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<th>A designated centre for people with disabilities operated by Health Service Executive</th>
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<tr>
<td>Provider Nominee:</td>
<td>Mary Warde</td>
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<tr>
<td>Lead inspector:</td>
<td>Michael Keating</td>
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<tr>
<td>Support inspector(s):</td>
<td>Florence Farrelly;</td>
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About monitoring of compliance

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

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

The inspection took place over the following dates and times
From: To:
29 April 2015 09:10 29 April 2015 18:00
30 April 2015 09:00 30 April 2015 18:00

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<tr>
<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 12. Medication Management</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 17: Workforce</td>
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Summary of findings from this inspection
The purpose of this inspection was to monitor ongoing compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. It was also to determine if adequate progress was being made in relation to noncompliance identified during previous inspection carried out by the Authority. Prior to the last inspection in January 2015, the campus had been reconfigured into three separate designated centres. This inspection focused upon 'Centre 2' and the primary aim was to establish if residents were safe and were being provided with a higher quality of care and support than was evidenced during previous inspections. This centre was also providing the Authority with weekly updates in relation to the ongoing implementation of the provider's action plan to ensure the safety and welfare of residents.

This centre forms part of a large campus based service in the west of Ireland, and provides residential services to male and female residents within five separate bungalows. As part of the inspection inspectors visited all of the bungalows and met with residents and staff within each bungalow. On this inspection it was found that significant changes had taken place which were assessed as improving the lives of many residents. In general residents were found to be safe, and the governance and management structures within the centre had changed significantly which ensured greater monitoring and supervision of staff practice.
A significant number of additional staff had also been recruited and had begun working in previous weeks. In addition, comprehensive training programmes had been introduced specifically around the areas of safeguarding vulnerable adults, positive behaviour support, developing person centered services and planning and the role of key workers. While many of the associated plans emanating from this training were in their infancy, inspectors were reassured that progress was being made and that the quality of the service provided to residents had been enhanced as a result.

This inspection focused upon seven outcomes. Outcome 1; Residents' Rights, Dignity and Consultation was found to be in major non compliance with the Regulations in relation to ongoing institutional care practices operating within the centre. These practices were found to be impinging upon resident's quality of life. Practices such as many meals being prepared in a centralised kitchen and delivered to bungalows, centralised laundering of linen and the non-personalisation of many bedrooms did not respect the contribution residents can make to enhance and be more involved in their daily living experience. Three outcomes were found to be moderately non compliant, namely social care needs, safeguarding and safety and workforce. Three outcomes were also found to be fully compliant and these were health safety and risk management, medication management and governance and management.

The findings are discussed in the body of the report and all non compliances are actioned at the end of this report.
Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

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

Findings:
Overall the inspectors found that while the provider had taken adequate measures to ensure that some residents' rights, dignity and consultation were upheld, evidence was not yet available that this was the case for all residents.

An intensive person centred programme was now in place for a set number of residents. This programme considered all elements of the support requirements for their lives and was a completely new approach for residents and staff. While in its infancy, this approach was found to be having a positive impact on its recipients and was allowing residents with significant and complex care needs to be more involved in directing the care provided to them. This new approach combined residents care needs in key support areas such as positive behaviour support and health and social care needs into an individualised support plan. This new approach had yet to be provided to all residents, but inspectors were assured that this would be introduced to all residents over the next two months. The evidence of its success for the residents it had been provided to reassured inspectors that sustained progress in this regard would reduce the level of noncompliance reflected within this outcome significantly. However, it was also found that institutional care practices continued which were found to be impinging on resident's quality of life throughout the centre.

While efforts were being made to consult with and support residents in the running of the centre, some care plans and staffing practices were still reflecting institutional care practices which impinged on the rights, privacy and dignity of residents. For example, staff were carrying out hourly checks on all residents throughout the night. There was
no individually assessed need in place for each resident to warrant this practice. Sleep charts were used for residents who take sedative medication to assist their sleep. A number of these residents sleep charts were read by inspectors, and they indicated that on the vast majority of nights, these residents generally slept well throughout the night. In addition, inspectors were told that sleep charts were not required for residents who don’t need sleeping tablets as they sleep well throughout the night. However, these residents were also checked on by staff going into their room hourly throughout the night.

