Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0004910
Centre county:	Mayo
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Mary Warde
Lead inspector:	Nan Savage
Support inspector(s):	Ann-Marie O'Neill; Lorraine Egan; Patricia Tully, Louisa Power
Type of inspection	Unannounced
Number of residents on the date of inspection:	28
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 4 day(s).

The inspection took place over the following dates and times

From:	To:
11 January 2015 20:20	11 January 2015 21:20
12 January 2015 10:20	12 January 2015 16:00
13 January 2015 09:45	13 January 2015 18:00
14 January 2015 11:15	14 January 2015 17:15

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

In November 2014, the provider informed the Authority that a large, campus based designated centre in the west of Ireland would be divided into three designated centres called Centre 1, Centre 2 and Centre 3. The rationale for the division was based on the assessed needs of residents and the type of support being provided to residents in each centre. This inspection report refers to Centre 2 and the inspection happened after the provider took action in response to reports of abuse of residents in one of the bungalows in the centre.

On the evening of 25 November 2014, the Chief Inspector of the Health Information and Quality Authority received information of concern in relation to the safeguarding of residents in a designated centre in the west of Ireland. The following morning, the Authority contacted the provider, the Health Service Executive (HSE) at local and national level and required them to submit an action plan to the Authority by that afternoon, setting out the immediate actions it would be taking to ensure the safety

and welfare of residents. An action plan was submitted to the Authority and it included the immediate removal of some staff members from duty in the centre while an investigation was being undertaken by the provider.

An inspector from the Authority visited the designated centre briefly on 27 November 2014 to verify that that the HSE had implemented the immediate actions to ensure the safety and welfare of residents as set out in its action plan.

In addition, as part of the monitoring of the centre, the provider was required to submit weekly updates to the Authority on progress in implementing the provider's action plan.

An inspector from the Authority undertook a second site visit on 17 December 2014 to verify the information contained in the weekly update reports from the provider and to confirm the on going implementation of the provider's action plan to ensure the safety and welfare of residents. These two visits were not HIQA inspections and therefore did not generate inspection reports but the information was used as part of the monitoring of the centre prior to the inspection in January 2015.

The Authority also contacted the Garda Síochána on 26th November to inform it of the information that had been received.

On 9th December 2014, RTE broadcast a Prime Time television programme which contained hidden camera footage of appalling standards of care for residents in Bungalow 3, one of the bungalows in Centre 2.

Centre 2 provides accommodation to male and female residents, and comprises of Bungalows 2, 3, 4, 5, 6 and 13.

On this inspection, there was evidence of some good practice in specific areas of the service, however, a significant number of non compliances were identified and included:

• Some residents' privacy and dignity was not supported
• while procedures were in place to protect residents from being harmed or suffering abuse, they had not been consistently implemented in all areas of the centre. This included the risk of unauthorised access to living areas, staff not implementing agreed positive behaviour support arrangements and issues relating to the use of medication to manage behaviour
• at times, staffing arrangements were not adequate to meet the needs of residents
• there were limited opportunities for some residents to participate in social activities
• some residents' communication requirements had not been adequately met, such as inconsistent assessment of communication support needs and a lack of access to a telephone
• unsafe medication practices
• inspectors identified significant improvements required to risk management, fire safety and infection control measures
• some areas of the physical environment had not been maintained in a clean and hygienic condition

• parts of the physical environment did not meet residents' individual and collective needs such as lack of quiet communal space for residents who need it, lack of private space to meet visitors and lack of storage for residents' personal belongings
• residents had not been provided with a written contract for the provision of services to cover the support, care and welfare of the resident and include details of the services to be provided for that resident.

The findings are discussed in the body of the report and included in the action plan at the end of the report.

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

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

Theme:
Individualised Supports and Care

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

Findings:
There was evidence that residents' were consulted with and participated in some decisions about their care and that they could exercise choice in some areas of their lives. However, improvements were required to ensure residents' privacy and dignity was respected at all times. There were opportunities for residents to participate in activities but this was limited for some residents. The complaints process also required further development to ensure that there was an effective mechanism in place for residents or their representatives to raise any concerns regarding the service.

In some parts of the centre the provider had put arrangements in place to support residents' privacy and dignity and these were evident in practice. However, there were examples in other areas were some residents' privacy and dignity was not supported including:
• bathroom and toilet facilities in some of the bungalows did not have arrangements in place to ensure the residents could use the facilities in private
• a number of staff proposed to meet with inspectors in residents' bedrooms to conduct meetings. These staff did not have sufficient understanding of the importance of the privacy of residents' bedrooms
• information about residents was not communicated privately by some staff. Inspectors observed these staff having handover meetings and discussing residents' personal information in front of other residents
• inspectors saw housekeeping staff cleaning around residents while they were having their breakfast or trying to relax in the day spaces. This did not create a pleasant meal time experience for residents or support them to relax after their meals.

Inspectors found that some staff did not demonstrate appropriate awareness of the way in which to engage with residents in a respectful manner. Terminology used by some staff and written in residents' files was not person centred or respectful of the resident. For example, a staff member said that a particular resident "would play up on you" and a different staff member when speaking about a resident said "I will activate him" when referring to carrying out activities with the residents.

There were some opportunities for residents to engage in activities and inspectors saw some residents participating in activities including multi-sensory therapy, going for walks in the grounds and outings on the bus. However, opportunity for engaging in activities were limited especially for more dependant residents and some residents did not have regular opportunities to participate in meaningful activities appropriate to their individual needs and interests. An inspector saw activity plans for two separate residents that were identical and had not been tailored to reflect each individual resident's needs or interests.

