Health Information and Quality Authority
Regulation Directorate

Compliance Monitoring Inspection report
Designated Centres under Health Act 2007, as amended

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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:	Thelma O'Neill
Support inspector(s):	Marie Matthews;
Type of inspection	Announced
Number of residents on the date of inspection:	107
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
29 January 2015 10:00	29 January 2015 19:30
30 January 2015 10:00	30 January 2015 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 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce

Summary of findings from this inspection

Given the level of non compliances, and their impact on the safety, quality of life for residents and failure to protect the rights of residents, the Authority undertook a series of inspections and regulatory engagements with the provider. This was the second of those monitoring inspections and focused on two units which are part of this large congregated setting run by the Health Services Executive (HSE). The units inspected on this occasion accommodated eight residents in one unit and six residents in the other unit. All residents had single bedrooms that were individually decorated and reflected their personalities and individual tastes. Both units had kitchen and dining areas and bathrooms shared between residents.

On the first inspection dated 15/12/14 focused on one unit accommodating eight residents with behaviours that challenge. At the end of the inspection, inspectors issued two immediate actions; one for staffing levels and the second for fire risks. Immediately following that inspection, the person in charge provided evidence to the inspector that the immediate actions had been addressed in that unit. Given the fact that the units involved were part of a campus setting, with all units managed by a common management system, inspectors would have expected that the nature and impact of those immediate action plans would have been reflected in all units in the

campus.

However, the action taken by the provider following the previous inspection had not been implemented in the units inspected this time and the inspectors issued two further immediate action notices directing the provider to take immediate action in relation to both fire safety management and staffing levels. In response to concerns about fire safety, inspectors required the provider to undertake a review of fire precautions by a competent person and to address the actions identified by the competent person.

Inspectors also reviewed the other actions from the previous inspection report and found further non compliances on this inspection that had a significant impact on the safety and welfare of residents.

The Senior Management team did not ensure that the service provided to residents was safe, appropriate to residents' needs, consistent or effectively monitored. Inspectors also saw that staffing levels in the units inspected did not meet the on-going needs of each resident.

While there was evidence of regular access to a General Practitioner (G.P.), most residents had not had an annual medical review for over five years. Residents had access to multi-disciplinary supports, such as; Dieticians, Occupational Therapists, Speech and Language Therapists, and Clinical Nurse Specialists. However, two vacant Psychology posts had not been filled and the post of a Physiotherapist on long term leave was also vacant. Inspectors found evidence that these vacancies were severely impacting on the safety and welfare of residents. These issues are discussed further under outcome 5,7,8,11.

Inspectors identified several other areas of the service that required significant review to improve outcomes for residents and to ensure a safe service. For example; social care assessments were poor. The day service had closed a number of years ago and there was insufficient staffing to provide care and support to residents in its place. The consequence of this was impacting negatively on these residents who spent long periods of time without any stimulation. Residents had little social involvement with the outside community and personal plans were medical focused and did not reflect the psychosocial needs of residents. Some staff did not have any training in mandatory areas such as fire safety, manual handling, infection control or managing behaviours that challenge and some staff had received training, however, it had expired and had not been renewed.

There was inadequate monitoring of the use of chemical restraint. For example; one resident had regularly been given a chemical restraint when presenting with behaviours that challenge. Inspectors found that there were no appropriate proactive strategies in place to minimise the use of physical and chemical restraint. In addition; medication management practices did not to comply with best practice guidelines with significant deficits identified in the medication governance arrangements.

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

Findings:
Resident's healthcare and social goals were identified and reviewed using nursing assessments and recorded in the annual nursing reports. However, personal plans had a health focus and did not provide adequate information on residents' specific social or emotional needs or preferred daily routine. Inspectors found that resident's personal goals were very limited, and focused on what could be provided on campus rather than on individualised person centred goals chosen by the residents. Some resident's goals identified the need for familiar staff; however, the person in charge (PIC) said this was difficult to implement, as agency staff provided cover during staff absences. This is discussed further under outcome 17 on staffing.

A mini-bus was available to the residents for social activities. This bus was also shared with six other units in the centre and had to be booked in advance. Resident's records showed that they went on outings. In discussions with the staff, inspectors confirmed that residents did not always get off the bus at their destination as the there were not sufficient staff to support residents to do so. Inspectors were told that there was only one wheelchair accessible vehicle available for social trips or residents' medical appointments. In addition; some staff did not drive the bus which meant that if these staff were on duty, social outings were not possible. Several residents had not left the complex for several months and other than visits from family members, there was limited evidence that residents were involved in the local community.

