<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St John of God Community Services Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002967</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Dublin 24</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>St John of God Community Services Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Sharon Balmain</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Siobhan Kennedy</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Sonia McCague</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>4</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
</tr>
</tbody>
</table>
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 following notification of a significant incident or event. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:  
27 July 2015 10:00  
28 July 2015 09:00

To:  
27 July 2015 17:00  
28 July 2015 17:00

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>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 02: Communication</td>
</tr>
<tr>
<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
</tr>
<tr>
<td>Outcome 05: Social Care Needs</td>
</tr>
<tr>
<td>Outcome 06: Safe and suitable premises</td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 08: Safeguarding and Safety</td>
</tr>
<tr>
<td>Outcome 09: Notification of Incidents</td>
</tr>
<tr>
<td>Outcome 10. General Welfare and Development</td>
</tr>
<tr>
<td>Outcome 11. Healthcare Needs</td>
</tr>
<tr>
<td>Outcome 12. Medication Management</td>
</tr>
<tr>
<td>Outcome 13: Statement of Purpose</td>
</tr>
<tr>
<td>Outcome 14: Governance and Management</td>
</tr>
<tr>
<td>Outcome 15: Absence of the person in charge</td>
</tr>
<tr>
<td>Outcome 17: Workforce</td>
</tr>
<tr>
<td>Outcome 18: Records and documentation</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection

This was the first inspection of this designated centre which is a detached house located in the countryside having the capacity to accommodate 5 residents assessed as having a diagnosis of autism and/or moderate to severe intellectual disability.

The purpose of the inspection was to determine the appropriateness of the staff numbers and skill mix to meet the assessed needs of residents and the provision of the safe delivery of services to residents, following receipt by the Health Information and Quality Authority (Authority) of unsolicited information on 4 different occasions and subsequent investigation by the organisation (22 July 2014, 29 April 2015, 15 July 2015 and 27 July 2015) and information contained in statutory notifications highlighting major concerns.
Inspectors found that management systems were not in place in the designated centre to ensure that the service provided is safe, appropriate to residents’ needs, consistent and effectively monitored. In July 2014 the person in charge became more actively involved in the designated centre as the social care leader who had responsibility for another service unit location was not continually in the designated centre.

An internal investigation in respect of a resident’s care (29, April 2015) highlighted major failings with regard to residents’ communication and behaviour support needs, activation programmes, personal hygiene and medical care, staff training and the complaints process. Following on from this the management structure was reorganised and a new social care leader was appointed on a full-time basis for this designated centre in May 2015.

The social care leader who has qualifications and experience of working with residents who have an intellectual disability introduced in conjunction with the person in charge management systems tailored to meet the individual needs of residents.

A resident was transitioned with familiar staff to another service due to the resident’s healthcare needs.

The person in charge is due to take a period of long-term leave from work. The Authority has been informed of the person who will deputise in her absence.

Some permanent staff members were absent from work and were replaced by agency staff members, however, efforts have been made to ensure that there is consistency of agency staff that are rostered to work with the residents.

Inspectors learned that difficulties regarding working relationships exist between management and staff members who are currently absent from work due to sick leave. This has had an impact on meeting the individual needs of residents and providing safe and effective care to each individual resident being accommodated in the designated centre.

The programme manager informed the inspectors that no resident would be admitted to the centre until the issues in relation to governance, management and staffing were resolved.

Staff members on duty, who communicated with the inspectors, confirmed their satisfaction with the leadership of the new social care leader and implementation of new systems and practices which so far in their opinions, have achieved better outcomes for residents.

Inspectors saw that residents were having opportunities to participate in social and recreational activities, appropriate to their interests and preferences. The day care facility is available on-site and from this location other activities are initiated. However, none of the residents have a day care placement or participate in any form
of training or education.

Overall, inspectors found that the designated centre was in contravention of the Health Act 2007, as amended, with moderate to major non-compliance in a number of the regulations examined, for example, residents’ rights, dignity and consultation, communication, contract for the provision of services, health and safety and risk management, safeguarding and safety, medication management, workforce and the maintenance of records.

The designated centre will be subject to ongoing regulatory monitoring by the Authority.

The action plan of this report identifies the areas requiring to be addressed by the provider nominee and the person in charge in order to ensure compliance with Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Quality 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):
This was the centre’s first inspection by the Authority.

Findings:
Inspectors observed that staff on duty provided care to the residents with dignity and although residents had their own private bedroom space inspectors saw that their privacy and dignity had not been fully respected in that there are rectangular glass panels in residents’ bedroom doors used for observation by staff.

Inspectors found that residents were consulted on a weekly basis at “speak up” meetings regarding the day to day household activities for example, menus and shopping, however, for a resident who has no verbal communication and limited concentration there was no evidence that the resident’s views were expressed and interpreted at the meetings.

A resident who had recently relocated to another bedroom did not have access to personal property and possessions.

While inspectors were informed by staff and read in a resident’s care plan that some residents have access to their own money and go to the local post office to carry out money transactions inspectors saw that a resident’s bank account could only be accessed by one signatory and the staff member identified was no longer working at the designated centre.

Inspectors noted that some residents cannot exercise control over their lives because of the behaviours of another resident in the centre in that the resident is banging open and shut the bedroom door during the period when other residents are in the designated centre and/or asleep. See outcome 8 for action plan.
There was a complaints policy and procedure for the management of complaints and this was in an accessible format for residents.


The complainant in respect of the complaint reported on the 29 April 2015 had raised concerns on 4 occasions within a three-month period to the management of the centre. These were in relation to the care of a resident and difficulties in communicating with the staff/management group, which resulted in the complainant feeling that there was no understanding of the issues of intellectual disability.

The investigators highlighted major concerns as follows: –
- Staff’s lack of knowledge regarding resident’s communication
- Failure by staff to prevent and respond to residents’ challenging behaviour
- Insufficient activity programme.
- Inadequate healthcare
- Lack of care planning review and involvement of families significant professionals and
- Unhygienic and unsanitary conditions.

The findings of this inspection are as follows: –
• While there was evidence that the unsolicited information/complaint forwarded to the Authority brought about some changes/improvement in the care and condition of this resident, all measures required for improvement by the investigators in response to the complaint had not been put in place.
• The complaints log had not been completed in relation to the satisfaction or otherwise of the complainant regarding the outcome of the investigation and subsequent action to be taken by management and staff to address the issues.
• The complainant had not been fully informed of the details of the complaints procedure including the appeals process.
• Relatives were not provided with a copy of the complaints process.
• The person in charge of the centre stated that there was access to advocacy services, however, the services of an independent advocate were not employed in respect of any of the residents being accommodated in the centre, and in particular were not engaged for the resident whose family had serious concerns about the care and condition of the resident living in the centre.