There was a complaints policy and a plain English procedure for residents and their representatives that detailed the process for receiving and investigating complaints. An inspector viewed a sample of complaints and found that they had been responded to appropriately. However, the complaints procedure was not prominently displayed in some bungalows, as required by the Regulations. The appeals process was not clearly identified which meant that if residents or their representatives were unhappy with the outcome of any complaint, they did not have ready access to the relevant information to appeal the outcome.

The provider was continuing to develop consultation arrangements for residents. To date one meeting had taken place and an inspector reviewed the notes of this meeting and found that it was attended by residents.

Residents' religious rights were supported. Inspectors noted that religious beliefs were respected and measures were in place to accommodate practicing these beliefs. For example, mass was celebrated weekly at the centre and residents were facilitated to attend.

Judgment:
Non Compliant - Moderate

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

Theme:
Individualised Supports and Care

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

Findings:
The provider had implemented measures to assist some residents with communication but these were not sufficient to meet the individual needs of each resident.

Inspectors spoke with some staff and they were able to describe the specific communication techniques used by residents. Inspectors saw how residents used these techniques during the inspection and how staff responded in an appropriate manner. However, communication assessments were not being consistently completed fully for all residents or used to inform each resident's personal support plan. This posed a risk to consistent implementation of these practices.

Residents had access to televisions, telephone and could listen to the radio including local station. However, some of the bungalows did not have an external line which meant that residents living in these areas could not readily make external telephone calls outside of normal office hours and at weekends. Staff told an inspector that residents wishing to make external telephone calls outside office hours had to leave their own bungalow and go to a different bungalow to do so.

There were music players available so that residents could listen to music if they wished. Inspectors saw examples of staff facilitating residents to listen to their favourite music during the inspection.

Easy to read documents and communication aids such as pictorial menus were available in the bungalows. Inspectors found that while some of this information was displayed at the appropriate eye level this had not been consistently implemented in all bungalows and because of this, some residents could not use these communication aids.

Judgment:
Non Compliant - Moderate

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

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

Findings:
Residents did not have a written agreement of the terms on which that resident shall reside in the centre. Contracts for the provision of services were in draft format and therefore had not been issued and agreed with each resident or their representative.

The provider confirmed that currently there were no admissions to the centre, so inspectors did not cover this on inspection.

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):

Findings:
Inspectors reviewed a sample of residents' individual support plans and considered how staff were using the plans to support residents to achieve their goals and improve resident's quality of life.

Residents' personal plans contained important personal information about the residents' backgrounds, including details of family members and other people who were important in their lives. Plans were generally written in a respectful manner and provided guidelines to staff on a number of supports that residents required. However, some plans did not identify measures to support residents. For example, those supports required in gaining additional life skills such as how to manage their money.

Residents had an accessible version of their personal plan with colour photographs and pictorial images to illustrate the information in their folder. Most information that had been recorded on a sample of the plans viewed was individualised and person centred to the residents' needs and choices. Inspectors found that not all plans had been consistently implemented. For example, one resident's personal plan had identified that a resident loved swimming and the resident told an inspector that she used to swim regularly. However, this had not happened as the swimming pool at the centre had been out of order for an extended period and there was no evidence that staff had considered accessing swimming facilities outside of the campus for this resident and other residents who wished to participate in this activity.

While the personal plans contained goals for residents, in many of the plans these goals

were limited to addressing the health and medical needs of the residents and did not adequately consider their interests and wishes. While the plans provided direction to staff, some focussed on managing issues for residents rather than being focussed on improving the quality of life for residents. For example, one resident's goal was 'to go on outings on a regular basis'. However, the plan was confined to things that the resident could not do and did not state what the resident liked to do when s/he went on outings.

There was evidence that personal plans had been reviewed and that some residents were supported to participate in the development of the plans. However, this had not been consistently implemented for each resident and inspectors read plans which residents or their representatives had not participated in the review of the plan.

A number of residents had a documented weekly activity chart/programme in place and inspectors noted some residents' participated in activities during the inspection. However, residents in two bungalows had no documented programmes in place for activity and some of these residents had limited access to meaningful social care. While inspectors saw a general, campus based activity timetable, they could not find any plans relating to activities for residents in those bungalows. Inspectors asked staff who told them that there were no plans available.

Inspectors also noted that some planned activities did not take place and the reason given by staff was that the times allocated did not suit the residents. However, these times had not been reviewed. In addition, inspectors read of a planned activity external to the centre for one resident but this had not been implemented. When the inspector enquired about this, she was informed that this was due to lack of transport. Staff confirmed that not all methods of transport had been considered, such as a taxi.

Judgment:
Non Compliant - Moderate

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

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

Findings:
Some parts of the centre did not meet residents' individual and collective needs of residents in a comfortable and homely way. While there was a cleaning and maintenance programmes, parts of the centre were not clean, suitably decorated and

well maintained.

Inspectors found that most of Centre 2 was maintained in a clean condition. However, there was a build up of dirt in some parts of the centre including a kitchenette within one of the bungalows. The inspector brought this to the immediate attention of staff on duty and the clinical nurse manager (CNM) on duty. The inspector was informed the following day that a deep clean had been ordered. At different times, inspectors also noted a strong smell of urine in two different bungalows during the inspection.