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

Findings:
The provider received an immediate action regarding risks identified in relation to fire safety in this centre. The provider had received an immediate action in relation to fire safety on the previous inspection also.

There was no unit record of fire safety precautions available to guide staff in the event of a fire emergency. The records in the fire register were incomplete and did not contain records of all fire safety precautions in place in these units and did not record the actions that staff should take to minimise risks to residents and others in the event of an emergency. For example; there were four water hoses identified by the service engineer as requiring replacement or decommissioned. Inspectors found that these created a risk to the safety and welfare of the residents, as staff may attempt to use the hoses to put out a fire and delay evacuating residents.

Inspectors found that there were no local procedures in place to ensure the safe evacuation of residents in the event of a fire. Personal Evacuation Egress Plans (PEEPs) were available for each resident, however; inspectors found that there were no unit-specific evacuation plans which adequately assessed the diverse abilities/needs of residents in these units. Three resident's files viewed identified in their personal evacuation plan that, in the event of an emergency requiring evacuation, they would require additional staff support than were normally on duty, For example; one resident's evacuation plan stated that the resident would require support from up to six staff. Additionally, inspectors found there were no fire alert procedures displayed in each unit, and there was no guidance as to where residents should evacuate to in the event of an emergency. These two issues were addressed by the area manager by day two of the inspection.

The doors separating the two units were not adequate to prevent the spread of fire as there were large gaps between the doors when closed. In addition, there were no self-closing devices fitted with these fire doors to ensure the doors between the units would adequately compartmentalised to help contain the spread of fire. Inspector interviewed staff members on duty regarding emergency evacuation procedures. Some staff did not identify the need to close the doors between units in the event of a fire and inspectors identified that some staff in the units inspected did not have up-to-date fire training. There was evidence that regular daytime fire evacuation drills took place. However,

inspectors were shown evidence that the most recent night-time evacuation drill involving six residents was inadequate and there had been no actions to improve this by the provider.

The provider was required by the inspectors to submit a fire risk assessment by a competent person in fire safety to address these issues, and this was submitted following the inspection.

There were systems in place to record and monitor accidents and incidents but the recording and management of risks required review. Although the senior managers regularly reviewed all accidents or incidents occurring in this centre, the audit tool used only detailed the initials of the resident and the category of risks for each accident/incidents. The audit tool used by the senior management team for the review did not include any of the details of the accidents/ incidents, and therefore it was impossible to see patterns in incidents/ accidents and ensuring learning arose to prevent further accidents.

The organisation used the regional HSE Risk Management and emergency planning policy and procedures. These included guidance on the identification and management of risks, the measures in place to control risks and arrangements for identification, recording, investigation and learning from serious incidents. Although, there was a risk management policy/procedure in this organisation, the document did not provide easy to read guidance for staff on managing and recording risks.

Staff did not demonstrate an adequate understanding of risk management in the centre. Individual assessments were completed for residents' clinical risks e.g. injuries as a result of falls or challenging behaviour; however, inconsistencies were identified in the approach to completing these risk assessments and some risk assessments viewed did not include adequate control measures. It was clear from the assessments reviewed that that staff required training in assessing and managing risks.

A number of residents required assistance when mobilising from their bed to chairs each day, and one resident required the assistance of a number of staff members when using a bariatric hoist. However, no staff had completed recent training in safe moving and handling, and this created a significant risk to the safety and welfare of residents and staff.

Inspectors identified risks associated with infection control that were not appropriately managed. Although there was personal protective equipment and hand washing facilities provided throughout both units, there was no evidence that staff had completed training on infection control procedures, particularly when providing intimate care procedures.

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

Findings:
The organisation had a policy for the protection of vulnerable adults in place. Inspectors found that the policy did not clearly state the action to be taken to protect residents where an allegation of abuse concerned either a member of staff or an agency staff member working in the centre.

During the inspection, the management team confirmed that there were no allegations of abuse currently under investigation. However; inspectors found that recommendations to improve safeguarding arrangements from a previous investigation relating to an allegation of abuse had not been implemented.

Staff members on duty were clear on the reporting arrangements in place, and most identified that they would contact the designated officer as well as the person in charge. Training records available indicated that most of the staff had completed mandatory training in adult protection. Additional dates were scheduled to ensure a number of staff members who were absent during previous training dates could attend.

The clinical nurse manager and the staff interviewed were very knowledgeable about the residents in their care and were observed to be patient and respectful towards them. They were able to tell inspectors the most appropriate and effective way to communicate with residents and to reduce their anxieties. Inspectors saw that the interventions and responses of staff could only occasionally reflect the personal goals in the residents' personal plans due to the staffing allocated and the task-based and institutional routines in this centre.

