

**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-0003368
Centre county:	Sligo
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Health Service Executive
Provider Nominee:	Teresa Dykes
Lead inspector:	Marie Matthews
Support inspector(s):	Damien Woods;Thelma O'Neill
Type of inspection	Announced
Number of residents on the date of inspection:	108
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 monitor compliance with National Standards. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
15 December 2014 10:00	15 December 2014 17:00
16 December 2014 10:00	16 December 2014 19:00

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This was the first in a series of monitoring inspections of this centre, and the inspection focussed on one of the units in the centre. The Authority required the provider to address significant areas of non compliance which impacted on the safety and wellbeing of residents, and the rights of residents, and conducted a series of further inspections to assess whether the actions taken by the provider were improving the quality of service to residents.

As part of the inspection the inspectors met with residents and staff members. Inspectors observed practices and reviewed the documentation including care plans, medical records, accident and incident reports, policies, procedures and staff files. Care was provided at the time of inspection on a full time basis to seven residents, six men and two women ranging in age from 30 to 49 years who were described as having severe to profound learning disabilities and other complex needs including sensory deprivation and mental health concerns.

This unit is part of a larger congregated centre based in a residential campus located approximately 5 km from the town in County Sligo which provides residential accommodation for 108 adults with learning disabilities. The unit inspected comprised of a shared living area for four residents, three apartments and a separate house located close by. The service had notified the Authority in advance of the

inspection of their management structure. The Learning Disability Manager for Sligo Leitrim/West Cavan is provider nominee on behalf of the Health Service Executive (HSE). She was on leave at the time of the inspection. The Director of Services was identified as the Person in Charge (PIC) of the Centre. He was responsible for 36 units on the campus and in the community. He advised inspectors that he was also acting for the provider at the time of inspection. An area manager reported to the PIC and was responsible for the residents in the campus. The PIC was supported by a team of Clinical Nurse Managers (CNMs), nursing and support staff.

Overall, inspectors found that current management arrangement was not effective in ensuring a safe service, appropriate to residents' needs was provided on a consistent basis or in ensuring safe staffing levels. There was no evidence that the quality and safety of the service was effectively monitored by the management team in areas such as ensuring safe staffing levels, ensuring residents had a meaningful social activity and were engaged in the community. There were no unannounced visits completed by management to monitor the safety and quality of care and support. The findings of risks assessments completed by staff identifying risks to residents from inappropriate staffing levels were not acted upon.

Although resident's medical needs were met and residents had access to a multi-disciplinary team, inspectors identified several areas of the service that required significant review to improve outcomes for residents and ensure a safe service. Two immediate action notices were issued on the day of inspection requiring the provider to provide a safe means of escape for residents in the event of a fire and to provide sufficient staffing levels to ensure that residents' care needs were met and residents were kept safe. The provider responded within the required time frame confirming compliance with both immediate actions. This was verified on a subsequent inspection.

Inspectors identified serious non compliances during the inspection. Some staff had not completed mandatory training in fire safety and evacuation, manual handling or in the protection of vulnerable adults. There was a completely inadequate social programme for most residents and inspectors found that this was contributing to the high instance of challenging behaviour and self harm in the unit. The advice of a sensory integration specialist obtained for one resident with history of serious self harm in January 2014 had still not been implemented. Garda Siochana vetting had not been obtained for all the staff working in the centre.

The premises is old and institutional in appearance and in need of refurbishment. There were limited furnishings provided and no curtains or other decorations to give the unit a home like appearance. The person in charge, told inspectors that plans were at an advanced stage to relocate the residents to new community accommodation and close the unit. The authority have since inspected three apartments which will form part of this new centre. The PIC told inspectors that it was intended that some residents would continue to live together in the new accommodation however, inspectors found that there was insufficient assessment of the residents suitability to continue living together to ensure the safety and quality of life of each resident in their future placement.

The Action Plan at the end of the report identifies the areas where improvements are necessary to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities.

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 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):

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

Findings:

Inspectors found that residents' social care needs were not adequately met, and there was insufficient staffing in the centre to support residents with their social care needs. There were limited positive distractions for most residents such as occasional hand/foot/back massages, visiting musicians or arts and crafts, to occupy residents time and the instances of challenging behaviour such as self injury or physical aggression towards other residents, staff and visitors was high. Inspectors observed that residents appeared to be bored during the inspection and routinely followed staff around the unit.

