

**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-0002453
Centre county:	Monaghan
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Health Service Executive
Provider Nominee:	Kevin Carragher
Lead inspector:	Jillian Connolly
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	13
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
08 January 2015 10:00	08 January 2015 20:00
09 January 2015 10:00	09 January 2015 17:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

The designated centre involved in this inspection consists of two community houses in Co. Monaghan and is operated by the Health Service Executive. The inspection was conducted following an application by the provider to register the designated centre under the Health Act 2007. This was the second inspection conducted by the Authority, with the first occurring in June 2014. The provider had demonstrated a responsive approach to regulation following on from failings identified in June 2014. An immediate action was issued by inspectors during the last inspection, following significant deficits identified in the systems regarding the safe administration of medication. Inspectors confirmed that the appropriate actions had been taken on this inspection and identified compliance in Outcome 12. In the main, satisfactory actions

had also been taken by the provider in the remaining failings however improvements was still required in some areas which is identified in the body of the report.

This inspection was facilitated by the person in charge who was present at the opening and closing meeting. Feedback was provided to the person in charge, a member of the management team and a staff nurse on conclusion of the inspection. The findings in this report were obtained by inspectors speaking with residents and staff, reviewing documentation and observing practice. Questionnaires had also been submitted to the Chief Inspector by six residents and seven relatives as part of the process for applying for the registration of the centre. Whilst feedback was very complimentary to the staff within the centre and the quality of service provided to residents, a common theme arising from the questionnaires was inadequate staffing levels.

Inspectors found staff to engage with residents in a dignified and respectful manner and residents spoken to reported to be happy within their home. Failings were identified with twenty nine regulations on this inspection, nineteen of which are the responsibility of the provider and ten of which are the responsibility of the person in charge. Compliance was identified in five of the outcomes and minor improvements were required to the Statement of Purpose. Moderate non - compliance was identified in the following Outcomes:

- Outcome 1: Residents Rights, Dignity and Consultation
- Outcome 2: Communication
- Outcome 5: Social Care Needs
- Outcome 6: Safe and Suitable Premises
- Outcome 11: Health Care Needs
- Outcome 14: Governance and Management
- Outcome 18: Records and Documentation

Major non - compliance was identified in five outcomes:

- Outcome 4: Admissions and Contract for the Provision of Services
- Outcome 7: Health and Safety and Risk Management
- Outcome 8: Safeguarding and Safety
- Outcome 16: Use of Resources
- Outcome 17: Workforce

The common theme arising in the five pre - mentioned outcomes were insufficient staff training, staffing levels and the inadequate provision of positive behaviour support.

The action plan at the end of this report identifies the mandatory actions the provider/person in charge is required to take to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The designated centre had a complaints policy in place and the procedure to be followed in the event of an individual wishing to initiate the policy was displayed in an accessible location within the designated centre, which was an action arising from the previous inspection in June 2014. There were inconsistencies in the recognition of what could constitute a complaint within the designated centre. For example, in some where residents had the ability to verbally self - advocate, there was a clear records of complaints maintained and the outcome arising from same, inclusive of if the complainant was informed of the outcome and was satisfied with same. However, inspectors found evidence in the accident/incident log of incidents which had occurred which resulted in dissatisfaction to residents. However the residents involved were not in a position to verbally self - advocate and the incidents were not recognised as a complaint. Therefore themes arising from the incidents such as residents not getting along were not being identified and reviewed. Whilst there was an advocate available to residents, the inspectors further observed that referrals had not been made for residents who could require same. For example, an independent individual reviewing the contract in place between the resident and the service provider as stated in Outcome 4 when the resident was deemed not to have the capacity to sign the contract.

The absence of an advocate was also apparent in the consultation of residents regarding the operation of the designated centre. For example, in one of the community houses, residents informed inspectors that they were included in decisions via a weekly residents' meeting. Inspectors reviewed a sample of minutes and observed that residents were actively involved in decisions regarding the weekly menu, administration of medication and issues pertaining to maintaining the privacy and dignity of residents. Relatives also confirmed that they felt their loved one was consulted. However in the

second community house, residents' meetings did not occur as due to the capacity of residents they were deemed to be an unsuitable forum. However in the absence of residents' meetings, there had not been an alternative forum identified to ensure that the designated centre was being operated in line with the needs of residents, such as an advocate.

In each community house, residents had their own bedrooms and there was also two separate sitting rooms. Therefore residents had the opportunity to meet with visitors in private if they wished and to undertake personal activities in private. There had been privacy glass placed on residents' bedrooms where the bedrooms faced into a public area which was identified as a failing in June 2014. Inspectors observed that personal information pertaining to residents was maintained in a secure location. There was a policy in place informing of the procedures in place to safeguard residents' possessions. Inspectors reviewed the individual financial log maintained on behalf of each residents in line with the policy of the centre and confirmed that all financial transactions were documented and signed for by the staff on duty. Receipts were maintained as evidence for each transaction. Residents had a financial passport in place which assessed the supports residents required with their personal finances.

One of the community houses had CCTV in place for the external grounds, there was no policy in place to support this practice.