The provision of a good social programme to provide meaningful activity for residents was not adequately resourced. There was evidence to show that this was having a severe negative impact on managing resident's behaviour due to boredom and social isolation. There were insufficient plans for managing residents' behaviour. For example, one resident received chemical restraint on 13 occasions in the past few months. This resident had no day service and had recently suffered from a pressure sore. There was no evidence that staff had assessed the resident for problems such as incontinence, pressure area discomfort or a lack of social stimulation prior to chemical restraint being administered. There was no proactive intervention plan in place, only a reactive strategy. Inspectors also found that there was no record of the duration of the

behavioural outbursts, or the impact and effectiveness of the interventions used. This information would be beneficial in reducing the severity and frequency of the behaviours that challenge. One nurse told inspectors that it was "better to give the chemical restraint at the start of the outburst otherwise it could go on for up to two hours". There was no evidence that every effort was made to ensure that the least restrictive option was used and to manage risks safely.

There was insufficient support for residents and staff to plan for behaviour management strategies. While there were two Clinical Nurse Specialists available, two psychologists who had left the service had not been replaced.

There was evidence that the psychiatrist had written to the provider regarding his concerns about residents presenting at his clinic in relation to behavioural and mental health issues at this centre. In addition; there was no evidence that a Rights and Restrictive Practice Committee had reviewed the restrictive practices being regularly used in this centre. There was no record in any of the files reviewed, that regular case conferences took place following the use of restrictive practices with appropriate stakeholders, including family members, or that the frequency or management of such incidents were regularly monitored and reviewed by the person in charge.

Judgment:
Non Compliant - Major

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:
Since the closure of a day service a number of years ago, there was no day service available for six residents living in this centre. Inspectors found there were little or no consistent activities of a therapeutic nature provided to occupy these residents daily. Residents spent their days sitting in their sitting rooms or staff brought them for occasional walks around the grounds. These activities only occupied residents for short periods, and there was little to do the rest of the time.

Seven of the fourteen residents in these units received a full day service and one resident received a part-time service. All day activities were provided within the campus. Inspectors also found that the resident’s receiving social activities were mostly campus-based and included spending time in the multi sensory room, doing music therapy and

receiving hand and foot massages.

Some residents went to the campus chapel for some quiet time or the hotel nearby for a drink or a meal occasionally; however staff told inspectors these activities were completely dependent on additional staffing being available to support residents. Inspectors also identified that the activities offered to residents were not always linked to their social goals.

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

Findings:
There were insufficient arrangements to ensure that residents had access to appropriate health professionals and that the recommendations of health professionals were implemented.

Residents received healthcare input when they were ill or injured, but there were inadequate arrangements for medical review of residents. The nursing team assessed each resident's health care needs and care plans were in place to ensure they received the appropriate medical care. Residents had timely access to GP services and appropriate treatment and therapies. However, inspectors were told that none of the residents had an annual medical review by a medical practitioner since before 2009 and the managers confirmed this to be the case.

There were four Clinical Nurse Specialists (CNS) available to assess and implement resident's health goals; two behavioural support specialists, one mobility specialist and one dementia specialist. However, there were no specialised clinical managers in these areas to support and supervise the nurse specialists. For example; there was no psychologists reviewing the behaviour support plans/ restrictions in place, or physiotherapists regularly reviewing mobility/chest conditions as part of the multidisciplinary team supports provided to these residents.

Each resident's medical care was identified and reviewed using nursing assessments and findings recorded in the residents annual nursing reports. Resident's that had mobility difficulties had a falls risk assessment completed as required. All residents BMI/ weights

and nutritional assessments were completed and reviewed monthly. Inspectors saw evidence of support from a dietician for a resident whose weight had increased, and this support had also been provided to the resident's family to help manage while on visits home. The speech and language therapist (SALT) and Dietician completed regular reviews of residents. For example; one resident had an incident of choking on a piece of scone and staff administered first aid treatment. Following this incident a SALT assessment was completed the following day.

However, the recommendations of health professionals were not always implemented. A resident was recommended an exercise programme by the dietician to improve weight loss. However, there was no evidence of a structured exercise programme since the resident's day programme was ceased a few years ago. Another resident's care plan identified the need for daily chest physiotherapy treatment; although the CNS mobility nurse was treating this resident, there was no physiotherapist available to supervise the treatment being provided to the resident since the physiotherapist went on long term leave.