Other practices considered institutional identified during the inspection included the use of hospital beds, sheets and linen services, the lack of personalisation in some bedrooms, and limited community access for some residents. Meal time practices, with meals brought to each bungalow in heated trolleys, prepared in a centralised kitchen, were found to be not promoting a normal living environment for the residents who could not be involved in meal preparation within their own homes. The ‘working rota’ was also found to be not flexible enough to meet the individual needs of residents (discussed in more detail within Outcome 17: Workforce). Overall it was found that some residents had limited opportunities to make common daily choices such as to be involved in meal preparation or laundry and everyday living activities and were noted to lack stimulation for significant periods throughout the day.

The inspectors found that resident finances were well managed with each resident having their own bank account. These accounts were checked and cross-referenced against expenditure on a regular and consistent basis. Residents were also supported to access their own cash for daily expenditure, and assessments were also in place to identify the level of support required by each resident to manage their monies. Residents were observed requesting money from staff, and one resident was provided with cash in his wallet, this resident then went to the on site canteen independently to purchase some items before returning with a receipt which he gave to staff. Independent audits of resident’s accounts were also carried out on an annual basis.

The inspectors reviewed the organisational complaints policy and the accessible complaints information which was readily available to residents. The complaints policy had been recently reviewed and was seen to be followed in practice. The inspector found that none of the residents had ever made a complaint and that their concerns or satisfaction levels with the service were not recorded in this way. It was also noted that two complaints had been logged from family members in 2015. These complaints seemed to be well dealt with, with a satisfactory outcome recorded following a family meeting in each case. The inspector saw evidence that independent advocates had been made available to a number of residents.

Progress was being made in the area of identifying meaningful activities for residents during the day, and on the days of inspection residents were accompanied by staff on a number of mainly campus based activities including walks, trips to the canteen as well as drives off site. The number and frequency of activities provided to residents was recorded as slowly increasing since previous inspections. However, it was noticed particularly on the first day of inspections that most residents were in their homes with limited activity. The inspectors were repeatedly told this was because of the rain outside.
In the two weeks prior to the inspection two dedicated activation staff had been assigned to increase activity levels for residents who were no longer attending separate day services. However, they has not been in place long enough at the time of this inspection to be able to evidence base significant improvement, although inspectors were reassured by the plans in place.

A number of residents spoken with told inspectors that they were going out on bus trips and another resident stated he could go out whenever he wanted and had his own money to go where he liked.

**Judgment:**
Non Compliant - Major

**Outcome 05: Social Care Needs**
*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**
Effective Services

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

**Findings:**
The Inspector reviewed a number of Individual care plans and found some were not holistic and focused on limited aspects of the person’s life such as their health care needs or maintaining their current living situation. They did not provide adequate information on residents' specific social, emotional, participation needs, preferences and preferred routines. However, the inspectors were reassured that work was progressing in this area, and the changed living experiences for some residents provided evidence that there was now a significant focus upon the social care needs of residents living in the centre.

While all residents had a personal support plan in place, some had not been updated or reviewed in a number of years. Personal plans were provided in accessible formats with a strong emphasis on the use of photographs. For residents whose plans were found to be up to date there was clear evidence that residents and their families were involved in the planning process and that families were invited to the centre for planning meetings on a annual basis.
However, while these plans considered some social outcomes for residents, there was limited evidence available in relation to how the goals were chosen for the individual resident. In addition many goals referred to one off activities, or everyday activities of living, rather than developmental goals. For example, goals read by inspectors included maintaining the current level of service to individual residents; i.e. 'to continue to have a bedroom to myself' or to 'continue attending my workshop'. Other examples included having regular haircuts, regular walks, more frequent drives or for daily 'activation' (specific day service).

