

**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-0004911
Centre county:	Mayo
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Mary Warde
Lead inspector:	Jackie Warren
Support inspector(s):	Louisa Power
Type of inspection	Unannounced
Number of residents on the date of inspection:	29
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 20:30	11 January 2015 21:30
12 January 2015 10:30	12 January 2015 16:30
13 January 2015 10:00	13 January 2015 18:00
14 January 2015 11:00	14 January 2015 14:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
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 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.

This inspection report relates to Centre 3 which provides accommodation to male and female residents, and comprises of Bungalows 7, 11 and 12.

On this inspection, there was evidence of good practices, including in relation to areas such as residents' finances, medication management and cleanliness of the centre. The bungalows were found to be warm, clean and comfortable and staff interacted well with residents. Residents had good access to general practitioners (GPs) and other health care professionals and were regularly assessed as required.

However, a significant level of non compliances were identified and included:

- Some residents' privacy and dignity was not supported, particularly for those who shared bedrooms
- while there was evidence that residents were being protected from the risk of harm and abuse, adequate measures had not been consistently implemented to ensure that episodes of behaviour that is challenging were effectively addressed to protect residents from being harmed
- there were limited opportunities for some residents to participate in social activities
- parts of the physical environment did not meet residents' individual and collective needs, including ready access to toilet facilities when required and inadequate space in bedrooms.
- improvements were required in procedures for evacuating residents in the event of a fire
- water temperatures at wash hand basins were not controlled to prevent risk to residents
- documentation of some care interventions was inadequate and care plans had not

been developed for some identified risks

- some improvement was required to the documentation of medication administration and accidents and incident record
- there were insufficient staffing arrangements at night in one bungalow, and this presented a risk to the safety of residents in the event of an emergency
- the level of staffing and allocation of staff duties had some negative impact on supporting residents to partake in meaningful occupation.

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:

During the inspection of this centre, the inspector observed that residents were treated in a dignified manner by staff and residents said that the staff treated them well and that they liked the staff. Residents' views were sought and they exercised choices in how to live many aspects of their lives.

An inspector observed a person-centred approach when staff were administering medications. The nurse explained to residents the indication for each medication and showed them the box and label. This practice allowed residents to make informed decisions about the management of their care through the provision of appropriate information.

However, some practices were not sensitive to residents' needs and did not promote their privacy and dignity and some residents did not have access to recreational activity to suit their needs.

The inspector found that residents were provided with information and consulted about the organisation of the centre. The inspector spoke with residents and reviewed documentation, and found that there were regular house meetings with residents to discuss any issues of interest to the residents and to gain feedback. There was a residents' forum held every month, where some residents from all the bungalows on the campus came together to discuss any issues and give feedback to the organisation.

Residents were enabled to exercise choice and control in some aspects of their lives, such as their diet, dining location and clothing. Residents got up and went to bed at

times of their choosing. Meals were prepared in a central kitchen and were served either in a main canteen or in the individual bungalows. Meals were delivered to the bungalows in bulk containers and residents were offered choices of meals including portion sizes. Residents could attend the services and activities provided in the centre or opt out if they preferred. One resident attended a day service of her choice external to the centre. Residents had access to televisions and were observed to watch an evening news bulletin, daytime shows and music DVDs.

A range of activities were available to residents within the grounds of the centre, such as art, baking, exercise programmes in a gym, attending Mass and accessing a multi-sensory room. Residents who wished to attend these activities had the option of walking there or taking the bus provided on site. Residents who attended these activities told the inspector that they enjoyed them very much. During the inspection the inspector saw residents walking in the grounds, some accompanied by staff and some with other residents. A staff member accompanied two residents to the nearest town for a drink and one of these residents told the inspector on his return that he had enjoyed the outing. Residents were encouraged to keep up social contacts with family and friends. Some residents told an inspector that they had gone to visit family over the weekend and residents were seen visiting their friends in other bungalows within the centre.