Inspectors also reviewed the care and management of a resident that required urinary catheterisation. Evidence showed, and the nurse manager confirmed that on a few occasions, one resident's indwelling catheter had repeatedly fallen out and required regular re-insertion by staff nurses. Inspectors were informed that nurses trained each other when nurses were unfamiliar with this procedure. The nurse manager confirmed that there was no experienced nurse specialist/ trainer available to train nursing staff on catheterisation.

Two residents had a recent history of skin pressure areas. There was no documented evidence that regular repositioning of the resident in the wheelchair area had occurred during the day or when in bed at night as per care plans. In addition, there was no evidence that staff members had recently completed training in best practice in managing wound care.

Inspectors did find evidence of good practice in relation to epilepsy management. Residents diagnosed with epilepsy had their diagnosis and treatment recorded in their personal and medical files. There were regular anti-convulsion medication reviews completed. Inspectors found that one resident with epilepsy had a protocol in place to guide staff in the event of a seizure, and an epilepsy risk assessment was also completed 23/8/14. The nurse manager informed inspectors that one resident had received bariatric equipment following staff fund-raising over €15,000 to provide the resident with the equipment required. Since then, the resident is a lot more comfortable and safer with her new personal care equipment.

The arrangements for residents to express choice about meal times were inadequate. Resident dinner and tea choices were ordered one week in advance and there was no daily choice of food. In addition, the kitchen closed at 3pm every weekend and on bank holidays, and this further limited the choices of tea time menus for residents. There was only one set menu for residents to choose from, and it was the same menu repeated every week which offered little food choice or variety to resident's. There were very limited alternatives of dry stock kept in the unit's kitchens, should residents wish to eat an alternative tea or supper in the evening.

Inspectors observed institutional practices in relation to meal times which did not prioritise the needs of residents. Residents were provided with their meals at 12 midday and inspectors were informed that this was because staff lunch was usually between 12.45 -2 pm.

Inspectors observed one meal time and found that it was a positive and social event. The meals were nutritious and available in sufficient quantities. Staff informed inspectors that snacks were available throughout the day, and inspectors observed staff supporting residents to eat and drink in a sensitive and appropriate manner.

Judgment:
Non Compliant - Major

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:
The designated centres had policies and procedures in place for the safe management of medication. There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. However, procedures had not been appropriately implemented into practice. Medication stock control was not adequately monitored; for example, there was excessive medication stock remaining at the end of month. Another example; there were 95 x 7.5mg olanzapine tables in stock for one resident and there should only have been 12 tablets in stock until the next pharmacy order arrived. Individual medication kardex were in place; however they were not reviewed as part of the individual personal plans.

Inspectors saw that staff did not always adhered to safe medication administration practices. For example; in the procedures for managing resident's warfarin administration. The nurses informed inspectors that the general practitioner (GP) always reviewed residents INR blood results and made changes to the resident's warfarin prescriptions as required. The nurse told inspectors that the GP usually instructed the nurse over the telephone on the changes to the prescription. This created a risk to residents of receiving the wrong warfarin dose as changes were not reflected in the resident's medication charts. There were no changes made on the resident's drug charts and there was no fax or written instruction from the GP confirming his instruction his instruction to make changes. Changes were only recorded in the resident's daily nursing notes. There was no protocol in place as to the procedures to follow in relation to

administering warfarin to residents. This practice was not in keeping with An Bord Altranais agus Cnáimhseachais Na hÉireann medication management guidelines.

Inspectors also found that there were no systems in place for reviewing and monitoring safe medication management practices, particularly in relation to checking new medication stocks, for example; one resident's Olanzapine 7.5mg tablets prescription stated that tablets were to be administered once a day; however, the prescription on the medication box stated twice a day. This could cause a medication error and have a negative impact on the health and wellbeing of the resident. Also three boxes of medication had no labels to state name of resident, or the dose of tablets to be administered. There was no nurse on duty at night and care staff were not trained in administering medication. Nursing staff from other units were called every night to administer medications to residents; this practice created a risk to residents.

Inspectors also found some medication charts were illegible and required review as they created a risk of medication errors. Inspectors found that there were a number of medication errors recorded in this centre, for example; failure by one nurse to administer medication to three residents, failure by another nurse to sign that a resident's medication had been administered and it was subsequently given again by a second nurse. There were also a number of clerical errors recorded in the residents recording sheets.

Inspectors found that the organisation's policy and procedure for administering chemical restraint was not adhered to in practice. For example; one of the residents had a history of behaviours that challenge and of developing pressure areas. The resident opened the lap belt when agitated as an indicator of wanting to get out of the chair. Staff told inspectors that this behaviour was viewed as behaviours that challenged and an indicator that the resident's behaviour could likely escalate to self injury. Inspectors saw that on 13 occasions over the past few months, two forms of chemical restraint had been administered to this resident. There was insufficient review of this practice to identify alternatives to restraint and to minimise the use of restraint.