The unit comprised one large 4 bedded living area, three separate individual apartments all located along the same corridor and a separate house for one resident. Inspectors reviewed personal plans and interviewed staff during the inspection. Plans reviewed were clinical and focused mainly on residents' physical health. A nursing assessment was completed for each resident however, there were no social assessments and limited evidence of any social activities for residents in the main apartment and social activities provided were generally unit based. There was no regular structured social activities programme provided for residents in the afternoons, evenings or at the weekends. Residents in the individual apartments received one to one support however the staffing levels in the main apartment meant that residents generally participated in any external social activities as a group, despite the recommendations in their behavioural support plans which stated that residents should have one-to-one or two-to-one staff support for trips outside the centre. Staff confirmed that individual social outings were not possible due to the high dependency needs of residents and the staffing allocation. They told inspectors that the main social activity provided was a drive on a mini-bus shared with other service users from the campus and staff told inspectors that occasionally residents

had a takeaway meal which they generally ate on the bus, as with staffing levels were not sufficient to support all residents if they left the bus together.

As external social activities were limited, inspectors looked at the social activities being offered to residents within the unit and found that there were little or no therapeutic activities available to occupy residents.

Judgment:

Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Inspectors identified significant improvements were required to risk management to ensure residents safety. There was a health and safety statement and risk management policy available which included guidance on the identification, recording, investigation and learning from incidents. However, the incident log on which such statement should be informed was not available. Inspectors saw that there were arrangements in place to manage risk which included both global risk assessments and individual assessments which identified clinical risks. Control measures had been identified and implemented for some risks. However, risks identified by inspectors during the inspection had not been adequately assessed. For example; inspectors observed one resident being pulled off a chair onto the floor by another resident and staff stated that this was a regular occurrence as this resident would not allow anyone else sit on a chair. Inspectors also observed another resident who regularly went behind other service-users and pushed them to the ground. This resident was identified as requiring one to one support and supervision at all times but this was not provided. It was evident to inspectors that one resident with a sensory disability, was at considerable risk due to such behaviours.

Inspectors found risks to residents were predominately as a result of challenging behaviour and there was a high rate of incidents where residents were injured by other residents. During the two days of the inspection, inspectors observed two residents with lacerations to their faces which staff confirmed had been caused during challenging behaviour episodes by another resident. On the second day of the inspection, an inspector was injured by one of the residents during an incident of challenging behaviour. It was clear from observations during the inspection that there were inadequate staffing levels in place to ensure the safety of the residents and staff working in the centre. An immediate action was issued to require the provider to address this. This is discussed further in outcome 17.

Although there was evidence that some fire safety measures were in place, inspectors identified fire safety risks that required immediate and significant improvement to ensure the safety of all residents. All exits from the unit were locked on the two days of inspection and inspectors observed that there was no key or push button provided to allow exit from the unit in the event of a fire or other emergency. Inspectors were told that all staff carried keys for the exits; however inspectors were concerned that in the event of a fire, should staff members be overcome by fumes, residents would not be able to exit the building. An immediate action notice was issued during the inspection requiring the provider to address this hazard. The provider replied to the immediate action plan on 19th December confirming the installation on the inside at all exit doors of a security box and key, to facilitate the evacuation of service users and staff in the event of a fire. Inspectors confirmed that this on a subsequent inspection of the unit on 29th January 2015.

Inspectors read records that demonstrated that staff completed internal fire safety checks including daily checks of fire equipment. Individual personal evacuation plans were available for each resident and there was a programme for the servicing and checking of fire safety equipment. Fire drills had taken place and were clearly documented but it was not possible to determine if all staff had attended these drills. It was also not evident from the training records reviewed if all staff members had completed mandatory fire training.

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):
This was the centre's first inspection by the Authority.

Findings:
Inspectors reviewed staff knowledge and understanding about the protection of vulnerable adults from the risk of abuse and the centre's policy on prevention of abuse and responding to allegations or suspicions of abuse. The policy had been reviewed and updated and reflected the arrangements in the centre. It provided guidance to staff on how to identify abuse and set out the responsibilities of staff and management in

responding to any suspicions or allegations of abuse in a manner that protected the well-being of residents.

Staff members were able to tell inspectors how residents were protected from being harmed or suffering abuse and were clear on the reporting arrangements. Training records available indicated that not all staff had completed mandatory training in adult protection. The PIC confirmed that there were no allegations of abuse under investigation for residents in this unit. Inspectors could not verify if any allegations of abuse had been made in this unit during the inspection, as they were not given access to accidents/incident forms.

