleven of the outcomes resulting in major non – compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. A list of all outcomes and compliance are listed below:

Outcome 01: Residents Rights, Dignity and Consultation - Major non - compliance

Outcome 04: Admissions and Contract for the Provision of Services - Major non - compliance

Outcome 05: Social Care Needs - Major non - compliance

Outcome 06: Safe and suitable premises - Major non - compliance

Outcome 07: Health and Safety and Risk Management - Major non - compliance

Outcome 08: Safeguarding and Safety - Major non - compliance

Outcome 09: Notification of Incidents - Major non - compliance

Outcome 10. General Welfare and Development - Major non - compliance

Outcome 11. Healthcare Needs - Major non - compliance

Outcome 12. Medication Management - Moderate non -compliance

Outcome 13: Statement of Purpose - Moderate non -compliance

Outcome 14: Governance and Management - Major non - compliance

Outcome 17: Workforce - Major non - compliance

Outcome 18: Records and documentation - Moderate non -compliance

The governance and management systems were weak. While some audits were conducted, they failed to identify the failings described throughout this report . An immediate action was issued to the provider on the first day of inspection as inspectors identified a risk in the ability of staff to safely evacuate residents in the event of an emergency.

A meeting was held with the local health office manager in the Authority's office on 18 November 2014 as inspector determined that immediate and sustained action was required by the provider to ensure safe and effective care for residents.

The action plan at the end of this report identifies the failings and the actions the provider/person in charge is required to take 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.

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:

The designated centre had a policy in place regarding the management of complaints and the details of how to make a complaint were available in the designated centre. There was a complaints log available in one of the community houses. There were no complaints recorded as of the day of inspection. The other community house did not have a record of complaints maintained. However inspectors found evidence of instances where a complaint should have been logged on behalf of a resident when the service provided did not meet their need. For example on the day of inspection , in one of the designated centres the transport was unavailable for a resident to attend their day service therefore they had to remain at home for the day.

In each of the community houses there was one twin room that two residents shared. Whilst the rooms were tastefully decorated and personalised, the inspectors determined that due to the size and layout of the rooms they were not fit for purpose. This is discussed further in Outcome 6. However there were also practices identified by the inspectors that significantly compromised the privacy and dignity of the four residents residing in the rooms. In one room there was no personal lighting for each resident. Inspectors were informed that one resident chooses to go to bed earlier than another resident resulting in the over head light needing to be utilised later at night, whilst a resident is trying to sleep. The residents in the twin room in the other house inspected had high dependency needs. Inspectors were informed that their personal care was completed on their beds and documentation supported this. There was screening available however it was insufficient and not utilised on every occasion. There was appropriate assistive equipment available for residents to be supported with their care needs in the bathroom; therefore the rationale for activities being undertaken in the bedrooms was not clear. Inspectors identified one resident who utilised a commode in

their bedroom as opposed to the communal toilet. This was as a result of the behaviours that challenge of another resident as opposed to this resident. There was no privacy locks on bedroom doors or bathrooms doors or a rationale available for the absence of same. There was also no signage available indicating if a resident were utilising the facilities.

The assessment of need tool utilised within the designated centre, facilitated the assessment of individuals' needs regarding safeguarding residents' privacy and dignity. Residents were assessed as requiring support with maintaining their dignity and privacy however the documented interventions were not conducted in practice. For example, residents were documented as requiring full supervision whilst accessing the bathroom, however the staffing levels and collective assessed needs of residents did not support that this could occur in practice and inspectors confirmed this through observation and review of documentation.

Improvements were also required in the language utilised in the documentation of residents' needs and life stories, Inspectors observed language describing residents to include words such as 'disturbed' and 'destructive'.

There was an absence of positive behaviour support in place for numerous residents which impacted on their ability to engage in meaningful activities in the wider community, therefore impinging on their individual rights. This is discussed further in Outcome 5 and Outcome 8.

Judgment:

Non Compliant - Major

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:

There were no written agreements in place between residents and/or their representatives stating the terms on which a resident will reside in the designated centre and the support the resident will receive, details of the services provided and the fees to be charged. This is required as stipulated in Regulation 24 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Judgment:

Non Compliant - Major

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

The organisation had a system in place regarding the development of individual personal plans and development of plans of care and short and long term goals as a result of the assessed needs of residents. There were also daily progress notes maintained for each of the residents. As stated in Outcome 1, the assessment tool utilised identified pre-determined areas for the assessment of the social and health care needs of residents such as safeguarding the privacy and dignity of residents. Other examples of potential needs assessed included mobility, communication, nutrition, behaviours that challenge and breathing. However there was a deficit identified in the information documented both in the assessment stage and subsequent plans of care and long and short term goals. For example residents were assessed as requiring support to engage in meaningful activities. There was no evidence of the actions that were being taken and the person accountable to facilitate the individual to meet that need.

Inspectors reviewed a sample of activity records, which indicated that residents in a two week period engaged in activities such as watching the television or listening to the radio on a regular basis. They also were supported to engage in holistic therapy once, attend the hairdresser once, go for a drive twice and attend a party once. This evidence suggested that residents had left their home four days in a fourteen day period. There was no reference to supporting the residents to engage in meaningful occupation or recreation or to actively engage in the wider community.

The assessments further identified that numerous residents engaged in anti – social behaviours which would significantly impinge on their ability to engage with the wider community, however there was an absence of appropriate interventions identified by the appropriate Allied Health Professional and supports in place to address these behaviours. Inspectors judged that the absence of same was a significant factor contributing to residents not having the opportunities to achieve their goals. In some instances the anti-social behaviours were not recognised as behaviours that challenge in the initial assessment stage, evidencing that assessments were not being completed by the appropriate health care professional as required in Regulation 5 (1). The impact of this on the quality of life of residents is further discussed in Outcome 8 and Outcome 11.

Each resident had a person centred plan which aimed to identify the residents' wishes and aspirations for their life. The plans utilised pictures for accessibility to the residents. However inspectors determined that the information maintained in the person centred plans was inaccurate and not reflective of the current needs of residents as they had been created in 2012 and had not been reviewed annually as required by the regulations. For example, one resident was documented as attending a day service, however this was no longer occurring and the resident was supported to engage in activities, such as those already mentioned, from their home.