Following this inspection the inspectors saw that the CNM2 had completed reviews of medication practices, in cooperation with the centres pharmacist and had put some corrective action in place to address these issues.

There were two Clinical Nurse Managers 3 (CNM3s) posts allocated to manage and supervise the staff working in this centre at night. They work opposite each other at night and were responsible for providing nursing support to residents and staff on the campus. Some residents in the units inspected were prescribed medication at 10pm and inspectors were told that assistance of the nurse on the children's unit was sought at night to administer medications to the residents in these two units. This practice resulted in residents in the children's unit being supervised on occasions by unfamiliar care staff while the nursing staff administering medication to the residents in the other two units and this created a risk to residents. The area manager was advised of these risks at the end of the inspection, and he advised that this practice would be reviewed and that the night nurse supervisors could administer these medications as part of their roles. This issue is actioned under outcome 17 Staffing.

Judgment:
Non Compliant - Major

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

Theme:
Leadership, Governance and Management

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

Findings:
The management in place did not ensure that the service provided to residents was safe, appropriate to residents' needs and consistent. The provider was not effectively monitoring the service to ensure a safe and good quality service for residents. For example, inspectors saw that staffing levels did not meet the on-going needs of each resident. Most of the residents in these units did not have any day service or alternative supports. The consequence of this was impacting very negatively on these residents who spent long periods of time without any stimulation. Residents had little social involvement with the outside community and personal plans were medical focused and did not reflect the psychosocial needs of residents. Some residents were diagnosed with presenting with behaviours that challenge, however, all staff spoken with stated that many of these behaviours was due to frustration at a lack of stimulation and boredom.

Despite the management structure in place, there were no clear lines of accountability for decision making and responsibility for delivery of services to residents. The management structure consisted of a provider nominee for the Health Service Executive (HSE). The Director of Services was identified as the Person in Charge of the Centre. He was responsible for 36 units on the campus and in the community. An Area Manager reports directly to the person in charge (PIC) and he was responsible for the 17 units on the campus. A Clinical Nurse Manager (CNM2) and (CNM1) reported to the area manager.

There was inadequate oversight of the centre by the provider nominee. While the person in charge informed inspectors that once a month there was a meeting with the provider nominee; this was not centre specific and was attended by all of the senior management teams for disability in the Sligo/Leitrim area, under the provider's responsibility. The person in charge stated that every fortnight the senior management team for this service meet to discuss the management of the campus and community

services however this had not been effective in monitoring the safety and quality of service to residents.

Managers confirmed to inspectors that there was a very high sick leave rate in the centre, the person in charge told inspectors that there were often eighteen agency staff on duty on the campus each day and this has impacted on the consistency of person centre care for residents.

There was no evidence of any annual reviews of the quality and safety of care for residents had been completed or of any unannounced inspections taking place by the provider nominee. There was no analysis of training requirements to ensure clinical skills were updated and staff had the skills to meet residents' needs. For example, in relation to: manual handling trainings, fire training, wound care, catheter care, behaviour management training.

Judgment:
Non Compliant - Major

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 centre is not adequately resourced to ensure the effective delivery of care and support for residents in accordance with the centres statement of purpose. The lack of resources and their impact on the safety and welfare of residents are detailed in previous outcomes.

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

Findings:
Inspectors reviewed an immediate action issued on the first inspection of this centre and found that additional staffing had been allocated to the unit previously inspected to address the staffing issues. Given the fact that the units involved were part of a campus setting, with all units managed by a common management system, inspectors would have expected that the nature and impact of those immediate action plans would have been reflected in all units in the campus.

However, insufficient staffing levels were identified as an area of risk for residents on this inspection also. An immediate action was issued again to the provider on staffing shortages. Immediately after the inspection, the provider informed the Authority that additional staffing had been appointed to the units.

On this inspection, Inspectors reviewed the staffing rotas and interviewed staff on duty during the inspection and identified that staffing levels and the deployment and demarcation of staff duties in the centre was impacting negatively on residents. For example; one nurse, one care assistant and a student nurse were on duty during the day in each unit to care for between six and eight maximum dependent residents.