However, there were limited opportunities to partake in activities or hobbies for residents who did not attend the organised activities and who stayed in the bungalows during the day. There was no schedule or plan to carry out group or one-to-one activity in the bungalows. The inspector spent time in all three bungalows in centre 3 and found that many residents there were sitting in the communal areas for long periods with nothing to do. One resident was looking for magazines as she said that she enjoyed them, but there were none available, although some were eventually provided by a staff member who had some in her car.

There was inadequate private space for residents in the bungalows. In each bungalow there were two shared bedrooms, each occupied by two residents, while the other six residents had single bedrooms. Privacy screening in shared bedrooms was inadequate and could not be fully extended around beds to provide maximum privacy as required. Single bedrooms were small in size and did not constitute suitable permanent accommodation. These rooms were furnished with a bed, wardrobe and a bedside cupboard. There was very limited circulation space in the single bedrooms and there was insufficient space for a chair or for assistive equipment if required. For example, during a period of illness, one resident had required a hoist for transfer to bed. There had not been sufficient space to accommodate the use of a hoist and the resident had to be transferred to other accommodation for the duration of the illness.

Residents had no lockable spaces within their rooms for the safekeeping of valuables and personal belongings. This impacted on residents' right to store their belongings safely and privately, while retaining control of their own money and possessions.

The communal space in the bungalows consisted of a spacious communal room, divided into sitting and dining sections. These rooms were clean, bright and comfortably furnished and decorated. However, apart from their bedrooms, these communal rooms

were the only space available to residents to partake in leisure activities, relax and meet visitors. This did not provide residents with any space in which to enjoy quiet time or the meet visitors in private.

The layout of toilet accommodation did not promote the dignity of residents. In each bungalow there were two toilets available to residents, each of which were located in the main bathrooms, and the toilets were not always accessible to residents who needed to use them. When any resident was taking a bath or a shower other residents could not use the toilets. Staff in all bungalows stated that this presented a delay in residents accessing a toilet, particularly in the mornings. They explained that residents could use a staff toilet if necessary.

The arrangements for residents to smoke were unsuitable and undignified. The inspector was told by staff that the organisation had introduced a no-smoking policy in all the bungalows and there were no alternative areas identified for residents to smoke in centre 3. Some residents smoked in a small external bin-store which was cold, uncomfortable and undignified and contained no seating for smokers or fire safety measures.

An inspector observed a handover meeting taking place in a busy communal area where residents' health needs were discussed without sufficient regard to the privacy of the information being discussed.

Judgment:

Non Compliant - Moderate

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:

The inspector found that residents in this centre were involved in the development of their personal plans and that staff provided some support to residents to achieve their plans. However, improvement was required to ensure that residents' personal plans were implemented consistently.

Each resident had a personal plan and the inspector read a sample of these plans. They were based upon the individual support needs of each resident and there was evidence of review and participation of residents in the development of their plans. The personal plans contained information about the residents' backgrounds, including detail of family members and other people who were important in their lives. They also contained information about residents' interests and goals. In addition to the main plan, each resident also had a user friendly version of the plan with colour photographs and pictorial images to depict the information in their folders. One staff member had identified the need to revise these plans to provide a more accessible format for residents and she had commenced the development of new plans.

However, the residents' plans were not always implemented. The measures taken to achieve residents' goals were inconsistent in the sample of files reviewed. For example, in one bungalow, a resident's goals had been achieved and a further set of goals had been developed. However, for a resident in another bungalow, there was no evidence that her goals had been met or that any actions had been taken to achieve them. Staff in this bungalow told the inspector that the resident was not attending the activities identified as her goal and were not aware of, or involved in, any plans to address this.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

Findings:

There were measures to protect the health and safety of residents, visitors and staff although improvement to fire safety, risk management and water temperatures was required.