During the inspection the inspectors heard that the organisation had received another complaint in respect of the centre regarding information technology systems/processes. The inspectors advised that the nominated person maintains records of the investigation into the complaint, outcome of the complaint and any action taken on foot of the complaint and a copy to be forwarded to the Authority.

Judgment: Non Compliant - Major
<table>
<thead>
<tr>
<th>Outcome 02: Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

**Theme:**
Individualised Supports and Care

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

**Findings:**
The findings of an investigation report, 29 April 2015 in respect of a complaint made by a family member identified that the resident’s communication mode was not explicitly identified, staff were not familiar with the resident’s communication needs and there was no evidence of skills training in relation to communication modes.

The inspectors examined the communications aspect of 2 residents’ care plans and found that some work had been carried out in relation to identifying and explaining the communication modes used by residents, however, some pictures were missing from the “communication aid”.

Staff used the alarm clock of an iPad to communicate to a resident the time to get up in the morning.

Inspectors saw that while staff on duty could interpret residents’ non-verbal language all staff had not been trained in communication methods. See outcome 18 for action plan.

There was no evidence of skills training with residents to develop their communication for example, use of Lamh signs or iconic signs. See outcome 10 for action plan.

**Judgment:**
Non Compliant - Moderate

<table>
<thead>
<tr>
<th>Outcome 04: Admissions and Contract for the Provision of Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.
Findings:
The statement of purpose highlighted the some aspects of the admissions policy and procedure and criteria for admission to the centre.

Inspectors learned that a resident had recently been discharged from the centre and that some staff accompanied and supported the resident in the new designated centre.

Residents did not have an agreed written contract/terms which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident and the fees to be charged.

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

Findings:
The designated centre was accommodating 4 residents (aged 20 upwards). All of the resident have an intellectual disability and some residents were assessed with autism and other conditions.

Each resident had an Individual Personal Plan (IPP). While there was some evidence which showed assessments of residents’ individual needs including risk assessments and interventions/treatment plans to address those needs arrangements were not in place to meet the needs of each resident. For example a resident’s key worker was absent from work due to sick leave and no other staff member had been assigned to this task and therefore there were no meetings with a key worker to progress the resident’s goals from May 2015. One of the goals highlighted a trip to the fun fair and going on holiday, however, there was no information regarding the planning with the resident for these events or timescales for completion.

The care planning documentation did not clearly show that there were regular reviews of residents’ care plans in consultation with residents, multi-disciplinary professionals
Inspectors saw that there was no protocol regarding sedation for a resident due to the resident’s anxiety when having to have bloods taken and medical treatments.

In respect of a complaint made by a family member (29, April 2015) an investigator found that the schedule of activities was not consistently implemented by the staff team with the result that there were long periods of the day, where the resident had no activation or engagement.

Since then a new social care leader who has a background in day-care services had been appointed. Inspectors saw that an activities programme was scheduled for each individual resident and saw residents being engaged in a variety of household activities and social and recreational activities. The programme was in a format suitable for residents to understand. Each resident had a file containing information relevant to each resident’s individual preferences.

An activity centre located on the premises had been equipped and developed to provide social and recreational activities for residents. Inspectors saw that from this base residents were able to access the local community and had the use of 2 minibuses.

Activities included bringing items of clothing to be laundered, participation in music sessions, participating in arts, crafts and cookery, going on an outing to a garden centre to choose vegetables and flowering plants to pot up on their return to the designated centre, going out for walks along the beach, swimming in a community swimming pool and having meals and refreshments in the community. It was confirmed to the inspectors that a resident attends Sunday mass in the local community and one of the resident’s goal is to join the local choir to play the drums. Some residents with the support of staff manage their finances and have access to their own money in order to fund their social and recreational activities.

Inspectors saw residents preparing their own breakfast with the support of staff.

None of the residents have a day care placement or participate in any form of training or education. See outcome 10 for details and action plan.

Judgment:
Non Compliant - Major

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

Findings:
The designated centre consists of a detached house, operating from 2011 and can accommodate 5 residents.

The premises are located in a rural area and consist of 2 sitting rooms, a dining room, 2 bathrooms, a large kitchen area and a small office on the ground floor with bedrooms located on the first floor.

There is a purpose-built activity building located adjacent to the house, which provides an area for residents to launder their own clothes and participate in social and recreational activities. This building is used as a base for residents to access community activities and complete their independent living skills training.

Inspectors saw that residents were able to access all aspects of the communal areas.

With regard to equipment an essential aspect of a resident’s daily routine was to have a bath to ensure personal hygiene is maintained, however, equipment was not in good working order as on the 20 July 2015 the plug for the bath was missing and on the 25 July 2015 there was no hot water available due to a water leak.

The toilet facilities did not meet the aims and objectives of the service as they were not of a person centred style and a resident’s bed was a box framed mattress on the floor.

The dining table was not large enough to accommodate all of the residents and staff to have a meal at the same time.

On the first day of inspection inspectors found that the centre and the day care facility was cold for residents. There was no thermometer to gauge the temperature of the buildings.

The centre was not kept in a good state of repair as the following maintenance issues were identified: –
- The garden gate to the septic tank was broken.
- The bathroom flooring was lifted.
- The skirting board in the hallway was coming away from the wall.
- The drawers in a unit were broken.
- 2 sofas, one in the communal sitting room was ripped and in a resident’s bedroom was torn and not clean.
- There was a mal odour in the office.

Externally, the grounds were well maintained and there was adequate car parking
Judgment:
Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

Findings:
Inspectors were not provided with the risk register to assess if the level of risk in the centre had been identified and addressed. The person in charge stated this was held electronically. Inspectors requested that a copy be forwarded to the Authority.

Inspectors saw that risks were recorded and analysed in a resident’s care planning documentation, for example, 2 staff members are required to assist/support a resident to travel by bus. However, inspectors noted that other risks in relation to residents’ challenging behaviour were not appropriately risk rated. For example a resident who has frequent, prolonged and intense, episodes of behaviour that is challenging to self in the form of self injurious behaviour and others was rated yellow. The information did not identify the measures and action to be taken to control the risks regarding self harming.