The provider had implemented a programme of refurbishment since the first inspection in February 2014. However, inspectors saw paint flaking and damage to different areas within the centre. While furnishings and fittings were provided some did not meet the individual needs of residents.

All residents had their own bedrooms although some of these rooms were very small in size and did not meet the individual needs of some residents. Inspectors visited a sample of these bedrooms and found that there was limited circulation space and there was insufficient space for assistive equipment if required or for furnishings such as a chair in the room. For example, an inspector found that due to a lack of space one resident's wheelchair was stored in a different resident's room. Other residents had no room for a chair in their rooms and had to sit on their beds if they wished to return to their bedroom for some private time during the day.

An inspector also read that the occupational therapist (OT) and physiotherapist had stated that some residents who needed to use a hoist could not do so in the bathroom due to space constraints. This issue had not been addressed effectively by the provider.

There was limited storage space in some areas within the centre. For example, cleaning equipment was stored in the staff toilet.

A suitable private area was not available in the bungalows for residents to meet visitors in private, if required.

The layout in each bungalow consisted of an open plan sitting room and dining room. This layout did not support the individual needs of some residents and this is discussed further under Outcome 8.

There was a large dining room in the central area of a separate building that residents could access. This building was within the vicinity of the bungalows. Some residents had the option of having their meals in the bungalow or in the large dining room and inspectors saw residents availing of both options. However, parts of the main building that were visited by some residents were not readily accessible by people who used wheelchairs.

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):

Findings:
Inspectors found that there were measures in place to promote the health and safety of residents, visitors and staff. However, significant improvements were required to aspects of risk management, infection control and fire safety.

There was evidence that safety statements had been recently reviewed in specific areas of the centre. A range of hazards had been identified and assessed in most bungalows including fire, slips/trips and falls, manual handling, safety in the kitchenette areas and restrictive practices.

However, risk management arrangements were not being implemented consistently in each bungalow. For example, one control measure was the requirement for staff to supervise residents who smoked. During the inspection, inspectors observed some residents' smoking unsupervised. Inspectors also noted that in some service areas cigarette smoke drifted into communal areas used by other residents and this could impact negatively on their safety and quality of life. Another example observed by inspectors related to inadequate implementation of control measures to prevent residents from slipping on wet floor surfaces in one of the bungalows. Inspectors saw one resident falling on a wet floor in this area.

There was an open visiting policy, however the controls in place to guide and monitor visitors to the centre were not adequate at times and this posed a risk to some residents. The provider had not ensured that adequate arrangements were in place to prevent unauthorised persons from entering some of the bungalows. On the first day of inspection, inspectors accessed different areas of the centre at approximately 8.20pm without meeting any staff members. Inspectors found that adequate control measures were not in place to prevent unauthorised access to some of the bungalows. An inspector was informed by a staff member that she did not generally secure the door at night time in the bungalow that she worked.

There were measures in place on the management, prevention and control of infection, although improvements were required. Inspectors found that the arrangements for the safe storage of clinical waste had not been consistently implemented and that clinical waste which was kept in part of the centre had not been stored securely.

Specific fire safety measures were adequately implemented. Inspectors noted that there was a programme for the servicing and checking of fire safety equipment. From the sample of records viewed, fire extinguishers had been serviced in June 2014 and the fire alarm had most recently been checked in September 2014. Staff completed internal fire

safety checks including daily inspection of the fire escapes and fire extinguishers, weekly inspection of the emergency lighting and monthly inspection of the hose reels. The procedures to be followed in the event of fire were displayed in prominent locations and included a user friendly version for residents. An ongoing training programme had also been provided on fire safety which included staff induction to the fire safety control measures that were in place in the specific bungalows.

However, inspectors noted that some staff had not received suitable fire safety training. Most staff spoken with were familiar with evacuation procedures and described how they would respond in the event of a fire but not all staff demonstrated sufficient knowledge and some had not attended a fire drill. For example, a staff member spoken with was not adequately knowledgeable of residents' support needs to ensure they could be safely evacuated from the centre in the event of a fire. Some information given to an inspector was inconsistent with residents' assessed support needs.

An emergency plan was in place to guide staff in the event of emergencies. The plan included information on transport arrangements, emergency accommodation and contact details for emergency support.

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):

Findings:
During this inspection, while there was evidence that procedures were in place in the centre to protect residents from abuse some control measures had not been adequately implemented.

Inspectors saw that there was a policy on safeguarding vulnerable adults that had been updated on 19 September 2014.

Inspectors spoke with staff and management in the centre and found that while some staff were very familiar with what constituted abuse and were able to tell inspectors how

they would respond in the event of observing or suspecting abuse other staff did not demonstrate sufficient knowledge. These staff members were not clear about what constituted abuse and were not fully guided by the centre policy on safeguarding. It was not clear that the safety of residents would be prioritised. Those spoken with confirmed that they had received training in relation to adult protection.

Inspectors observed some staff interacting with residents in a respectful and sensitive manner and these residents appeared to be relaxed and comfortable in the company of these staff members. However, there were some examples where inspectors found that other staff did not interact with residents in an appropriate manner when responding to behaviour that challenges. For example, an inspector observed an incident where a staff member responded in a way which was not consistent with what the inspector had read in the resident's behavioural support plan. Other staff were aware of the necessity of allowing the resident space as outlined in the resident's plan. However, an inspector observed one staff member continually approaching the resident despite being asked by another staff member to allow the resident space. This appeared to add further distress to the resident.

