

**Health Information and Quality Authority
Regulation Directorate**

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



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|---|---|
| Centre name: | A designated centre for people with disabilities operated by Redwood Extended Care Facility |
| Centre ID: | OSV-0002433 |
| Centre county: | Meath |
| Type of centre: | Health Act 2004 Section 39 Assistance |
| Registered provider: | Redwood Extended Care Facility |
| Provider Nominee: | Frances Gargan |
| Lead inspector: | Sonia McCague |
| Support inspector(s): | Ciara McShane; Michael Keating; James Kee |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 30 |
| Number of vacancies on the date of inspection: | 0 |

About monitoring of compliance

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 3 day(s).

The inspection took place over the following dates and times

| From: | To: |
|------------------------|------------------------|
| 18 February 2015 09:30 | 18 February 2015 18:30 |
| 19 February 2015 10:00 | 19 February 2015 17:00 |
| 20 February 2015 10:30 | 20 February 2015 14:30 |

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

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

Summary of findings from this inspection

The purpose of this inspection was to carry out an 18 Outcome registration inspection following an application by the provider to register the centre for 32 residents on 2 December 2014.

This centre was providing services to adults with high support needs, particularly in relation to behaviour management issues. A multidisciplinary team based in the centre was involved in residents care and also in a day service programme and clinic that was operated from within the centre for non-residents.

This was the fifth inspection carried out in this centre. Major non-compliances were found on previous inspections which were not sufficiently addressed and are restated.

Major non-compliances in relation to residents' rights including deprivation of liberty, individual assessments and personal plans, positive behavior support and staffing particularly in the use of restrictive practices were recurrent.

Weekly notifications of restrictive practices continued to be submitted by the person in charge to the Health Information and Quality Authority (Authority) following previous inspections and monitored having identified significant use of restrictive procedures and practices of considerable intensity and duration.

The centre was accommodating 30 residents within four communal units. Eight residents occupied three units and six residents were accommodated in another unit. The centre was supporting adults with disabilities and complex behavioural needs in communal facilities that were shared by up to eight residents. The centre was operated as a secure setting that negatively impacted on individual residents.

Plans to discharge and transition residents to a more appropriate service and environment were submitted to the Authority following the three day registration inspection.

While attempts to improve outcomes for residents were made since previous inspections and a reduction in physical interventions of restraint was reported, overall, the routines, practices, number of persons and facilities within the centre did not promote residents' civil rights, independence and preferences. There was a lack of evidence that residents had participated in and consented, with supports where necessary, to restrictive procedure decisions about their care and support arrangements, as previously reported.

The application and use of restraints was not considered to be the least restrictive procedure, for the shortest duration necessary or as a last resort option in accordance with National Policy.

Major non-compliances were found in 11 of the 18 outcomes inspected which are outlined in the body of this report. Breaches and requirements are stated in the action plan at the end of this report.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

The centre was not operated in a manner that respected the rights of each resident.

Evidence was lacking from the provider to show that each resident, in accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support.

Residents' did not have the freedom to exercise choice and control in their daily life.

In general inspectors found that there was minimal consultation with residents' in relation to how the centre was planned and run and in relation to rights restrictions imposed throughout the centre. Common practices such as the locking of doors, limiting access to the outside, practices of restraint (also under Outcome 8) expectations of accepted rules and behaviours operating within the centre, were all carried out without clearly assessed need or consent of individual resident's.

Changes of residents between units had occurred primarily following incidents or as a result of the needs of some residents.

Since the previous inspections systems had been developed to enable and facilitate all residents to have access to advocacy services and information about their rights. Inspectors were informed that arrangements to have group advocacy meetings, and resident/relative forums was planned. A record of minutes of resident meetings on one unit was reviewed that showed evidence of residents' being informed of the National

Advocacy services (NAS) and on how make a complaint. A rights review committee with external professionals had not been developed. The last rights review meeting was held in November 2014.

There were policies and procedures for the management of complaints with a nominated person to deal with complaints. A complaints log was maintained. An appeals process was outlined in the main policy and the initial complaints process was user-friendly, accessible to residents in an easy read version and displayed in a public place. However, following a review of complaint records and from discussion with residents, an awareness of the option to appeal decisions reached was not evident or in communications to complainants should they be dissatisfied with an outcome of complaints investigated.

Residents and families who spoke with inspectors or completed questionnaires were aware of the complaints officer, however, not all were satisfied that their complaint or issues raised had been adequately addressed to bring about effective changes.