At the time of inspection it was also found that records of goal achievement or adequate reviews to assess the effectiveness of each plan were not taking place. However, specific training and planning in this regard was currently being rolled out to staff including training on the role of the key-worker. A new programme was also being introduced for all residents focused upon developing ways to involve residents more in steering the service provided to them. This programme focused upon the holistic support requirements of a specified number of residents combining positive behaviour support plans, communication needs, low arousal approaches and developing specific social activity profiles (with additional staffing resources provided to increase levels of activity and activation).

While in its infancy, there was concrete evidence that this approach was meeting the needs of a number of residents and this individualised focus was enhancing the lives of residents it was being used with. For example, there were less incidents of challenging behaviour recorded, more positive interaction between the residents and the staff and greater choice in daily living experiences were offered to these residents. However, this programme was not provided to all residents but the inspectors were reassured that its planned implementation throughout the service would continue to have a positive impact upon all residents.

As referred to within Outcome 1: Residents' Rights, Dignity and consultation residents opportunities to experience and develop everyday activities of living within their own homes was diminished due to centralised services which meant that residents did not have the opportunity to participate in core daily living tasks such as meal preparation, laundry or to be involved in cleaning their own homes. Many residents were observed to be spending a lot of time sitting around their homes with limited activity or interaction from staff.

**Judgment:**
Non Compliant - Moderate

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**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**
Effective Services
Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspectors found significant improvement in this area since the previous inspection with all actions agreed within the previous action plan adequately addressed. Overall it was found that the health and safety of residents, visitors and staff was promoted and protected.

There were policies and procedures in place for risk management and emergency planning. There was an up to date safety statement and risk register in place. The risk register was found to be implemented throughout the centre and covered the matters set out in Regulation 26, including identification and management of risks, the measures in place to control identified risks and arrangements for identification recording, investigation and learning from serious incidents. Individual risk assessments were also in place for residents pursuing activities that may include an element of risk such as for horse riding (which was an activity currently being planned for a number of residents) and for accessing other external community facilities and amenities.

The provider had ensured that there were effective fire safety management procedures in place, and had taken adequate precautions against the risk of fire in the designated centre. There was suitable fire equipment provided which was regularly serviced by a qualified fire consultant. Regular fire evacuation drills were taking place, with drills taking place in each bungalow comprising the designated centre on a monthly basis. Records of each drill were maintained and all staff spoken with was confident in their ability to evacuate the centre safely. Some residents also told the inspectors how they would evacuate the premises, and also referred to drills which had taken place in day and night.

Judgment:
Compliant

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

**Findings:**
Generally, there were arrangements in place to safeguard residents and protect them from the risk of abuse. Some improvements were required in the recording of restrictive practices and some staff required training in the management of behaviour that is challenging including de-escalation and intervention techniques. Staff had been provided with training in service user welfare and protection in recent years.

The policy on protecting residents from abuse was currently under review, and was being updated in line with the revision of the national (HSE) safeguarding policy. Staff said they were aware of the importance of promoting the safety and respect for each resident. The inspector observed staff interacting with residents in a respectful and friendly manner. Staff also spoke passionately about residents they supported. The inspectors reviewed a number of reported allegations of abuse, which referred to peer to peer abuse or to alleged historical institutional care practices no longer considered acceptable. In all cases it was found that the provider had taken appropriate action in response to allegations, disclosures or suspected abuse.

There were detailed intimate care plans in place which were found to promote self-care and protection for residents who were receiving a high level of support in the area of personal care from male and female staff members.

There were a high number of environmental restrictions operating within the centre. These included a number of locked internal doors, locked front doors, the use of bed rails, chair straps and access to the kitchen in one bungalow. A regular audit of restrictive practices was in operation which was carried out on the provider's behalf by a clinical nurse specialist in behaviours that challenge. The last such audit had been completed on 16 April 2015 and was carried out as an 'unannounced inspection of all restrictive practices operating within the centre'.

This audit considered the rationale behind the use of any restriction, the identified risk, the frequency of its use and also identified clear recommendations to reduce the number of restrictive practices. In also clearly documented progress in relation to recognising ongoing reductions in the number or frequency of recognised restrictions. For example, the number of residents using bed rails had reduced by 43% and there was a 19% decrease in the numbers of locked internal doors reported. The audit also documented any use of any medications used as a sedative or to alter behaviour.