Some interventions outlined in residents' support plans on behaviours that challenge had not been implemented. Some plans emphasised the need for a quiet and low arousal environment. However, aside from their bedrooms there was nowhere in the bungalow for these residents to spend time in a quite environment. The open plan design meant that there was regular traffic through the common areas, creating a degree of busyness and noise and inspectors saw residents responding to this on occasions during the day, and engaging in behaviour that challenges. In addition, some staff did not have sufficient knowledge about the residents that they worked with.. They were unable to tell an inspector the causes which could contribute to an escalation of residents' behaviours that challenge.

Inspectors reviewed the arrangements for the management of restrictive practices in the centre. There was a register of restrictive practices which allowed for the identification and review of these practices. Inspectors reviewed the restrictive practices that had been put in place for some residents and found that associated assessments had been undertaken. Management procedures were in place for all residents that displayed behaviours that challenge. However, from the sample reviewed these were not person specific and in some instances the names of other residents were scribbled out and another resident's name hand written over.

An inspector found that there were regular reviews for residents who were prescribed psychotropic medications. However, the reviews were insufficient. There was no documentary evidence that the reviews evaluated the risk to physical, psychological or emotional wellbeing. The reviews did not focus on reducing the level of regular chemical restraint in order to ensure that the procedures are minimal in time and in extent. The inspector saw evidence that chemical restraint, in the form of hypnotics, (medications used to aid sleep), were used to manage nocturnal behaviour. One resident was prescribed a hypnotic on a regular basis. A healthcare professional's report seen by an inspector stated that the hypnotic was administered to this resident by staff earlier than recommended by the prescriber in order to mitigate staff issues in November 2014.

An inspector viewed a sample of residents' financial records in one of the bungalows. The inspector found that while measures were in place to manage residents' finances some improvement was required. Records for residents' finances contained one staff signature for each transaction reviewed. A staff member confirmed to the inspector that the policy stated that two staff signatures were required as a protection to ensure residents' finances were protected.

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):

Findings:
Inspectors noted that residents had access to medical and healthcare services. However, improvements were required to ensure each resident was supported on an individual basis to achieve and enjoy the best possible health.

Inspectors viewed a sample of residents' files. Some were informative and included details regarding residents' medical conditions and related guidance for staff. They also included health care assessments and associated care plans to guide staff in responding to residents' specific health care needs.

However, some health care related plans did not reflect the residents' current needs. Differences between staff practices and information in the plans could be confusing and result in inconsistent or inappropriate support for residents. For example, an inspector noted that there was no specific care plan in place for a resident with epilepsy to guide staff in the event of a seizure. Staff spoken with were knowledgeable about the management of epileptic seizures. However, staff were unable to locate rescue medication prescribed in the event of a seizure within the bungalow. This was immediately rectified by staff who obtained stock of this medication. Inspectors saw that another resident required a wheelchair and used this during the inspection. However, the resident's individual plan did not reference the need for this wheelchair. In addition, staff informed the inspector that one of the residents did not require a hoist. However, the current plan completed by the occupational therapist on 5 December 2014 identified that the resident required the use of a hoist.

The inspector also noted that some clinical interventions prescribed were not reviewed and updated when the resident's status had changed. For example, a resident was

prescribed regular 'subcutaneous fluids' to enhance their intake of fluids and prevent dehydration. Nursing staff reported the resident's oral intake of fluids had increased and the resident no longer required subcutaneous fluids. However, this change in the resident's condition had not been reflected in the resident's care plan and their prescribed fluid intake regime updated to reflect their status.

Residents had access to a range of allied health professionals including psychiatry, social work, chiropody, dietetics and speech and language therapy (SALT). Inspectors noted that in specific cases the provider had arranged for a second professional opinion to be obtained to support decision making. Records of referrals and appointments were kept in most residents' files. Since August 2014 the provider had also improved access for residents to OT and physiotherapy services.

However, inspectors read of one resident who had a medical appointment in relation to a serious medical condition and staff were unable to find results of that consultation. There was also no evidence in the care plan that actions had been taken and staff did not know the outcome of the appointment. The resident's care plan had not been updated to reflect the outcome of that appointment. When the inspector discussed this with staff they informed the inspector that they would arrange a further follow up appointment to ensure the resident's needs were being met.

An inspector found that reviews by a consultant psychiatrist did not take place at the prescribed intervals.

In relation to mealtimes and nutrition, breakfast, supper and snacks were prepared in the kitchenettes within the bungalows while mid-day and evening meals were supplied by the main kitchen. Residents had a choice at meal times and these choices were communicated to the catering team on the daily menu meal order form. Kitchenettes were well stocked with a range of food items including cereals, yoghurts, milk, fruit, biscuits, bread, confectionery and jams. Some residents required modified diets as recommended by the speech and language therapist and these were supplied. These residents had the same food choices as other residents.

Judgment:
Non Compliant - Moderate

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

Findings:
An inspector found that aspects of medication management practices were unsafe.

Medications for residents were supplied by a pharmacy department within the complex. The pharmacist was employed by the provider for ten hours per week. The service was limited to a supply function and the pharmacist did not personally attend to the residents in line with guidance issued by the Pharmaceutical Society of Ireland. In the event of medication being required out of hours, medication could be obtained from an alternative pharmacy.