Inspectors determined that residents were supported to engage in activities in keeping with their personal interests such as attending concerts, going out for dinner or going to the local pub for a drink. Inspectors also found that practices within the designated centre were not risk adverse, as residents were enabled to access the local community independently or to self - administer medication following the appropriate assessment of risk. However there were instances in which inspectors identified that risk assessments had not been conducted with the aim of safeguarding residents. As stated in Outcome 11, inspectors found that there was a risk to the healthcare needs of residents not being met based on the choice of the resident, however no risk assessment had been conducted by the appropriate allied healthcare professional to ensure that the risk to the resident was not more significant than the benefit to the resident.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There was a policy in place regarding the communication needs of residents which had been reviewed as required in the action plan of the inspection which was conducted in June 2014. An assessment of communication was included in the standard assessment of each resident, which identified the communication needs of residents. Relatives also stated that they felt staff supported their loved one to communicate in line with their abilities. There was, however, an absence of information regarding any assessment which had been conducted for non - verbal residents for assistive technology or evidence of referrals to Speech and Language Therapy. Information such as the staff on duty and the complaints procedure were displayed in an accessible format.

Residents had access to television, radio and to telephones.

Judgment:

Non Compliant - Moderate

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

There was a policy in place which advised of the appropriate procedures to support visiting to the designated centre. Each house had a visitors' book which maintained a record of all visitors to the centre. There were no restrictions to visitors in the centre. It was clear from a review of the personal records of residents and from speaking to residents and staff that family members were actively encouraged and involved in the lives of residents. Residents were regularly temporarily absent from the designated centre as they were staying with a family member. Inspectors observed family members in the designated centre who were familiar with their surroundings and stated that they were always welcome. From a sample of records reviewed, there was evidence that family members had been involved in the personal plan meetings of residents.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The organisation had an admissions policy in place which included the transfers, discharge and the temporary absence of a resident. On the days of inspection, there was a resident who was temporarily absent from the designated centre due to admission to hospital. The policy did not inform of the procedure in place for such an absence as the criteria for temporary absence referenced a resident visiting family as opposed to an admission to hospital. Therefore the policy did not inform of the procedure to be taken if a resident was admitted to hospital including the information to be communicated to the acute setting and the support, if any, the resident would receive from the designated centre whilst temporarily absent.

Not all residents had a written agreement in place of the terms in which the resident shall reside in the centre, the services to be provided, the fees to be charged, including additional charges. Of the residents who did have the agreement in place, it included all of the relevant information. However it had been signed on behalf of the resident by the person in charge as the resident was deemed not to have the capacity to understand the content of the agreement. Whilst there was an acknowledgment that a copy of the agreement had been sent to the next of kin of the resident, inspectors determined that the person in charge signing the contract was a conflict of interest as they were directly employed by the service provider. Therefore as stated in Outcome 1, inspectors identified the need for an external advocate.

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):

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

Findings:

Inspectors reviewed a sample of residents' personal files and found that each resident had an assessment which identified health, personal and social care needs. The organisation had a pre-determined assessment template which addressed areas such as emotional well-being, numeracy and literacy, concept of time, nutrition, self help skills, personal grooming and environment sharing. Following on from the identification of need, there were in some instances additional assessments completed utilising evidence based tools for needs such as manual handling or nutrition. Care plans were then in place for health care needs and risk assessments completed for social care needs such as accessing the community. There was also a person centre plan completed for residents which identified both long and short term goals for residents. The progress towards achieving these goals was subsequently reviewed on a monthly basis. Inspectors identified inconsistencies and deficits in the information contained in the initial assessments, care plans, risks assessments and monthly reviews which resulted in negative outcomes for residents particularly in relation to mental health, positive behaviour support and physical health which is further discussed in Outcome 11. This was also identified as a deficit in June 2014. Whilst inspectors identified that progress had been made towards achieving compliance further improvements were required. There was documented records of residents who resided together frequently engaging in inappropriate behaviour towards each other, such as hitting out. However whilst the assessment template identified environment sharing as an area to be assessed, the information provided stated who resided together as opposed to an assessment of the suitability of same.

Inspectors determined that the system in place did support that the long and short term social care goals were recorded in a measurable format and identified the individuals responsible for supporting residents to achieve their goals and facilitated effective review of the progress towards same. There was evidence that family members were invited to be included in the planning meetings and in some instances attended. Both residents and relatives also confirmed the arrangements in place for consultation regarding personal plans in the questionnaires submitted to the Authority. There was clear documented evidence that goals had been achieved such as residents being

supported to engage in work experience in the local community.

Allied Health Professionals were involved in assessing the needs of residents following referral from staff employed to work directly with the resident, however were not included in the review of the effectiveness of the recommendations for some residents. For example, there was an absence of psychiatry being actively involved in the personal planning for some residents despite their mental health needs impacting on other aspects of their life such as their living environment and personal relationship with their house mates.

As stated in Outcome 4, improvements were required in the policy regarding the temporary absence of residents, as the policy did not account for the temporary absence being as a result of admission to an acute setting. The inspector was verbally informed that in the absence of family, the service provider would support the resident, however there was no policy to support same. The policy and practice supported receipt of medication from the pharmacist for a resident in the event of being at home with family members, such as a separate compliance aid being provided for the period of the resident being temporarily absent.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

As stated previously, the designated centre consists of two community houses located in Co. Monaghan. Both houses are bungalows, with each resident having their own bedroom. In one of the community houses each resident also had their own en suite. In the second house three of the residents had their own en suite and the remaining three residents shared the main bathroom. Each house had two living areas and kitchen/ dining area. Inspectors found that rooms were of a suitable size and personalised to reflect the residents residing in them, and whilst communal space was readily available, as stated in Outcome 8 inspectors determined that a review was required of the suitability of the premises based on the relationship between residents residing there.

