

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Camphill Communities of Ireland
Centre ID:	OSV-0003624
Centre county:	Kilkenny
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Camphill Communities of Ireland
Provider Nominee:	Adrienne Smith
Lead inspector:	Noelene Dowling
Support inspector(s):	Louisa Power;
Type of inspection	Announced
Number of residents on the date of inspection:	9
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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
12 May 2015 10:00	12 May 2015 19:30
13 May 2015 08:00	13 May 2015 16:00

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

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

Summary of findings from this inspection

The purpose of this inspection was to inform the decision of the Authority in relation to the application by the provider to have the centre registered. All documentation required for the registration process was provided. This was the second inspection for this centre which provides long term residential services to people with intellectual disability, people on the autism spectrum and physical and sensory disabilities. There are up to 10 day service placements provided. It is a non nursing social model of care. The centre, consists of three houses that are suitable for its current purpose, homely, and located on its own grounds in the small rural community.

On the days of the inspection there were nine residents living in the centre and the provider had applied for registration for total of 10 residents. Funding for the service is via the Health Service Executive (HSE) under section 39 of the Health Act, 2004, voluntary fundraising, and residents' own contributions. As part of this inspection the actions required from the previous inspections which took place in June 2014 were also reviewed. The provider had addressed all actions satisfactorily. All of the required documentation had been forwarded to the Authority in order to comply with the registration requirements.

Inspectors met with residents, co-workers/staff and parents. Inspectors also reviewed eight questionnaires completed by residents or their representatives. All of the responses were very positive regarding the quality of their lives, their feeling of safety and the choices they had available to them.

As part of the registration process a meeting was held with the person in charge and the provider. The inspector reviewed documentation including policies and procedures, personnel files, health and safety documentation and resident's records and personal plans. Inspectors met with residents and staff and observed practices.

The inspection found that the service was managed and operated in a manner which prioritised the needs and wishes of the residents. Their views were actively elicited and acted upon. There was a significant emphasis on their right to make choices and remain as independent as possible. There was a commitment to good practice in resident's access to health care services, a balanced approach to risk management and meaningful engagement and activities for residents. Staffing levels and skill mix was adequate.

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

- safeguarding and safety
- multidisciplinary and evidenced based assessment risk management strategies
- complaint management
- restrictive practices
- consistent access to suitable mental health services medication management systems
- staff supervision
- records documentation and policies.

These issues are covered in more detail in the body of the report and actioned at the end of the report.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

Inspectors found that there was commitment to promoting and supporting residents' capacity to exercise personal choice and ensure they were involved and consulted in their routines and in their care needs. The residents who could communicate with the inspectors indicated a significant level of satisfaction with their quality of life at the centre as did the questionnaires received.

The statement of propose states that one of its aims is "to promote a fulfilling lifestyle within a life sharing residential community" and there was evidence that this was actively promoted and understood by both staff and management in the day to day care at the centre.

There was evidence that residents and their representatives were involved in their personal planning, and choosing their own actives and personal gaol's and their annual reviews. There was good communication evident between the co-workers/staff and the residents. Staff were seen to speak with residents warmly and respectfully.

An event titled a "Gathering" took place daily in the centre which was an opportunity for residents to express their wishes and let staff know how they are getting on. A programme of residents meetings had recently commenced and the records reviewed indicated that routines, activities, meal choices were elicited and the preferences acted upon. Inspectors were informed that these forums will be continued and further developed.

One resident represents the centre at the "National Voices" meeting for the organisation which is another forum for inclusion of residents in the running of the centre. A person

had been appointed to act as advocate and to ensure that where residents required external advocacy this was sourced for them.

Residents were encouraged and supported to remain in control of their own finances where this was deemed appropriate and to have information on their health care needs. Their preferences for daily routines and meaningful engagement were supported by the staff.

They could attend religious services in the local community. There was sufficient transport available and staff were consistently available to accompany residents. Inspectors were informed by the person in charge that all residents had been registered to vote and a small number did so in the local community. There was a policy on personal property; inspectors saw lists of personal belongings. A number of residents also had keys for their bedroom doors.

Staff were observed being sensitive to residents' need for privacy and personal space. For example, one resident would leave the room if the conversation by staff was too loud. This was interpreted by staff who would vacate the room so the resident could return to his own sitting room.

However, this outcome is impacted upon by one finding with some bathrooms not having suitable locking mechanisms which impacted on privacy.