Judgment:

Non Compliant - Major

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 inspection took place in two community houses located in the outskirts of a town in Westmeath. Each house was a four bedded bungalow consisting of three single rooms and one twin room. There was also a kitchen/dining area in each house, utility room and separate sitting area. Each house also had two bathroom/shower rooms. In one of the community houses the second bathroom was an en suite for one of the twin rooms. Inspectors observed the houses to be suitably decorated and homely. Each house was also of sound construction and kept in a good stated of repair externally and internally. The inspectors observed that there was appropriate mobility aids and equipment available to meet the needs of residents. Inspectors also observed that the houses had appropriate ventilation and heating.

From a review of the personal plans of residents and through observation, inspectors were not assured that the houses were designed and laid out to meet the aims and objectives for the number and needs of residents and that the registered provider had made provisions of the matters set out in Schedule 6 as required by Regulation 17 (7). As previously stated the twin rooms were not of a suitable size and layout to meet the needs of the residents. In one house there was insufficient room for the wheelchair of one resident in their bedroom and therefore it was stored in the bathroom, which is not appropriate for the management of infection which is further discussed in Outcome 7. There was also insufficient screening as stated in Outcome 1. In the second house, there was insufficient space for residents to have a bedside locker or personalised lighting. Whilst there were two bathrooms/shower rooms in each house, this was insufficient to the residents residing in the house as one resident was required to utilise a commode based on the needs of another resident.

As stated in Outcome 5 and 8, residents were observed engaging in behaviours that challenge. Inspectors determined that due to size of the houses and the collective needs of residents, the needs of some residents were negatively impacting on the quality of life of other residents. One of the single rooms was observed as being impersonal. Inspectors were informed that the absence of curtains and pictures were as a result of the needs of the resident. Efforts had been made to ensure that the resident's dignity was made through screening being placed on the window. However improvements were required as the inspector found that the screening did not adequately safeguard the resident it was still possible to observe individuals in the room when the light was on.

Judgment:

Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The organisation has a safety statement and risk management policy in place. There was also a risk register maintained which aimed at addressing the communal risks of the designated centre. Individuals also had risk assessments in place specific to their needs. However improvements were required to the assessment of risk as the communal risk register was generic and did not inform of the actual hazards within the designated centre and in some instances the identified control measures were not implemented in practice. For example, inspectors identified lone working as a hazard in the designated centre which was not identified in the communal risk register. Another deficit identified was that the control measure for the hazards associated with residents displaying behaviours that challenge was that staff had received the appropriate training. Not all staff supporting residents with behaviours that challenge had received the appropriate training. There was also an absence of evidence of learning from serious incidents and adverse events as required in Regulation 26 (1) (d). For example, there was a record maintained of incidents which had occurred from residents displaying behaviours that challenge, however there was no evidence that actions had been taken as a result.

The organisation had a policy in place regarding the management and prevention of infection. There was hand sanitising gel readily available in the designated centre. However, inspectors found evidence that in one house there was considerable risk of cross contamination and infection. As stated in Outcome 6, a wheelchair was stored in a bathroom. There was also evidence that one bathroom required infection control precautions and cleaning on a daily basis, however based on the number of staff and the collective needs of residents, it was not always possible for this to occur before residents accessed the bathroom, which exposed residents unnecessarily to unhygienic conditions. One control measure which had been implemented was that one resident

was provided with a commode in their bedroom, however as stated in Outcome 1 this compromised the dignity of the resident.

On the day of inspection, inspectors issued an immediate action to the registered provider in relation to fire precautions. This is included in the action plan at the end of the report. Inspectors reviewed records of the maintenance and servicing of fire equipment and determined that they were serviced at the appropriate intervals. There was emergency lighting in place in the designated centre. However inspectors were not assured that the daily practices such as checking the routes of escape were reflective of the actual practices, as despite documentation stating that fire exits were clear from obstruction, inspectors observed a fire exit being obstructed on the day of inspection. In one community house all fire exits were locked due to the risk of residents being absent without leave. Staff carried the key on their person. There was no additional key available beside the exit in a secure location therefore placing individuals at risk in the event of a fire.

Residents had personal evacuation plans in place, however the information demonstrated that the staffing levels and staff training were inadequate in the event of an emergency. For example three residents in one community house were identified as requiring the assistance of two staff, however at times there was only one member of staff on duty. Residents were also documented as requiring assistive equipment to be evacuated safely however this equipment was not available on the day of inspection. Staff informed inspectors that they would utilise the bed linen of residents. However there was no record of fire drills being conducted at suitable intervals as required by Regulation 28 (4) (b), to evidence that these alternative practices were feasible. Staff had received training in the prevention and management of fire however this had occurred away from the designated centre therefore due to the absence of fire drills, staff and residents had not had the opportunity to practice the procedure to be followed in the event of a fire. The designated centre had a fire system which was connected to an external company whose role was to contact emergency services in the event of the fire system being activated. However not all staff were aware of this system which reduced the effectiveness of same.

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 organisation had a policy and procedure in place regarding the prevention, detection and response to abuse. Of the sample of staff reviewed, training had been completed in the protection of vulnerable adults. Staff spoken to were able to clearly inform inspectors of the actions to be taken in the event of an allegation or suspicion of abuse and the person within the organisation who was designated to respond to all allegations or suspicions of abuse. However there was evidence that the practice of staff was not in line with the policy in place. For example, inspectors identified instances in residents' daily progress notes where residents had unexplained bruising. The residents were referred to the appropriate healthcare professional to address the bruising however the organisation's policy and procedures were not initiated to eliminate the possibility of abuse. Inspectors were informed by staff that this was as the history of the resident would suggest that the bruising was as a result of behaviours that challenge, however this was not in line with the policy on protecting vulnerable adults therefore a risk was present.

As stated previously, numerous residents were identified as exhibiting behaviours that challenge and anti-social behaviours both through documentation and inspectors own observations. However the systems in place to support these residents were inadequate and every effort had not been made to identify and alleviate the cause of the residents' challenging behaviour as stipulated in Regulation 7 (5) (a). The absence of such effort resulted in a poor outcome for not only the resident but also for the other residents residing in the designated centre.