An inspector found that some staff did not follow appropriate medication management practices and there was evidence that some medication had not been administered as prescribed. Nursing staff did not administer some residents' medications in accordance with the directions on the resident's prescription. For example, a resident was prescribed a laxative on alternate days and this had been administered once daily for three days. The same resident had also been given an anti-diarrhoeal medicine regularly on the same days even though this medicine was prescribed as required (PRN)). In addition, an inspector found that prescriptions and protocols for medications required during epileptic seizures did not guide staff in the administration of this medication.

There was no evidence that ambiguous prescriptions were queried prior to administration to ensure residents were getting medications as prescribed (Arnica cream as directed prescribed).

An inspector noted unsafe medication administration practices and intervened on two occasions in a short period to prevent a near miss occurrence.

An inspector observed that a topical preparation requiring refrigerator storage was stored in a refrigerator in the same compartment as food items. This refrigerator was unlocked and located in an unsecured communal location which increased the risk of inappropriate use and medication error.

The procedure in place for the management and storage of controlled drugs was not secure and did not maintain a robust chain of custody in line with the Misuse of Drugs Regulations. When a controlled drug was removed from central storage, staff reported that the removal was not witnessed by another nurse and medications were not stored securely for transport to the resident for whom the medication was prescribed. An inspector observed a medication press being left opened and unattended in a communal area during the administration of medication.

Staff with whom an inspector spoke outlined the manner in which medications which are out of date or dispensed to a resident but are no longer needed are stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal. A medication return form was used to record the medications returned to the pharmacy which allowed for an itemised, verifiable audit trail. However, an inspector noted that for items with reduced expiry when opened, the date of opening or removal was not recorded in all cases. Therefore, staff could not identify when these medications were due to expire.

Nursing staff outlined that medication administration was carried out by nursing staff only. On-line medication management training was facilitated.

An inspector noted that that it was not practice for nursing staff to transcribe medication. Where a resident was self-medicating under supervision, appropriate assessments had been carried out.

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):

Findings:
At times during the inspection staffing arrangements were not adequate to meet the needs of residents. Some residents with significant support needs were left unsupervised and this posed a potential risk to these residents. For example, an inspector noted that one staff member worked on night duty in one of the bungalows and this arrangement did not provide these residents with adequate support and supervision. The inspector observed a resident climb on furniture to reach for items located on top of a cabinet while this staff member attended to the needs of another resident in a different part of the bungalow. The inspector also observed that while the staff member attended to the care needs of a resident in their bedroom the unsupervised residents remained without support or supervision in the living and dining areas. The inspector called for staff assistance.

Not all staff had completed up to date training in moving and handling. Inspectors also noted that some staff on occasions used inappropriate techniques which could result in injury to residents or staff, when transferring a resident in a wheelchair. An inspector saw staff moving residents in wheelchairs without footplates which could result in an injury to residents.

Judgment:
Non Compliant - Major

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

Theme:
Use of Information

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

Findings:
In general, records as required by the Regulations were maintained in the centre although some records were not complete and some information that was provided did not correspond with inspectors observations. For example, the number of residents that had been identified in each bungalow did not reflect the actual number of residents that were living in one of these bungalows.

Residents' medication administration records did not contain sufficient space to record all medications that were administered at certain times and as a result records expanded into adjacent times. Therefore, the record did not accurately reflect the time medication was given to the resident.

Some records were incomplete such as some residents' assessments. In addition, as detailed in outcome 11, some records relating to a resident's medical appointment were not available.

A visitor information leaflet that outlined the responsibilities of visitors to the centre including signing the visitor book had not been adequately implemented. Inspectors saw that the visitors' book in some bungalows had not been kept up to date.

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:

Nan Savage
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 report[1]

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0004910
Date of Inspection:	11, 12, 13 and 14 January 2015
Date of response:	24 March 2015

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some staff practices and aspects of the physical environment in some bungalows compromised residents' individual right to privacy and dignity.

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

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

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

Please state the actions you have taken or are planning to take:
A standard operating procedure is being developed on handover which will address the measures to be taken to respect privacy and dignity when sharing information

Following the HIQA Inspection immediate action was taken to meet with staff to reinforce the dignity of residents in particular while discussing personal information.
All information sharing to be conducted in private taking into cognisance respect and dignity of all residents.
Residents bedrooms will not be used as a private space to hold discussions on residents alternative areas such as porch area or kitchen area will be used recognising privacy at all times.
Handovers are now being conducted with respect for confidentiality dignity and privacy
E learning programme on shift handover to be rolled out in the centre which will reinforce the discussions held with staff
The importance of terminology used when referring to residents was addressed with staff following the Inspection at Team Meetings.
Cleaning staff schedule has been changed to ensure cleaning takes place at an appropriate time.
A capital Submission has been made for funding to address privacy, accommodation and space in line with standards
Appropriate mechanisms are being put in place to ensure the privacy and dignity of residents without compromising safety, e.g.vacant engaged locks on bathroom doors.
Training on values is included in the Studio 111 training which will commence on the 24th March 2015 staff in centre 2 are being prioritised for this training
CNM's have been made supernumerary from Monday 23rd March 2015 for enhanced supervision of staff and the monitoring of the delivery of good practice
Submission is being considered at a National Level for an enhanced Governance Structure to include a Clinical Nurse Managers 3 for Centre 2

Proposed Timescale: 30/06/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some residents did not have sufficient opportunity to participate in meaningful activities tailored to their individual capabilities and interests.