There was a written operational policy and procedure for the making and management of complaints which was in line with the regulations with a minor amendment required. This was the identification of the person nominated under Regulation 34 to monitor the process and outcome of complaints and how this would be achieved. The policy included an external appeals process and encouraged local and immediate resolution where this was feasible. There were timescales and responsibilities outlined. A pictorial synopsis was posted in a suitable area of the premises. However, from a review of the complaints records available, inspectors were not satisfied that the process was fully transparent. Some records did not indicate if the complainant was satisfied and the process used for resolution was not always evident. One record did not state the nature of the complaint. In another instance, the inspectors were concerned that documentation in relation to the overall management of a resident who expressed dissatisfaction on many occasions contained commentary on "vexatious complaints". From discussion with the person in charge, inspectors acknowledge that this terminology may have been unintended but it does not demonstrate transparency and fairness.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that the diverse communication needs of the residents were supported by staff who were knowledgeable and able to communicate effectively with them. Residents personal plans held detailed communication needs analysis and guidelines for staff in the use of visual aids and sign language, which a number of staff were familiar with.

Resident’s non verbal communication such as facial expression and gestures were also observed to be understood by staff. There was evidence of access to speech and language therapy for a number of residents. A small number of residents also used assistive technology and a resident had been assessed for support in order to be able to use a computer.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that familial relationships were maintained and supported via regular visits home and to the centre and via letters and phone call. The questionnaires received from relatives and meeting with a parent indicated that they were consulted, involved and informed of any incidents. Records also showed that families and residents to be supported for example , they can contact the centre if there was a problem while at home or if the resident wished to return early from holidays.

There was evidence that residents had opportunities to meet and engage with people who attended the day service, other centres connected with the organisation, external groups and the local community or personal friends outside of the service.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

Inspectors were satisfied that the action required from the previous inspection had been satisfactorily addressed in relation to detailing how the admission process would protect resident from abuse by their peers. A review of the records in relation to the most recent admission indicated that the process was managed as outlined in the policy. There were opportunities for the resident and family to visit the centre a number of times and speak to co-workers/staff prior to admission.

Detailed referral information and consultation was available from a range of persons including family, social work and psychology. The trial period of twelve weeks was undertaken and this was made clear to all concerned. There was evidence that this was extended if it was necessary to ensure the resident's needs could be met in the centre.

The action in relation to the provision of a suitable contract for the provision of services had been resolved. The revised contract included the details of the care and support to be provided, the fees to be charged and any additional costs outside of this.

Judgment:

Compliant

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):

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

Findings:

From a review of six resident's records there was evidence that all residents had very detailed personal care plans which were reviewed internally quarterly and a formal annual review was also held. Changes were made as required to reflect changing needs or circumstances.

The personal plans contained personal communication passports giving details of the resident including their likes/dislikes, activities/work and hobbies using photographs as well as narrative. They were in an accessible format. The residents had access to these themselves and some residents explained them to the inspectors. It was evident that the residents and their representatives had significant input in relation to the plans.

The plans demonstrated a very comprehensive knowledge of the resident's social health and psychosocial needs and how to support them in all aspects of daily living including personal care, travel, shopping, money management, friendships and mental health. In some instances a support intensity scale was completed where a higher degree of support was needed.

There was evidence of relevant multidisciplinary involvement in resident's care including good access to speech and language therapy, physiotherapy and dieticians. The interventions of the clinicians were incorporated into the personal plans and the reviews. Appropriate alternative practitioners were also involved, for example with dietary requirements and therapeutic relaxation. Diaries were maintained by staff which were seen to contain pertinent information on resident's activities, health, behaviour and general well-being.

As outlined in Outcome 8 Safeguarding and Safety there was a lack of consistent psychological mental health assessment review and support for residents which impacted on the ability to plan and intervene in the most supportive way. In addition, there was a lack of evidenced based assessment tools in relation to some physical care needs including the risk of falls and manual handling procedures or weight for some residents which would have guided care practice more effectively.

Inspectors found that the transfer information available should a resident require an admission to acute care was not satisfactory or in some instances not completed. While the documents seen detailed the residents name, next of kin and medication it did not detail the resident healthcare or communication needs. .

The residents had access to a range of meaningful activities of their choosing. These included participating in the farm work, gardens, caring for the animals and the bakery and cafe. They also took part in horse riding, local art groups, and attended swimming and leisure clubs or the cinema in local towns.

There were a number of weaving looms available in the houses which some residents used. There was staff support identified for residents to ensure their activities took place and that they were supported in their work. They also participated in the daily life of the houses, for example they helped with laundry, cooking and undertook general housekeeping chores to promote their independence and sense of active participation in the life of the centre.

The action required from the previous inspection had been satisfactorily addressed. Overall, inspectors were satisfied that the personal plans and care needs identified were reviewed for effectiveness and outcomes and there was evidence that goals were reached. Allied services such as a social work, community nursing personell attended some of the annual reviews.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The centre was located in a rural area accessed from the road via a long driveway and consisted of three separate premises. The driveway was shared with a number of their neighbours who live in the vicinity. There were a number of ancillary buildings located in amongst these premises including a workshop building, a small store, and a number of semi derelict farm buildings, a meeting/community hall and a bakery.