The inspectors were informed that there were no physical restraints or holds operating within the centre. However, upon reviewing a number of incident report forms and in discussions with staff members inspectors were concerned that some practices were not recorded or recognised as a restrictive practice. For example, reports were read referring to significant interventions which staff had to make to prevent injury to a colleague or another resident. On occasion these had been unplanned holds. These incidences while recorded on accident and incident report forms were not recorded as within any restrictive practice register.

Individual plans were in place for all residents who required Pro re nata (PRN)
medications for sedation or anxiety. The use of psychotropic medication to alter behaviour was only sanctioned as the last resort having tried many other intervention and distraction techniques. A number of these plans were read, along with administration records and it was found that in the seven plans reviewed, there had been no, or very infrequent administration of such medications over the past six months. One residents plan referred the use of a valium based sedative to be administered 'strictly for family visits'. This was not found to be an appropriate use of medication and was not in accordance with current guidelines and best practice.

It was identified that there had been significant investment in the development of comprehensive behavioural support plans for a number of individuals who were presenting with difficult behaviours. All behavioural support plans viewed by the inspectors had been reviewed by a multi-disciplinary committee including external consultants, and residents and staff had access to behavioural support specialists. The service had also begun the implementation of a new approach to supporting residents with complex needs.

Many of these residents’ supports plans referred to the need for them to be supported by staff familiar to them, and staff who had been trained in the new approach referred to previously within this report. In this regard it was found that many staff working with these residents had not been provided with training in this new approach.

This training need was found to be compromising both residents and staff as for many residents this approach included the use of de-escalation and distraction techniques and very individualised support requirements to reduce the likelihood of challenging behaviour and the use of any subsequent restrictive practices. The person in charge informed the inspectors that there was a plan in place to provide this training to all staff, and some training dates had been identified.

Some residents told the inspector they felt safe and enjoyed the privacy of having their own rooms. Residents referred to individual staff members they would speak to if they were unhappy.

Judgment:
Non Compliant - Moderate

### Outcome 12. Medication Management

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
Not all components of this Outcome were reviewed as part of this inspection. Inspectors focused upon the actions associated with the previous inspection. Overall it was found that each resident was protected by the designated centres' policies and procedures for medication management.

The inspectors found that the actions agreed from the previous inspection had been implemented. New drug trolleys/cupboards had been installed and medication fridges had been ordered. Nurses were noted to be wearing red 'drug round in progress' bibs to heighten awareness around the importance of drug administration and to indicate that the administering nurse should not be disturbed during this time. The administration of medication was observed to be in line with best practice.

The policy on medication management was being reviewed in the context of the new recommendations issued by Health Information and Quality Authority and An Bord Altranais. The policy was sent for peer review and a meeting is scheduled for Thursday the 14th of May to make any relevant amendments and sign off. Following which the revised policy will be rolled out to all staff in the centre.

There was an on-site pharmacist providing medications to residents. Concerns with this service were raised during the previous inspection and these concerns were also forwarded to the Pharmaceutical Society of Ireland (PSI). The PSI carried out a site-visit on the 28 April 2015. A meeting was held with the person in charge and on-site pharmacist at the end of this visit. Minutes of this meeting were provided to the inspectors. While some advice was offered PSI inspectors stated they would be developing a report and will issue it in due course. There was no timescale given for the completion of this report.

Judgment:
Compliant

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

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspectors found that the quality of care and experience of the residents were being monitored and developed on an ongoing basis. Some significant changes had been implemented within the centre which was now resulting in improved outcomes for residents. For example, the provider was now providing additional staffing supports to all residents including two to one staffing support to one resident who was assessed as requiring it on a 24 hour basis.

On inspection it was found that there was now a clearly defined management structure in place, staff were aware of who was in charge within each separate bungalow, and were also clear on the direct lines of management up to and including the nominee provider. There was a CNM1 in each bungalow who was in turn reporting to a CNM2 who was providing supernumerary management support to the centre. The CNM2 reported to the acting director of nursing, who held the post of person in charge.

