## Centre Details

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003951</td>
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<tr>
<td>Centre county:</td>
<td>Tipperary</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>Daughters of Charity Disability Support Services Ltd.</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Marie Grimes McGrath</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Michael Keating</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Florence Farrelly</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>9</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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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 following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 19 December 2014 14:00  To: 19 December 2014 17:00

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

<table>
<thead>
<tr>
<th>Outcome 07: Health and Safety and Risk Management</th>
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<tbody>
<tr>
<td>Outcome 08: Safeguarding and Safety</td>
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<tr>
<td>Outcome 14: Governance and Management</td>
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<tr>
<td>Outcome 17: Workforce</td>
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</table>

Summary of findings from this inspection
This inspection was carried out in response to unsolicited information received by the Health Information and Quality Authority (the Authority) on 17 December 2014. The unsolicited information related to allegations of poor practice and practices that could constitute the abuse of residents in specific units. The inspection type was a triggered ‘single-issue’ inspection relating to ‘Outcome 8: Safeguarding and Safety’.

The centre comprises two houses and can accommodate 9 residents; inspectors visited one of these houses. As part of the inspection; inspectors interviewed staff on duty and reviewed documentation pertaining to the areas of concern. Documentation reviewed included daily notes, communication books, personal plans, risk assessments and documentation pertaining to restrictive practices and behaviours that challenge.

As part of the inspection; inspectors interviewed staff on duty and reviewed documentation pertaining to the areas of concern. Documentation reviewed included daily notes, communication books, personal plans, risk assessments and documentation pertaining to restrictive practices and behaviours that challenge. Inspectors observed staff interactions with residents.

Inspectors found that all staff did not 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. The provider was required to take immediate action to address this failing as a result of the level of risk identified. Following the inspection, a feedback meeting was held with the provider nominee and the Director of Nursing for the Service. Areas that required improvement were discussed with the
provider nominee and the Director of Nursing for the Service at that meeting. The provider satisfactorily responded to the immediate action letter within the required timeframe.

As a result of risks identified during the course of the inspection; aspects of three additional outcomes were inspected and are included in this report. The additional risks included for action in this report related to governance and management, staff training and incident management. Actions required by the provider to address these risks are outlined in the action plan at the end of this report.
Outcome 07: Health and Safety and Risk Management

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

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
Inspectors reviewed a number of aspects of this outcome, as they related to the concern received. Aspects reviewed included systems in place to manage risk and systems in place to manage incidents. Inspectors found that both areas required improvement. The provider was required to take immediate action as a result of risk identified in relation to the management of behaviour that challenges.

An immediate risk to the health and safety of residents and staff was identified relating to behaviour the challenges. Inspectors found that there had been four significant incidents of behaviours that challenge by one resident in the six days prior to the inspection. Inspectors spoke with two staff on duty on the day of inspection and found that neither staff could implement the responses as outlined in the behaviour management plan for that resident (one staff was not trained to do so; the other was unable to do so for legitimate reasons). The acting person in charge did not demonstrate an awareness of the risk posed to the resident, the other residents and the staff as a result of this gap. The provider was required to take immediate action to address this risk.

Inspectors issued an immediate action letter and gave a copy of same to the provider nominee during the feedback meeting.

Inspectors found that improvements were required to the management of incidents. There were two incident books in use, which was confusing. The inspector found that two books were in use because one was often taken off-site for signing. The provider nominee confirmed that this was not in line with the organisation’s accepted practice. The provider nominee agreed that all incidents should be reviewed by the relevant manager. Inspectors found that this was not the case and that some incidents had not been signed as having been reviewed.

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.

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**Theme:**

Safe Services

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

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

**Findings:**

Overall it was found that there were measures in place to protect residents from being harmed or suffering abuse and that residents were supported to develop their knowledge, self-awareness, understanding and skills needed for self-care and protection. However, while behavioural management plans had been developed, their guidance could not be followed due to lack of staff knowledge and inability to carry out assessed restraint techniques as identified due to personal circumstances. These issues have been referred to previously and actioned under Outcome 7: Health and Safety and Risk Management.

Residents had comprehensive multi-element positive behaviour support plans in place that identified potential triggers and changes in behaviour which suggested residents' anxiety levels were heightened and may lead to a presentation of difficult behaviour. Clear distraction and communication techniques were then identified to try to redirect residents and address their needs. However, if the behaviour escalated the plans indicated that staff who had been trained in the therapeutic management of aggression and violence (TMAV) could intervene using 'hands-on' redirection up to and including 'figure 4' holds, which required the intervention of two staff. The fact that there were no staff present who could carry out and TMAV techniques left residents and staff highly vulnerable. The area manager with responsibility for this house referred to how the levels of challenging behaviours resulted in a high staff turnover.