In addition to low staffing levels, the nurse manager told inspectors that student nurses did a rotational placement in the unit and replaced care staff who were familiar to residents during this time. Inspectors found that there was a high level of agency nursing staff working in the centre due to high levels of staff sick leave and that this created further inconsistencies in the staff support for residents. Inspectors spoke with an agency nurse in one of the units and found that the nurse was not familiar with residents care plans or medications

Inspectors found that there were not adequate staff supports to meet the basic care needs of residents, particularly those with behavioural support plans in place. For example, some care plans identified that support was required by up to 4 staff for intimate care and these were not available in the units. Inspectors found that the level and deployment of staff was also limiting resident's opportunities to participate in activities, appropriate to their interests and preferences.

As discussed under outcome 5 and 10, the day service once provided to residents had been closed and the provision of unit based activities was inadequate. Inspectors spoke to several staff including the centre's behaviour support specialist who stated that many of the challenging behavioural incidents that occurred were in response to boredom or a lack of stimulation, due to a lack of staff support. In addition inspectors saw evidence from the mental health team stating that some resident's mental health was being directly affected due to inadequate staffing in this centre.

There was insufficient staff cover at night time. One care assistant was normally on duty in both units at night and there was no nurse routinely working in the units even though residents had significant health related conditions. A nurse working in the children's unit was required to leave that unit to administer medication to residents and to advise care staff on clinical issues such as wound or catheter care. Inspectors reviewed care plans for two residents which identified that they should be repositioned every 4-6 hours by two staff. This staffing was not available to meet the needs of these residents at night time.

Staff had not been provided with the education and training to enable them to provide evidence based care to meet residents needs. For example, inspectors saw that not all staff had completed training on managing behaviours that challenge and inspectors. Other areas where up to-date training was no completed included fire safety, first aid, diabetes care, epilepsy management, safe medication practices, safe moving and handling and infection control training.

The provider had not filled vacant posts or made appropriate alternative arrangements to ensure the support of health care professionals was available to residents. Psychology posts which were vacant had not been filled despite serious behavioural risks identified and restrictive practices in place. Two nurses trained in phlebotomy had also left and were not replaced and the nurse manager was now the only trained phlebotomist working in this area. This detracted from her time to supervise care.

Inspectors reviewed staff files during the inspection however they were found to be incomplete and did not contain all of the information required in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. For example not all staff had two references and Garda vetting was not available for all staff. Nursing staff did not have a current certificate of registration from their registration board.

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:

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Health Information and Quality Authority

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Regulation Directorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0003368
Date of Inspection:	29 January 2015
Date of response:	10 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 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Personal plans did not provide adequate information on resident's specific social, emotional needs or preferred daily routine.

Action Required:
Under Regulation 5 (4) (c) you are required to: Prepare a personal plan for the resident

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

no later than 28 days after admission to the designated centre which is developed through a person centred approach with the maximum participation of each resident, in accordance with the resident's wishes, age and the nature of his or her disability.

Please state the actions you have taken or are planning to take:
Each resident will have a holistic assessment which will include their social, preferences and participation needs and this will be achieved through the "Listen to Me" engagement process

Proposed Timescale: This will commence 7th of April and will be completed by June 30th 2015

Proposed Timescale: 30/06/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Several residents had not left the complex for several months. There was inadequate staffing and transport available to ensure residents had access to local community facilities as required.

Action Required:
Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

Please state the actions you have taken or are planning to take:
Current social, recreational and diversional activities will be reviewed and more structured regular activities will be put in place through the "Dream" programme. Application will be made to the volunteer programme so as to enhance social activities. Application will be made for the purchase of appropriate transport that can be used by the staff team

Proposed Timescale: The day programme will commence from April 13th 2015. Applications for volunteers will be made by April 10th and application for appropriate transport will be made also by April 10th. Results from these application should be received by May 30th

Proposed Timescale: 30/05/2015

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:
The auditing tool used for monitoring accidents/incidents did not provide for adequate

information to prevent or decrease risks to residents in the centre.

Action Required:
Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

Please state the actions you have taken or are planning to take:
The current risk management policy will be revised to include the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents. An incident log will be available to the local team to determine patterns of incidents.

Proposed Timescale: 30/05/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inconsistencies were identified in the risk assessments completed and the system to record and manage risk required review to ensure risks were recorded and analysed in each unit.

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:
An incident log will be maintained in the unit so that there is an ongoing review of incidents at unit level
Incident review group will continue to meet to provide governance on the assessment, management and ongoing review of risks

Proposed Timescale: This System in place by April 30th 2015 and ongoing after that

Proposed Timescale: 30/04/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy was not centre specific and did not clearly provide clear guidance for all staff. For example; the appropriate procedures to follow when managing risks in this centre.

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:
The current risk management policy will be reviewed and made centre specific with clear guidelines for staff

Proposed Timescale: 30/05/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no evidence that staff had competed training in infection control and in particular in relation to personal care procedures.