Inspectors observed that in the main both houses were in a good state of repair with

adequate heating, ventilation and light. On the day of inspection, inspectors identified minor issues within the centre which required addressing. The ventilation fan in one of the en suites was not operational due to ongoing maintenance works; this had been identified and was scheduled for attention. In two en suites, inspectors observed exposed electrical connections in the ceiling and noted that a number of the external lights were not operating. These items were rectified before the inspector left the centre. There were sufficient external grounds in both houses however in one of the houses the surface of the footpath and patio area was uneven in areas, this was identified in the risk assessment of the centre and was scheduled for repair works in the near future. There were adequate laundry facilities in each house and suitable storage. As none of the current residents required specialised aids and appliances there were none present in either house.

In one of the community houses, inspectors observed an external room which was utilised for activities. This room was not identified in the Statement of Purpose submitted to the Chief Inspector. Inspectors observed the room to be cold and damp. When inspectors addressed this with the person in charge, they were informed that this room was not utilised in the winter months for that reason, however this was not supported in the risk register or the plan of care for residents.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The designated centre had policies and procedures in place regarding the health and safety and risk management which had been reviewed since the first inspection of the centre in June 2014 as required by the action plan for that inspection. There was also a policy in place which informed the prevention and management of self harm which was also a failing previously identified. There was a risk register in place which identified hazards within the designated centres and control measures to minimise the risk present, for example as stated in Outcome 6 the external grounds of one of the community houses had been identified. However inspectors identified hazards within the designated centre which had not been identified and subsequently assessed in the risk register. There were also control measures in place which were not applicable to the designated centre and therefore not addressing the actual hazard present. As stated in Outcome 6, there was an external room which was cold and damp which had not been identified. As residents accessing the room had a history of chest infections, inspectors

determined that a risk was present. Staff lone working was also not adequately addressed, with the policy being generic and not reflecting the actual control measures required or in place to safeguard residents and staff. There was a treadmill in one of the community houses which had not been identified as a potential hazard. A review was also required in respect of the risk assessment conducted regarding the transportation available. Inspectors observed the vehicles used by the centre to transport residents to be in a good state of repair. There was a risk assessment in place for the use of the vehicles and transport of the residents. However, it was noted that the risk assessment were not vehicle specific . A documented control measure in place was the use of a dividing partition between the driver and residents. However only one vehicle was fitted with a dividing partition therefore the control measure was not in effect in both vehicles. A new vehicle had been donated to one of the houses. Inspectors observed that a wooden step was stored in the vehicle and was used to enable residents to access the passenger compartment. This was not risk assessed. The person in charge informed inspectors that a permanent fixed access step would be sourced and fitted to the transport vehicle, however this did not mitigate the risk in the interim.

The designated centre had an infection control policy in place Staff were found to be knowledgeable in the procedures to be followed on a daily basis and in the event of an outbreak of infectious disease within the centre such as Influenza or Norovirus. Whilst inspectors observed the houses, in the main, to be in a good stated of repair, high ceilings in the hall and en suites of one house required cleaning and removal of dust accumulation. Due to the height of the ceilings the provider was requested to implement a cleaning schedule for this part of the building to ensure it was maintained. Inspectors observed that furniture was covered appropriately to promote good infection control practices such as ease of cleaning. Hand gel and hand washing facilities were readily available.

As part of the application to register written confirmation was submitted by the provider stating that a suitably qualified person confirmed that all statutory requirements relating to fire safety and building control had been complied with. Inspectors observed documented evidence that the fire alarm, emergency lighting and fire fighting equipment within the centre were maintained regularly.

In the previous inspection an action was that fire exits which were operated by keys had no protective casing to safeguard against mis placement, this had been addressed. Items obstructing fire exits such as curtains had also been removed. In one house all fire extinguishers were held in a protective casing due to the behaviours that challenge presented by some residents. However the fire extinguisher in the external activity room was not stored in a protective case, therefore creating a risk. Inspectors reviewed documents evidencing that regular fire drills were undertaken. Each resident had a personal evacuation plan in place. However a review was required of the control measures identified following on from an action identified during the drills. In one house the evacuation procedure stated staff should silence the fire alarms so they could evacuate one resident who would be reluctant to leave once the alarm was sounding. Inspectors were not assured that this control measure is realistic in the event of a real emergency and requested the provider to review the plan to ensure that all other measures such as specialised equipments had been considered. Whilst staff spoken to were able to inform inspectors of the appropriate actions to be taken in the event of a

fire, not all staff had received training in the prevention and management of fire. This was identified with the person in charge on inspection and actions taken to address this were in place prior to inspectors leaving the centre.

Judgment:

Non Compliant - Major

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The service provider has a policy in place regarding the protection of vulnerable adults. There were two personnel nominated as the designated officers for addressing allegations or suspicions of abuse. Inspectors were informed by the person in charge at the beginning of the inspection that there had been no allegations or suspicion of abuse since the last inspection. Whilst staff spoken to were able to inform inspectors of the appropriate action to be taken in the event of an allegation or suspicion of abuse and were knowledgeable of the various format in which an individual can suffer abuse, not all rostered staff had received training in the protection of vulnerable adults. Inspectors raised this with the person in charge during the inspection and arrangements were in place to rectify this prior to the conclusion of the inspection. Residents spoken to stated that they felt safe in the designated centre and relatives responded in the questionnaires that they felt their loved ones were safe and well cared for.