Inspectors found the following risks which had not been minimised/controlled: –
- A door closer connected to the fire alarm system was not placed on a door leading from the corridor into the communal area which was difficult and posed risks for a resident with a visual impairment to operate.
- A variety of keys were held in an unlocked key box in an unlocked office.
- A room containing residents’ personal information was unlocked.
- Adequate precautions had not been taken in relation to wet surfaces at a rear exit and in the shower room.
- A cupboard in the bathroom was unlocked and stored toiletries and razors.
- Cupboards in the communal sitting room were locked yet inspectors were informed that there was no reason for this level of control.

There was evidence that fire precautions had been taken, for example, fire equipment was easily accessible and prominently placed throughout the designated centre and servicing was up to date. The inspectors observed that fire exit doors had not been obstructed during the inspection. Fire safety notices were identified in pictorial form for residents. Individual residents had a fire evacuation plan and staff who communicated with the inspectors were familiar with fire evacuation procedures.

Inspectors identified the following fire safety risks:
- Arrangements were not in place for the safe evacuation of all residents as highlighted in the investigation report findings of a concern on the 15 July 2015. Staff had not taken
adequate measures to safely evacuate all residents including communication with the fire authority to seek guidance regarding the most appropriate measures to evacuate a resident who during fire drills refuse to leave the bedroom.
- Storage of combustible items under the stairway.
- There was a raise at the final fire exit door of the day care premises and some residents’ gait was unsteady.
- There was no signage denoting a fire assembly point.

A complaint investigation forwarded to the Authority on the 29 April 2015 identified infection-control related to unhygienic and unsanitary conditions of the floor in a resident’s bedroom. Inspectors found that the resident had been reassigned a larger bedroom which had become vacant and the flooring in the other bedroom had been replaced. There was no soap dispenser or hand towels or hand sanitizer in a toilet area.

**Judgment:**
Non Compliant - Major

---

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**
Safe Services

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

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

**Findings:**

The inspectors heard from staff that there was a policy and procedure in place for the prevention, detection and response to abuse and staff demonstrated their knowledge of the procedures by explaining their duties and responsibilities regarding any suspicion, allegation or witnessed abuse.

The inspectors reviewed the documentation in relation to statutory notifications in relation to two incidences of abuse allegedly perpetrated by a staff member. This matter has been investigated in line with the centre’s policy and procedure, national guidance and legislation and the findings are currently with an external organisation who have not been able to progress it as the staff member is absent from work. A report of the outcome of this matter should be forwarded to the Authority. See outcome 9 for action plan.
As a result of a complaint investigation it was identified that a functionally based assessment supporting the resident’s behaviour support plan was not in place and staff were not trained in the implementation of the plan.

Inspectors found that there was an “integrative positive behaviour support plan” which was initially commenced in 2009 and reviewed on the 15 July 2015. From reviewing the plan inspectors considered that every effort had not been made to identify and alleviate the cause of the resident’s challenging behaviour. It referred to the resident being anxious and identified certain actions staff could take to relieve the resident’s anxiety, however, it did not identify the major behaviour resorted to by the resident which entailed banging the resident’s bedroom door (day and night). For example, the resident was banging the door as follows: –
28 May 2015 at 06:00 hours – unable to redirect the resident and staff withdrew to a safe place.
28 May 2015 at 04:50 hours
29 May 2015 at 03:00 hours for approximately 2 hours
3 June 2015 at 04:54 hours
12 June 2015 at 13:00 hours for approximately 40 minutes
25 June 2015 at 12:20 hours for approximately 20 to 25 minutes
21 June 2015 at 03:45 hours for approximately 2 hours
25 July 2015 at 06:15 hours for approximately 30 minutes.
Staff were unable to redirect the resident during the above episodes.

During the morning and afternoon of the second day of the inspection inspectors saw that this behaviour (banging of bedroom door) was excessive with a short break during the lunchtime period when the resident met with the inspectors and person in charge in the office.

On the 19 June 2015 at 11:30 hours a resident broke a pane of glass in a bedroom door.
On the 14 June 2015 resident engaged in self injurious behaviour and hit staff.
On the 3 June 2015 at 16:45 hours a resident was “targeting” staff. Staff retreated to the office to be safe.

Inspectors saw from the training records that all staff did not have up-to-date knowledge including de-escalation and intervention techniques and skills, appropriate to their role, to respond to behaviours adopted by residents which are challenging.

When some residents engaged in challenging and self injurious behaviour staff used restrictive practices instead of interventions that would support residents to manage their behaviour. For example, nonviolent crisis intervention methods latterly referred to as the MAPA were used by staff. This entailed staff holding a part of a resident’s body to stop the resident from engaging in self injurious behaviour such as slapping. Statutory notifications forwarded to the Authority for a quarterly period ending 30, April 2015 identified the use of various holds, for example low, medium and transport technique, however, staff were unable to explain what was meant by the different holds.

A record of any occasion on which restrictive procedures, including physical, chemical or environmental restraint, was used in respect of a resident did not detail all of the
matters identified in the regulation as follows: –  
• the reason for its use,  
• the intervention tried to manage the behaviour,  
• the nature of the restrictive procedure and  
• its duration
See outcome 18 for action plan.

There was no restrictive practice policy. See outcome 18 for action plan.

**Judgment:**  
Non Compliant - Major

---

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

**Findings:**  
The inspectors saw that a record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

As identified under outcome 8, a report of the outcome into the investigation of an allegation of abuse by a staff member is to be forwarded to the Authority.

**Judgment:**  
Substantially 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):**  
This was the centre’s first inspection by the Authority.
Findings:
While inspectors saw that there were opportunities for residents to participate in new experiences, socially, there was no policy on access to education, training and development. See outcome 18 for action plan.

There was no assessment process to establish each resident’s education/employment/training goals or skills training in relation to methods of communicating.

Judgment:
Non Compliant - Major

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

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

Findings:
The findings of an investigator (29 April 2015) in respect of a complaint made by a family member stated “staff failed to promote the resident’s healthcare.” Since these findings, the personal hygiene and health-care needs of the resident have been promoted and are being maintained on an ongoing basis due to appropriate medical intervention and staff putting in place a consistent structured routine.

From an examination of documentation and the views of staff inspectors saw that residents are supported on an individual basis to achieve and enjoy good health.

There was a health care plan available in each resident’s care planning documentation. Residents’ healthcare needs were well monitored and treatments were implemented as recommended or prescribed.