Action Required:
Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

Please state the actions you have taken or are planning to take:
Record of training will be maintained in the centre with particular reference to infection control

Proposed Timescale: 30/05/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no individual register of fire safety precautions available in these two units and the fire register for the whole campus was incomplete.

Action Required:
Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

Please state the actions you have taken or are planning to take:
A fire register for the centre will be available in each unit

Proposed Timescale: 30/04/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staff did not have up to date fire 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:
Staff in the centre will have suitable fire training

Proposed Timescale: 30/03/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were four fire hoses that were not in proper working order and advice of the fire service engineer had not been acted upon.

Action Required:
Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

Please state the actions you have taken or are planning to take:
Fire assessment of the centre has taken place by an appointed specialist in the area of fire safety. Report has been received by the provider and is currently been reviewed. Any remedial work that is required will be prioritised by the provider to ensure safety.

Proposed Timescale: 13/04/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents personal evacuation plans (peeps) were not utilised as part of the centre specific evacuation plan. For example one resident's (PEEP) had identified they required up to six staff for an emergency evacuation.

Action Required:
Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

All personal evacuation plans will be reviewed to ensure adequate arrangements are in place

Proposed Timescale: 10/04/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Night time fire drills were inadequate and required urgent review.

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:
Night time fire drills will be reviewed

Proposed Timescale: 10/04/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no emergency evacuation plan for the two units inspected that adequately assessed or planned for the diverse abilities/needs of the residents'.
.

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:
Emergency evacuation plan will be in place

Proposed Timescale: 17/04/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The fire doors separating the two units were not adequate to prevent the spread of fire as large gaps were observed between the doors when closed.
There were no self closing devices fitted on the internal fire doors to ensure the doors closed automatically.

Action Required:
Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

Please state the actions you have taken or are planning to take:
Fire assessment of the centre has taken place by an appointed specialist in the area of fire safety. Report has been received by the provider and is currently been reviewed. Any remedial work that is required will be prioritised by the provider to ensure safety.

Proposed Timescale: 13/04/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was insufficient review of the use of restrictive practices and chemical restraint by appropriate multi disciplinary professionals to ensure that they comply with 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:
The policy on restrictive practices will be reviewed in accordance with national guidelines.
The application of any restrictive practice will be applied in accordance with national policy and evidence base practice
Behavioural support assessments will be signed off by the appropriate health professional
The provider has commenced a recruitment process for a suitably qualified psychologist and a consultant psychiatrist is available to the centre.

Proposed Timescale: The policy review will be completed by May 30th The recruitment process will be completed by June 1st

Proposed Timescale: 01/06/2015

Theme: Safe Services

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

Staff did not have up to date knowledge of best practice in managing behaviour that is challenging.
All staff had not received training in the management of behaviour that is challenging including proactive, de-escalation and reactive strategies.

Action Required:
Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

Please state the actions you have taken or are planning to take:
The staff team of the designated centre will receive appropriate training in the management of behaviours that challenge including de-escalation and intervention techniques

Proposed Timescale: 30/06/2015

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Proactive strategies were not implemented to alleviate/ prevent behaviours that challenge.
The duration of each incident when physical or chemical restraint was used was not accurately recorded.
There was no indication that a less restrictive approach was attempted prior to restraint being implemented.

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:
The application of any restrictive practice will be applied in accordance with national policy and evidence base practice

Proposed Timescale: 30/04/2015

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The policy did not clearly state the actions to be taken by management to protect residents where an allegation of abuse concerned either a member of staff or an agency staff member working in the centre.

Action Required:
Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

Please state the actions you have taken or are planning to take:
A addendum will be added to the policy on adult protection to clearly state the actions that are taken by management where a concern or allegation is made against a member of staff or agency staff member working in the centre

Proposed Timescale: 10/04/2015

Outcome 10. General Welfare and Development

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
1. There were no assessments or plans in place to support education, training and employment.
2. There was no day service available for six of the residents.
3. There was little or no consistent social activities provided to occupy residents during the day.

Action Required:
Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

Please state the actions you have taken or are planning to take:
Current social, recreational and diversional activities will be reviewed and a more structured regular activities will be put in place through the "Dream" programme

Proposed Timescale: 13/04/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
No residents' had an annual medical review by a medical practitioner in these units since before 2009

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:
Annual medical reviews will be carried out annually

Proposed Timescale: This will commence from April 1st and be completed by September 30th 2015

Proposed Timescale: 30/09/2015

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There is no regular physiotherapist or psychologist available for residents, since they went on long term leave.