There was an up to date health and safety statement, a risk management policy and a risk register identifying a range of risks in the centre. There was also an informative emergency plan in place to guide staff in the event of emergencies which included information such as transport arrangements, emergency accommodation and contact details for emergency support. However, the risk management policy did not contain all the risks specified in the Regulations and their control measures, such as the risks associated with self harm and absconding.

Staff confirmed that fire safety training had been provided to all staff. There was a

comprehensive fire evacuation plan in place, including an individual evacuation plan for each resident and staff were knowledgeable in relation to this. The evacuation plans were posted clearly at all main exits. However, the personal evacuation information supplied in one resident's personal file differed from the information in the fire register. This presented a risk that staff might not move this resident appropriately in the event of an emergency.

Staff told an inspector that there were regular fire drills and staff were able to tell the inspector about what they would do if the fire alarm went off. The records of daytime fire drills were retained and these evacuations were being achieved in a short time. There was no record of night-time fire drills retained in the individual bungalow and staff stated that these were stored centrally. Staff did not know how long it would take to evacuate residents when they were sleeping at night and a staff member who worked at night had not been involved in any night-time evacuation drills. Staff carried out frequent fire safety checks in the bungalows, such as weekly checks of fire hose reels and emergency lighting and daily checks of panic alert systems, fire extinguishers and escape routes.

During the inspection, an inspector found that the hand washing water in all bungalows was extremely hot and presented a risk to residents. This risk had already been identified by the management team and staff said that thermostatic control devices were being fitted.

The bungalows were maintained in a clean and hygienic condition throughout. Contract cleaning staff were employed to clean the bungalows daily and there was a cleaning schedule in place.

Judgment:

Non Compliant - Moderate

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:

The inspector found that measures were in place to protect residents from being

harmed or abused, although improvement was required to identification of measures to manage behaviour that is challenging.

There was a policy on safeguarding residents from abuse. Staff told the inspector that they had received training in relation to adult protection. They said that the training had been useful and informative and they were knowledgeable regarding their responsibilities in this area.

The inspectors observed staff interacting with residents in a respectful and friendly manner. Staff had developed an intimate care plan for each resident to ensure that privacy was respected and to protect the resident from any risk during the delivery of intimate care. Residents spoken with told the inspector that they were happy and felt safe living in the centre.

Care interventions for the management of behaviours that were challenging required improvement. Physical restraint was not used in any of the bungalows in centre 3. Staff told an inspector that no residents used bed rails, lap belts, restraining chairs or seclusion and during the course of the inspection the inspector observed this to be the case. Staff stated that behaviours that are challenging and aggression were not frequent. However, an inspector viewed the files for some residents who had presented with behaviours that were challenging and found that suitable care plans had not been developed to provide guidance to staff on how to de-escalate these situations and to ensure consistency of support to the residents.

In relation to chemical restraint, an inspector observed that there was insufficient guidance readily available to staff. Where a resident was prescribed more than one medication, guidance given by a Consultant Psychiatrist in the medical notes in relation to the medication to be used first was not outlined in the medication order or personal plan. The use of chemical restraint was not reviewed as part of the personal planning process. For example, an inspector reviewed the medication for one resident who was prescribed chemical restraint on an 'as required' basis. Staff reported that the resident displayed behaviours that are challenging for a short period of time a number of years ago and that this medication was no longer required.

The inspector was satisfied that residents' finances were managed in a clear and transparent manner. All money was securely stored in the safe. Individual balance sheets were maintained for each resident and all transactions were clearly recorded and signed by two persons. Receipts were maintained for all purchases. A senior member of staff had recently carried out an audit of financial records and no discrepancies were noted.

Judgment:

Non Compliant - Moderate

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:**

The inspector found that residents' overall healthcare needs were met and they had access to appropriate medical and healthcare services. All of the residents were in good general health at the time of inspection.

All residents had access to GP services. A GP held a clinic in the complex twice each week to see residents. An inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis.

Residents had access to a range of allied health professionals including physiotherapy, speech and language therapy, psychology and psychiatry and referrals were made as required.