Of the residents who were identified by staff as requiring support, the interventions in place were inadequate and did not promote the dignity of the resident. For example, there was no formal positive behaviour support plan in place which was completed by the appropriate Allied Health Professionals. Staff had also not received the appropriate training to support residents. In one instance there were proactive and reactive strategies identified to alleviate the behaviours of a resident however both strategies referred to specific techniques that staff would require training in order to implement effectively. The negative outcome for residents included residents not leaving their home or engaging in meaningful activities on a regular basis.

Inspectors also determined that there were residents who regularly engaged in behaviours that challenge and anti-social behaviour which were not identified by staff. Inspectors observed one resident exhibit challenging behaviour during the inspection. There was also documentation evidencing that incidences such as those observed by inspectors had occurred previously however there was no reference to this in their personal plan or appropriate strategies to support the resident. Another resident was assessed as not having behaviours that challenge however on review of their medication administration record, it was evident that the resident had been prescribed and administered medication as required as a reactive strategy for behaviours sixteen times in a thirteen day period.

Following on from the inspection the provider was required to conduct a review of all residents residing in the designated centre to identify residents who required a review of the current strategies in place and the effectiveness of such strategies or who required a

referral to the appropriate Allied Health Professional for assessment and subsequent development of a positive behaviour support plan.

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:

Inspectors identified inconsistencies in the notifications submitted by the person in charge to the Chief Inspector as required by Regulation 31 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. For example, residents experiencing pressure sores which required immediate medical treatment were not notified, within three working days. Also as stated in Outcome 8, there were instances where residents had unexplained bruising which required medical reviews. As the organisation's policy on the protection of vulnerable adults was not instigated, the Chief Inspector was not notified within 3 working days. In addition the incidents were also not notified to the Chief Inspector in the quarterly written report as required under Regulation 31 (3) (d).

Judgment:

Non Compliant - Major

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:

Of the ten residents residing in the two community houses, one resident had access to a formal day service. Inspectors were informed by staff that the remaining nine residents were supported by residential staff. However inspectors determined that residents were not supported to engage in opportunities for new experiences, education, training and employment.

The activities residents engaged in were minimal and did not promote skill development and/or learning. Inspectors determined that the rationale for this was that staff did not have the knowledge and training to support residents, particularly those who exhibit behaviours that challenge. Therefore this significant deficit limited the opportunities and expectations of residents.

Judgment:

Non Compliant - Major

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

As stated in Outcome 5, inspectors identified that improvements were required in the assessment of needs of residents and the subsequent plans of care developed. The deficits identified related both to the social care needs of residents and the health care needs of residents. Residents had access to Allied Health Professionals such as General Practitioners, Physiotherapy, Occupational Therapy, Speech and Language Therapy, Psychology and Psychiatry. However the assessments and recommendations from Allied Health Professionals were not always translated into practice. For example, residents who were identified as requiring a referral to sight and hearing had not been referred. Evidence indicated that this was as a result of the resident exhibiting challenging behaviour. There was also evidence of residents being prescribed and administered medications required for a query of pain, however there was no evidence based tool utilised for the assessment of pain and the relevant investigations had not been completed as a result of the resident exhibiting behaviour that challenge. In one instance the resident had been administered medication as required for a query of pain eighteen times in a twenty eight day period.

Residents were also identified as experiencing pressure sores. The appropriate referrals had been made to a professional in tissue viability. The plans of care were inadequate and did not inform of the proactive day to day interventions required to prevent or alleviate the discomfort of the resident such as how often the resident should be re-positioned. The documentation regarding the management of these wounds was also inadequate as it did not inform of the progress the resident was making. There was no link with the management and monitoring of nutrition in reducing the risk of further sores. Inspectors identified a significant risk in the continuity of care that residents received based on the inadequacies in the documentation. Agency staff were regularly utilised and the documentation was not informative of the care the residents should receive.

Judgment:

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 were informed that the organisation had a policy in place regarding the management of medication however staff were unable to provide inspectors with the policy on the day of inspection. Residents' prescription and administration sheets were combined in booklet format in the designated centre. Inspectors determined that it contained all of the information necessary such as the name, date of birth, address of the resident and of the sample reviewed there was a picture of the resident. There was also a signature of the prescriber present for all medication including medication which had been discontinued and the route of administration. The prescription times also corresponded with the administration times. However improvements were required in the recording of administration as in some instances the template did not facilitate the numerous times the medication was administered therefore staff recorded the administration in the borders which is not in line with best practice.

The designated centre has a policy in place that only nursing staff administer medication.

Medication was stored securely in the designated centre, however there was evidence that medications had been repackaged therefore the expiry date was absent. This does not allow the administering nurse to comply with the relevant checking procedures as required. As stated in the Outcome 11, there was evidence that medication was administered as required for query of pain. There was also medication prescribed for as required for residents with a diagnosis of epilepsy in the event of a seizure. However the guidelines in place instructing staff on when to administer were not informative. For example, it did not instruct on at what point during seizure activity the medication should be administered or at what point should emergency services be contacted. Inspectors determined that a risk was present as there was not always a nurse present in the community houses. There was also evidence where medication had been prescribed it had not been administered.

There was no evidence available in the houses of medication audits however inspectors were informed by management that they occurred regularly. Inspectors were not assured of the effectiveness of these audits as they had not identified the failings identified by the inspectors during the course of inspection.

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 were provided with a copy of the Statement and Purpose of Function for the designated centre on the day of inspection. Inspectors determined that whilst the layout of Statement and Purpose of Function for the designated centre supported the information as stipulated in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, the information was not accurate. For example, the Statement of Purpose and Function contained the information for all of the community houses within the region as opposed to being specific for the designated centre. As of the day of inspection there were two designated centres in the region. There was also inaccurate information maintained in the Statement of Purpose and Function as it states one of the community houses provides 24 hour nursing care. However as stated in Outcome 17, nursing care is provided at night by care support staff with a Nurse on Duty between two houses. The Statement of Purpose and Function only acknowledges this arrangement for one of the houses inspected. The document also states that residents have access to outreach day services, however as stated in Outcome 5 inspectors determined that this does not occur 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:

The person in charge of the designated centre was the person in charge for two designated centres. One designated centre consists of two community houses and the second, which was involved in this inspection contained nine community houses. Inspectors determined that the person in charge held a full time post and had the qualifications and experience necessary to manage the designated centre as required by Regulation 14, however due to the failings identified on this inspection the inspector determined that person in charge could not fulfil their statutory duties . Therefore as stipulated in Regulation 14(4) inspectors determined that the person in charge could not be appointed as person in charge of more than one designated centre unless there was a re-configuration of the current number of houses in each designated centre and the management systems in place were strengthened to ensure the effective governance, operational management and administration of the two community houses inspected on this inspection.