The first house was a large two-storey old former estate house which had the capacity to accommodate up to five residents and a number of co-workers who live on the premises. The second premises was a large modern bungalow and it accommodated up to four residents and a number of co-workers. The last premises was a self contained apartment located above the store house with its own separate entrance via a stairs and balcony to the side of the premises. This premises accommodated one resident and a number of co-workers. In addition, the bakery was also located adjacent to this premises.

All premises were easily accessible, well ventilated, had central heating and were decorated to an adequate standard. The premises were homely and met the needs of residents in general. There was suitable furniture, comfortable seating and resident's art work, books and hobby equipment evident. Generally the décor, design and layout were compatible with the aims of the statement of purpose with some improvements required in painting and decorating and replacement

There were adequate showers and toilets with assistive structure in place including a specialised bed to meet the needs and abilities of the residents. A number of bedrooms had suitable en suites and there were also a number of assisted showers and toilets for

residents use. There was also a bath available if residents preferred this. The provider had options in the ground floor of each house to support residents whose mobility needs change in the future and who may not be able to use the current accommodation on the first floor.

There were adequate sitting, recreational and dining space separate to the residents' private accommodation and separate communal areas, which allowed for a separation of functions and there was space for private time and visits. Residents that showed inspectors their rooms stated that they were happy with the living arrangements and most had personalised their rooms with photographs of family and friends and personal memorabilia.

Equipment for use by residents including wheelchairs and the specialised bed were in good working order and records were up to date for servicing of such equipment. Records also showed that the vehicles had evidence of road worthiness and the heating was serviced regularly. There were garden areas outside which contained flower beds, vegetable gardens and seating. A variety of pathways were available to negotiate the grounds between the houses and the horses and chickens were easily visible. However, one of the houses required some remedial works in term of decorating.

The inspectors noted that some furnishings including beds, wardrobes and linens required replacement. While some rooms were sparse inspectors were informed that this was due to resident's behaviour. However, other options to enhance the environment should be considered. The grounds were very pleasant and considering the number of activities which take place within them generally safe and well used by residents.

Judgment:

Substantially Compliant

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:

Overall inspectors found that there was a balanced approach taken to resident's safety with the right to make choices and have freedom of movement with some improvements required. The provider had forwarded written evidence from a suitably qualified person of compliance with the statutory fire authority as part of the application for registration.

A significant amount of work had been undertaken and was still ongoing to achieve this, including upgrading of fire doors and increasing the level of a sounder device in relation to one of the premises. There were fire evacuation notices and fire plans publicly

displayed in each premises.

Records indicated that fire training was undertaken for staff by suitably qualified person and that fire drills which included residents were held twice yearly. Action in relation to the dates available for this training are detailed under Outcome 18 Records and Documentation.

Staff were able to inform inspectors what they should do in the event of fire. Residents had individual personal evacuation plans available with one in particular very detailed in relation to a resident who had significant mobility issues. While fire marshals are assigned to each unit to monitor exits and the fire alarm these checks were not documented. Fire safety was included in the inducting for new co-workers.

Maintenance records for fire equipment including the fire alarm system, fire extinguishers and fire blankets were available.

There was a centre-specific safety statement dated as reviewed in May 2014, a major emergency plan and a national risk management framework. A twice yearly annual health and safety audit of the various components of the service including the garden, the houses and work practices was undertaken by an independent safety officer each year.

An emergency plan was in place and this included arrangements in the event the centre had to be evacuated. Emergency phone numbers were also easily accessible to staff.

A risk management policy was available and this met the requirements of the regulations. The action from the previous inspection was in relation to the risk rating allocated to the various areas identified and this had been addressed. The policy was supported by individual guidelines on, for example, residents going missing and the prevention of falls.

There were individual risk assessments compiled for residents which included the risk of falls, going missing or ingesting materials. These outlined the strategies to take to prevent such an event and to manage it if it occurred. Some effective strategies were used including the use of non slip mats or rugs to prevent injury in the event of, for example, a seizure. An alarm was also used to alert staff to this event and another resident had a personal alarm to ensure he could access staff. Additional supervision was indicated for a number of residents and this was provided.

From a review of the accident and incident records it was apparent such events were not a significant feature and incidents were discussed at the weekly management meetings and remedial actions were identified. Incidents including choking or aggression were seen to be managed promptly and competently by staff.

The person in charge stated that a system had been introduced whereby all incidents are reported to the health and safety officer for analysis and will then make recommendations to the person in charge. This process had not yet been completed but will support learning and review from accidents and untoward events. The staffing/co-worker levels in themselves support good risk management as supervision is available.