Behavioural management plans were in place and inspectors were told that there were two behavioural specialists available on the campus. There was good input by a multi disciplinary team into the behavioural support plans reviewed. Staff interviewed were knowledgeable about the residents in their care and respectful towards them. They were able to tell inspectors the most appropriate and effective way to reduce residents' anxieties and promoted their well-being. Inspectors saw that the interventions and responses of staff reflected the guidelines in the personal plans for residents. However the advice recommended in the plans which included ensuring appropriate staffing levels and the provision of a good social programme to provide meaningful activity for residents was not adequately resourced and resulted in a significant impact on the safety and wellbeing of residents through peer on peer altercations.

Inspectors reviewed the arrangements for the management of restrictive practices in the centre. It was clear that there were major issues around the compatibility of the residents living together which had not been adequately assessed. As a result, residents were restricted from accessing their bedrooms and other areas of the house such as the kitchen during the day because all of the doors were locked to protect a resident with a history of self injurious behaviour.

Judgment:
Non Compliant - Major

Outcome 11. Healthcare Needs

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

Theme:
Health and Development

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

Findings:
In the sample of care plans reviewed, inspectors noted that there was a comprehensive medical history documented for each resident and that residents were referred

appropriately for investigation by specialists where recurrent health problems were observed. A medical officer was employed by the service to review residents in the centre. He was on site two days a week and the medical notes recorded residents in this unit had been reviewed regularly. There was evidence of good support from specialist services such as psychiatry, speech and language therapy, and occupational therapy.

Residents were weighed monthly and those experiencing weight loss were referred to a dietician and commenced on a modified diet. Inspectors reviewed the care plan of one resident with a sensory impairment. An assessment had been completed by a sensory integration specialist however, the recommendations made by the specialist had not been implemented and the training recommended for staff had not been delivered.

Inspectors observed the lunch period during the inspection which was not a social occasion and did not promote dignity, choice, or independence. One resident preferred to eat on her own and this was facilitated by staff; however, this clearly caused distress to other residents who were observed banging on the door and becoming agitated during her meal time. The remaining residents ate together. Food was prepared in the main kitchen on the campus and delivered in insulated boxes to the unit. There was no choice evident on the weekly menu reviewed by inspectors and the menu was not rotated to give a variety of foods to residents. In addition, inspectors noted that the meal on the menu was not the meal provided on the day of inspection. Inspectors were told 'residents eat whatever comes up from the kitchen'. Inspectors also observed that there were limited supplies of food in stock should residents want a snack between meals. Food in stock was limited to tinned food such as spaghetti hoops, beans and creamed rice.

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):

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

Findings:

There was a policy on the management and prescribing of medication. Staff to whom the inspectors spoke demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements. Inspectors reviewed a small sample of drugs charts. The prescription and administration sheets reviewed were clear and legible. However, inspectors noted that the maximum amount for PRN medication was not indicated on all prescription sheets and each

prescribed medication was not individually signed by the GP.

Judgment:

Non Compliant - Minor

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

During the inspection, inspectors identified significant issues with the current governance of the centre and found that the provider and person in charge had not ensured that the service provided to residents was safe and appropriate to residents' needs. Consistent and effective monitoring was not evident in key areas such as ensuring safe staffing levels, ensuring residents had a safe means of exit from the building in the event of a fire, ensuring risks to residents were appropriately identified and controlled to keep residents safe, ensuring that residents had some form of meaningful social activity and were facilitated to take part in social activities outside of the centre and that the staff employed to care for the vulnerable adults accommodated were appropriately vetted. This was discussed with the acting provider following the inspection and immediate actions were issued requiring the provider to address serious risks identified. These matters are further discussed under Outcomes 5, 7 and 17.

The person in charge managed a large number of residential services and the provider had failed to put adequate arrangements in place for the governance and oversight of this centre. The Director of Services was identified on the statement of purpose as the person in charge. He was supported in his role by a service Area Manager and team of Clinical Nurse Managers (CNMs). The person in charge worked full-time in the centre and had overall responsibility for this and 36 other units for people with disabilities run by the service both on the campus and in the community. He is a qualified Intellectual disability nurse with considerable experience. The day-to-day management of the unit was supervised by a Clinical Nurse Manager who demonstrated an understanding of the Regulations and Standards and of residents identified needs and care plans.

At the time of the inspection, the person in charge informed inspectors that he had been asked to represent the provider nominee who was on leave.