As stated in Outcome 5, there were deficits in the assessment and subsequent supports in place for residents who exhibited behaviours that challenge. The organisation had a policy in place for supporting residents who exhibit behaviours that challenge and for the use of restrictive practice however inspectors identified residents who regularly engaged in behaviours that challenge including destruction of property and self - seclusion and determined that the supports in place were not adequately meeting the needs of the resident. In some instances residents had positive behaviour support plans in place which had been reviewed within the last six months. However the reviews did not evidence that the proactive and reactive strategies for residents were included in the review to ascertain their effectiveness. Records of incidents also did not state if the strategies had been implemented prior to the behaviour occurring or following on from

the behaviour therefore reducing the validity of them. In other instances residents did not have a positive behaviour support plans and although they had access to Psychiatric services, the recommendations from the relevant professionals did not inform of the risk assessment in place. For example one control measure identified was that staff should be aware of the triggers however it was not clear what factors were considered triggers. There was a resident who was prescribed and administered long term psychotropic medication without having a clinical mental health diagnosis. Records evidenced that the prescriber had 'reluctantly' altered the medication regime as they were of the opinion that the living environment was not suitable for the resident. This observation was recorded in February 2013. This inspection was conducted in January 2015 twenty three months later and there was no evidence that the suitability of the environment influencing the behaviour of the resident had been investigated by the provider. There was also no evidence that all staff supporting residents with behaviours that challenge had received the appropriate training.

Judgment:
Non Compliant - Major

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

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

No actions were required from the previous inspection.

Findings:

Inspectors reviewed the accident/incident log and confirmed that all incidents as required by Regulation 31 had been notified to the Chief Inspector. The person in charge demonstrated the appropriate knowledge of their statutory obligation to notify the Chief Inspector.

Judgment:
Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

From a review of the policies required by Schedule 5 of the regulations, there was no policy available on residents' access to education, training and development. All residents had access to a formal day service in which personal plans evidenced that they were supported to access training opportunities such as computer classes and work experience. As stated in Outcome 1, residents were supported to engage in social activities both internally and externally to the designated centre.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

Inspectors reviewed a sample of residents' personal records and confirmed that residents had regular access to their general practitioner. Health promotion was also prevalent in respect of residents being offered the Influenza vaccination. Notwithstanding this, deficits in documentation which had been identified on the previous inspection did not demonstrate that the supports residents required to ensure their health needs were met were adequate. As stated in Outcome 5, there was a standardised assessment template in place for all residents. However needs identified were not consistently assessed utilising an evidence based tool and care plans/risk assessments derived from the assessments did not adequately inform on how the need could be met. For example, one resident had a care plan in place for breathing as they had a history of chest infections and allergies. The care plan in place did not reference

the history of chest infections or the measures in place to proactively prevent the resident from contracting same. Inspectors observed, as stated in Outcome 6, that an activity room in the external grounds of the designated centre was damp. Inspectors were verbally informed that the resident would not access this room in winter months due to the damp, however this was not included in the care plan. There was also a resident who had risk assessment completed for risk of choking and had numerous chest infections and been subsequently prescribed anti - biotics. However the records maintained on behalf of the resident did not evidence if this information had been provided to the general practitioner of the resident to ascertain if they were related and if the resident had undergone a chest x ray or if further referral was required. Again inspectors were verbally informed that this had occurred but the records did not support same. Staff had also not completed basic life skills training to support residents in the event of an emergency and inspectors were not assured that the skill mix was appropriate to meet the health care needs of residents. The needs of some residents required the input and support of nursing staff however in one community house this was provided by the person in charge. However based on the evidence, inspectors determined that additional resources were required in this area.

An action arising from the previous inspection was that residents who required supports of Allied Health professionals in relation to their nutritional needs would receive same. There was evidence that progress had been achieved in this area, however further improvement was required. Inspectors were informed that residents had been referred to Speech and Language therapy however this was not included in their plan of care. There were residents who were referenced to requiring a high fibre diet however whilst staff had received training in nutrition since the last inspection, care plans or menus did not demonstrate that this was considered in the menu planning. There was also no evidence that dieticians had been consulted in the menu planning. Residents spoken to confirmed that they were involved in the menu planning on a weekly basis and were regularly cooked their favourite meals.

The designated centre had a nutritional policy in place which states that residents are to be weighed monthly and any unexplained weight loss experienced by a resident was to be referred to the general practitioner. However the policy did not adequately inform of the actions to be taken if a resident experienced weight gain. There was evidence that a resident had not had their weight recorded in a three month period and had experienced weight gain in this period. As a result the resident had a goal to lose weight and to lower their cholesterol. The care plan for the resident did not inform of how this was to be achieved.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

On the previous inspection in June 2014, inspectors issued an immediate action to the provider in respect of medication management as the systems in place were found to be unsafe. The following deficits were identified:

- Maximum recommended 'as required' (PRN) medication dosage over a 24hour period was not stated in medication prescriptions.
- Residents' drug allergy status was not stated on medication prescriptions.
- Each prescribed medication was not signed by a General Practitioner on transcribed medication prescriptions.
- Not all medications administered to residents were prescribed.
- Transcribed medication prescriptions were not subject to audit in line with recommended best practice.
- Medications were being administered by reference to pharmacy generated lists of medications; a pictorial reference did not reflect contents of compliance aids.
- Medications were administered from a pharmacy generated list of medications, prescription of these were referenced by a General Practitioner's signature.
- Medication stock was not audited and there was no system in place to ensure unused medications were returned to the pharmacy.