There was evidence of appropriate referrals and appointments to residents’ general practitioners (GPs) and allied health professionals such as, opticians and speech and language therapists as required. The GPs welcomed residents to the health care centre in the community and alternatively made home visits.

Inspectors saw foodstuffs and snacks in the cupboards, fridge and freezer and ample varieties of fruit. Pictorial menu cards were available to inform residents about different menu choices.

A resident’s nutritional intake was not fully monitored to provide a balanced diet as a
resident on the 25 July 2015 had chips at lunchtime and at 17:30 hours went on an outing and had fish and chips.

Residents’ records showed that their weights were monitored and referrals as appropriate were made to a dietician. It was recommended that a resident who had been losing weight was prescribed food supplements, and as a result, the resident has gained weight. It was recommended that the resident was weighed weekly, however, these records were not available. See outcome 18 in relation to the maintenance of records.

**Judgment:**
Substantially Compliant

**Outcome 12. Medication Management**

*Each resident is protected by the designated centre’s policies and procedures for medication management.*

**Theme:**
Health and Development

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

**Findings:**
Unsolicited information received by the Authority and subsequently investigated by the organisation on two separate occasions 15 July 2015 and 27 July 2015 highlighted inadequacies in the management of medication.

Inspectors found that while there was a written operational policy/procedure in relation to the ordering and administration of medicines, no other policies/procedures were available, for example, regarding the disposal or storage of medicines. Inspectors found that the policies regarding ordering and administration of medicines were generic reflecting the organisation as opposed to being specific to the designated centre. See outcome 18 for action plan.

Inspectors found that a new system had been introduced in the form of receiving resident’s medication in blister packs; however, there were medicines which had not been returned to the pharmacist.

Suitable practices relating to the administration, receipt/storage of medicines were not in place as follows:
- There was no signature sheet for staff administering medicines and inspectors saw that the administration of medicines was signed using a staff member’s first name, however, there were 2 staff members of the same name.
- There was no photograph of a resident on the medication documents and the section relating “allergies to medicines” had not been completed.
• Inspectors found that there was a discrepancy regarding the stock control of a particular tablet.

Some staff members who communicated with the inspectors did not have knowledge of residents' medicines for example, what tablets were used for, what you need to know before taking a particular tablet such as allergies, and the effects of particular tablets and side-effects. See outcome 17 for action plan.

**Judgment:**
Non Compliant - Major

---

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

**Findings:**
The Authority had received a copy of the centres statement of purpose prior to the inspection. In the main, the statement of purpose described the facilities and services of the designated centre, however, the following issues were identified/omitted:

- A description (either in narrative form or a floor plan) of the rooms in the designated centre including their size and primary function.
- There was no information regarding emergency admissions.
- The total staffing compliment, in full time equivalents, for the designated centre, with the management and staffing complements as required in Regulations 14 and 15, was not complete as it did not identify all staff involved in the designated centre, for example, residential coordinator/person in charge.
- The last sentence in the paragraph entitled introduction requires review.
- Under fire precautions and emergencies. It states the following: –"if anyone needs assistance, please ask a member of staff" and "if you discover other circumstances which pose a risk to residents..." as opposed to outlining the emergency procedures that the designated centre has in place to protect residents.

**Judgment:**
Substantially 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):
This was the centre’s first inspection by the Authority.

Findings:
Since July 2014 the Authority received unsolicited information on 4 different occasions (22 July 2014, 29 April 2015 and 15 and 27 July 2015) highlighting major concerns, primarily relating to inadequate governance and management and failure to have management systems in place to ensure that the service provided is safe, appropriate to residents needs, consistent and effectively monitored. Some of these matters have already been referenced in outcomes, 1, 7, 8, and 12.

The staffing issues identified: –
- some staff felt unsafe working with particular residents,
- inequitable rostering
- inadequate supervision of staff,
- relocation of staff and
- absenteeism from work with replacement by agency staff members.

The inspectors learned that the above staffing issues had a negative impact on residents’ care.

As a result of the investigators findings changes have been made in the management structure. A social care leader, employed on a part-time basis and who had responsibility for another designated centre was replaced by a full time social care leader with responsibility only for this centre.

The social care leader in conjunction with the person in charge implemented changes to bring about improved outcomes for residents. Currently a number of staff employed on a full-time basis, are absent from work. The inspectors learned that some staff members had not been supported by management to implement the changes and found working in the designated centre was stressful. See outcome 17 for action plan.

The current social care leader demonstrated a good knowledge of the residents and held a person centred philosophy of residential care. Staff members were complimentary of the social care leader’s managerial skills, and he demonstrated that he had managerial aspirations for the centre. Inspectors learned that staff morale has improved for the
staff working in the centre.

There was no evidence that the service is consistently and effectively monitored, for example, an annual review of the quality and safety of care and support provided in the designated centre was not available to the inspectors.

The designated centre will be subject to ongoing regulatory actions in the form of submitting weekly reports to the Authority outlining staffing details, adverse incidents, residents’ activation programme and supervision by staff.

Judgment:
Non Compliant - Major

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

Findings:
The person in charge and the person deputising for the person in charge were aware that the Authority’s Chief Inspector was to be notified of any proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the centre during her absence.

While the Authority received a notification regarding the absence of the person in charge for a continuous period of 28 days (NF 20) and identified a named person who will be responsible for the designated centre during this absence it also reference the appointment of a new residential coordinator who will supervise the social care leader. The person in charge identified the name of this person at the post inspection meeting, however, the Authority has not yet received the details.

Judgment:
Non Compliant - Minor

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and
recruited, selected and vetted in accordance with best recruitment practice.

**Theme:**  
Responsive Workforce

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

**Findings:**  
From an examination of the staff duty roster, observations by inspectors and discussions with staff on duty it was found the number, qualifications and skill mix of staff was not appropriate to the number and assessed needs of the residents. Inspectors were informed that the daily staffing compliment is 4 staff members on duty during the day and 2 wakening staff on night duty.

An examination of the staff roster identified 9 staff members who were not available for work on the first day of the inspection. The roster had not been updated with the names of the staff members who were working at the centre and for a number of work shifts no staff member had been identified. A part-time relief staff member who was due to finish working in the centre was unable to do so as there was no staff member to relieve her. The staff member agreed to continue to work.