Judgment:
Non Compliant - Major

Outcome 17: Workforce

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

Theme:
Responsive Workforce

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

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

Findings:

Inspectors found that an urgent review of the staffing levels was required to ensure the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. There was evidence of negative outcomes for residents due to inadequate staffing levels.

Inspectors observed staff working with residents many of who presented with behaviour that challenges, and found that they were calm, and competent in responding to challenging situations. Staff were observed during the inspection to be patient and respectful towards residents and sought to alleviate their anxieties where they could. Residents in the three single apartments received one to one staff support however, there were only two staff on duty in the larger unit to support the 5 residents. Inspectors observed that these staff were constantly in reactive mode and did not have time to engage individually with residents without leaving another resident unattended. The issue was compounded as some staff provided cover for staff breaks in another unit which meant staffing levels were further reduced during three periods in the day. The centre routines and activities were resource led, and not person centred as most residents required a minimum of one to one staffing support. An immediate action notice was issued requiring the provider to review and increase staffing.

The provider responded to the immediate action notice within the required time frame and confirmed that staff support hours had been increased and an additional staff member allocated to the main unit. Inspectors verified this while on a subsequent inspection of another unit on the campus on 29th January 2015.

Staff had not been provided with appropriate training in such areas as challenging behaviour, to allow them engage in continuous professional development and support practice development.

Inspectors reviewed a sample of staff files and found that documents required under Schedule 2 of the Regulations were not contained in the personnel files. For example references were missing in some files and Garda vetting for staff members working directly with residents had not been obtained.

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:

Marie Matthews
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-0003368
Date of Inspection:	15 December 2014
Date of response:	13 February 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 05: Social Care Needs

Theme: Effective Services

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

There was no structured social programme in place for residents and little or no therapeutic activities to occupy and distract residents.

Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the

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

assessed needs of each resident.

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

There will be structured social programme in place for residents and therapeutic activities to occupy residents. Work has already commenced on the Transition of residents into community living with identified accommodation. Social structured programmes for all residents and an individual service plan will be in place. A Senior Psychologist works with the Team on a sessional basis to develop an integrated planning process allowing the development of person centred plans, In partnership with residents, families, frontline staff and the Team a process has been developed to continue to develop these individual service design system. An individual planning process called Listen to Me document has been completed with all residents, living options is another tool that is used in developing a more responsive system. This tool is used to identify specific wants/needs of the residents, behaviour support checklists, detailed activity and a listening page. We have commenced on My Goals, to capture goals from Listen to Me so as to ensure progress can be captured and acknowledged. The senior psychologist has worked with 3 assistant psychologists in further developing this process and in ensuring that the information gathered is individualised, person centred, and ultimately contributes to the practical steps involved in moving to local communities. The assistant Psychologist are working on the completion of Adaptive Behaviour Assessments on all residents and will continue to update person centred plan/goals with staff and residents.

Proposed Timescale: 01/05/2015

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:

Risks identified by inspectors during the inspection were not adequately assessed.

Action Required:

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

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

Robust measures will be put in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies. Ongoing monitoring and review of these arrangements will be the responsibility of the senior management team.

Currently there is a Risk Management Group and a Incident review group (IRG) which reviews incidents and accidents on a monthly basis and details monthly report/log to all managers.

Quality and Safety Walk around will be established to identify risks, highlight trends and discuss measures to minimise the re-occurrence of risks.

Incidents/Accidents will continue to be logged by the CNM2 within the process in place presently, and in addition a copy of reports will be filed for her records. Audits of Risks will be introduced monthly, with Risk assessments reviewed quarterly or as needed.

Proposed Timescale: 13/03/2015

Theme: Effective Services

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

A log of accidents and incidents was not available. The system for assessing risk in the centre did not assess all known risks.

Action Required:

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

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

A log of all accidents and incidents is now in place.

Proposed Timescale: 13/02/2015

Theme: Effective Services

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

All exits from the unit were locked on the two days of inspection and inspectors observed that there was no key or push button provided to allow exit from the unit in the event of a fire or other emergency.

Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

The installation on the inside at all exit doors of a security box and key, to facilitate the evacuation of service users and staff in the event of a fire is now in place.

Proposed Timescale: 13/02/2015

Theme: Effective Services

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

All staff members had not completed fire safety training.

Action Required:

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

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

A training plan is in place over the next 3 month period to have all staff trained 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. Staff will sign an attendance record to say they were present at fire drills and evacuations.