The provider responded to the immediate action appropriately and inspectors confirmed that actions had been taken to rectify the above failings. Inspectors were assured that medication was stored securely in the designated centre and that the policy in place for medication management was reflective of the practices. Staff demonstrated to inspectors the systems they had in place to ensure that the administration of medication was safe and in line with best practice. All staff had the appropriate training in the safe administration of medication.

Each resident had also been assessed for the ability to be responsible for their own medication and residents who were assessed as having the capacity were supported to self administer utilising a compliance aid. Inspectors confirmed that for residents requiring support the administration time correlated with the times prescribed. Auditing of medication practices had also commenced however as stated in Outcome 14, improvements were required in the actions arising from the audits. For example, tracking of antibiotic usage had been implemented which is in line with the National Standards for the Prevention and Control of Healthcare Associated Infections which were published by the Authority in 2009 however there was no evidence that action had been taken following on from this for residents who were administered three antibiotics

in a two month period. There was also evidence that the absence of medication refrigerators had been identified monthly as a deficit for the previous four monthly audits, however there was no evidence that action had been taken to rectify same. There was evidence that the pharmacist had visited the centre to engage with residents regarding their medication and that the local pharmacist had agreed to commence supporting the auditing system.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

As part of the application to register the designated centre under the Health Act 2007, the provider was required to submit a Statement of Purpose to the Chief Inspector. Inspectors reviewed the Statement of Purpose and determined that whilst it contained the information as required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, the document required review to ensure that it accurately described the premises of one of the house. As stated in Outcome 6, there was a room in one of the designated centres which was not identified within the Statement of Purpose.

Judgment:

Substantially Compliant

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):**Findings:**

Inspectors met with the person in charge at the opening meeting and the feedback meeting on the conclusion of the inspection. The person in charge was also available throughout the two days of inspection to facilitate the inspection. The person in charge has the necessary qualifications and experience to ensure compliance with the legislation and demonstrated adequate knowledge of the operation of the designated centre to evidence involvement in the governance, operational management and administration of the centre. Through observation and speaking to residents, inspectors confirmed that residents were familiar with the person in charge.

There was a clear management structure in place in which the provider nominee was the general manager for the service. The provider nominee is supported by a director of nursing. The person in charge is employed as a Clinical Nurse Manager 2 and has responsibility for the two community houses which form the one designated centre. The person in charge reports directly to the director of nursing as of the day of inspection, however inspectors were informed that an assistant director of nursing was due to commence post. Inspectors reviewed a sample of minutes of meetings and determined that the person in charge met with the Director of Nursing formally on a monthly basis through a forum for all persons in charge in the wider organisation and individual formal meetings were conducted approximately every 8 weeks. There was also evidence that the staff employed to work directly in the houses met regularly with the person in charge. However whilst staff stated that they felt consulted in the operations of the centre, the minutes of meetings were indicative of staff being informed as opposed to consulted by senior management.

Inspectors reviewed the on - call list for staff to contact out of standard office hours and confirmed that there was a senior member of the management team available to support staff in the event of an emergency.

As stated in Outcome 12, audits had commenced for the medication management systems and infection prevention and control. There was also a system in place in which complaints recorded and accidents and incidents were escalated to senior management in order to ascertain if there were any common themes/trends arising and if all accident and incidents/complaints were effectively managed. However inspectors identified

improvements were required as there was no evidence that actions arising from the reviews had been implemented. For example, a common theme arising in the complaints was residents being delayed as they were waiting for other residents or having to bring another resident home. Whilst these complaints were appropriately dealt with through the complaints policy there was an absence of an overall review to identify if there was a core issue such as staffing levels. There was also evidence in the accident and incident log of residents engaging in inappropriate behaviour towards each other on a regular basis. However this had not been identified as a common theme in the reviews of the accident and incident log, therefore there had been no subsequent review of the suitability of the living arrangements.

As of the days of inspection there was no evidence that the provider or an individual nominated on behalf on the provide had visited the designated centre at least once in the previous six months and had produced a report in the safety and quality of care and support provided in the centre as required by Regulation 23.

Judgment:

Non Compliant - Moderate

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge had not been absent from the designated centre for more than 28 days, therefore no notification was required to be submitted to the Chief Inspector as stipulated in Regulation 32. The director of nursing and the person in charge both stated that they were aware of the requirement in the event of this occurring.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

The person in charge informed inspectors that additional staff had been placed on duty for eight hours a week to facilitate residents to partake in social activities. From a sample of rosters reviewed inspectors confirmed that in the main this occurred. However a common theme which arose from the questionnaires completed by relatives was that additional staffing would be beneficial to meet the needs of residents, particularly in relation to accessing social activities. The Statement of Purpose and Function for the organisation states that the objectives of the provider are to ensure that the staff team are appropriately trained and skilled to enable them to work effectively with each resident. The Statement of Purpose further states that the services offered in the designated centre include comprehensive and accurate assessment based record keeping and access to multi disciplinary services. However based on the cumulative findings of this inspection regarding the deficits identified in the records pertaining to the healthcare needs of residents as stated in Outcome 11, the deficits identified in staff training as stated in Outcome 17, the common theme arising in the complaints log as stated in Outcome 14 and feedback from relatives, inspectors were not assured that the designated centre was resourced effectively to ensure that the services delivered were safe and effective. Therefore at the feedback meeting, inspectors requested that management complete a review of the staffing levels and skill mix of staff particularly in relation to meeting the healthcare needs of residents in the designated centre.