Despite the safety audits a number of areas of concern were noted which suggested that a more proactive approach to risk identification and management is required. These included the availability of cleaning chemicals and paint to residents assessed as at risk of ingesting harmful materials.

Secondary fire exits which required access to two bedrooms with no fire exit sign on one of these exits. There were keys unattended in these doors which if missing or the door was locked inadvertently could potentially prevent residents or staff exiting.

There was a missing person profile including a good sized photograph of the resident available should this be required. The missing person policy did not have time-lines or take sufficient account of the location of the centre should a resident go missing however.

Policy on the prevention and control of infection was satisfactory and staff were knowledgeable on the procedures to be used on a daily basis and in the event of any specific infection related concern. There was suitable laundry equipment in each house which were very clean. Co/workers staff and residents shared cleaning chores.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

Inspectors were satisfied that resident's safety and welfare was being prioritised but some improvements were required. The action required following the previous inspection was in relation to the potential risk of residents not having access to their own funds. This had been resolved. All residents had a personal bank account or an account shared with an appropriate next of kin.

There were detailed statements available to the residents and the bank card was held securely with the resident consent. Inspectors found that all expenditure including fee payments and other expenses incurred were detailed and carefully receipted. These were reviewed by the person in charge via the co-ordinators of each house and the records seen showed that any discrepancies were promptly addressed.

Residents had choice in how they spent their monies and it was easily available to them

for day-to-day expenses with the support of staff where this was required. Inspectors were informed that the provider was not acting as agent or guardian for any residents at the time of this inspection. There was a policy on the management of resident's finances.

The inspector reviewed the policy and procedures on the protection of vulnerable adults and found that they required some amendments to ensure they were in accordance with the revised policy issued by the Health Service Executive in 2014. The provider was aware of this requirement. Some members of senior management in the organisation had been facilitated with training in the implementation of the policy.

Record seen indicated that all staff had received updated training in the prevention, detection and response to abuse.

Staff and volunteers spoken with demonstrated an understanding of their own responsibilities in relation to the protection of residents and signs and symptoms of abuse which would indicate concern. They also expressed their confidence in co-workers/staff and the person in charge to act on any concerns which may arise. The inspectors were informed that no such allegations had been made.

However, there were discrepancies evident. There was a designated person assigned to manage any allegations in the first instance and this post holder also had opportunities to meet with residents for specific activities regularly. This was outlined to inspectors as an additional safeguard. It provided an opportunity for residents to express any concerns they had and be observed for any evidence of concern. There was a lack of clarity as to how to undertake the screening process and the roles and responsibilities of the supporting statutory agencies. The inspectors formed the view that further training was required to support the designated person.

There were two other areas of concern. The provider allowed a section of the premises to be used once weekly for a mother and toddler group as a support to the local community. They also had a small number of people from other services who participated in the day care programme. There was evidence on records seen that both their own residents and external residents had complex needs. While there were risk assessments undertaken these did not in the inspectors view adequately demonstrate clarity of the specific risk or clear directions for the management of this risk. This was discussed at length following the inspection with the person in charge who agreed to review the documentation .

There was a lone working policy available. There was a policy on the provision of intimate care and support to residents which indicated both gender issues, consent and privacy should be considered. However a review of the resident's personal plans did not contain plans for intimate care. From speaking with staff and residents the inspectors were satisfied that the matters were considered in practice.

For example, some new or younger co-workers do not undertake this as resident's dignity or privacy might be compromised. Residents who could communicate informed inspectors that they felt very safe and well cared for in the centre. They were also aware of things which should not happen to them such as someone hitting them or speaking crossly to them.

There was a policy on the management of challenging behaviours and this was comprehensive. A number of behaviour support plans were reviewed and the sample reviewed indicated that proactive strategies were employed to avoid incidents in the first instance. Triggers and non verbal expressions were clearly understood by staff. Diversionary strategies were employed such as allowing space or taking the resident for a walk. Inspectors found that detailing and adhering to residents preferences for the minutia of their daily lives was used to good effect to reduce anxiety and therefore prevent behavioural incidents.

However, the policy on the use of restrictive practices was not centre specific, in line with national policy, comprehensive enough to guide practice or protect residents. The action required following the previous inspection was ensuring that practice in the use of and consultation regarding bedrails and lap belts were implemented. These had been satisfactorily resolved with assessment of need, alternatives examined, consent and safety measures resolved. Staff did have training in the management of challenging behaviours.

A significant restrictive procedure which involved the locking of a door to a section of one of the houses was being used. The section of the house contained two residents' bedrooms, a staff sleepover/combined small sitting room, toilet and shower. A resident was confined to this area for frequent intervals in response to behaviour that challenged. The behaviours outlined to the inspector included severe agitation, consistent taking of food, pushing and shouting at staff and incontinence.