Staff and information read in care plans also referred to the use of a 'safe-room' which was in affect a sitting room where one resident tended to redirect himself or would be redirected to by staff if he was stressed or his anxiety levels were increasing. This practice was explored in detail by both inspectors and appeared to be a safe and supportive way of managing this behaviour. It was reported that the door remained open and staff stayed in regular contact with him. However, there was a 'bathroom style' lock on the door separating the kitchen and the sitting room (meaning it could only be operated from one side). The inspectors asked why this was in place. Staff and the area manager did not know, stating it was always there and was not used. While there is no suggestion made or implied that this lock was used, its presence needs to be considered as this could be used inappropriately.
There was also documentary evidence provided of case reviews for residents incorporating multi-disciplinary support staff. Records of consultations with a psychiatrists and psychologists were available in residents' files.

Judgment:
Non Compliant - Major

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Inspectors found that improvements were required to the governance and management of the designated centres.

The provider had failed to put in place effective management systems that supported and promoted the delivery of safe, quality care services. Specifically and as previously discussed, the person deputising in the absence of the person in charge had failed to identify a significant risk relating to the management of behaviour that challenges and had also failed to ensure that staff were suitably trained and capable of responding in a safe way to such behaviours.

Judgment:
Non Compliant - Major

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
Improvements were required in relation to staff training, staff mix and staffing levels.

Inspectors found that the person in charge had failed 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.

As previously discussed under Outcome 8: Safeguarding and Safety; an immediate action letter was issued. Inspectors found that for a resident with behaviour that challenges, two of the staff on duty on the day of inspection could not implement the responses as outlined in the behaviour management plan for that resident (one staff was not trained to do so; the other staff was unable to do so for legitimate reasons).

**Judgment:**
Non Compliant - Major

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**Closing the Visit**

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

**Acknowledgements**

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

**Report Compiled by:**

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

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<td>OSV-0003951</td>
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<tr>
<td>Date of Inspection:</td>
<td>19 December 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>18 February 2015</td>
</tr>
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</table>

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 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 organisation’s procedures in relation to the recording, reporting and review of incidents was not being followed.

Action Required:
Under Regulation 26 (1) (a) you are required to: Ensure that the risk management

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
policy includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
- Immediate Action was implemented as per HIQA Action Plan 16.12.2014. On the 22/12/14, all relevant staff received training in Therapeutic Management of Aggression and Violence (TMAV), "figure of 4” specific training. All staff that work in the centre are now trained in TMAV and “figure of 4” trained, all staff that are a response team to the centre area also TMAV and “figure of 4” trained.
- Immediate action taken 16.12.2014, incident forms completed and actioned. Only one incident reporting book now in place in the area, all staff are aware of same. An area manager will on a daily basis visit this centre, as part of this visit to the centre incidents from the day will be reviewed with staff and control measures to reduce risk or likelihood of recurrence will be agreed and documented on both the incident form and on the service user’s plan of care. Where appropriate following an incident the service user or area risk assessment will be reviewed.
- All individual service user risk assessments will be reviewed. A CNM3 from another part of the organisation will support staff in the centre in the area of risk assessments and challenging behaviour this will take place week commencing 02/03/2015.
- All staff in the centre will receive input from the nominee provider and PIC in the organisation's procedures in relation to the recording, reporting and review of incidents; this will be completed by 06/03/2015.

Proposed Timescale: 06/03/2015
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The systems in place did not adequately protect residents and staff from injury in relation to the management of behaviours that challenge; this related specifically to the following two areas: (1) staff not having completed the assessed training requirements (2) staff who could not carry out interventions due to personal circumstances

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:
Staff not having completed assessed training - On the 22/12/14, all relevant staff received training in Therapeutic Management of Aggression and Violence (TMAV ). To be reviewed and reassessed in January 2015.

Staff who could not carry out interventions due to circumstances – this staff member has been removed from the centre and replaced with other staff.

Nominee provider will review the assessment and management of risk and ensure
appropriate systems are in place to respond to emergencies. To be completed by 29th January 2015.

• On the 22/12/14 all relevant staff, in the centre and those staff that are a response team, received training in Therapeutic Management of Aggression and Violence “figure of 4” (TMAV)

Staff who could not carry out interventions due to personal circumstances – this staff member has been removed from the centre and replaced on the roster by another staff member.

• The Quality and risk officer will deliver training to all staff in the centre on risk assessment and identification of risk prior to the 31/03/2015.