Furthermore, inspectors determined that the governance and management systems in the designated centre were weak and ineffective. There was a clearly defined management system in place with the person in charge being supported by a deputy person in charge. Each house also had a manager. The person in charge reports to a regional manager. The regional manager reports to a general manager who is the person identified as the provider nominee. The provider nominee reports to the area manager. Inspectors were informed that front line managers are responsible for completing numerous audits which are aimed at identifying that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. However due to the major non-compliance and breach of regulations identified in this report inspectors determined that there were deficits in this system as areas of risk identified by inspectors had not been previously identified by management. For example, the deficits identified regarding the absence of positive behaviour support and the resulting impact on residents had not been identified prior to this inspection. A review to ensure that the staffing levels, skill mix and knowledge of staff were appropriate to assessed needs of residents had not occurred. Deficits in the assessment of need and subsequent care planning had also not been identified. The number of non compliance and the cumulative actions arising from the deficits resulted in a regulatory meeting with the area manager on 18th November 2014 in the Authority's office.

Judgment:

Non Compliant - Major

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

Inspectors were not assured that the number, competencies, qualifications and skill mix of staff were appropriate to meet the needs of the residents. The standard staffing level in one house was a care staff and staff nurse on 'day duty' and one care staff on 'night duty'. In the second house, the staffing level was the same with the addition of one care staff from 9am to 5pm Monday to Friday. Inspectors were informed that each house was twinned with one other community house at night, therefore nursing care was provided at night by care support staff with a Nurse on Duty between two houses. This practice was not in line with the Statement of Purpose and Function of the designated centre which stated that one of the community houses had full time nursing support 24 hours a day. The role of the staff nurse was to administer the medication in each house and then to be based in the house where the need was identified as being greater each night. There were no clear criteria for that determination available on the day of inspection. As stated in Outcome 12, inspectors were not satisfied with this arrangement in the event of a resident who was prescribed medication for a seizure as required. As stated previously an immediate action was issued on the first day of inspection in respect of fire management as the staffing levels were not reflective of the documented needs of the residents and did not demonstrate that in the event of an emergency residents could be safely evacuated from the designated centre. The provider responded by placing an additional staff member on duty prior to inspectors concluding the inspection.

Regulation 15 (2) requires that where nursing care is required it is provided, however as stated in Outcome 11, there were deficits in the interventions provided for residents who experience pressure sores. Inspectors found that evidenced based practice was not provided for residents due to deficits identified in the absence of comprehensive assessments, absence of individual plans of care and positive behaviour support plans. There was also failure to appropriately investigate the causes of unexplained bruising. These deficits significantly impacted on the quality of life of residents and continuity of care provided which inspectors determined required an immediate response from the provider to ensure the provision of safe care. For this reason, a meeting was held on the 18 November 2014 in the offices of the Authority with the provider.

Inspectors found that there were inadequate systems in place in relation to staff supervision and assessment of training needs. Whilst there was evidence that additional training had been undertaken such as wound management care, the findings of this inspection evidenced that the learning was not being translated into practice and that staff supervision practices required improvements.

Inspectors reviewed a sample of rosters and confirmed that the staffing levels mentioned above were standard staffing levels. However of the rosters reviewed there was no specific times identified as staff were rostered for 'day duty' and 'night duty'. Staff informed inspectors that 'day duty' was from 8.00 hours to 20.00 hours and 'night duty' was 20.00 hours to 8.00 hours.

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):

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

Findings:

As stated in Outcome 11, the records maintained in respect of nursing and medical care to residents were inadequate and did not inform of evidence based practice.

There was also no record maintained of medication errors. For example as stated in Outcome 12, there was an instance where medication prescribed to a resident had not been administered, however the rationale for same was not recorded.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0004633
Date of Inspection:	13 November 2014
Date of response:	21 January 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 privacy and dignity of residents was not respected as;

- The twin rooms did not meet the needs of residents
- Screening was not utilised during personal care
- Personal care was conducted in a manner which did not promote the dignity of residents

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

- A commode was utilised for one resident
- There were no privacy locks or signage in place
- Language utilised in documentation was inappropriate

Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

1. There is a plan in place to reduce the number of Individuals sharing Bedrooms within the Designated Centre. Planning permission has been sought from Westmeath County Council to extend one of the areas Identified. Planning Permission has been sought to extend the rear of the Dwelling by 34.7 square meters and to convert the Garage into an Activity Room. A Decision was made on 07/03/2014. File Reference Number 14062003. Funding has been allocated for this project.

2. The Practice Issues relating to Privacy and Dignity including personal care will be addressed with the staff through Staff Meetings within the Designated Centre on 11/12/2014.

3. An Audit of Privacy within the Designated centre will be conducted.

4. Measures will be taken to ensure appropriate signage is used for Bathrooms. The Speech and Language Therapist visited the Houses on 27/11/2014 and 28/11/2014 and provided Signs for the Bathroom Doors on 11/12/2014. Thumb Turn Privacy Locks will be placed on all Bathrooms and Bedrooms in each House. Privacy Locks will be placed on The Bathrooms in each house by 19/12/2014.

5. All Staff have been Informed by the Regional Director of Nursing on 11/12/2014 in each of the houses that the practice of using commodes in houses should discontinue with immediate effect in the absence of an Assessment and recommendation by an Occupational Therapist.

6. Training on Documentation and Record Keeping will be rolled out for all staff commencing in January 2015. The aim of the Training is to ensure that all Staff are aware of how to write reports and records in a Professional manner.

7. There is a plan in place to provide for new Purpose built Accommodation For the Individuals living in one area of the Designated Centre. Planning Permission has been sought to construct a single story Purpose built 6 Bedroom Bungalow. Permission was granted on 10/06/2014 and the Preparation of Tender documents is in progress.

8. Personal lighting has been obtained to eliminate the requirement for the

Use of the overhead light in one of the houses.

9. All Staff in the houses were Instructed on 03/12/2014 by the Regional Director of Nursing to refrain from completing personal care of residents in their beds in the absence of an Assessment and Recommendation from An Occupational Therapist.