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

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

Additional staff are being recruited for activation to ensure residents are given opportunities to engage in meaningful activities
2 new cars have been purchased and arrived on site on the 20th March to enhance the opportunities to engage in activities off site

A process has commenced to revaluate the assessment planning and implementation of activities and hobbies for residents which will result in meaningful activities tailored to individuals needs

A range of activities have been introduced taking into consideration needs of residents based on activities assessment and the opportunity to expose them to new experiences. These activities include multisensory therapy, music therapy including Imagination Gym and swimming. Personal requests by some residents are also facilitated, for example art therapy, music therapy. The range of activities will be extended in the coming year.as requested by residents

Proposed Timescale: 30/06/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The appeals procedure outlined in the complaints procedure was not adequate.

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

Please state the actions you have taken or are planning to take:
The complaints policy is amended to outline the appeals process in an easy read format.
The accessible, plain english complaints procedure is amended to clarify the appeals process

Proposed Timescale: 27/02/2015

Outcome 02: Communication

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Communications interventions were not consistently set out in each resident's personal plan and implemented.

Various types of information were displayed, however, some of this information was not

displayed at the appropriate eye level and because of this, some residents could not use these communication aids.

Action Required:
Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

Please state the actions you have taken or are planning to take:
Information that is relevant to residents will be displayed at appropriate eye level
Personal plans are being reviewed to ensure communication interventions are included
Clinical Nurse Managers are monitoring and supervising the appropriate implementation of personal plans
Policy on communication with residents is being amended
All residents who require assistance with communication will be assessed and a Communication plan drawn up which will be used to inform the development and implementation of the personal support plan.

Proposed Timescale: 30/06/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all of the bungalows did not have an external line which meant that residents living in these areas could not easily make external telephone calls outside of normal office hours and at weekends.

Action Required:
Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.

Please state the actions you have taken or are planning to take:
Residents houses in Centre2 have access to external telephone lines

Proposed Timescale: 20/02/2015

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents did not have a contract of care for the provision of services.

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:
Each resident will have a contract of care outlining the terms of residence signed by the resident or their representative. In the absence of a next of kin the contract of care will be signed by the Director of Disability Services on behalf of the resident.

Proposed Timescale: 27/03/2015

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:
The social care needs of each resident were not comprehensively assessed.

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

Please state the actions you have taken or are planning to take:
A Recreational folder for each resident, is now in place including an interim assessment of social needs This consolidates all aspects of social care and therapy being delivered to each resident
A new social needs assessment tool has been developed and is being piloted on 15 residents this is due to be rolled out to remaining residents in April 2015. Following which a new An action plan will be put in place to realise residents' outcomes based on their assessment
The monitoring of the implementation of care plans will be enhanced by CNM who have been made supernumerary on 23rd March
Additional staff for the delivery of activities and social care are being recruited

Proposed Timescale: 30/06/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some residents' personal plans did not outline the supports required to maximise residents' personal development in accordance with his or her wishes.

Many residents' goals were limited to addressing health needs of the residents and did not adequately consider the residents' interests and wishes. Some residents' plans

focused on managing issues for residents rather than being focused on improving the quality of life for 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:
Immediate review of personal plans in place and will be on-going throughout the year in Centre2.
.A number of offsite recreational events have taken place since inspection, taking into account residents wishes and choices. Residents have enjoyed a number of group outings which will continue at the request of the residents

Document used to reflect personal plan is being reviewed in order to capture residents wishes and record outcomes

From 30th March A project officer will be assigned to support staff and residents in the development of person centred goals with a focus on wishes of residents and outcomes

Proposed Timescale: 30/06/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Sufficient measures had not been taken to ensure the maximum participation of the resident or his/her representative, where appropriate, in the review of each resident's personal plan.

Action Required:
Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

Please state the actions you have taken or are planning to take:
Families of some residents are in contact by phone a daily basis, at the request of families staff provide updates on a daily, weekly or monthly basis by phone or though meetings
Families are invited and encouraged to participate in the annual review process with the resident, key worker and members of the multidisciplinary to develop and review the resident's personal plan
Every effort is made to communicate with families /representatives on a regular basis via family survey, written correspondence and news letter.

Families meet with staff when they visit the centre and staff are available to discuss the residents at family and residents request
The resident is supported to contact, visit family at their request Flowers were sent for mother's day, Easter cards.

Proposed Timescale: 30/11/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some residents' interests and wishes had not been consistently responded to and staff had not considered options to support the resident to access facilities outside of the complex.

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:
Each resident personal plan will be more specific to appropriately identify and manage the residents assessed needs and will be outcome focused
Audits of personal plans to be undertaken to ensure outcomes are being achieved and recommendations implemented.

A Project Officer commencing Monday 30th March has been assigned to support staff and residents in the development of person centred goals with a focus on wishes of residents and outcomes.

CNM have been made supernumerary on 23rd March to ensure monitoring and consistency in the implementation of personal plans

Proposed Timescale: 30/06/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were a number of deficits identified by inspectors in the physical environment:

• the provider was failing to ensure that all parts of the centre were not maintained in a clean and hygienic condition
• there was evidence of damage and paint flaking to some internal surfaces within the centre

• there was limited space in some resident's bedrooms
adequate storage space was not provided in some areas of the centre
• communal space in the bungalows was not appropriate to the needs of some residents
• parts of the main building that were visited by some residents were not readily accessible by wheelchair.