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):

No actions were required from the previous inspection.

Findings:

Inspectors reviewed a sample of staffing records as is required to be maintained by Schedule 2 of the Regulations. Inspectors confirmed that all of the documents required by same were maintained. Inspectors confirmed that there was an actual and planned roster maintained in the designated centre which was reflective of the staffing levels in the designated centre on both days of inspection. The standard staffing levels for one of the community houses was:

Staff Nurse: 8.00 - 20.00 x 7 days per week

Staff Nurse: 20.00 - 8.00 x 7 days per week

Care Assistant: 8.00 - 21.00 x 7 days per week

Care Assistant: 14.00 - 22.00 x 2 days per week

The standard staffing level for the second house was:

Care Assistant: 08.00 - 20.00 x 7 days per week

Care Assistant: 20.00 - 8.00 x 7 days per week

Care Assistant: 14.00 - 22.00 hours x 1 day per week

As documented in Outcome 11 and 16, a review was required to the staffing levels and skill mix of staff in the designated centre.

Inspectors reviewed a sample of training records of the staff and recognised that the provider had demonstrated a responsive approach to regulation in respect of findings from the previous inspection. Of the records reviewed staff had received training in medication management, nutritional training and HACCAP, which were deficits previously identified by inspectors. However, inspectors identified staff who had not received training with the prevention and management of fire and in the protection of vulnerable adults as required by Regulation 24 (8)(a) and Regulation 8 (7). The person in charge had identified the deficits in the training prior to the inspection and had organised for training to take place five days post inspection. However one staff was due to complete a lone working shift prior to completing the training. Therefore inspectors instructed the person in charge that this could not occur until the fire training had been complete. Prior to inspectors leaving the person in charge had made alternative arrangements. The person in charge also had made arrangements for staff

who had not received training in the protection of vulnerable adults to receive input from the appropriate professional prior to commencing a lone working shift.

Inspectors were verbally informed that a new system was being implemented in the designated centre for the supervision of staff based on re structuring within the larger organisation. This supervision had yet to commence as of the day of inspection.

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):

No actions were required from the previous inspection.

Findings:

As stated previously, inspectors reviewed a sample of staff files and confirmed that they contained all of the relevant information as required by Schedule 2. The designated centre maintained a directory of residents which contained the pertinent information as required by Schedule 3 such as the name, address, date of birth and marital status of the resident. It also included the date of admission of the resident and the authority who organised the resident's admission to the centre. However as stated in Outcome 5 and 11, improvements were required in the records maintained regarding the health care needs of residents inclusive of all nursing and medical care provided to the resident. There was also an absence of information regarding any assessment completed for assistive technology to support residents' communication abilities as stated in Outcome 2.

The records as required by Schedule 4 were maintained in the designated centre, inclusive of all accidents and incidents in the designated centre and a record of all charges to the resident. However as stated in Outcome 1, inspectors were not assured that a comprehensive records of all complaints were maintained, due to staff not recognising incidents as complaints.

Inspectors reviewed the policies and procedures as required by Schedule 5, and

identified the following policies were absent:

- CCTV policy
- Policy regarding residents' access to education and training

A revision was also required to the policy which informed of the admissions, discharge and temporary absence of a resident and the policy in place for ensuring the nutritional needs of residents are met.

As part of the application to register the designated centre under the Health Act 2007, the provider evidenced to the Chief Inspector that there was adequate insurance in place against accidents or injury to residents.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0002453
Date of Inspection:	08 January 2015
Date of response:	22 April 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:

Whilst there was information available regarding access to an independent advocate, referrals were not being made for residents who could benefit from same.

Action Required:

Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access to advocacy services and information about his or her rights.

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

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

All residents who are non-verbal/ or who cannot advocate on their own behalf will be referred to the National Advocacy Service in order to have an independent advocate appointed on their behalf. Those residents who can verbalise and make their wishes known have been provided with all relevant information relating to the advocacy services. This information will be discussed with each resident in the context of supporting whatever decision they wish to make.

Proposed Timescale: 29/04/2015

Theme: Individualised Supports and Care

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

Whilst there was a complaints procedure in place, incidents which could be deemed as complaints were not investigated as residents did not have the capacity to self - advocate and staff did not recognise the incidents as complaints, therefore the procedure was not inline with the needs of the residents.

Action Required:

Under Regulation 34 (1) (a) you are required to: Ensure that the complaints procedure is appropriate to the needs of residents in line with each resident's age and the nature of his or her disability.

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

Since the inspection, the incident reporting process and the process around identifying what constitutes a complaint have been reviewed. Arising from this review all incidents involving incidents of aggression will be reviewed every 48 hours by the person in charge to ascertain if the incident should also be recorded as a complaint and dealt with through the complaints procedure. If this is the case, the incident will also be recorded as a complaint in the complaints log and the appropriate actions taken.

Proposed Timescale: 29/04/2015

Outcome 02: Communication

Theme: Individualised Supports and Care

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

There was no documented evidence that residents had been assessed and provided opportunities where appropriate to access assistive technology.

Action Required:

Under Regulation 10 (3) (b) you are required to: Ensure that where required, residents are facilitated to access assistive technology and aids and appliances to promote their

full capabilities.