The records maintained and reviewed by inspectors indicated that it occurred frequently each day for different periods of time and the door was always locked at night. The second resident who slept in this area had the code for the door and so could exit the section or alert staff via an alarm if he needed to. It was described to the inspector as a therapeutic restriction.

The situation had been reviewed on a once off consultancy basis by a clinician from another organisation in February 2014. This review had stated that appropriate clinical oversight and assessment for the resident was required and also that the procedure should be supported by adequate policy and guidelines. These had not occurred.

There had been no further clinical review of this resident for a significant period of time. Inspectors acknowledge that the person in charge had made referral to mental health services but has been unable to access them. Consultation with next of kin had taken place. None the less, the frequency of the restriction, lack of evidence of alternative actions, lack of clinical oversight which confirms its therapeutic value and adequate assessment of the residents needs are of concern. The provider has not in this instance demonstrated that suitable care can be provided for this resident.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that the provider had complied with the responsibility to forward the required notifications to the Chief Inspector. Incident reports were reviewed by the person in charge and actions were taken where these were necessary.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Residents' opportunities for new experiences, social participation, training and employment were facilitated and supported.

There was a suitable policy in relation to education, training and development was made available to inspectors. Inspectors observed that residents received practical training in horticulture, food preparation, agriculture and animal care. The crops harvested were used in the food preparation and residents were very proud of their achievements.

A number of residents had completed accredited training in manual handling which had been delivered in an inclusive manner with residents and staff/co-workers attending the sessions. Residents had also completed accredited courses in art, drama and theatre. Staff/co-workers with whom inspectors spoke confirmed that accredited training courses were selected and researched in consultation with residents. For example, a course on podcasting was being considered for a resident who was interested in audio books and radio broadcasting. Staff/co-workers also confirmed that any required supports were put in place to enable residents to attend and complete courses and training.

Residents engaged in social activities internal and external to the centre. Residents with whom inspectors spoke outlined trips to the cinema, bowling, theatre and places of local interest. Residents enjoyed participating in sports such as swimming and soccer in local leisure centres. Residents participated in range of varied interests within the centre during the day such as horse riding, art, crafts, woodwork, cooking and horticulture.

Inspectors did find that a formal assessment of residents' education, training and development needs was lacking. This assessment would ensure that goals relating to education, training and development were developed in accordance with each resident's ability, talents and preferences. However inspectors were satisfied that the staff were very aware of the resident's capacity and interests and acted upon this.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

Findings:

Residents' overall healthcare needs, including nutritional needs, were met and residents had access to appropriate medical and allied healthcare services.

Inspectors reviewed a sample of six residents' files and there was evidence of timely and frequent access to their GP of choice. In line with their needs, residents had ongoing access to allied healthcare professionals including speech and language therapists, dentists and chiropodists. Records of referrals and reports were maintained in residents' files.

There was evidence that where treatment was recommended and agreed by residents, this treatment was facilitated. Residents' right to refuse medical treatment was also respected.

Residents and their representatives were consulted about and involved in the meeting of their own health and medical needs.

A detailed and individualised plan was in place for the management of epileptic seizures to effectively guide co-workers/staff in the identification and safe management of seizures.

Inspectors saw that residents received support at times of illness and a policy was in place to guide staff in meeting residents' physical, emotional, social and spiritual needs

for end of life care. This had not occurred in the centre as yet but the person in charge stated that all efforts' would be made with the support of external agencies to facilitate resident remaining in their home at this time.

Inspectors observed that residents were encouraged and enabled to make healthy living choices in relation to exercise, vaccination and healthy eating habits.

Inspectors observed that there were ample quantities of food and drink; that was properly and safely prepared, cooked and served. Many of the fruits and vegetables used to prepare meals had been grown by residents on the farm. Residents participated in the preparing and cooking of the meals. An inspector joined residents for lunch which was a relaxed and very interactive social occasion.

Staff with whom inspectors spoke confirmed that a choice was provided to residents for all meals, mealtimes were flexible and snacks were available at all times. Residents were encouraged to participate in the shopping on a weekly basis. A number of residents were supported in preparing and cooking their own food and that there was adequate provision to store food in hygienic conditions.

Judgment:

Compliant

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:

Medications for residents were supplied by a local community pharmacy. Staff/co-workers confirmed that there was appropriate involvement by the pharmacist in accordance with guidance issued by the Pharmaceutical Society of Ireland. There was a centre-specific medication policy that detailed the procedures for safe ordering, prescribing, storing administration and disposal of medicines.

Staff/co-workers demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. Residents' medication was stored and secured in a locked cupboard in each premises and there was a robust key holding procedure. Inspectors saw and staff/co-workers confirmed that medicines requiring refrigeration or additional controls were not in use at the time of inspection.