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:
Immediate action was taken to deep clean the area identified on inspection
Monthly audits by Cleaning Supervisor and Manager of each area been conducted and action plan implemented
The cleaning schedule in Centre 2 has been amended to ensure that the centre is maintained to a clean and hygienic standard.
Arrangements are in now place to communicate with cleaning supervisor of the centre to highlight issues of concern and audit of cleaning schedule on a regular basis
Remedial works identified local maintenance team commenced work on same i.e. painting ensuring the décor is maintained to a high standard
A capital submission made to HSE estates for a programme of works for the centre to comply with standards
Automatic doors to be reinstalled on approach to main building to ensure equal accessibility

Proposed Timescale: 30/07/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some risks in the centre had not been adequately managed and therefore placed some residents at potential harm:

• adequate arrangements were not in place to prevent unauthorised persons from entering some of the bungalows
• adequate control measures had not been implemented to prevent residents from slipping on floor surfaces in one of the
bungalows
• some residents' were unsupervised when smoking contrary to the identified control measure
• cigarette smoke in some bungalows drifted into communal areas used by other residents.

Action Required:

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

Please state the actions you have taken or are planning to take:
Immediate action was taken to put aarrangements in place to prevent unauthorised persons from entering bungalows- including appropriate notice displayed on entrance doors since 20/02/15. The centre currently employs security staff from 19.30hours to05.30 hours 7days per week
Risk assessment and control measures in place to prevent residents from slipping on floor as part of safety statement
Arrangements for residents who smoke will be put in place to ensure safety of both smokers and non-smokers
Risk assessment on residents who smoke and control measures updated
Appropriate smoking shelters have been commissioned for the service.

Proposed Timescale: 30/06/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Measures that were developed to manage, prevent and control infection had not been consistently implemented.

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:
Immediate action was taken to remove the laundry from the area which posed a risk to infection control
Schedule for laundry collection is now in place to ensure good infection control practice
Infection control measures reviewed since inspection and corrective action will be put in place.

Proposed Timescale: 27/03/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some staff were not suitably knowledgeable about the arrangements for responding to fire and some staff had not participated in fire drills.

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

Please state the actions you have taken or are planning to take:
The arrangements for responding to fire have been reinforced with staff at team meetings
Plan for all staff to have participated in a fire drill by year end
Fire prevention and fire drill training on going and records of attendance available.
Some residents engage in fire evacuation procedures and are aware of procedure in event of fire
Evacuation plan for each resident in place in Centre 2.
Easy read evacuation procedure displayed in each house

Proposed Timescale: 01/12/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some staff had not received suitable fire safety training.

Action Required:
Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

Please state the actions you have taken or are planning to take:
Schedule of training on fire safety and prevention in place commencing on the 27th March 2015

Proposed Timescale: 01/12/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Inspectors found that some staff did not have sufficient knowledge about the behaviour supports for some residents and that some staff did not interact with residents in accordance with recommendations in the residents' care plans when responding to behaviour that challenges.

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:
Following inspection, staff were encouraged and supported to familiarise themselves with Behaviour Support Plans.
Policy on the provision of behaviour support will be reviewed
Staff will be trained in the managing behaviours of concern using de-escalation and positive intervention techniques as part of a comprehensive education programme which has commenced and will continue throughout 2015 using low arousal approach and positive risk strategies.

Studio 3 Project Workers are due to commence in the service in April which will support the staff in the consistent implementation of Behaviour Support Plans.
Studio 3 training on low arousal approach has commenced for Centre 2 staff on 24th March 2015.

Proposed Timescale: 01/12/2015

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Inspectors found that the environment at times was not managed properly and this resulted in alot of noise during parts of the inspection which appeared to trigger some residents to engage in behaviours that challenge.

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:
Immediately following the Inspection, Additional measures to mitigate noise levels were undertaken –for example a staff member will take some residents for recreational intervention.
Clinical Psychologist has been on site up skilling and supporting staff and Clinical Nurse Specialist in the area of behaviours that challenge

A training programme has been commissioned to highlight the causative factors of behaviours of concern and the importance of positive behaviour management practices; this will be on-going throughout 2015.
Maintenance work to be carried out when residents are engaging in activities outside the bungalow.
.
During team meetings, emphasis has been given to low arousal approach. Staff are

reminded of the importance of diversional activities as a measure to reduce possibility of escalation of behaviours.
Clinical Nurse Manager in the area is ensuring the environment is managed appropriately

Proposed Timescale: 01/12/2015

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Restrictive procedures for the use of chemical restraint was not applied in accordance with national policy and evidence based practice. An inspector found that the reviews for residents who were prescribed regular psychotropic medications were not sufficient and did not focus on reducing the level of regular chemical restraint.

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

Please state the actions you have taken or are planning to take:
A comprehensive audit and review of poly pharmacy will be undertaken in Centre2 in conjunction with the Consultant Psychiatrist with a view to introducing drug reduction strategies for some residents
PRN medication protocols will be developed in conjunction with the Mental Health Intellectual Disability team and Pharmacist and will be available for all residents who require same.
Additional Pharmacy hours have been approved so that pharmacist can be more actively involved in Audits medication and policy review

Proposed Timescale: 30/06/2015

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some staff did not demonstrate sufficient knowledge on what constituted abuse and how to response in the event of observing or suspecting abuse.