An inspector viewed a number of residents' health care files and found that they were generally detailed and informative, although the documentation of some care interventions was inadequate and care plans had not been developed for some identified risks. For example, a care plan for a resident with epilepsy did not provide sufficient information to guide staff. Staff confirmed that epilepsy care training had been provided to some, but not to all, staff. No care plan had been developed where self injurious behaviour had been identified as a risk to a resident.

The inspector noted that residents' nutritional needs were met and monitored and staff stated that none of the residents were experiencing significant nutritional issues. Residents were weighed monthly. Referrals to the dietician or speech and language therapist were made as required and their recommendations were implemented.

Residents were supported and encouraged to eat healthy balanced diets. Breakfast, supper and snacks were prepared in the individual service units while mid-day and evening meals were supplied by a central kitchen. Kitchens in the bungalows were well stocked with a wide variety of suitable food items such as cereals, milk, fruit, biscuits, bread, cold meats, confectionery and jams. Some residents required special diets as recommended by the speech and language therapist and these were supplied. Where residents require food of a modified consistency, the staff communicated this to the catering department on the order form. These residents had the same food choices as other residents. Suitable alternative foods were provided to residents who had diabetes. Supplies of suitable snacks were stored in a labelled container in the kitchen specifically for one resident with diabetes. Residents had access to drinks and snacks at all times.

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):

Findings:

Medications for residents were supplied by a pharmacy department within the centre. The pharmacist was employed by the provider to supply medications to the residents. In the event of medication being required out of hours, medication could be obtained from an alternative pharmacy. Staff reported that the pharmacist provided support to the nurses.

An inspector observed medication administration practices and found that the nursing staff did adhere to professional guidance issued by An Bord Altranais agus Cnáimhseachais. Nursing staff reported that, even though medications requiring refrigeration or controlled medications were not in use, facilities were available for the correct storage of such medications. Nursing staff with whom the inspectors spoke outlined that medication administration was carried out by nursing staff only. Online medication management training was facilitated and nurses with whom the inspector spoke demonstrated knowledge and understanding of professional guidance in medication management.

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. Medication administration sheets identified the medications on the prescription sheet and allowed space to record comments on withholding or refusing medications. However, medication administration records were not consistently completed; this is covered in outcome 18.

Staff with whom an inspector spoke outlined the manner in which medications which were out of date or dispensed to a resident but no longer needed were stored in a secure manner, segregated from other medicinal products and were 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.

Judgment:

Compliant

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:

The inspector found that the level of staffing and allocation of staff duties had some negative impact on supporting residents to partake in meaningful occupation and in ensuring the safety of residents.

There was normally one nurse and one care assistant on duty in each bungalow during the day and there was a clinical nurse manager with overall responsibility for the three bungalows. There was usually one staff member in each of the bungalows at night. The staff allocation on the days of inspection was consistent with the planned roster. One of the staff based in centre 3 at night was the nurse with overall responsibility for supervision of all the bungalows in the complex. She and other staff stated that at times it was necessary for her to leave the bungalow in which she was based, to attend to issues in other areas during the night. While she was absent there were no staff present in the bungalow. Staff showed the inspector an emergency alert system which was in place to alert other staff to provide assistance in the event of a fire. However, there was no system for residents in the unstaffed bungalow to alert staff in the event of other emergencies, such as a fall, illness or any other support being required.

The staff in the bungalows assisted residents as required with personal care, dressing, dining, food preparation, medication management and health care needs and assessments. They accompanied residents for walks, doctors' clinics, appointments and participation in a limited amount of leisure activities in the centre. Staff told the inspector that there were insufficient staff in the bungalows to consistently support residents to participate in activities in the bungalows or the local community. The inspector observed this to be the case during the inspection.

Housekeeping duties and laundry were carried out by external contracted staff who came to the bungalows daily.