Recruitment was also currently under way to further strengthen the operational governance and management within the centre. The provider was in the process of recruiting a director of nursing to cover the three centres situated on the campus. Interviews for this post took place during the second day of this inspection. In addition, the process of recruiting three CNM3's was in train with the intention of assigning one of each of these posts to each centre. The current nominee provider informed inspectors that the plan was that once these positions had become established, the provider would put forward a proposal to the Authority that the director of nursing would become the nominee provider, with each CNM3 becoming person in charge to each centre.

The provider, and persons nominated on her behalf had carried out announced and unannounced visits to the centre on a regular basis. Specialist roles were used to carry out inspections of specific issues. For example, a clinical nurse specialist in challenging behaviours carried out visits to monitor the use of restrictive practices operating within the centre, as referred to within Outcome 7. The process for these inspections had recently changed to ensure these inspections were unannounced, in order to ensure findings reflected the reality of daily service provision.

The provider had complied a comprehensive annual report on the quality and safety of care provided in the centre, which included a review of clinical audits including falls records, incidents of challenging behaviour, restraints, infection control as well as person centred planning.

The current person in charge was full-time but was only in post for one week prior to the inspection. However, the inspectors found that as she had worked in the centre previously, she had a good knowledge of all residents and the key issues presenting within the centre. She was aware of her legal responsibilities as person in charge and has performed the role of person in charge for the previous four years within older person's services.

**Judgment:**
Compliant
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:
Overall it was found that there was insufficient numbers of staff available to meet the needs of residents at some times of the day. For example, it was found that there were adequate numbers of staff, and appropriate skill mix, in the morning times during the inspection to meet the assessed needs of residents. However, it was apparent that there were inadequate staffing numbers available to meet the needs of residents during staff break times. There were a number of residents assessed as requiring 2:1 support, or supervision at all times, this was not available to those residents during break times. In addition, it was noticed in a number of bungalows that there was little for residents to do during this time. While two staff remained in each Bungalow, these staff were seen to be attending to paper work or conversing within the kitchen areas of a number of bungalows and residents were left sitting alone within sitting rooms or bedrooms.

The whole time staffing equivalent was not known to management spoken with during the course of the inspection. Staff hours were last assessed in 2011 and since then it was acknowledged that dependency levels had increased and that the needs of many residents had changed, requiring increased supports. The service had recently recruited a significant number of staff and many of these were assigned to this particular centre. However, the staffing hours were not specifically linked to the needs of residents. Overall it was determined that there were enough staff available to meet the assessed needs of residents but staffing had yet to be organised around the needs of residents.

There was a training needs analysis in place to determine ongoing training requirements of staff. It was noted that all mandatory training had been provided, and that training course had been planned throughout the year to ensure staff kept up to date and refreshed in relation to their training. Some staff required training in the management of challenging behaviour, and this noncompliance has been actioned under Outcome 8.

There was an induction training programme in place relating to the recent recruitment of staff. However, this training was found to be generic in nature and not individual to take into account the specific background, skills and knowledge base, and competence of each new staff member.

The inspectors met with and interviewed a number of new staff members. Some were
found to be highly competent and confident in speaking about their individual roles, while others were not confident in being able to speak about their role, particularly relating to the specific needs of residents in their care. It was also concerning that in individual cases; these staff were in positions of responsibility as the 'house lead' over bungalows during the course of the inspection.

Inspectors reviewed a number of staff files and found that they met the requirements of Schedule 2 of the regulations. Staff were found to be receiving appropriate supervision, and efforts were now taking place to improve the quality of this supervision. Many staff spoken with during the course of this inspection were found to be passionate about their roles and the residents who they were supporting.

The professionalism of many staff was demonstrated in their ability to engage with the inspectors in an open and honest manner, highlighting examples of good quality support and care while also raising areas of concern to inspectors. Areas of concern highlighted by staff included limited ability to provide the adequate access to the community for some residents, institutional care practices (as reflected in this report) still operating in the centre and inadequate staffing levels at specific times during the day.