An inspector observed that compliance aids were used by staff to administer medicines to residents. However, resources were not readily accessible to staff/co-workers when administering medicines to confirm prescribed medicines in the compliance aid i.e. a physical description of the medicine.

A sample of medication prescription and administration records was reviewed by inspectors. Medication administration sheets identified the medications on the prescription sheet and allowed space to record comments on withholding or refusing medications. However, medication prescription records were not available to staff when administering medicines to ensure that the medicines were being administered as prescribed.

Inspectors observed that medication prescription records were not complete. A medicine had been dispensed for a resident following consultation with a specialist and could potentially be administered. However, the medicine was not included in the medication prescription record.

There was evidence that residents were offered the opportunity to take responsibility for their own medicines. The medication management policy outlined the procedure for completing a risk assessment and assessment of capacity prior to residents self-administering and managing their own medicines.

Staff outlined the manner in which medications which are out of date or dispensed to a resident but are no longer needed are stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal.

Training had been provided to staff/co-workers on medication management and competency assessments were completed for those who administer medicines.

An inspector reviewed a sample of medication incident forms and saw that errors were identified, reported on an incident form and there were arrangements in place for investigating incidents.

Judgment:

Non Compliant - Moderate

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The statement of purpose had been forwarded to the Authority as part of the application for registration with some amendments required. These included the exact number of residents to be accommodated and the arrangements available to meet the resident's medical and health care needs. This information was revised and incorporated at the time of inspection.

Admissions to the centre and care practices as seen were congruent with the statement of purpose.

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:

Inspectors were satisfied that the governance structures were satisfactory to ensure effective management and care for the residents. The designated centre was managed by a suitably qualified person in charge who had extensive relevant experience. He was fulltime in post and was seen to be fully involved in the day to day and strategic operations of the centre and the organisation. Residents were very familiar with him.

Responsibilities were clearly defined and the nominee of the provider and the person in charge demonstrated an awareness of the responsibilities of the role. Resources were well utilised to ensure the safe and effective delivery of care. The organisation has a number of mechanisms to support the overall Governance. These include local committee governance groups and national health and safety officers

As required by the regulations the provider had undertaken an announced and an unannounced visit to the centre and a report of the findings was compiled. The provider informed inspectors that they intended to initiate a detailed survey in suitable format to elicit the views of residents and relatives in this review. A formal system of compiling information on accidents and incidents and had been commenced in order to ensure that information was available .

There were other avenues including the residents meetings and day-to-day consultation to ensure resident's views were heard in relation to the service provided.

Reporting mechanisms were both formal and informal but regular and the inspector found that the governing committee were supportive and available to the person in charge.

An audit of medication management had taken place and the provider indicated that further auditing systems will be developed to monitor practice.

Judgment:

Substantially Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There was a suitably qualified and experienced senior co-worker assigned to take on the duties of the person in charge during any periods of extended absence and periods of annual leave. The person was assigned the duties of the person in charge and was fully involved in the management of the centre on an ongoing basis. They demonstrated knowledge of the legislation and statutory requirements appropriate to the role. All relevant documents were been forwarded to the Authority and the arrangements were satisfactory.

Judgment:

Compliant

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that there were sufficient resources including staff facilities and services to meet the needs of the residents.

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):

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

Findings:

Inspectors were satisfied that the numbers and skill mix of staff available were suitable to meet the assessed needs of the residents.

All long-term co-workers/staff had a range of suitable and diverse qualifications which were pertinent to the residents needs. These included education, psychotherapy, physiotherapy and therapeutic interventions for persons with disabilities. There was also a commitment evident to internal training and professional development with staff offered training in manage of epilepsy, challenging behaviours and sign language and autism.

The inspectors saw the records of mandatory training including the protection of vulnerable adults, manual handling and fire safety training. However, it was not possible to state that staff had all received this training within the required time frames as a number of documents were not dated. This is actioned under outcome 18 Records and Documentation.

Co-workers were recruited from a number of overseas agency's who specialise in training and support of volunteers. There was a detailed process for recruitment of these volunteers. Senior staff were allocated responsibility for ensuring that new staff /co-workers were supervised and familiar with the needs of the residents. New staff were briefed in fire safety procedures and there was a detailed induction programme which included supernumery time for staff.

The action from the previous inspection had been resolved in that a suitable agreement regarding the roles and responsibilities of volunteers had been set out in writing

From a review of a sample of personnel files inspectors noted good practice in recruitment with most of the documents required under schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres For Persons (Children and Adults) with Disabilities) Regulations 2013 were available. One staff Garda Síochána vetting had not been applied for. It is practice that all overseas co-workers/volunteers have a police clearance from their country of origin.