10. Alternative Screening for Twin Rooms in both houses was put in Place on 25/11/2014.

11. One of the residents who has Individualised support needs has been allocated a staff from 9.00-6.00 to support them with Behaviours that are affecting them and other residents in the house. This support is in effect from 14/11/2014.

Proposed Timescale:

1. 31/10/2015
2. 11/12/2014
3. 11/12/2014
4. 19/12/2014
5. 11/12/2014
6. 28/02/2015
7. 31/10/2015
8. 11/12/2014
9. 03/12/2014
10. 25/11/2014
11. 14/11/2014

Theme: Individualised Supports and Care

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

Residents were not provided with the appropriate care and support in accordance with evidence based practice to meet their assessed needs therefore limiting their opportunities to engage in meaningful activities.

Action Required:

Under Regulation 13 (1) you are required to: Provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.

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

1. All staff will receive Training on Assessment, Care Planning, Implementation and Evaluation. The purpose of this Training is to ensure that all staff are competent in Assessing, Planning ,Implementing and Evaluating the needs of the residents.

2. Each Service Users Person Centred Plan will be Reviewed with a Particular focus on Meaningful Activities. Each Designated Centre will

have a Schedule for the Reviews to take place
Six Person Centred Plans have been completed to date.
The remaining person Centred Plans will be completed by 31/12/2014.

3. The current Volunteer Programme will be reviewed with a view to Extending the remit of the coordinator. The purpose of the Volunteer Programme is to support opportunities for Activities for residents in the Community. An advert was inserted in the local newsletter looking for Volunteers from the local Community on 14/12/2014.

4. All staff will receive a Presentation on Making Evidence Based Practice a Reality. The purpose of this Training is to provide Education for staff on how to ensure that they are providing Care and Support to the residents in each of the houses which is Evidence based and which upholds the Principles of good practice.

5. The Behaviour Support plans of the 2 Individuals with anti-social behaviours will be assessed by the Clinical Nurse Specialist in Behaviour on 15/12/2014. The Behaviour Therapist will review the residents Behaviour Support Plans.

6. The Clinical Psychologist visited the houses on 11/12/2014 to assess the Support needs of one of the residents who have anti-social behaviours which are impinging on their quality of life and a Psychology Referral Was made for another Service User on 10/12/2014.

Proposed Timescale:

1. 31/01/2015
2. 31/12/2014
3. 31/01/2014, 14/12/2014
4. 02/02/2015
5. 15/12/2014
6. 11/12/2014

Theme: Individualised Supports and Care

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

There was no record of complaints maintained in one of the community houses.

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:

1. All staff in the Designated centres will receive Training on the Management of Complaints.

2. Both houses have been given a Complaints log to record complaints Made by Individuals living in the Designated Centre.

3. Families of Individuals residing in the houses will be contacted and informed of the Complaints process.

Proposed Timescale:

1. 14/01/2015

2. 14/12/2014

3. 31/12/2014

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

There were no written agreements in place between residents and/or their representatives stating the terms on which a resident will reside in the designated centre and the support the resident will receive, details of the services provided and the fees to be charged.

Action Required:

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

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

1. Each Service User will be provided with a written Service Agreement/ Agreement for care in the Designated Centre.

2. This Agreement will be presented to Service Users in Accessible format.

Proposed Timescale:

1. 31/01/2015

2. 28/02/2015

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:

Assessments did not consistently reflect the needs of residents.

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:

1. All staff will receive Training on Assessment, Care Planning, Implementation and Evaluation. This Training will be provided by a Nurse Practice development Coordinator in the Nurse Practice Development Unit.

2. Each Service Users Person Centred Plan will be Reviewed with a Particular focus on Meaningful Activities. All Person Centred plans will be Reviewed by 31/12/2014. Each Designated Centre will Have a Schedule for the Reviews to take place. This Schedule will be Drawn up by the Manager in each of the Houses on 19/12/2014.

3. The Behaviour Support plans of the 2 residents with anti-social Behaviours will be reviewed by the Behaviour Therapist. On 15/12/2014.

4. The Clinical Psychologist visited the houses on 11/12/2014 to assess the Support needs of one of the residents who have anti-social behaviours Which are impinging on their quality of life. A Referral was made for a Service User in another house for Psychology on 10/12/2014.

5. All Behavioural Assessments and Behaviour Support Plans will be Reviewed and Updated to reflect the Individualised Support Needs of Each Individual within the Designated Centre by 31/12/2014. The Behaviour Support Plans will be reviewed by the staff in the houses With Input from the Behaviour Support Team.

6. CPI Training was delivered on 02/12/2014 and 09/12/2014 and 10/12/2014 in the Designated Centre. 8 staff have completed CPI Training. Further training is scheduled for 16/12/2014 and 21/01/2015. All staff in the Designated Centre will have CPI Training by 21/01/2015.

Proposed Timescale:

1. 28/02/2015
2. 31/01/2015, 19/12/2014
3. 15/12/2014
4. 11/12/2014
5. 31/12/2014
6. 21/01/2015

Theme: Effective Services

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

There were inadequate supports in place to meet the assessed needs of residents.

Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

1. Each Service Users Person Centred Plan will be Reviewed with a Particular focus on Meaningful Activities. Each Designated Centre will Have a Schedule for the Reviews to take place.
Six Person Centred Plans have been reviewed to date.
The remaining person Centred Plans will be completed by 31/12/2014.
2. All Behavioural Assessments and Behaviour Support Plans will be Reviewed and Updated to reflect the Individualised Support Needs of Each Individual within the Designated Centre by 31/12/2014. The Behaviour Support Plans will be reviewed by the staff in the houses with Input from the Behaviour Support Team.
3. All staff will receive Education on the role of the Key worker. This Training will be delivered by the Nurse Practice Development Coordinator from the National Planning and Development Unit.
4. Residents in each of the houses who required Speech and Language Intervention had an Assessment and review completed by the Speech And Language Therapist on 27/11/2014 and 28/11/2014.
5. One Resident who required a sleep system has been Assessed and reviewed by the Physiotherapist and a sleep System has been Recommended and ordered. Specialised equipment such as a lo lo bed and falls mattress and a pressure relieving Mattress is in the process of being Purchased.
6. One of the residents who has Individualised support needs has been allocated a staff from 9.00-5.00 to support them with Behaviours that are affecting them and other residents in the house. This support is in effect from 14/11/2014.
7. Two residents had a review on 25/11/2014 and on 18/11/2014 by the Occupational Therapist and the recommended Equipment for the management of Pressure areas is in the process of been purchased.