Proposed Timescale: 05/04/2015

Theme: Effective Services

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

All staff had not attended fire evacuation drills

Action Required:

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

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

A training plan is in place over the next 3 month period to have all staff trained in fire drills. There is presently a training plan in place around fire, with the focus of training 80% of staff by March 2015

Proposed Timescale: 05/05/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The advice recommended in behavioural support plans which included ensuring appropriate staffing levels and the provision of a good social programme to provide meaningful activity for residents was not adequately resourced and impacted on the safety and wellbeing of residents.

Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

Appropriate staffing levels will be in place to ensure the provision of a good social programme to provide meaningful activities.

Residents have a 1:1 staffing at present supporting social activities and therapeutic interventions where required, input from psychology services and the development of residents goals, community pathways and transition plans are been developed with residents to support their move into the community and their personal planning process.

Proposed Timescale: 31/03/2015

Theme: Safe Services

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

All residents were restricted from freely accessing their bedrooms and other areas of the unit such as the kitchen. Such restrictions were not applied in accordance with national policy and evidence based practice.

Action Required:

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

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

All restrictive practices in place will be applied in accordance with national policy and evidence based practice.

Proposed Timescale: 16/04/2015

Theme: Safe Services

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

Training records available indicated that not all staff had completed mandatory training in adult protection.

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:

All staff will receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

Proposed Timescale: 03/03/2015

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:

The advice of a Sensory Integration Specialist had not been implemented.

Action Required:

Under Regulation 06 (2) (b) you are required to: Facilitate the medical treatment that is recommended for each resident and agreed by him/her.

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

The advice of the Sensory Integration Specialist is currently being implemented. Training of staff has been completed in January 2015, with the introduction of therapeutic interventions to residents structured plan presently.

Proposed Timescale: 13/03/2015

Theme: Health and Development

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

Residents were not supported to buy, prepare and cook their own meals if they so wish.

Action Required:

Under Regulation 18 (1) (a) you are required to: Support residents, so far as reasonable and practicable, to buy, prepare and cook their own meals if they so wish.

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

Residents will be supported to buy, prepare and cook their own meals if they so wish.

Proposed Timescale: 13/03/2015

Theme: Health and Development

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

There was no choice of meal provided at lunch for residents. There were few choices of snacks available for residents if they wanted same.

Action Required:

Under Regulation 18 (2) (c) you are required to: Provide each resident with adequate quantities of food and drink which offers choice at mealtimes.

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

Choice of meals will be provided at lunch for residents. Choices for snacks will also be provided to residents. Opportunities for the purchasing and choosing meals/treats will be facilitated.

Proposed Timescale: 13/03/2015

Outcome 12. Medication Management

Theme: Health and Development

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

The maximum amount for PRN medication was not indicated on all prescription sheets and each prescribed medication was not individually signed by the GP.

Action Required:

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

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

The maximum amount for PRN medication will be clearly documented on all prescription sheets and each prescribed medication will be individually signed by the GP/ Psychiatrist.

The Pharmacist will be contacted to develop best practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely

Proposed Timescale: 05/04/2015

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:

Management systems in place in the designated centre had not ensured that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored in areas such as ensuring safe staffing levels, ensuring a safe means of exit in the event of a fire, ensuring risks were appropriately identified and controlled and ensuring that

residents were facilitated to take part in social activity outside of the centre.

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:

Effective management systems will be put in place by senior management to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Maintenance of staffing levels

Monitoring of Risks, Quality and Safety Walk Around.

Monitoring of Fire, training of staff , fire drills, education and awareness

Monitoring of Social Activities, review goals, opportunities and resources

Robust reporting systems to be developed with CNM2 and Senior Management

Proposed Timescale: 06/06/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staffing levels were inadequate to ensure residents were adequately supervised and kept safe and to ensure their assessed needs are met.

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:

Additional staffing supports has being put in place for the purpose of ensuring adequate staffing is in place to meet the residents assessed needs.

Proposed Timescale: 13/02/2015

Theme: Responsive Workforce

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

Inspectors reviewed a sample of staff files and found that documents required under Schedule 2 of the Regulations were not contained in the personnel files. References

were missing in some files and Garda vetting of staff members to work directly with residents had not been obtained for all staff.

Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

Management will ensure that documents required under Schedule 2 of the Regulations will be contained in the personnel files.

Proposed Timescale: 06/06/2015

Theme: Responsive Workforce

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

Staff had not completed mandatory training in adult protection, manual handling and fire safety

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:

Management will ensure staff has completed mandatory training in adult protection, manual handling and fire safety.

Proposed Timescale: 01/09/2015