<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Health Service Executive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002633</td>
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<tr>
<td>Centre county:</td>
<td>Wexford</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Mary Gorman Coogan</td>
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<tr>
<td>Lead inspector:</td>
<td>Ide Batan</td>
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<tr>
<td>Support inspector(s):</td>
<td>Kieran Murphy</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>8</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 to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 27 April 2015 10:30  To: 27 April 2015 15:30

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

<table>
<thead>
<tr>
<th>Outcome 09: Notification of Incidents</th>
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<tbody>
<tr>
<td>Outcome 14: Governance and Management</td>
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<tr>
<td>Outcome 17: Workforce</td>
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</tbody>
</table>

Summary of findings from this inspection
This was the centre’s third inspection which was conducted as a follow up to the triggered inspection that occurred over one day in January. Overall there continued to be a significant number of non compliances. Two outcomes were followed up on, and were found to be of major non compliance and there was a requirement for inspectors to review a third outcome of staffing on this inspection which was also found to be non compliant. The inspectors acknowledge that one of the action time-frames had not yet expired however work had not commenced on this action or interim measures were not put in place to ensure the care, welfare and support of residents was consistently upheld.

The Authority received notification on 15 January 2015 of an alleged incident that may have occurred on the 17 December 2014. A systems analysis investigation is currently being undertaken by the HSE. The clinical nurse manager told inspectors that some interviews for this investigation were taking place on 27 May 2015. It was unclear the timeframes of completion for this investigation.

Some improvements were found in some areas for example an auditing schedule had been introduced and a process of unannounced visits to the centre by management had commenced. An additional 24hrs care assistant hours had been put in place since the previous inspection.

However, improvements were required for the centre to come into compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. With regards to staffing, there continued to be an absence of 1.5 whole time equivalent nursing staff. Insufficient staffing levels remained, which had a negative impact for residents as
observed by inspectors on this inspection.

There was significant non compliance in relation to some fundamental and essential components of the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 including core aspects of governance which included staffing levels, reviewing quality and safety of care and submission of notifications to the Authority
**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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The person in charge did not give notice within three working days of any serious injury to a resident which requires immediate medical or hospital treatment. Inspectors reviewed the accidents and incidents and found that there were two occasions where residents required hospital treatment. On the day of inspection a resident required hospital treatment. To date this notification has also not been received by the Authority.

**Judgment:**
Non Compliant - Major

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

**Findings:**
The governance and management structures required review as the person in charge and the registered provider were actively managing a number of other centres and
services across a broad geographical area. The previous inspection identified five actions relating to governance and management. At the time of this inspection three actions remained outstanding.

The Authority received notification on 15 January 2015 of an alleged incident that may have occurred on the 17 December 2014. A systems analysis investigation is currently being managed by the Health Service Executive (HSE). The clinical nurse manager told inspectors that some interviews for this investigation were taking place on 27 May 2015. The timeframes for completion of this investigation are unclear. There has been an unacceptable delay in the completion of this investigation. The response to the areas of concern raised remains unsatisfactory.

There was no annual review of the quality and safety of care and support available at the designated centre. This action was due for completion in September 2015. However, work had not commenced on this action yet.

Inspectors viewed an audit schedule that the clinical nurse manager had completed. It included audits on documentation, social activity plan and resident’s finances. Inspectors also saw that there had been a HSE quality advisers review completed since the previous inspection. It identified areas such as training, staff support and supervision that required review.

However, there were inadequate systems in place that ensured robust management of quality indicators such as incidents and accidents, medication errors, complaints and reviewing care plan documentation and the quality of same in addition to highlighting where there are gaps. There was no data available to show these areas were reviewed regularly. A robust management system was required to ensure complete oversight of the service.

The person in charge is based in a day centre approximately 12km from the house. She is available to staff on a daily basis by phone or email and she sees residents when they attended the day service. The clinical nurse manager said that she visits the house on a weekly basis. Inspectors saw that a process of unannounced visits had commenced by the management team.

The provider had completed one visit. However, inspectors were not satisfied with these unannounced visits as the reports viewed indicated a review of in house activity of the residents at the time of the unannounced visit. No action plans were generated from these unannounced visits. Written reports were not available on the safety and quality of care and support provided and any plans that were put in place to address any concerns regarding the standard of care and support as required by regulation.

Inspectors saw there were formal support and supervision arrangements in place for staff which identified goals and objectives, any issues in relation to performance and training needs that staff may require. The clinical nurse manager is responsible for the day to day running of the house. She told inspectors that she endeavours to meet all staff twice per year for supervision. The nurse manager said that she also has support meetings with the person in charge. There was evidence of regular staff meetings taking place. Inspectors saw that monthly nurse managers meetings take place with the person
in charge.

The inspectors again outlined their concern to the provider nominee at the feedback meeting that the management arrangements across a number of centres could not ensure effective governance, operational management and administration of the designated centres concerned.

**Judgment:**
Non Compliant - Major

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**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

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

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

**Findings:**

An actual and planned rota was in place. The clinical nurse manager told inspectors that there was still 1.5 whole-time equivalent nursing hours vacant on the roster. Absences were covered primarily by agency staff. On the day of inspection staffing levels remained low due to leave. Inspectors saw that residents could not attend their day services due to staff shortages. The clinical nurse manager was included in the overall staffing numbers on the day of inspection. The nurse manager agreed with inspectors that staffing levels and turnover of staff have a negative impact on residents.