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:
The provider has commenced a recruitment process for a suitably qualified psychologist and a consultant psychiatrist is available to the centre.
Referrals to allied health professionals are made through community services in which a waiting list is in operation

Proposed Timescale: This will be achieved by June 30th

Proposed Timescale: 30/06/2015

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff had not received training to enable them to care for residents with specific healthcare needs. Some residents recently had pressure areas and there were not sufficient records of timed regular breaks from their wheelchairs, or repositioning at night to relieve/ prevent future pressure areas. In addition there was no evidence that staff had been trained on up to date best practice on managing wound care.

Action Required:
Under Regulation 06 (3) you are required to: Support residents at times of illness and at the end of their lives in a manner which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

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

Tissue viability nurse has trained staff, repositioning charts are in place

Proposed Timescale: 10/04/2015

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Food was provided from a central kitchen which was ordered one week in advance, therefore residents were not offered a choice of food daily. The main kitchen closes early every weekend limiting the choice of foods to residents.
There was only one set menu for residents to choose from, and it was the same menu repeated every week which offered little food choice or variety to resident's. There were very limited alternatives of dry stock kept in the unit's kitchens, should residents wish to eat an alternative tea or supper in the evening.

Action Required:
Under Regulation 18 (4) you are required to: Ensure that residents have access to meals, refreshments and snacks at all reasonable times as required.

Please state the actions you have taken or are planning to take:
Resident will have access to a choice of meals, refreshments and snacks

Proposed Timescale: 30/04/2015

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:
There were a number of serious medication errors occurring in this centre that were recorded as due to staffing shortages.

Action Required:
Under Regulation 29 (4) (d) 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 storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

Please state the actions you have taken or are planning to take:
Current medication management will be reviewed. Appropriate practices will be in place for all aspects of medication management this will include appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administering of medications to ensure that storage and disposal of out of date or unused controlled drugs will be in accordance with the relevant provisions in the misuse

of drug regulations of 1988 as amended

Proposed Timescale: 30/04/2015

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The policy and procedures for administering chemical restraint were not adhered to in practice and requires review.

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:
Current medication management will be reviewed including the use of PRN medication Appropriate practices will be in place for all aspects of medication management this will include appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administering of medications to ensure that storage and disposal of out of date or unused controlled drugs will be in accordance with the relevant provisions in the misuse of drug regulations of 1988 as amended

Proposed Timescale: 30/04/2015

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Appropriate and suitable practices relating to the ordering, receiving, storing, disposal and administration of medicines were not in place.

Action Required:
Under Regulation 29 (4) (b) 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 medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:
Current medication management will be reviewed. Appropriate practices will be in place for all aspects of medication management this will include appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administering of medications to ensure that storage and disposal of out of date or unused controlled drugs will be in accordance with the relevant provisions in the misuse of drug regulations of 1988 as amended.

Proposed Timescale: 30/04/2015

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:
Appropriate management systems were not in place to ensure that the service provided to residents is safe, appropriate to residents' needs, consistent and effectively monitored.

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:
Current management structure is under review. Model of staff deployment is under review so as to ensure the service provided is safe, appropriate to residents needs, consistent and effectively monitored

Proposed Timescale: This will commence from April 2nd and will be completed by April 30th 2015

Proposed Timescale: 30/04/2015

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no evidence of any annual review of the quality and safety of care being completed or of any unannounced inspections taking place and there was no analysis of training to ensure clinical skills were updated and staff had the skills to meet residents' needs.

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:
An annual review of quality and safety of care and support in the designated centre and that such care and support will be in accordance with the standards.

Proposed Timescale: 30/05/2015

Outcome 16: Use of Resources

Theme: Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were insufficient resources in the centre and the needs of the residents were not being met.

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:
Current service management and resources are under review so as to ensure effective delivery of care and support to residents

Proposed Timescale: 30/04/2015

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The provider had not obtained all of the required documentation to indicate that staff were fit to work in a centre with vulnerable adults, such as two references or Garda vetting

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:
Staff files and information and documents as specified in Schedule 2 will be updated

Proposed Timescale: 30/06/2015

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The number, qualifications and skill mix of staff was not appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of

the designated centre.

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:
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 through the current recruitment process

Proposed Timescale: 01/06/2015

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no evidence that nurses had completed any training in areas relevant to the care needs of residents such as catheter care or infection control.

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:
Staff will have access to appropriate training as required

Proposed Timescale: 08/04/2015

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff had not up to-date training in fire safety, first aid, diabetes care, epilepsy management, safe medication practices, safe moving and handling and infection control.

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:
Staff will have access to training and refresher training as appropriate

Proposed Timescale: 07/04/2015