Proposed Timescale:

1. 31/12/2014
2. 31/12/2014
3. 31/01/2015
4. 27/11/2014, 28/11/2014
5. 31/01/2014
6. 14/11/2014
7. 25/11/2014, 18/11/2014

Theme: Effective Services

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

The designated centre did not meet the needs of residents, for example there were insufficient toilets in one community house.

Action Required:

Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

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

1. There is a plan in place to reduce the number of Individuals sharing Bedrooms within the Designated Centre. Planning permission has been sought from Westmeath County Council to extend one of the Areas. Planning Permission has been sought to extend the rear of the Dwelling by 34.7 square meters and to convert the Garage into an Activity Room. A Decision was made on 07/03/2014. File Reference Number 14062003. Funding has been allocated for this project.
2. One of the residents who has Individualised support needs has been allocated a staff from 9.00-5.00 to support them with behaviours that are affecting them and other residents in the house. This support is in effect from 14/11/2014.

Proposed Timescale:

1. 31/10/2015
2. 14/11/2014

Theme: Effective Services

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

The personal plans did not consistently reflect the needs of 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:

1. Each service users personal plans will be reviewed with a focus on their required needs. Each Designated Centre will have a schedule for the reviews to take place. The Personal Plans will be reviewed by the key worker.

Proposed Timescale: 31/12/2014

Theme: Effective Services

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

The personal plans did not outline the supports required to meet the needs of residents.

Action Required:

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

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

1. An audit will be undertaken on the tools used to assess the required supports of the individuals and an evaluation of the information will be undertaken.

2. Each service users person centred plan will be reviewed with a particular focus on meaningful activities. Each designated centre will have a schedule for the reviews to take place. Six person centred plans have been completed to date. The remaining person centred plans will be completed by 31/12/2014.

Proposed Timescale:

1. 11/12/2014
2. 31/12/2014

Theme: Effective Services

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

Person centered plans were not reviewed annually or as a result in a change in need.

Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

1. Each service users person centred plan will be reviewed with a particular focus on meaningful activities. Each designated centre will have a schedule for the reviews to take place. Six person centred plans have been completed to date. The remaining person centred plans will be completed by 31/12/2014.

Proposed Timescale: 31/12/2014

Theme: Effective Services

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

Personal plans did not account for the effectiveness of previous interventions and account for change in circumstances, for example the removal of a formal day service.

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. Each service users person centred plan will be reviewed with a particular focus on meaningful activities. Each designated centre will have a schedule for the reviews to take place. Six person centred plans have been completed to date. The remaining person centred plans will be completed by 31/12/2014. Person centred plans will be updated by the individuals key worker.

Proposed Timescale: 31/12/2014

Theme: Effective Services

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

The personal plans of residents did not identify the names responsible for pursuing the objectives of plans and agreed timescales.

Action Required:

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

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

1. Each Individual will have a designated key worker who will be responsible For pursuing objectives of the person centred plan.

2. Education will be provided to all key workers on their role in supporting individuals to review and update personal plans. This training will be provided by the nurse practice development coordinator in the nurse planning and development unit.

Proposed Timescale:

1. 31/12/2014
2. 28/02/2015

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 designated centre did not provide for the matters listed in Schedule 6 as:

- The twin rooms were not of a suitable size and layout
- There was insufficient storage
- Lighting was inadequate in one twin room
- There were insufficient number of bathrooms to meet the needs of residents

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:

1. There is a plan in place to reduce the number of Individuals sharing bedrooms within the designated centre. Planning permission has been sought from Westmeath County Council to extend one of the areas identified. Planning permission has been sought to extend the rear of the dwelling by 34.7 square meters and to convert the garage into an activity room. A decision was made on 07/03/2014. File reference number 14062003. Funding has been allocated for this project.

2. There is a plan in place to provide for new purpose built accommodation for the individuals living in one area of the designated centre. Planning permission has been sought to construct a single story purpose built 6 bedroom bungalow. Permission was granted on 10/06/2014 and the preparation of tender documents is in progress.

3. Personal lighting has been obtained to eliminate the requirement for the use of the overhead light in one of the houses.

4. One of the residents who has Individualised support needs has been allocated a staff from 9.00-5.00 to support them with behaviours that are affecting them and other residents in the house. This support is in effect from 14/11/2014.

Proposed Timescale:

1. 31/10/2015
2. 31/10/2015
3. 11/12/2014
4. 14/11/2014

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Not all hazards in the designated centre had been assessed.

Action Required:

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

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

1. An audit will be conducted of the risks identified in each of the houses.
2. Appropriate risk assessments will be completed and maintained by the manager of each house.

Proposed Timescale:

1.31/01/2015

2.31/12/2014

Theme: Effective Services

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

The control measures in place for assessed risks were generic and not reflective of the actual practice in the designated centre.

Action Required:

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

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

1. All risk assessments will be reviewed and will be Individualised to address specific requirements in the designated centres and control measures will be implemented.

Proposed Timescale: 31/12/2014

Theme: Effective Services

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

There was no evidence of the learning from serious or adverse events involving residents.

Action Required:

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

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

1. All staff will receive training on risk management. This training will be provided by the risk manager.

2. A review will be undertaken of all accidents and incidents in the houses.

Proposed Timescale:

1. 31/01/2015
2. 31/12/2014

Theme: Effective Services

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

The procedures in place for protection against infection were inadequate and placed residents at risk.

Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

1. An audit will be undertaken on the infection control measures in the designated centres.
2. All staff will be required to undertake training in infection prevention and control.
3. All staff will be required to undertake training in hand hygiene two training sessions have been organised for the 13/01/2014.
4. One of the residents who has individualised support needs has been allocated a staff from 9.00-5.00 to support them with behaviours that are affecting them and other residents in the house. This support is in effect from 14/11/2014.

Proposed Timescale:

1. 11/12/2014
2. 8/02/2015
3. 31/01/2015
4. 14/11/2014

Theme: Effective Services

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

The staffing levels and available equipment for evacuation of residents was not reflective of the actual assessed needs of residents.

Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for

evacuating all persons in the designated centre and bringing them to safe locations.

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

1. Immediate provision was made for an additional staff nurse on night duty in one of the designated centres. A full review was undertaken to look at the service requirements on 13/11/2014. Following an assessment of the needs of the individuals living in each house it was identified that a nurse was required from 20.00 hrs to 08.15 hrs in one of the houses. In the second house it was identified that there was a requirement for an additional health care assistant from 20.00 hrs to 08.15 hrs for safe fire evacuation. Subsequently a fire drill took place on 08/12/2014 which confirmed that two staff were adequate for safe evacuation in the second house. All healthcare assistants in each house have received training in the management of epilepsy on 10/12/2014 and on 16/12/2014. The registered provider is assured that the staff support and skill mix is adequate to meet the current needs of the individuals residing in the designated centre.
2. An audit was conducted of the equipment required to be used in respect of the residents in each of the houses and appropriate equipment (Ski Pads) has been ordered based on individual assessments.
3. The Key for the fire evacuation door has been replaced with immediate effect.
4. The Fire Officer will be carrying out a plan for training in each of the houses in 2015. This will be completed in the designated centre on 31/01/2015.

Proposed Timescale:

1. 13/11/2014
2. 12/12/2014
3. 12/11/2014
4. 31/01/2015

Theme: Effective Services

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

There were no fire drills conducted at suitable intervals.

Action Required:

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

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

1. Regular fire drills have commenced in the two houses. One house conducted a fire drill on 08/12/2014. The other house is proposed to have a fire drill week commencing 15/12/2014.
2. All houses were given a log to record Dates, and Times of regular Fire Drills.

Proposed Timescale:

1. 08/12/2014
2. 15/12/2014

Outcome 08: Safeguarding and Safety**Theme:** Safe Services**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Staff did not have the knowledge and skills to support residents who exhibit behaviours that challenge.

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:

1. All staff will receive training in positive behaviour support.
2. Provision has been made to increase support to staff in the implementation of multi element behaviour support. A staff nurse trained in multi element behaviour support has been allocated. To support staff in reviewing behaviour support plans.

Proposed Timescale:

- 1.14/01/2015
- 2.14/11/2014

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

Staff had not received training in the management of behaviours that challenge.

Action Required:

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

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

1. CPI Training was delivered on 02/12/2014 and 09/12/2014 and 10/12/2014 in the designated centre. 8 staff have completed CPI training. Further training is scheduled for 15/12/2014 and 21/01/2015. All staff in the 2 houses will have CPI Training by 21/01/2015

Proposed Timescale: 21/01/2015

Theme: Safe Services

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

There was an absence of therapeutic interventions to support residents who required same as a result of behaviours that challenge.

Action Required:

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

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

1. Each individual who requires support as a result of behaviours that challenge will have a comprehensive assessment and positive behaviour support plan.
2. One individual has been reviewed by the psychologist on 11/12/2014, one has been referred to psychology and two individuals are being reviewed by the behaviour therapist on 15/12/2014.

Proposed Timescale:

1. 31/12/2014

2. 11/12/2014, 15/12/2014

Theme: Safe Services

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

Every effort was not made to identify and alleviate the cause of residents' challenging behaviour. There was evidence that medication was utilised to alleviate behaviours that challenge in the absence of positive behaviour support plans.

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. All staff were instructed on 11/12/2014 by the Regional Director of Nursing to refrain from administering PRN medication in the absence of a protocol which is approved by the Multi Disciplinary Team which is guided by evidence based practice in the use of restrictive interventions.

2. Education will be provided to all staff on the policy on the use of restrictive interventions.

Proposed Timescale:

1. 11/12/2014
2. 19/12/2014

Theme: Safe Services

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

Incidents of unexplained bruising had not been investigated in line with the organisation policy.

Action Required:

Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

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

1. An Investigation has been conducted with Immediate effect in line with the HSE policy on abuse. Action plans were drawn up following on from the recommendations of the investigation. All actions were completed. A System Analysis Review is currently being undertaken in both of the houses to look at the System Failures in reporting and follow up of unexplained bruising.
2. All staff will receive updated training on the policy on the protection of vulnerable adults. The purpose of the training will be to improve the practice of staff and to clearly inform staff of the procedure to be followed in the event that they discover bruising.

Proposed Timescale:

1. 31/01/2015
2. 28/02/2015

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:

Unexplained bruising was not notified to the Chief Inspector within three working days.

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:

1. All Persons in Charge will receive training on HIQA Regulatory Requirements.

2. Unexplained bruising was notified to the authority with immediate effect.

Proposed Timescale:

1. 31/12/2014
2. 01/12/2014

Theme: Safe Services

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

Pressure sores and incidents of unexplained bruising were not notified to the Chief Inspector as required by the regulations.

Action Required:

Under Regulation 31 (3) (d) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any injury to a resident not required to be notified under regulation 31 (1)(d).

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

1. All Persons in Charge will receive training on HIQA Regulatory Requirements.
2. NFO3 in relation to Grade 2 pressure area was submitted with immediate effect.
3. Unexplained bruising was reported to the Authority with immediate effect.

Proposed Timescale:

- No 1.31/12/2014
No 2.28/12/2014
No 3.01/12/2014

Proposed Timescale:

1. 31/12/2014
2. 28/12/2014
3. 01/12/2014

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 supported to access opportunities for education, training and employment.

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. Each service users person centred plan will be reviewed with a particular focus on education, training , skills building and employment. Where identified needs are evident the residents key worker will support them to access the required supports.

Proposed Timescale: 31/12/2014

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Residents' health care needs were not being met with evidence based practice.

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. All staff will receive a presentation on making evidence based practice a reality. This training will be provided by a nurse practice development coordinator from the nurse development unit.

2. An audit will be conducted of the identified healthcare needs of each individual in the designated centre.

3. All individual identified healthcare needs will have care plans outlining evidence based practice.

Proposed Timescale:

1. 02/02/2015
2. 31/12/2014
3. 31/12/2014

Theme: Health and Development

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

Residents who required services from Allied Health Professionals in respect of positive behaviour support did not receive same.

Action Required:

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

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

1. An audit has been undertaken with immediate effect to identify individual support requirements in relation to behaviours that challenge.
2. Each individual identified as requiring behaviour support will have a positive behaviour support plan.