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

Since the inspection all residents have been referred to the Speech and Language Department for assessments with a view to identifying any assistive technology which would enhance their quality of life. Three residents have been identified as requiring Occupational Therapy Assessment. These residents have been referred and assessments completed 09/02/2015. Reports will be made available for inclusion on the resident's files and the Person In Charge will follow up on this through phone contact with Occupational Therapy Department on 24/02/2015.

Proposed Timescale: 29/04/2015

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:

Not all residents had a written agreement with the provider stating the terms in which the resident will reside in the centre. Where residents did have a contract in some instances it was signed on behalf of the resident by the person in charge.

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:

In one residential house resident's Contract of Care have been reviewed and will now include signature of family member/next of kin where appropriate. In the second residential facility under this designated centre Contracts of Care for residents who do not pay long stay charges will be implemented by below timescale.

Proposed Timescale: 29/04/2015

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:

Whilst there were assessments in place, they did not consistently inform of the actual needs of residents such as the suitability of their living environment.

Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive

assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

Since inspection it has been agreed that each resident's Personal Plan will be reviewed bi-annually within a Multi-disciplinary context. All Allied Health Care Professionals who have provided input into the residents' ongoing care will be invited to attend. If they indicate that they are unable to attend a request for a written summary report will be made by the Person In Charge. This summary report should include the current status of involvement and any ongoing treatment/intervention plans.

All resident's needs are regularly reviewed with a view to ascertaining the suitability of the environment in supporting their needs. The forum for this is the bi-annual review of the resident's Person Centred Plan.

Since Inspection any environmental accommodations or adaptations which have been carried out in order to enhance a resident's quality of life have been accurately and comprehensively recorded in the relevant section of the Person Centred Plan.

Proposed Timescale: 29/04/2015

Theme: Effective Services

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

Personal plans did not consistently include the relevant interventions prescribed by Allied Health Professionals.

Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

Since inspection it has been agreed that each resident's Personal Plan will be reviewed bi-annually within a Multi-disciplinary context. All Allied Health Care Professionals who have provided input into the residents' ongoing care will be invited to attend. If they indicate that they are unable to attend a request for a written summary report will be made by the Person In Charge. This summary report should include the current status of involvement and any ongoing treatment/intervention plans.

Proposed Timescale: 29/04/2015

Theme: Effective Services

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

Personal plans did not consistently identify the actual supports required to meet the assessed needs of residents.

Action Required:

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

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

Since inspection it has been agreed that each resident's Personal Plan will be reviewed bi-annually within a Multi-disciplinary context. All Allied Health Care Professionals who have provided input into the residents' ongoing care will be invited to attend. If they indicate that they are unable to attend a request for a written summary report will be made by the Person In Charge. This summary report should include the current status of involvement and any ongoing treatment/intervention plans, and should also outline the actual supports required to meet the resident's specific needs.

Since inspection each resident's personal plan has been reviewed and now outlines all supports which are required to facilitate each residents goals being met.

Proposed Timescale: 29/04/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

A review was required to ascertain if the premises were meeting the needs of residents currently residing there.

Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

Since inspection, all residents will be reviewed with a view to determining if their current physical environment is meeting their needs. Any recommendations/adaptations arising from this review will be recorded and kept on each resident's personal plan. This review will now form part of the bi-annual disciplinary assessment of resident's personal plans and will be documented in the relevant section of the Person Centred Plan.

Proposed Timescale: 29/04/2015

Theme: Effective Services

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

A review was required of the ventilation and heating in an external room which was not identified in the Statement of Purpose of the designated centre.

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:

Since inspection a review has been carried out in relation to the ventilation and heating of this external facility. A risk assessment has been conducted and interim controls are now in place to ensure adequate ventilation and heating is provided in this external facility. An assessment has been conducted on 16.02.15 to ascertain an appropriate permanent ventilation and heating system. This is now been identified and works will be completed by timescale below.

This external facility is now included in the Statement of Purpose of the designated centre.

Proposed Timescale: 29/04/2015

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:

Not all hazards present in the designated centre were identified on the risk register and assessed.

Action Required:

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

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

Since inspection a review has been carried out in relation to the ventilation and heating of the Activity Room. A risk assessment has been conducted and interim controls are now in place and this is now included within the Risk Register of the designated centre.

Proposed Timescale: 29/04/2015

Theme: Effective Services

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

A review was required of some of the control measures identified to minimise risk to ascertain if they were relevant and effective.

Action Required:

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

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

Since inspection the Designated Centre's Health and Safety Statement has been reviewed to ensure that all control measures identified in the statement are current, relevant and effective.

Where appropriate the relevant changes have been made and included in the Health and Safety Statement.

Proposed Timescale: 29/04/2015

Theme: Effective Services

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

A review was required of the plan in place to evacuate residents who may not chose to participate to ensure planned actions are realistic and achievable.

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:

Since inspection a review has been conducted on the evacuation procedure to be followed in relation to any resident who chooses not to participate in the fire evacuation process. This review has identified two residents who may present with the above resistive behaviour. The fire evacuation procedure for these two residents has been amended and alternative plans have now been developed and are now in place. These plans are now included in the resident's risk assessment.

Proposed Timescale: 29/04/2015

Theme: Effective Services

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

Not all staff working within the designated centre had received appropriate training in fire management.

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:

All staff has now received Fire Evacuation and Drill Training.

Proposed Timescale: 29/04/2015

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:

Not all staff had received the relevant training to ensure that they could meet the needs of residents who exhibit behaviours that challenge. Deficits in assessment of need also resulted in inadequate plans of care to inform staff of how to appropriately support residents.