The staff who spoke with the inspector demonstrated good knowledge and understanding of their roles and of each resident's needs, wishes and preferences. The inspector observed good staff interactions with residents who appeared comfortable in the company of staff. The inspector found appropriate supervision arrangements to be in place and staff spoken to informed the inspector they felt very supported and stated that the person in charge was approachable and accessible at all times. Staff informed the inspector they had no difficulty highlighting issues to their line manager. They

stated, for example, that they had suggested to their managers that a nearby unused bungalow be converted to an activation unit for alternative activities, such as baking, and this had been achieved and was in operation for a few days each week.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

Findings:

The health care, social care, incident and medication management records were examined on this inspection and some improvement was required.

There were health and social care files retained for each resident, which included details of personal and social care, assessments and medical and nursing care delivered. While the files were generally well recorded and informative some health care interventions were not consistently recorded in sufficient detail to guide staff. For example, the recommendations of the tissue viability nurse in respect of frequency of dressing changes for a resident with a wound were not recorded and an updated exercise plan which had been developed by the physiotherapist had not been linked to a resident's care plan.

The inspector read a sample of accidents and incident records and found that some were recorded in good detail including the details of the event and the outcome. However, sufficient details of incidents were not consistently recorded and some were not signed by any staff member /witness.

As outlined in outcome 12, an inspector observed that the medication administration sheets were left blank at a number of times where medication was due to be administered. Therefore, there was not a complete record of each medicine administered, signed and dated by the nurse administering the medicines.

Judgment:

Non Compliant - Moderate

Acknowledgements

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

Report Compiled by:

Jackie Warren
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-0004911
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:

There was inadequate private space for residents in the bungalows.

Single bedrooms were small in size and did not constitute suitable permanent accommodation.

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

Privacy screening in shared bedrooms was inadequate and could not be fully extended around beds to provide maximum privacy as required.

The layout of toilet accommodation did not promote the dignity of residents. Toilets were not always accessible to residents who needed to use them.

The arrangements for residents to smoke were unsuitable and undignified. Some residents smoked in an external small bin-store which was cold, uncomfortable and undignified and contained no seating for smokers or fire safety measures.

Some staff practices were not sensitive to residents' needs and did not promote their privacy and dignity.

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:

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 Awareness around practice and that at all times it must promote dignity and respect A standard operating procedure is being developed to ensure The communication between staff members and the sharing of residents information will respect the privacy and dignity of residents in Centre 3

A Capital submission had been made to National Office to secure funding to address accommodation, privacy and space in line with National Standards

The six twin rooms in Centre 3 will have more suitable screening put in place this will ensure optimal privacy and dignity for residents. This screening has been ordered All bedrooms are lockable if requested

Dedicated smoking areas have been commissioned for centre 3 Arrangements for residents who smoke will be put in place to ensure safety of both smokers and non-smokers.

Proposed Timescale: 30/06/2015

Theme: Individualised Supports and Care

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

There was no lockable storage space in bedrooms for safekeeping of valuables or personal items.

Action Required:

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

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

An immediate action plan is in put in place in Centre 3 with maintenance department to ensure lockable storage will be available to all 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:

There were limited opportunities for some residents to partake in activities or hobbies.

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 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, 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. Meeting with local Education Training Board scheduled for Monday 9th March to ascertain the programmes available in the community which would benefit residents in Centre 3.

Proposed Timescale: 30/06/2015

Outcome 05: Social Care Needs

Theme: Effective Services

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

The assessed goals identified within residents' personal plans were not consistently responded to.

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:

CLINICAL NURSE MANAGER's have been made supernumerary from Monday 23rd March 2015 for enhanced supervision of staff and the monitoring of the delivery of good practice including enhanced monitoring of the implementation of care plans Submission is being considered at a National Level for an enhanced Governance Structure to include a Clinical Nurse Managers 3 for Centre 3

Review of personal plans in place and is on-going throughout the year in Centre3 as part of the multidisciplinary review. As part of this review, supports required to identify person centred goals and maximise resident's personal development will be clarified, implemented and documented.