Deficits in staff having access to appropriate training, including refresher training as part of a continuous professional programme was identified following an investigation into a complaint on 29 April 2015. To date inspectors found that staff had not participated in mandatory and relevant training to meet the needs of residents, for example, food hygiene, communication as recommended by an allied health professional, NVCI, now known as MAPA, autism, and positive behaviour support to alleviate the underlying causes of the residents’ behaviours. Some staff members did not have knowledge of the medicines. See outcome 12 for details.

Management informed the inspectors that training could not be scheduled as there was insufficient full-time permanent staff working in the centre due to sick leave.

Inspectors found that staff were not appropriately supervised as some staff members had identified that they were working in a stressful situation, had insufficient knowledge and training to meet the needs of residents and had not been supported by management to implement changes to bring about improved outcomes for residents.

Staff members on duty, who communicated with the inspectors identified that they had opportunities to be consulted and make suggestions about the operation of the centre and that the agency staff members have consistently been employed to work in the centre and become familiar with residents’ needs.

Two document files examined pertaining to staff working at the designated centre were up-to-date with the exception of training as highlighted above.
The registration status of the staff nurses employed was up to date.

Judgment:
Non Compliant - Major

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

**Findings:**
Inspectors found that records in relation to each resident as specified in schedule 3 and the additional records specified in schedule 4 were not maintained as per the legislation as follows:
- Documents in the resident’s IPP had not been fully completed. For example a formatted question asked “does resident/family know about the plan yes or no”? Neither of these were answered.
- A record entitled daily and weekly implementation and evaluation of positive behaviour support had not been completed for a resident, however, the person in charge stated that this was no longer being completed. This then should be removed from the current notes.
- A resident’s IPP stated that “an appointment will be made for the resident to see the optician in December, no year was identified.
- Another entry identified that an appointment to be made to see the audiologist, however, there was no follow-up information in regard of this appointment.
- A further entry highlighted “rang dentist on a few occasions – waiting for them to get back” dated 9 May 2014. There was no evidence of any follow-up.
- An entry in the daily recordings established that a resident on 25 July 2015 required seeing the general practitioner; however, there was no evidence of any follow-up with regard to this matter in any subsequent recorded entries.
- Due to a resident losing weight weekly monitoring was recommended however, the records available to the inspectors identified that the resident’s weight was recorded on 25 June 2015, 2 July 2015 and 8 July 2015. No other records were available.
- Documentation in a resident’s IPP was not accurate in that it identified a risk of assaulting members of the public, however, the person in charge confirmed that this had not occurred recently and therefore was no longer a risk.
A record of any occasion on which restrictive procedures, including physical, chemical or environmental restraint was used in respect of a resident did not detail all of the matters identified in the regulation as follows: the reason for its use, the intervention tried to manage the behaviour, the nature of the restrictive procedure and its duration.

One of the areas identified for improvements as a result of an investigation into a concern highlighted in a report to the Authority on the 22 July 2014, that “the allocation of the social care leader's time in the designated centre will be reviewed and formally documented in the roster,” however, this was not included in the staff rosters examined by the inspectors.

Although the statement of purpose identified all of the policies and local operational procedures that have been put in place inspectors found that all of the scheduled 5 policies were not available, for example, there was no policy on restrictive procedures, the disposal or storage of medicines or access to education, training and development.

Some of the policies, for example, safeguarding vulnerable adults policy was a lengthy document and there was no procedure which guided staff in the designated centre. Only 2 staff members had signed that they had read and understood this document.

Inspectors found that the policies regarding ordering and administration of medicines were generic reflecting the organisation as opposed to being specific to the designated centre.

**Judgment:**
Non Compliant - Major

**Closing the Visit**

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

**Acknowledgements**

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

**Report Compiled by:**

Siobhan Kennedy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St John of God Community Services Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002967</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>27 July 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>24 August 2015</td>
</tr>
</tbody>
</table>

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’ privacy and dignity had not been fully respected in that there are rectangular glass panels in residents’ bedroom doors used for observation by staff.

Action Required:

---

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
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 glass observation panels will be covered to provide privacy and dignity for the residents.

Proposed Timescale: 31/08/2015
Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no evidence for a resident who has no verbal communication and limited concentration that the resident's views were expressed and interpreted at weekly meetings.

Action Required:
Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

Please state the actions you have taken or are planning to take:
The resident is afforded the opportunity to participate in the weekly house meetings. Additionally, the resident’s opinion and views will be compiled by staff throughout the week and relayed at the weekly house meeting if he does not wish to participate.

Proposed Timescale: 31/08/2015
Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A resident who had recently relocated to another bedroom did not have access to personal property and possessions.
A resident's bank account could only be accessed by one signatory and the staff member identified was no longer working at the designated centre.

Action Required:
Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

Please state the actions you have taken or are planning to take:
1. The resident will be afforded the opportunity to personalize his room in the way he wishes including any items from his old room. Proposed Timescale: 30th September
2. The name of the signatory on the resident’s bank account will be changed to the current supervisor and coordinator. Proposed Timescale: 31st August 2015

Proposed Timescale:
Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A complainant who had raised concerns on 4 occasions within a three-month period to the management of the centre in relation to the care of a resident found difficulties in communicating with the staff/management group, which resulted in the complainant feeling that there was no understanding of the issues of intellectual disability.

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:
1. All complaints will be documented in the complaints log. 31st July 2015
2. All staff in Mulhussey will be re-induced into the complaints procedure. 31st October 2015
3. A new complaints form has been developed to reflect whether the complainant is satisfied with the outcome of their complaint. 31st July 2015

Proposed Timescale:
Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
While there was evidence that the unsolicited information/complaint forwarded to the Authority brought about some changes/improvement in the care and condition of the resident, all measures required for improvement by the investigators in response to the complaint had not been put in place.

Action Required:
Under Regulation 34 (2) (e) you are required to: Put in place any measures required for improvement in response to a complaint.

Please state the actions you have taken or are planning to take:
All measures identified in the action plan (based on the recommendations of the investigation) will be completed within the outlined timeframe.
### Proposed Timescale: 31/08/2015

**Theme**: Individualised Supports and Care

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

The following failings were identified:

- The complaints log had not been completed in relation to the satisfaction or otherwise of the complainant regarding the outcome of the investigation and subsequent action to be taken by management and staff to address the issues.
- During the inspection the inspectors heard that the organisation had received another complaint in respect of the centre regarding information technology systems/processes. The nominated person maintains a record of the investigation into the complaint, outcome of the complaint and any action taken on foot of the complaint and forwards a copy to the Authority.