Communication and monitoring systems were evident. A management meeting takes

place each Monday and the records seen indicate that resident care is the priority for the agenda. A system of co-worker meetings was also implemented. The system for the formal practice supervision of staff required some improvement. This is primarily the responsibility of the senior house co-ordinators overseen by the person in charge. The records seen by inspectors did not demonstrate that the focus is on practice development and resident care.

Staff were observed to be patient, engaged with and very supportive of the residents and were aware of the statutory requirements and standards in relation to the delivery of care and copies of relevant guidance was available at the centre.

Judgment:

Substantially Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

Inspectors found that the records required by regulations in relation to residents, including assessment and care plans were not entirely complete. Some records were not adequately signed, some were not dated and it was difficult to ascertain who had attended some of the meetings in relation to the residents.

Documents available did not provide sufficient information should a resident require transfer to acute care.

Records of personal belongings were maintained and records required by Schedule 2 in relation to staff were found to be complete with one exception.

A number of policies required amendment. These included the complaints policy, the policy on the protection of vulnerable adults and the use of restrictive procedures.

Documents such as the residents guide and directory of residents were available and up to date. The inspector saw that insurance was current. Reports of other statutory bodies were also available. Written evidence of compliance with the statutory fire authority had been forwarded to the Chief Inspector as part of the application for registration. A

visitors log was available and used.

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:

Noelene Dowling
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Camphill Communities of Ireland
Centre ID:	OSV-0003624
Date of Inspection:	12 May 2015
Date of response:	02 June 2015

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Failure to ensure privacy and dignity was maintained by not having locking mechanisms on some bathroom doors.

Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

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

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:

Locking mechanisms have been placed on the bathroom door and residents are encouraged to maintain their own privacy and dignity.

Proposed Timescale: 14/05/2015

Theme: Individualised Supports and Care

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

There was no person nominated under Regulation 34 to monitor the complaints process.

Action Required:

Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

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

The Policy has been amended and a nominated person has been listed on the policy.

Proposed Timescale: 28/05/2015

Theme: Individualised Supports and Care

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

There was insufficient evidence that all complaints were promptly and fairly investigated

Action Required:

Under Regulation 34 (2) (b) you are required to: Ensure that all complaints are investigated promptly.

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

The post of complaints officer has been re-assigned and latest training requirements undertaken and completed. The policy and procedures have been reviewed and best practices highlighted and implemented in the review process.

All complaints have been reviewed and it has been verified and recorded that all complainants were satisfied with outcomes.

The nature of each complaint has been entered on the relevant documents if missing.

Proposed Timescale: 28/05/2015

Outcome 05: Social Care Needs

Theme: Effective Services

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

Residents did not have consistent access to relevant assessments including psychological and mental health.

Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

A Timeline for multi-disciplinary supports has been completed. Input has begun as follows:

A Behavioural support input has since been completed with the Behavioural support network [HSE Psychology services] as outlined at the time of the inspection.

This is a twice yearly review for those presenting complex behaviours, this is a new service recently rolled out in the Kilkenny/Carlow area.

A renewed request has been admitted for psychiatric supports and we have received feedback indicating that we will receive these supports shortly.

We have made arrangements to privately access Multi-disciplinary input if HSE cannot provide this by 1st September.

Hospital passports have been completed for residents where missing.

Evidence based needs assessment tools are being established for the following :

- Physical care needs e.g. Risk of falls, manual handling and weight management.

Proposed Timescale: The Behavioural support services Completed 25/05/15 [This is ongoing]

Private assessment if required [Mental health services] to be completed by 1/09/15

Physical care assessment tools 1/09/15

Theme: Effective Services

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

Failure to ensure the service can meet the needs of each resident by undertaking the required assessment and planning accordingly.

Action Required:

Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

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

Addressed in previous section

Proposed Timescale: Addressed in previous section

Theme: Effective Services

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

Transfer information available should a resident require an admission to acute care was not satisfactory or in some instances not completed.

Action Required:

Under Regulation 25 (1) you are required to: Provide all relevant information about each resident who is temporarily absent from the designated centre to the person taking responsibility for the care, support and wellbeing of the resident at the receiving designated centre, hospital or other place.

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

Hospital passports are now completed for all residents.

Proposed Timescale: 02/06/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

A system of redecoration and renewal of furnishings is required.

Action Required:

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

A survey of relevant house has been undertaken and actions will be completed by September 15th.

A resident whom requires a low stimulus room has requested that his room be left as it is, this review has been carried out in conjunction with his family. This will be kept under review.

Proposed Timescale: Remedial work to be completed by September 15th. Residents review of room completed 16th May/ Ongoing

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:

Learning from incidents was not consistently demonstrated to prevent recurrence.