Proposed Timescale:

1. 24/11/2014
2. 31/12/2014

Outcome 12. Medication Management

Theme: Health and Development

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

Medication which was prescribed to a resident had not been administered.

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:

1. All Nursing staff will be required to undertake training in medication management, HSE E-Learning Programme.
2. All nursing staff will receive training in the medication management policy.
3. A standardised Medication Audit System will be implemented.

Proposed Timescale:

1. 31/01/2015
2. 16/12/2014
3. 31/01/2015

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 information contained in the Statement of Purpose was inaccurate and therefore did not adequately contain all the items listed in Schedule 1.

Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose

containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

1. The Statement of Purpose will be reviewed to correct any inaccuracies and reflect the restructuring of the service.

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:

Based on the failings identified on this inspection, inspectors determined that the person in charge was unable to ensure the effective governance, operation management and administration of the designated centre concerned.

Action Required:

Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

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

1. A plan is in place to review and appoint New Persons in Charge in the houses. They will receive formal training by the Nurse Practice Development Coordinator .Their competency will be assessed by the Nurse Practice Development Coordinator following the completion of formal Training.

2. To date 2 Staff members have submitted their Information to HIQA for appointment of Person in Charge and 3 Managers are currently completing the Information for this requirement.

Proposed Timescale: 31/12/2014

Theme: Leadership, Governance and Management

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

The management systems in place did not ensure that the service provided was safe, appropriate to the needs of the residents and consistently and effectively monitored.

Action Required:

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

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

1. A plan is in place to review and appoint New Persons in Charge in the designated centre. They will receive formal training by the Nurse Practice Development Coordinator .Their competency will be assessed by the Nurse Practice Development Coordinator following the completion of formal training.
2. To date 2 Staff members have submitted their Information to HIQA for appointment of Person in Charge and 3 Managers are currently completing the Information for this requirement.
3. A Quality Implementation group has been established with agreed Terms of Reference. This group meets on a weekly basis. The Membership of the Quality Implementation Group consists of Senior Management and the Managers of each House. The first Meeting commenced on 15/11/2014.The purpose of the meetings is to Project Manage the Actions to be addressed following Inspection by HIQA.
4. A Service Plan is currently being developed to look at the Service Requirements and skill mix of staff.

Proposed Timescale:

1. 17/12/2014
2. 17/01/2015
3. 15/11/2014
4. 31/01/2015

Theme: Leadership, Governance and Management

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

The failings on this inspection evidence that the provider did not performance manage staff to exercise their professional responsibility for the safety of the residents.

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. A plan is in place to review and appoint New Persons in Charge in the houses. They will receive formal training by the Nurse Practice Development Coordinator .Their competency will be assessed by the Nurse Practice Development Coordinator following the completion of formal Training.

2. To date 2 Staff members have submitted their Information to HIQA for appointment of Person in Charge and 3 Managers are currently completing the Information for this requirement.

3. A Quality Implementation group has been established with agreed Terms of Reference. This group meets on a weekly basis. The Membership of the Quality Implementation Group consists of Senior Management and the Managers of each House. The first Meeting commenced on 15/11/2014. The purpose of the meetings is to Project Manage the Actions to be addressed following Inspection by HIQA.

4. A Schedule for Performance meetings with the Assistant Director and Managers in the designated centres will be developed.

Proposed Timescale:

1.17/12/2014

2.17/01/2015

3.15/12/2014

4.31/01/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

The number of staff and skill mix was not appropriate to 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:

1. Immediate Provision was made for an additional staff nurse on night duty in one of the designated centres. A full review was undertaken to look at the service requirements on 13/11/2014. Following an assessment of the needs of the Individuals living in each house it was identified that a nurse was required from 20.00 hrs to 08.15 hrs in one of the houses. In the second house it was identified that there was a requirement for an additional health care assistant from 20.00 hrs to 08.15 hrs for safe fire evacuation. Subsequently a fire evacuation took place which confirmed that two staff were adequate for safe Evacuation in the second house. All healthcare assistants in each house have received training in the Management of Epilepsy on 10/12/2014 and on 16/12/2014. The registered Provider is assured that the staff support and skill mix is adequate to meet the current needs of the Individuals residing in the designated centre.

Proposed Timescale: 13/11/2014

Theme: Responsive Workforce

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

Nursing Care was not in line with evidence based practice particularly regarding wound care management.

Action Required:

Under Regulation 15 (2) you are required to: Ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.

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

1. All staff will receive training on wound care management and the policy on wound care and the prevention of pressure sores. This training will be delivered by the Nurse Planning and Development Unit.
2. All staff will receive a presentation on Making Evidence Based Practice a Reality. This Training will be provided by a Nurse Practice Development Coordinator from the Nurse Planning and Development Unit.

Proposed Timescale:

1. 28/02/2015
2. 02/02/2015

Theme: Responsive Workforce

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

Inadequacies in the assessment of need and subsequent plans of care did not allow for continuity of care.

Action Required:

Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

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

All Individuals will have Plans in Place reflective of their Support needs.

Proposed Timescale: 31/12/2014

Theme: Responsive Workforce

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

Staff supervision was inadequate.

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. A System for Effective Staff Supervision will be implemented. The Assistant Director of Nursing will visit the Designated centres on a Weekly basis to observe and supervise Practices with Immediate effect.

2. A Schedule will be Drafted to Implement Independent Audits in the Designated Centres.

3. A plan is in place to review and appoint New Persons in Charge in the Designated Centre. They will receive Formal Training by the Nurse Practice Development Coordinator .Their competency will be assessed by the Nurse Practice Development Coordinator following the Completion of formal Training.

To date 2 Staff members have submitted their Information to HIQA for appointment of Person in Charge and 3 Managers are currently completing the Information for this requirement.

Proposed Timescale:

1. 03/12/2014
2. 31/01/2015
3. 17/12/2014
4. 17/12/2014

Outcome 18: Records and documentation

Theme: Use of Information

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

Records in relation to medication and nursing care were inadequate and did not support safe and effective care of residents.

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. All staff will receive training on record keeping, data protection and documentation.

The Training will be provided by a Nurse Practice Development Coordinator from the NMPDU.

Proposed Timescale: 31/12/2014