From 30th March a project officer has been assigned to support staff and residents in the development of person centred goals and implementation of goals and to ensure consistency in documentation and care planning

Proposed Timescale: 30/06/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The hot water at wash hand basins was extremely hot and presented a scalding risk.

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:

Work due to commence on the installation of Temperature Control Valves on all hand basins on the 30th March 2015 in Centre 3

Proposed Timescale: 30/06/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

There was no evidence that the time taken to evacuate residents when they were sleeping during the night had been assessed.

One resident's personal evacuation plan contained conflicting information in a resident's personal plan and the fire register, which could result in the incorrect action being taken by staff.

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:

Immediately following the inspection Evacuation plans for all residents in centre 3 have been updated to reflect the individual ability of each resident

One evacuation drill has now taken place per house to include all residents in centre 3 during night time hours, to assess time to safely evacuate residents

Proposed Timescale: 27/03/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

There is insufficient review of chemical restraint through the individual personal plan.

Action Required:

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

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

The Mental Health Intellectual Disability Team will undertake a review of all psychotropic medication in Centre 3

PRN protocols are being developed with pharmacist and will be available for each resident who requires them.

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:

The guidance for staff on managing and alleviating behavioural issues was insufficient.

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:

Studio 111 training on low arousal approach to behaviours that challenge commences for Centre 3 staff on 21st April 2015.

Policy and guidance on restrictive procedures are to be reviewed as part of a Studio 111 training and education programme with Clinical Nurse Specialist to ensure adequate guidance on managing behavioural issues is appropriate.

Behavioural support plans are being reviewed and updated in consultation with the Key worker, Clinical Nurse Specialist and the Studio 111 team.

Proposed Timescale: 30/06/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Sufficient care planning interventions had not been developed to guide the care of some health care needs. The recording of some care interventions was inadequate and care plans had not been developed for some identified risks.

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:

Immediate review of all care plans and health action plans for residents in Centre 3 took place following inspection.

They have been updated to reflect care interventions to ensure there are no risks to the resident.

Epilepsy awareness training taking place on 8th April.

Audit tool for reviewing of care plans is being developed

A project officer has been assigned to support staff in the development of person centred goals and implementation of goals and to ensure consistency in documentation and care planning

Clinical Nurse Managers have been made supernumerary on the 23rd March to enhance the supervision and the monitoring the delivery of practice and the consistent development of care plans

Proposed Timescale: 30/06/2015

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 night there were no staff present in one of the bungalows and there was no way for residents in the unstaffed bungalow to alert staff in the event of any emergencies, such as a fall, illness or any other events where support was required.

The allocation of staff in the bungalows did not provide sufficient availability to support residents to participate in activities in the bungalows or the local community, apart from the organised communal activities.

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:

Immediate action was taken to place additional staff in the identified area and the manager of night services is now supernumerary to ensure availability of support to other areas if required.(20/02/15)

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: 30/04/2015

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 health care interventions were not consistently recorded in sufficient detail to guide staff.

Sufficient details of incidents were not consistently recorded or some were not signed by any staff member /witness.

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:

Immediate action was taken to address any documentation that was incomplete, incident reporting recording is emphasised at team meetings
Guidelines on documenting care will be developed to ensure all staff are aware of their roles and responsibilities when recording information on residents
All residents plans will be updated to reflect the residents care needs in a manner which appropriately guides staff
Training on incident report writing will be facilitated for staff

Proposed Timescale: 30/06/2015

Theme: Use of Information

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

Medication administration sheets were left blank at a number of times where medication was due to be administered.

Action Required:

Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 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:

Medication administration audits will be undertaken and action plans put in place to ensure best practice in medication administration
Observations of practice by the Clinical Nurse Manager on the administration of medication by staff in Centre 3
Policy on medication management is under review in consultation with Pharmacist, once complete training on the policy will be rolled out in centre 3
New Drug trolleys, medicine cabinets and fridges for the storage of medication have been ordered.
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 cannot be disturbed during this task.
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