**Action Required:**

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

1. A revised complaints log form will be issued to reflect the complainant’s satisfaction with actions taken. 31st August 2015
2. The complaint received will be investigated and the action taken and outcome will be forwarded to the Authority. 30th September 2015

### Proposed Timescale:

**Theme**: Individualised Supports and Care

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

A complainant had not been fully informed of the details of the complaints procedure including the appeals process.

Relatives were not provided with a copy of the complaints process.

**Action Required:**

Under Regulation 34 (1) (b) you are required to: Ensure that each resident and their family are made aware of the complaints procedure as soon as is practicable after admission.

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

All families of the residents will be forwarded details of the complaints policy and the local procedure.
**Proposed Timescale:** 31/08/2015  
**Theme:** Individualised Supports and Care  

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
The services of an independent advocate were not employed in respect of any of the residents being accommodated in the centre, and in particular were not engaged for the resident whose family had serious concerns about the care and condition of the resident living in the centre.

**Action Required:**  
Under Regulation 34 (1) (c) you are required to: Ensure the resident has access to advocacy services for the purposes of making a complaint.

**Please state the actions you have taken or are planning to take:**  
1. Details of an independent advocacy service will be forwarded to all families. - 31st August 2015  
2. An information evening will be organized with an independent advocate in attendance, in the Designated Centre for staff and families to attend if they wish. - 30th November 2015

---

**Outcome 02: Communication**  
**Theme:** Individualised Supports and Care  

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:  
The inspectors examined the communications aspect of 2 residents’ care plans and found that some work had been carried out in relation to identifying and explaining the communication modes used by residents, however, some pictures were missing from the “communication aid”.

**Action Required:**  
Under Regulation 10 (2) you are required to: Make staff aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.

**Please state the actions you have taken or are planning to take:**  
1. The missing pictures for the resident’s communication aid have been added to their personal plan.  
2. Each resident’s communication passport and communication aids have been updated and shared with all staff.

**Proposed Timescale:** 31/08/2015
### Outcome 04: Admissions and Contract for the Provision of Services

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Residents did not have an agreed written contract/terms which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident and the fees to be charged.

**Action Required:**
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

**Please state the actions you have taken or are planning to take:**
A contract of care/support agreement will be issued to each resident and their family to agree to and sign.

**Proposed Timescale:** 31/10/2015

### Outcome 05: Social Care Needs

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A resident’s key worker was absent from work due to sick leave and no other staff member had been assigned to this task and therefore there were no meetings with a key worker to progress the resident’s goals from May 2015. One of the goals highlighted a trip to the fun fair and going on holiday, however, there was no information regarding the planning with the resident for these events or timescales for completion.

**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:**
1. Each resident now also has a keyworker and co-keyworker to ensure that keyworker meetings are held with the resident and their goals progressed weekly.
2. All keyworker meetings will include the steps to achieving goals set and a timeline to reflect each step.

**Proposed Timescale:** 14/08/2015
### Theme: Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The care planning documentation did not clearly show that there were regular reviews of residents’ care plans in consultation with residents, multi-disciplinary professionals and or their next of kin/families.

**Action Required:**
Under Regulation 5 (4) (c) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which is developed through a person centred approach with the maximum participation of each resident, in accordance with the resident’s wishes, age and the nature of his or her disability.

**Please state the actions you have taken or are planning to take:**
1. Residents’ reviews by members of the MDT will be clearly documented and incorporated into their personal plan.
2. Families will be invited to attend each resident’s planning meeting in accordance with the resident’s wishes.

### Proposed Timescale: 30/09/2015

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was no protocol regarding sedation for a resident due to the resident’s anxiety when having to have bloods taken and medical treatments.

**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:**
1. Each resident’s personal plan will address their assessed need for support/PRN medication for medical treatment/procedures as needed.
2. If deemed necessary, an individualised protocol will be developed and approved.

### Proposed Timescale: 30/09/2015

**Outcome 06: Safe and suitable premises**

**Theme: Effective Services**

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
An essential aspect of a resident’s daily routine was to have a bath to ensure personal hygiene is maintained, however, equipment was not in good working order as on the 20 July 2015 the plug for the bath was missing and on the 25 July 2015 there was no hot water available due to a water leak.

The dining table was not large enough to accommodate all of the residents and staff to have a meal at the same time.

**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:
1. All equipment to ensure residents personal hygiene is maintained and is in good working order. 31st August 2015
2. A new dining table will be bought to accommodate all residents and staff at mealtimes. 30th September 2015

**Proposed Timescale:**
**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The toilets facilities did not meet the aims and objectives of the service as they were not of a person centred style and a resident’s bed was a box framed mattress on the floor.

**Action Required:**
Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

Please state the actions you have taken or are planning to take:
1. The current facilities meet the needs of the residents. However the toilet facilities will be reviewed.
2. The occupational therapist will carry out an assessment and advise on a bed that can meet safety & sensory needs of a resident.

**Proposed Timescale:** 30/09/2015
**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centre and the day care facility was cold for residents on the first day of the inspection. There was no thermometer to gauge the temperature of the buildings.

**Action Required:**
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

Please state the actions you have taken or are planning to take:
A thermometer will be purchased for the designated centre to monitor the room temperature.

**Proposed Timescale:** 31/08/2015

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centre was not kept in a good state of repair as the following maintenance issues were identified: –
- The garden gate to the septic tank was broken.
- The bathroom flooring was lifted.
- The skirting board in the hallway was coming away from the wall.
- The drawers in a unit were broken.
- 2 sofas one in the communal sitting room and in a resident’s bedroom were taught
- A mal odour in the office.

**Action Required:**
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:
1. A Schedule of maintenance will be developed. - 31st August 2015
2. All the issues above will be addressed. - 30th November 2015

**Proposed Timescale:**

**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:
Inspectors were not provided with access to the risk register which was held electronically, a copy should be forwarded to the Authority.

**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:**
A risk register, specific to the designated centre will be sent to the Authority.

| **Proposed Timescale:** 24/08/2015 |
| **Theme:** Effective Services |

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Risks in relation to residents’ episodes of behaviour that is challenging were not appropriately risk rated due to their frequency, intensity, and affect on self and others. Documentation did not identify the measures and action to be taken to control the risks regarding self harming.