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:

Since inspection a full review of staff training needs specifically related to behaviours that challenge has been undertaken by the PIC. Staff are scheduled for training in the Professional management of Aggression and Violence, Positive Behaviour Support and Person Focused Planning. This training will commence on Feb 20.02.15 and be completed by the timescale below.

Proposed Timescale: 29/04/2015

Theme: Safe Services

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

Evidence did not demonstrate that all measures had been attempted to alleviate residents who exhibit 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:

Since inspection the policy on restrictive practices has been reviewed on 17th Feb and now includes a set of guidelines for staff to follow as part of an assessment methodology designed to assess for any possible contributory factors which may be

associated with the residents' behavioural escalation. A template for Positive Behaviour Support plans has been agreed and implemented.

Proposed Timescale: 29/04/2015

Theme: Safe Services

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

Not all staff had received training in the prevention, detection and response to 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:

Since inspection, this training has been delivered to the relevant staff on 14/01/2015.

Proposed Timescale: 29/04/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Documented evidence did not support that residents had been referred to the appropriate Allied Health Professional when a need was identified.

Action Required:

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

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

Since inspection any resident requiring input from Allied healthcare Professionals have been referred and assessed by the appropriate professional.

Proposed Timescale: 29/04/2015

Theme: Health and Development

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

It was not clear if residents were supported to receive the appropriate health care such

as x rays and blood tests.

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:

Since inspection, all residents will now be supported by staff in securing documentary evidence of any medical tests such as x-rays, blood tests and any screenings undertaken when it is appropriate to do so. Where this is not always possible, staff will obtain copies of these reports through the appropriate channels when necessary.

Proposed Timescale: 29/04/2015

Theme: Health and Development

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

Menus and personal plans did not reflect that the dietary needs of residents were being met.

Action Required:

Under Regulation 18 (2) (d) you are required to: Provide each resident with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.

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

Since inspection all residents have had a MUST Assessment completed. If the results of the assessment indicate a referral to a dietician this appointment is made and followed through. Since inspection a review of all residents who fit the above category has been undertaken and those requiring dietician consultation have been facilitated. Sample menu plans based on the documented dietary advice provided to the resident, will be developed and kept in their personal plan.

Proposed Timescale: 29/04/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not accurately describe the premises as required by Schedule 1 (4).

Action Required:

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

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

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

The statement of purpose has been amended to accurately describe the premises as required by Schedule 1 (4).

Proposed Timescale: 29/04/2015

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:

Whilst there were some audits occurring the actions and learning arising from same were not clear.

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:

Since inspection the PIC has completed an action plan in relation to audit identified. Audit based action plans will now be developed to ensure that identified actions are completed within a time frame. This will now become a standing agenda item for staff meetings to ensure that all learning from the audits will be communicated to staff through this forum.

Proposed Timescale: 29/04/2015

Theme: Leadership, Governance and Management

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

There was no evidence that an unannounced visit had been completed by the provider therefore no report was generated from a visit.

Action Required:

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

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

The Registered Provider or nominee will carry out an unannounced visit to the designated centre and will prepare a written report on the safety and quality of care and support provided in the centre.

Proposed Timescale: 12/06/2015

Outcome 16: Use of Resources

Theme: Use of Resources

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

Evidence did not support that the resources available were meeting the needs of residents.

Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

Since inspection a full review of the roster within the designated centre has been undertaken by the Director of Nursing and the Person in Charge to ascertain if the resources available and allocated are sufficient to meet the needs of the residents.

Proposed Timescale: 29/04/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Evidence did not support that the number and skill mix of staff was appropriate to ensure effective and safe delivery of services.

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:

Since inspection a review of the roster has been undertaken and two days additional nursing support has been provided to enhance the skill mix of staff in order to ensure safe delivery of care. This will commence on the 2nd March.

Proposed Timescale: 29/04/2015

Theme: Responsive Workforce

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

Residents who required nursing care were supported by the person in charge however evidence was indicative that additional resources were required.

Action Required:

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

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

Since inspection a review of the roster has been undertaken and two days additional nursing support has been provided to enhance the skill mix of staff in order to ensure safe delivery of care. This will commence on the 2nd March 2015.

Proposed Timescale: 29/04/2015

Theme: Responsive Workforce

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

Staff training was inadequate in respect of:

- protection of vulnerable adults
- fire management
- positive behaviour support

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:

Training has been provided to all staff with regard to Protection of Vulnerable Adults and Fire Management. Training in Positive Behaviour Support will commence on February 20th for all staff and will be completed by 31st March 2015.

Proposed Timescale: 29/04/2015

Theme: Responsive Workforce

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

As of the day of inspection, there was no formal staff supervision.

Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

Since inspection formal supervision for all PICs has commenced January 2015

Proposed Timescale: 29/04/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

Not all policies as required by Schedule 5 were in place and a review was required of others.

Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

Since inspection a full review of an externally based CCTV system which was installed for security reasons has been undertaken. Consultation with the supplier and installer is due to take place on 23/02/2015. Based on the outcome of the above, a local policy specific to the residential house will be developed as per Schedule 5 of the Health Act 2007.

As per Schedule 5 of the Health Act 2007, a policy will be developed in relation to the resident's access to education and training.

Proposed Timescale: 29/04/2015

Theme: Use of Information

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

Not all records as required by Schedule 3 were adequately maintained.

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:

Since Inspections, All records are now adequately maintained as required by Schedule 3.

Proposed Timescale: 29/04/2015