Inspectors were not assured that staffing and staffing arrangements were consistent with continuity of care. Inspectors spoke with an agency staff nurse on inspection who had worked a total of three shifts in this centre. She was in the process of completing an induction checklist as observed by inspectors. This checklist included:

- General issues
- Health and safety
- Building (fire exits and equipment)
- Service user information.

This staff member had not received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse. No specific fire training or drills in relation to this designated centre had been completed for this staff member.
either. The staff member told inspectors that she had completed non violent crisis intervention training in another workplace.

Since the previous inspection an extra 24 hours care assistant hours had been put in place. The clinical nurse managers were now working weekends and also covered on call over the weekend period.

Inspectors did not review staff files on this inspection. However, on the previous inspection found evidence of compliance in regard to maintenance of the records that are required for staff as per schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres For Persons (Children and Adults) with Disabilities) and Regulations 2013.

Judgment:
Non Compliant - Major

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:

Ide Batan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report

<table>
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<tr>
<td>Date of Inspection:</td>
<td>27 April 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>15 May 2015</td>
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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 09: Notification of Incidents

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person in charge did not give notice within three working days of any serious injury to a resident which requires immediate medical or hospital treatment.

Action Required:
Under Regulation 31 (1) (d) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any serious injury.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
to a resident which requires immediate medical or hospital treatment.

**Please state the actions you have taken or are planning to take:**
Having clarified with the Authority, following all incidents requiring GP or Hospital treatment the PIC will ensure notifications are submitted in accordance with requirements of the regulations.
Notifications submitted on this occasion retrospectively.

**Proposed Timescale:** 15/05/2015

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**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:**
Inspectors were not satisfied with these unannounced visits as the reports viewed indicated a review of in house activity of the residents at the time of the unannounced visit. No action plans were generated from these unannounced visits. Written reports were not available on the safety and quality of care and support provided and any plans that were put in place to address any concerns regarding the standard of care and support as required by regulation.

**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:**
1. WRIDS will be devising a more comprehensive tool for use during the unannounced visits which will be carried out by the provider nominee, PIC and PPIM’s. This tool will capture the components of a safe quality service. The findings will be reviewed at monthly nurse management team meetings and action plans devised and implemented as required.
The findings and actions plans will contribute to the bi annual reports collated for submission by the Provider Nominee
2. The new provider nominee for WRIDS is collating information for the generation and submission of her first six monthly report

**Proposed Timescale:** 31/07/2015

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The Authority received notification on 15 January 2015 of an alleged incident that may have occurred on the 17 December 2014. A systems analysis investigation is currently being managed by the Health Service Executive (HSE). The clinical nurse manager told inspectors that some interviews for this investigation were taking place on 27 May 2015. It was unclear the timeframes of completion for this investigation.

**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:**
Provider nominee has sought urgent clarification for a completion date for this investigation

Investigation has commenced under the systems analysis investigation.
- All requested documentation submitted and reviewed by the team
- DON interviewed
- Further interviews with families and staff scheduled for May 27 2015
- All transcripts will be send for factual verification
- Recommendations will be forwarded to Ms Anna Marie Lanaghan commissioner of the investigation

**Proposed Timescale:** 30/08/2015

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The governance and management structures required review as the person in charge and the registered provider were actively managing a number of other centres and services across a broad geographical area.

**Action Required:**
Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

**Please state the actions you have taken or are planning to take:**
Actively reviewing the management structure after which an application by provider nominee for revised PIC structure will be submitted to ensure maximum governance and efficient operations within the centre.

**Proposed Timescale:** 19/06/2015

**Theme:** Leadership, Governance and Management
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no annual review of the quality and safety of care and support in the designated centre.

Action Required:
Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

Please state the actions you have taken or are planning to take:
The provider nominee will provide the annual report in September as agreed. However an interim report will be submitted in July

Proposed Timescale: 30/09/2015

Outcome 17: Workforce
Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was still 1.5 whole-time equivalent nursing hours vacant on the roster. Absences were covered primarily by agency staff. On the day of inspection staffing levels remained low due to leave.

Action Required:
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
1 One WTE post currently being regularised through nurse on call contract
2 One WTE post being processed through local campaign
WRIDS continue to maximise efforts to fill any vacant posts.
Ie: NRS, agency contracts and local campaigns

Proposed Timescale: 22/06/2015

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inspectors were not assured that staffing and staffing arrangements were consistent with continuity of care. Absences were covered primarily by agency staff.
<table>
<thead>
<tr>
<th><strong>Action Required:</strong></th>
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<tbody>
<tr>
<td>Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.</td>
</tr>
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**Please state the actions you have taken or are planning to take:**
WRIDS continue to regularise vacancies by:
1. Offering nurse on call contracts
2. Approved posts escalated to NRS and local campaigns

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<tr>
<th><strong>Proposed Timescale:</strong></th>
<th>15/06/2015</th>
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</thead>
<tbody>
<tr>
<td><strong>Theme:</strong></td>
<td>Responsive Workforce</td>
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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
A staff member had not received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse. No specific fire training or drills in relation to this designated centre had been completed for this staff member either.

**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:**
Revised induction for nurse on call staff to incorporate:
1. Prevention, detection and response to abuse
2. Fire safety / evacuation information

**Proposed Timescale:** 28/04/2015