**Action Required:**
Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

**Please state the actions you have taken or are planning to take:**
All risk assessments will be reviewed for residents who self-harm.

| **Proposed Timescale:** 31/08/2015 |
| **Theme:** Effective Services |

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inspectors found the following risks which had not been minimised/controlled: –
- A door closer connected to the fire alarm system was not placed on a door leading from the corridor into the communal area which was difficult and posed risks for a resident with a visual impairment to operate.
- A variety of keys were held in an unlocked key box in an unlocked office.
- A room containing residents’ personal information was unlocked.
- Adequate precautions had not been taken in relation to wet surfaces at a rear exit and in the shower room.
- A cupboard in the bathroom was unlocked and stored toiletries and razors.
- Cupboards in the communal sitting room were not yet inspectors were informed that there was no reason for this level of control.

**Action Required:**
Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

**Please state the actions you have taken or are planning to take:**
<table>
<thead>
<tr>
<th>Proposed Timescale:</th>
<th>31/10/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme:</td>
<td>Effective Services</td>
</tr>
</tbody>
</table>

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no soap dispenser or hand towels or hand sanitizer in a toilet area.

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

**Please state the actions you have taken or are planning to take:**
Soap dispensers and hand towels will be provided in the identified toilet area.

---

1. A door closer will be fitted and connected to the fire alarm system to ensure that the door can be kept open to support free movement of residents in the premises but will close in the event of a fire. - 30th September 2015
2. The key box in the downstairs office will be kept locked. - 28th July 2015
3. A new lock will be fitted to the Archive room to ensure that it can be kept locked. - 30th September 2015
4. A non-slip mat will be placed at the back door. - 31st August 2015
5. A bathroom mat will be available for use when required. - 31st August 2015
6. A risk assessment will be carried out with regards to resident’s access to cupboard in bathroom containing razors and toiletries. - 30th September 2015
7. All cupboards in the sitting room will be kept unlocked. - 28th July 2015

---

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Arrangements were not in place for the safe evacuation of all residents as staff had not taken adequate measures to safely evacuate all residents including communication with the fire authority to seek guidance regarding the most appropriate measures to evacuate a resident who during fire drills will not leave the bedroom.

**Action Required:**
Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

**Please state the actions you have taken or are planning to take:**
Contact will be made with the local fire authority to seek guidance in supporting a resident’s reluctance to evacuate.
<table>
<thead>
<tr>
<th>Proposed Timescale: 31/08/2015</th>
<th>Theme: Effective Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
<td></td>
</tr>
<tr>
<td>Combustible items were stored under the stairway.</td>
<td></td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
<td></td>
</tr>
<tr>
<td>Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.</td>
<td></td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
<td></td>
</tr>
<tr>
<td>The Christmas decorations have been removed from under the stairway.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Proposed Timescale: 28/07/2015</th>
<th>Theme: Effective Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
<td></td>
</tr>
<tr>
<td>There was a raise at the final fire exit door of the day care premises and some residents’ gait was unsteady.</td>
<td></td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
<td></td>
</tr>
<tr>
<td>Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.</td>
<td></td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
<td></td>
</tr>
<tr>
<td>1. A risk assessment and falls risk assessment have been completed. 31st August 2015</td>
<td></td>
</tr>
<tr>
<td>2. A referral will be made to the occupational therapist for a review of the resident exiting the activity building through the door. 30th September 2015</td>
<td></td>
</tr>
</tbody>
</table>

| Proposed Timescale: |
| Theme: Effective Services |
| **The Registered Provider is failing to comply with a regulatory requirement in the following respect:** |
| There was no signage denoting a fire assembly point. |
| **Action Required:** |
| Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations. |
Please state the actions you have taken or are planning to take:
1. The location of the fire assembly point is currently noted, a) on the wall inside the front door, b) in the fire register, c) on the exit door from the activity building.
2. All staff are inducted into fire evacuation procedure.
3. Residents and staff assemble at the designated point, without issue, when participating in regular fire drills.

**Proposed Timescale:** 28/07/2015

### Outcome 08: Safeguarding and Safety

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Every effort had not been made to identify and alleviate the cause of residents' challenging behaviour.

**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:**
1. A full functional assessment of this resident's behaviour of concern will be carried out and subsequent review of his positive behaviour support plan will take place by the staff team and Psychology Department.

**Proposed Timescale:** 31/12/2015

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
All staff did not have up-to-date knowledge and skills, including de-escalation and intervention techniques appropriate to their role, to respond to behaviours adopted by residents which are challenging.

When some residents engaged in challenging and self injurious behaviour staff used restrictive practices instead of interventions that would support residents to manage their behaviour.

**Action Required:**
Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.
Please state the actions you have taken or are planning to take:
1. All staff will receive training in Positive Behaviour Support.
2. All staff currently working in the designated centre will have their training in Managing Actual and Potential Aggression (MAPA) up to date. All staff currently on leave will be scheduled for training on their return.

**Proposed Timescale:** 31/10/2015

**Theme:** Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff were unable to explain, restrictive practices, for example, various holds, (low, medium and transport technique) described in statutory notifications forwarded to the Authority for a quarterly period ending 30 April 2015.

**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:
1. All staff to receive training in Positive Behaviour Support & Restrictive Practice.
2. All staff currently working in the designated centre will have their training in Managing Actual and Potential Aggression (MAPA) up to date. All staff currently on leave will be scheduled for training on their return.

**Proposed Timescale:** 31/10/2015

**Outcome 09: Notification of Incidents**

**Theme:** Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A report of the outcome into the investigation of an allegation of abuse by a staff member is to be forwarded to the Authority.

**Action Required:**
Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

Please state the actions you have taken or are planning to take:
The Authority will be forwarded quarterly updates as to the status of the investigation.
Proposed Timescale: 30th November 2015, 29th February 2016

Proposed Timescale:

Outcome 10. General Welfare and Development

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The there was no assessment process to establish each resident’s education/employment/training goals or skills training in relation to methods of communicating.

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

Please state the actions you have taken or are planning to take:
1. Residents are supported to have an individualised meaningful day and activities are being developed in line with national policy New Directions. 28th July 2015
2. Personal Outcome Measures Assessments are used to discover individual wishes and support needs. 28th July 2015
3. Person directed goals are identified for each resident and QQI (FETAC) training modules will be considered as a resource when supporting learning outcomes. 30th November 2015

Proposed Timescale:

Outcome 11. Healthcare Needs

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A resident’s nutritional intake was not fully monitored to provide a balanced diet as the resident on the 25 July 2015 had chips at lunchtime and at 17:30 hours went on an outing and had fish and chips.