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:

We have reviewed monitoring requirements with county Fire officer and records of daily / weekly checks are now in place.

Learning from incidents have been reviewed and strengthened , these have formed part of our Safety training programme.

Proposed Timescale: 28/05/2015

Theme: Effective Services

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

Some risks had not been identified including residents having access to materials which could place them at risk.

Action Required:

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

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

Item has been removed and environment is monitored regularly.

An environmental risk assessment has been undertaken and further risk assessments completed and a programme of remedial work carried out.

Proposed Timescale: 15/05/2015

Theme: Effective Services

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

Access to some fire exits was not adequately assessed for suitability and safety.

Action Required:

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

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

Sign has been placed over the door, we have consulted with county Fire officer and he has recommended thumb locks at bedroom doors and has confirmed compliance of exits.

Missing persons policy has now been reviewed and timelines included and priorities for searching the environment.

Proposed Timescale: 13/06/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Significant restrictive procedures were implemented without evidence of clinical oversight, suitable alternative, adequate assessment of the residents needs and efforts to identify the causes of the behaviour.

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:

Clinical oversight has been provided in the past by once off consultancy, and through the HSE mental health services. This was requested and has not been available in the past 12 months. These supports have recently been re-instated by HSE. We now have established twice yearly Multi-disciplinary supports through the Psychology services HSE. We also have established a timeline for an additional extensive review of this restrictive practice by Behavioural support consultants.

We are on the waiting list for support from Mental health services and will seek private consultancy in the interim.

Reviews will be carried out promptly if required due to changed needs.

Proposed Timescale: Initial meeting completed 25/05/15

Extensive review/ Mental health input completed by 1/05/15

Theme: Safe Services

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

Significant restrictive procedures were implemented without evidence that they were the least restrictive and for the shortest duration.

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:

We have begun a consultation process with other social care managers involved with therapeutic interventions for complex behaviours alongside Behavioural support experts. This consultation process aims to establish alternatives strategies. This process will be completed by September the 1st and will inform best practices.

An interim arrangement is being put in place to provide a more exact over view of the restrictive practices and the deficiencies in the policy and procedures have been reviewed and changes made.

Proposed Timescale: 01/09/2015

Theme: Safe Services

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

Policy on the use of restrictive procedures was not satisfactory to guide practice and protect residents.

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 has been provisionally amended and localised to address issues raised this will be ratified at a national meeting by July 30th. As agreed with Registered provider.

Proposed Timescale: 30/07/2015

Theme: Safe Services

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

Policy and practice for the protection of adults and in some instances children, including systems for investigating any concerns was not sufficiently developed and implemented

Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

Training and policy development has been undertaken and will be completed by July 30th. A new designated safeguarding officer has been installed.

Proposed Timescale: 30/07/2015

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:

Resources were not readily accessible to staff/co-workers when administering medicines to confirm prescribed medicines in the compliance aid with identifiable information, i.e. a physical description of the medicine.

Medication prescription records were not available to staff when administering medicines to ensure that the medicines were being administered as prescribed.

A medicine was available for administration but was not included in the medication prescription record

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:

A physical description of medicines is now in place for all medicines and reviewed when collected from the pharmacy. This work has been carried out in collaboration with the Camphill National medication officer.

Prescription records have been made available to staff administering Medication.

All medication errors have been reviewed and learning outcomes have informed future training sessions.

Proposed Timescale: 13/06/2015

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:

The annual report has not yet been completed and made available.

Action Required:

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

Annual report is being completed.

Proposed Timescale: 10/10/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Not all the required documentation was available for staff this including evidence of An Garda Siochana vetting and training details.

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:

Performance appraisal being reviewed see section below

Staff training files have been dated

Proposed Timescale: An Irish police check has been applied for as the advanced German check for a German citizen does not meet requirements, Expected completion date 30/06/15.

Theme: Responsive Workforce

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

Staff supervision systems required improvement.

Action Required:

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

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

Staff supervision records will now include a section on Practice development and resident care. We will carry out a review of the effectiveness of these changes.

Proposed Timescale: 08/09/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

Some of the policies required review including:

The complaints policy;

Policy on the protection of vulnerable adults

The use of restrictive procedures.

Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

Review of three policies and adaption of changes to be carried out and ratified by the National council.

We are carrying out a review of our documentation and have completed or are completing the following:

Hospital passports are completed.

The one volunteer Staff record is awaiting completion through the Garda vetting Bureau.

Documentation has been reviewed and signed and dated where required.

Proposed Timescale: 16/07/15. Ratification of national policies
June 16th Garda clearance/Review of Documentation

Theme: Use of Information

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

Residents record were not maintained in a manner so as to ensure completeness and accuracy.

Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

All relevant residents records will be reviewed and signed and dated

Proposed Timescale: 16/06/2015