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

Please state the actions you have taken or are planning to take:
Immediately following the inspection all staff were instructed to familiarise themselves

with the Safeguarding policy in particular what constitutes abuse
Immediately following inspection bespoke refresher training on recognition and reporting of abuse in vulnerable adults was delivered to ensure all staff have a clear understanding of what constitutes abuse and the appropriate action to be taken if witness same
Safeguarding of Vulnerable Adult is on the agenda of all teams meetings in the centre

Awareness campaign in Centre 2 regarding Safeguarding of Vulnerable Adults in conjunction with psychologist

Policy on safeguarding adults will be reviewed to take cognisance of national policies and procedures developed by Health and Social Care.
A training programme on the protection of Vulnerable Adults is being developed for the service at a National level and will be rolled out in centre 2
Awareness Poster campaign to highlight rights and dignity of vulnerable adults in place in Centre 2

Proposed Timescale: 30/04/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some care plans had not been kept up to date and did not reflect residents' current needs. Required actions had not been taken for some identified care needs.

Resident psychiatry reviews had not taken place at the prescribed intervals.

Some clinical interventions prescribed were not reviewed and updated when a resident's status had changed.

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:
Mental Health Intellectual Disability team will initiate a quality improvement initiative to facilitate a timely appointment service for mental health reviews for all residents in Centre2 through setting up a clinic where reviews by appointment can take place

Through the key worker system All residents care plans are being updated to reflect the residents current care needs including any prescribed interventions.
A project officer has been assigned to support staff in the development of care plans which ensure consistency all documentation including care planning

Proposed Timescale: 30/06/2015

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The service provided by the on-site pharmacist was limited to a supply function and the pharmacist did not personally attend to the residents in line with guidance issued by the Pharmaceutical Society of Ireland.

Action Required:
Under Regulation 29 (2) you are required to: Facilitate a pharmacist in meeting his or her obligations to the resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland and provide appropriate support for the resident if required, in his/her dealings with the pharmacist.

Please state the actions you have taken or are planning to take:
Inspectors are engaging further with the provider on this action.

Proposed Timescale: 30/04/2015

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A medication cupboard was left unlocked and unattended in a communal area during medication administration. Storage for medication requiring refrigeration was not secure.

Action Required:
Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

Please state the actions you have taken or are planning to take:
Immediately following inspection, measures were taken to heighten awareness of staff around the safety of drug administration.
Protected time for the administration of medication, with the introduction of red tabard system to be worn by Nurse who is dispensing medications an indicator that she/he cannot be disturbed during this task.
All medicine cabinets are locked when unsupervised as per the guidelines for the safe administration of medication
New drug trolleys, drug cabinets and medication fridges are ordered.
Heightened awareness for the recording of all drug errors, incident report forms competed and learning from same.

Observation of practice by Clinical Nurse Manager on medication administration practices
Refrigeration units ordered for the appropriate storage of medication that require refrigeration in centre 2
Medication management policy to be reviewed to include protected time for administration of medication to be followed by education programme on the policy
Audit of medication administration according to centre policy
Additional Pharmacy hours approved to allow the pharmacist to be actively involved in audit and reviews of medication.

Proposed Timescale: 30/05/2015

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Medications were not administered as prescribed and medication administration practices were unsafe.

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:
Immediately following the inspection practice on the safe administration of medication was discussed with staff at team meetings.
CNM have been made supernumerary on the 23rd March for monitoring and supervising practice in a more structured manner.
Audit of medication administration by the manager of the centre to take place
Observation of practice on medication administration by managers in the centre
Refresher training on medication management policy will be provided

Proposed Timescale: 30/04/2015

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The date of opening or removal was not recorded for all items with reduced expiry when opened. Therefore, staff could not identify when these medications were due to expire.

Action Required:
Under Regulation 29 (4) (c) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and

administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

Please state the actions you have taken or are planning to take:
Expiry dates will be explicit on all medications

Proposed Timescale: 13/03/2015

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The management and storage of controlled medications did not maintain an adequate chain of custody in line with the Misuse of Drugs Regulations.

Action Required:
Under Regulation 29 (4) (d) 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 storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

Please state the actions you have taken or are planning to take:
Additional measures were immediately put in place to ensure the management and storage of all medications in Centre 2 meet the requirements of the Misuse of Drugs Act including
Locked box for transportation of controlled drugs from one bungalow to another.
Double signatures on the collection and delivery of controlled drug when being transported from one bungalow to another.
The medication management policy is being reviewed with Pharmacist to included these measure which will be followed by a training on the policy

Proposed Timescale: 27/05/2015

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
At times during the inspection staffing arrangements were not adequate to meet the needs of residents.

Action Required:
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and

skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
Skill mix /workforce planning group in place to examine skill mix and staffing levels in Centre 2
Recruitment drive to replace staff has taken place and has been successful in securing staff for the service to whom start dates have been issued.

Proposed Timescale: 30/07/2015

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all staff had up to date training in moving and handling and inappropriate moving and handling practices were used by some staff.

Action Required:
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Please state the actions you have taken or are planning to take:
CNM are supervising and monitoring practice in moving and handling and will identify poor practice and take required action referring the staff to Occupational Therapist for specific guidance and referring the staff for retraining if required.

On-going schedule of training and refresher training schedule in place to ensure all staff have up to date training on moving and handling

Proposed Timescale: 01/12/2015

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some records were incomplete, not up to date and were inaccurately completed.

Some records relating to a resident's medical appointment were not available.

Action Required:
Under Regulation 21 (1) (a) you are required to: Maintain, and make available for inspection by the chief inspector, records of the information and documents in relation to staff specified in Schedule 2 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:** All relevant records will be updated and completed in a timely manner including Statement of purpose for centre 2 will reflect numbers accurately Visitors books are on display and available in all bungalows New medication prescription administration record being introduced on a phased basis to ensure accurate recording
Proposed Timescale: 27/03/2015