Judgment:
Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

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<td>29 and 30 April 2015</td>
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<td>Date of response:</td>
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**Requirements**

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

**Outcome 01: Residents Rights, Dignity and Consultation**

**Theme:** Individualised Supports and Care

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

Residents had limited opportunities to make common daily choices such as to be involved in meal preparation or laundry and everyday living activities and were noted to lack stimulation for significant periods throughout the day.

**Action Required:**

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

**Please state the actions you have taken or are planning to take:**
All residents are being encouraged to get more involved in home life on a daily basis with staff. Following a house meeting each house has established a number of tasks in the area of cleaning, laundry and kitchen keeping that are completed with residents on a daily basis. Each house has a time table for the completion of these tasks to ensure that they are fairly distributed and that there is variety for each resident. They include dusting, polishing, sweeping, emptying bins, cleaning the outdoor shed and keeping the garden and outside the house litter free. Bed making, sheet changing, laundry collecting, using the washing machine, emptying the washing machine, putting clothes in the dryer or hanging them out on the clothes line and sorting and putting clothes away. Staff are working with residents when completing basic daily tasks such as setting and clearing the table, emptying and filling the dishwasher, shopping or ordering food stuff, putting it away. Currently all residents have their breakfast in the house, in addition some meals are being prepared in the bungalows. A working group for Healthy Home Cooking and Skill building has been established consisting of residents, bungalow staff, CNMs, dieticians, catering supervisor, SALT, OT and a member of the Project Team from Studio 3. The group aims to establish how we can safely extend the practice of preparing and having meals in the resident’s homes.

**Proposed Timescale:** 14/06/2015

**Theme:** Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Resident's privacy and dignity were not being respected in relation to the practice of staff entering bedrooms during the night without consent or assessed need for each resident.

**Action Required:**
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

**Please state the actions you have taken or are planning to take:**
All residents will be assessed on an individual basis regarding their requirement for hourly checks at night time. The decision to check residents at night will be based on the outcome of this assessment and will form part of their care plan.

**Proposed Timescale:** 30/06/2015

**Theme:** Individualised Supports and Care
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was limited evidence of residents engaging in activities of their own choosing, and in how involved they were in choosing their own activities.

Action Required:
Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

Please state the actions you have taken or are planning to take:
Activation Occupational and Social well-being assessment and planning assessments are currently being completed. The Occupational Therapist is working with the resident, families, direct care staff, key and link staff to devise a timetable of activities for each resident that is of their own choosing, which engages their interests, supports their capacity and addresses their developmental need. 30 have been completed; the remaining assessments will be completed before the end of June 2015. The centre now has two people that are employed in the centre who are specifically engaged in rolling out of activation plans. Two additional staff are due to commence on the 1st July. These new staff will assist existing staff in further implementing each of the residents activities plan

Proposed Timescale: 30/06/2015

Outcome 05: Social Care Needs

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Clear assessed needs in relation to the social care needs of each resident were not clearly identified.

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:
Activation Occupational and Social well-being assessments are currently underway. The Occupational Therapist is working with the resident, families, direct care staff, key and link staff to devise a timetable of activities for each resident that is of their own choosing, which engages their interests, supports their capacity and addresses their developmental need. This centre now has two staff that are employed in the centre who are specifically engaged in rolling out of activation plans. Two additional staff are due to commence on the 1st July. These new staff will assist existing staff in further implementing each of the residents activities plan
Proposed Timescale: 30/06/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The limited evidence available in relation to how some residents were involved in the creation of their personal plans.

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

Please state the actions you have taken or are planning to take:
A Project Officer has been allocated to support staff with the completion of all documentation. Each resident has been assigned a key and/or link worker. Some are new staff and are becoming more familiar with the residents. The Key Worker is working with the individual residents to review their “My Plan” documentation, they will also be linking with families specifically as part of the annual review of each resident. This discussion will provide an opportunity to encourage the resident’s involvement in the plan and that their personal plans are lived experiences.

Proposed Timescale: 30/06/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Personal plans for some residents had not been reviewed in a number of years and required review.