Action Required:
Under Regulation 18 (2) (b) you are required to: Provide each resident with adequate quantities of food and drink which are wholesome and nutritious.

Please state the actions you have taken or are planning to take:
The residents choose their meals at the weekly meeting. Staff will encourage residents to choose healthy options. When advised by clinicians/medical personnel, residents’ nutritional intake will be monitored.
Proposed Timescale: 31/07/2015

**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:
A new system had been introduced in the form of receiving resident’s medication in blister packs, however, there were medicines which had not been returned to the pharmacist.

**Action Required:**
Under Regulation 29 (4) (c) 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 out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

Please state the actions you have taken or are planning to take:
All medications no longer required have been returned to the local pharmacy.

Proposed Timescale: 31/07/2015

**Theme:** Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Suitable practices relating to the administration, receipt/storage of medicines were not in place as follows: –
- There was no signature sheet for staff administering medicines and inspectors saw that the administration of medicines was signed using a staff member’s first name, however, there were 2 staff members of the same name.
- There was no photograph of a resident on the medication documents and the section relating “allergies to medicines” had not been completed.
- Inspectors found that there was a discrepancy regarding the stock control of a particular tablet.

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

**Please state the actions you have taken or are planning to take:**
1. A signature sheet has been put in place for all staff administering medication in the
designated centre. 31st July 2015
2. A photograph of the resident is displayed on each individual’s Kardex 31st July 2015
3. The allergies to medication section will be completed on each Kardex. 31st August 2015
4. A weekly stock take of medication is in place 31st July 2015

Proposed Timescale:

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The following issues were identified in the statement of purpose:

- A description (either in narrative form or a floor plan) of the rooms in the designated centre including their size and primary function.
- There was no information regarding emergency admissions.
- The total staffing compliment, in full time equivalents, for the designated centre, with the management and staffing complements as required in Regulations 14 and 15, was not complete as it did not identify all staff involved in the designated centre, for example, residential coordinator/person in charge.
- The last sentence in the paragraph entitled introduction requires review.
- Under fire precautions and emergencies. It states the following: “if anyone needs assistance, please ask a member of staff” and “if you discover other circumstances which pose a risk to residents...” as opposed to outlining the emergency procedures that the designated centre has in place.

**Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The Statement of Purpose will be reviewed to comply with the regulatory requirements.

**Proposed Timescale:** 30/09/2015

**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:

There was no evidence that the service is consistently and effectively monitored, for example, an annual review of the quality and safety of care and support provided in the
designated centre was not available to the inspectors.

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

**Please state the actions you have taken or are planning to take:**
1. The Quality and Safety Committee will compile an annual report on the care and support needs of residents in the service. This will happen every year and will be available in January every year. - 28th February 2016

2. An accessible version of this report will be produced and shared with residents. 31st March 2016

**Proposed Timescale:**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Management systems were not in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

**Action Required:**
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

**Please state the actions you have taken or are planning to take:**
The management and governance structure has been reviewed and came into effect as of the below date.

**Proposed Timescale:** 03/08/2015

**Outcome 15: Absence of the person in charge**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The Authority has not been informed of the details of the recently appointed staff member who will participate in the management of the designated centre.

**Action Required:**
Under Regulation 33 (2) (c) you are required to: Give notice in writing to the Chief
Inspector of the name, address and qualifications of the person who will be or was responsible for the designated centre during the absence of the person in charge.

Please state the actions you have taken or are planning to take:
PPIM information for the Coordinator and the Social Care Leader will be completed and submitted to the authority.

Proposed Timescale: 30/09/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

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

Please state the actions you have taken or are planning to take:
The recruitment campaign to fill vacancies in the designated centre is underway.

Proposed Timescale: 31/08/2015

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff did not have access to appropriate training, including refresher training as part of a continuous professional development programme.

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:
1. A training audit will take place in the designated centre to identify necessary training for staff. - 15th October 2015
2. A schedule will be developed to address any deficits. 31st December 2015
Proposed Timescale:

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff were not appropriately supervised.

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:
1. A supervision procedure has been developed and circulated for all staff and supervisors. 10th September 2015
2. Support will be provided to supervisors implementing the procedure. 7th November 2015

Proposed Timescale:

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All of the scheduled 5 policies were not available. Some of the policies were generic and did not reflect the designated centre.
Some of the policies did not have a procedure to guide staff.

Action Required:
Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
1. The Policies and procedures set out in Schedule 5 will be in place - 30th September 2015
2. Local procedures will be developed to guide and support staff. - 31st December 2015

Proposed Timescale:

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inspectors found that records in relation to each resident as specified in schedule 3 and the additional records specified in schedule 4 were not maintained as per the legislation as follows:

- Documents in the resident’s IPP had not been fully completed. For example a formatted question asked “does resident/family know about the plan yes or no”? Neither of these were answered.
- A record entitled daily and weekly implementation and evaluation of positive behaviour support had not been completed for a resident, however, the person in charge stated that this was no longer being completed. This then should be removed from the current notes.
- A resident’s IPP stated that “an appointment will be made for the resident to see the optician in December, no year was identified.
- Another entry identified that an appointment to be made to see the audiologist, however, there was no follow-up information in regard of this appointment.
- A further entry highlighted “rang dentist on a few occasions – waiting for them to get back” dated 9 May 2014. There was no evidence of any follow-up.
- An entry in the daily recordings established that a resident on 25 July 2015 required seeing the general practitioner; however, there was no evidence of any follow-up with regard to this matter in any subsequent recorded entries.
- Due to a resident losing weight weekly monitoring was recommended however, the records available to the inspectors identified that the resident’s weight was recorded on 25. June 2015, 2, July 2015 and 8 July 2015. No other records were available.
- Documentation in a resident’s IPP was not accurate in that it identified a risk of assaulting members of the public, however, the person in charge confirmed that this had not occurred recently and therefore was no longer a risk.
- A record of any occasion on which restrictive procedures, including physical, chemical or environmental restraint was used in respect of a resident did not detail all of the matters identified in the regulation as follows: –the reason for its use, the intervention tried to manage the behaviour, the nature of the restrictive procedure and its duration.

**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 documentation in each residents MPP will be reviewed to ensure they are updated and reflect complete and accurate information as specified in schedule 3 and the additional records specified in schedule 4 of the regulations.

**Proposed Timescale:** 31/10/2015

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The staff roster did not detail all persons working at the designated centre.
**Action Required:**
Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
The roster will be completed to accurately reflect all staff on duty each day and night.

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