• A CNM3 with responsibility for the area of risk assessment and Health and safety, from another part of the organisation will support staff in the centre in the area of reviewing risk assessments and challenging behaviour this will take place week commencing 02/03/2015.

• All service users and area risk assessments will be reviewed for the centre.

• An additional 10 staff were trained on 11.02.2015 as back up support in TMAV fig 4.

• There is now a written protocol for staff in the centre re how to access emergency backup support should there be an incident where additional staff support is required. This is displayed in the centre.

Proposed Timescale: 31/03/2015

Proposed Timescale: 22/12/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
All staff did not 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.

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:
• Immediate Action was implemented as per HIQA Action Plan 16.12.2014
• Protocol in place since inspection ensuring that two staff on duty with TMAV and fig of 4 training with one service user at all times while service user is present.
• All staff in the centre received a refresher in TMAV fig of 4 training 22.12.2014
• 14 staff to be trained 11.02.2015 as back up support in TMAV fig 4.
• Person unable to work due to personal reasons redeployed with immediate effect. Measures in place to address staff safe working practices in line with risk assessment. Where personal issues arise for staff, risk assessment will be completed as necessary to establish suitability and safety to work in the centre.
• All staff in the centre will be scheduled to attend training in the management and support of people with challenging behaviour.
• There is a new home manager who will commence post in March 19 2015, there is recruitment commenced for a CNM2 to the area, also the recruitment process has commenced for CNM3 posts x 2, these managers will provide direct support to staff and service users in the centre, with particular emphasis on improving quality of life by the management of the behaviours that challenge. In the interim there is a support to all centres from a CNM3 from another part of the organisation, this CNM3 will be providing direct support to Centre H week commencing 02/03/2015.
• Staff training on the challenging behaviour policy is being delivered to all staff, all staff in the centre will have completed this training 18/03/2015.

Proposed Timescale: 20/04/2015

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The physical premises had not been assessed to ensure that access throughout the centre could not be compromised for residents at any time.

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:
• Bathroom style lock on the door separating the kitchen and the sitting room removed. 05.02.2015
• On the 22/12/14, all relevant staff received training in Therapeutic Management of Aggression and Violence (TMAV), “figure of 4” specific training. All staff that work in the centre are now trained in TMAV and “figure of 4” trained, all staff that are a response team to the centre area also TMAV and “figure of 4” trained.

Proposed Timescale: 05/02/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider had failed to put in place effective management systems that supported and promoted the delivery of safe, quality care services. Specifically, the person deputising in the absence of the person in charge had failed to identify a significant risk relating to the management of behaviour that challenges and had also failed to ensure that staff were suitably trained and capable of responding in a safe way to such behaviours.

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

Please state the actions you have taken or are planning to take:
• Immediate Action was implemented as per HIQA Action Plan 16.12.2014
• Protocol in place to ensure that two staff on duty with TMAV and figure of 4 training with one service user at all times while service user is present.
• All staff received a refresher in TMAV fig of 4 training 22.12.2014
• 10 staff were trained 11.02.2015 as back up support in TMAV figure 4.
• Person unable to work due to personal reasons redeployed with immediate effect. Measures in place to address staff safe working practices as per risk assessment.
• There is a new home manager who will commence post in 19/03/2015, This home manager is an RNID, there is recruitment commenced for a CNM2 to the area, also the recruitment process has commenced for CNM3 posts x 2, these managers will provide direct support to staff and service users in the centre, with particular emphasis on improving quality of life by the management of the behaviours that challenge. In the interim there is a support to all centres from a CNM3 from another part of the organisation, this CNM3 will be providing direct support to Centre H week commencing 02/03/2015.

Proposed Timescale: 20/04/2015

Outcome 17: Workforce
Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not ensuring that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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:

- Immediate Action was implemented as per HIQA Action Plan 16.12.2014
- Protocol in place to ensure that two staff on duty with TMAV and fig of 4 training with one service user at all times while he is present.
- All staff received a refresher in TMAV fig of 4 training 22.12.2014
- 10 staff were trained on 11.02.2015 as back up support in TMAV fig 4.
- Staff training on the challenging behaviour policy is being delivered to all staff, all staff in the centre will have completed this training 18/03/2015.
- A CNM3 with responsibility for the area of risk assessment and Health and safety, from another part of the organisation will support staff in the centre in the area of reviewing risk assessments and challenging behaviour this will take place week commencing 02/03/2015.
- There is a training prospectus, all staff aware of same. Managers will review this with staff and ensure that staff are scheduled for necessary training and refresher training dates.

**Proposed Timescale:** 18/03/2015