Action Required:
Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

Please state the actions you have taken or are planning to take:
A Project Officer has been allocated to support staff with the completion of all documentation. Each resident has been assigned a key and or link worker. Some are new staff and are becoming more familiar with the residents. The Key Worker is working with the individual residents to review their “My Plan” documentation, they will also be linking with families specifically as part of the annual review of each resident. This discussion will provide an opportunity to encourage the resident’s involvement in the plan and that their personal plans are lived experiences. The My Plan is being audited by CNM and the Project Officer.
**Proposed Timescale: 31/07/2015**

**Theme:** Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The effectiveness of the personal plan was not being adequately reviewed for all residents.

**Action Required:**
Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

Please state the actions you have taken or are planning to take:
A Project Officer has been allocated to support staff with the completion of all documentation. Audits of the personal plans are being undertaken by the CNM and Project Officer, These audits will assist in measuring the effectiveness of the personal plan by getting feedback from all relevant parties including the residents and their families, on the impact of the actions outlined in the plan. The feedback will be used to shape future plans. In addition to this Clinical Nurse Specialist in Behaviours that Challenge with Studio 3 Project Workers are measuring the effectiveness of the Behaviour Support plans by analysing data which is being captured including data on incidents, Risk-proactive and reactive strategies and activities.

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

**Theme:** Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all staff had received training assessed as required to supports residents in the management of difficult behaviour.

**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:**
Currently in Centre 2, 30% of the direct care staff Nurse and Care Assistants are trained in Studio 3. Of that group 3 staff members are training as trainers. A further training session is planned for June 17th 18th and 19th with the next planned for July 29th, 30th and 31st. Dates to be confirmed for a September session. It is envisioned that all staff will have completed their Studio 3 session by the end of September. There are five project workers working with the service and through Studio 3 and they provide direct support to the residents in Centre 2 when training is being facilitated.
**Proposed Timescale:** 30/09/2015  
**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
While the use of environmental and chemical restrictions were recorded within a restraint register, levels of behaviour that warranted staff intervention and could be considered restrictive, were not being appropriately recorded.

**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:**  
Any and all incidents where physical staff intervention is required are now being recorded on the restrictive practice register. This is included in the Studio 3 training, being reiterated by the CNMs, the CNS in Behaviours that Challenge and the 5 Project Workers employed by Studio 3 who are working in this area.

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**Proposed Timescale:** 14/06/2015  
**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The use of psychotropic medication administered to a resident to facilitate family visits was not found be in the best interests of the residents and was not in line with national policy or evidenced 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 use of psychotropic medication at the service is always given very careful consideration in all situations. In this incidence it was prescribed by the consultant psychiatrist, who is very familiar with the resident and the family circumstances. The decision to prescribe it was support the resident to go home and spend time with his family. It should be note that the medication was only every administered on one single occasion in this circumstance. However the decision has been taken to discontinue the medication for this purpose. The CNS in behaviours that challenge, the CNMs and the direct care staff in conjunction with Studio 3 are working to develop a proactive strategy in relation to this resident and his family visits.
Proposed Timescale: 14/06/2015

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The numbers and skill mix of staffing supports were not adequately linked to the needs of residents and were therefore leaving residents without adequate support for periods of time throughout the day.

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:
Currently the new PIC is completing a review of all staffing and the skill mix of staff in centre 2. In addition as part the McCoy service review an independent assessment of need will be completed on each resident. The assessment will be based on the Supports Intensity Scale (2004a). This will provide evidence of the level of needs of the residents from which the level and type of support can be determined and allocated. In the interim the staffing arrangements during breaks is been reviewed with the CNM and arrangement for example engagement with activation staff are being put in place to ensure residents have adequate support during these times.

Proposed Timescale: 31/07/2015

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The induction programme for new staff was not focused upon individual areas for development, and some staff were not found not to be suitably training and inducted in relation to the specific requirements of their role.

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:
The induction programme for all new staff will focus upon individual areas for development. If staff are found not to be suitably trained in relation to the specific requirements of their role a training and implementation plan will be devised to ensure
that they are trained in any and all areas where there are deficiencies. A training needs analysis has been completed and is being used to plan the delivery of training within the service.

**Proposed Timescale:** 14/06/2015