Staff members were familiar with and knowledgeable of residents and in the main were seen interacting and engaging with residents in a friendly manner. However, the language used and recorded by staff to describe residents' behaviour and actions was inappropriate and not respectful. For example, residents had been described as "over demanding" and "non-compliant". Other examples are outlined in outcome 8.

Resident's privacy and dignity was not sufficiently 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. Personal or intimate care practices were not observed by inspectors, however, from discussions with staff and residents and following a review of resident records, inspectors found that some care practices did not respect the privacy and dignity of all residents. Inspectors read how residents had been physically restrained by a group of staff in communal areas within the unit that included the day or dining room and corridor in view of other residents. A resident told inspectors they had seen other residents being restrained.

Inspectors also found that a number of residents had limited or few opportunities to undertake personal or private activities without staff supervision. The rationale for continuous "eyesight" supervision of residents by staff was not clear and often based on the potential risk of self harm, injury or harm to/from others or historical events prior to admission.

Thirteen residents were reported to have 12 to 24 hours constant staff supervision daily. Inspectors were informed that some residents were supervised during bathing, sleeping, eating and when out in an enclosed garden shared by other residents accommodated in two units (up to 16 residents). Resident to resident interaction and general communications were seen to be monitored and managed by staff at all times during the inspection.

Other means of monitoring residents that compromised their privacy and dignity included the practice of staff entering bedrooms of residents throughout the night and

peepholes seen in bedroom doors that were used by staff to observe residents who they deemed at risk of harm or self injurious behaviours. Ongoing care practices of previously identified areas in which staffing practice continued to impinge upon the privacy and dignity of individuals. For example, staff carried out regular checks (every 3 hours) on all residents throughout the night. This practice involved staff going into bedrooms to check upon residents. This practice was highlighted during a previous inspection, and while the frequency of the checks was reduced, there was no assessment of need in place relating to this practice.

Some residents' telephone conversations and family visits were supervised by staff which did not promote their privacy, dignity or rights. Visitors' had limited or no access to residents' units which is discussed further in outcome 3. The main doors of the centre and unit doors were locked by key code. Inspectors were informed that all residents required staff supervision or authority to exit their unit or the centre which included engaging with others visiting. Private contact with friends, family and significant others was found to be facilitated in a controlled manner determined by staff.

The operation of CCTV systems was seen in communal areas. CCTV use was advertised at the main entrance. A CCTV camera on the corridor in one unit was seen directed towards the "alert" room. A CCTV camera was also noted in one staff office; on enquiry from staff inspectors were informed that the camera was not operational.

The centre was not managed in a way that maximised residents' capacity to exercise personal independence and choice in their daily lives. While attempts to improve outcomes for some residents were made from previous inspections, overall routines, practices and facilities did not promote residents' independence and preferences.

Residents were not adequately facilitated to exercise their civil rights and had limited autonomy and external support to make informed decisions and choices about the management of their care, treatment, routines and facilities or environment.

Residents' commented that they relied upon staff (or that rules implied that staff must be present) for everyday tasks such as having a bath, doing their laundry, cooking or making a cup of coffee, or walking to the village but that often staff were not available to support them to do so.

The right for residents to participate in everyday activities and use facilities within a communal service such as the laundry or pantry was restricted as a result of a risk associated with some and not to individual residents. As a result of restrictive measures in place for the benefit of some residents such as locked unit doors and pantry facilities in units, the access to these areas was restricted to residents not deemed to be at risk of using the facilities.

Residents living in units within the centre were restricted based on other residents needs and not based on their personal needs. Therefore, many residents were not enabled to exercise their rights or take reasonable risks within their day to day lives.

There was a policy on residents' personal property, personal finances and possessions. Residents' personal property including monies was kept safe through appropriate practices and record keeping.

The person in charge had ensured that as far as reasonably practicable, each resident had access to and retains control of personal property and possessions and that support was provided to assist residents to manage their financial affairs and meet their financial obligations.

The policy and guidelines for staff on the care of residents' property and finances were sufficient to ensure residents' finances were adequately protected and that there was transparency in relation to the use of residents' monies. In most cases resident's state benefits were paid directly into their personal bank accounts. 'Pocket monies' were kept in the centre and there were daily checks of each individual's daily expenditure, with balances signed off by staff nurses at the change of each shift. Weekly and monthly checks and audits were also carried out by the clinical nurse manager (CNM) and/or the person in charge.

Care plans included a list of all personal items owned by residents. Residents' rooms were personalised, and residents kept their personal possessions in their rooms. The centre comprised of single bedrooms, however none were ensuite and treatment required by one resident to aid elimination would require timely access to toilet or bathroom facilities for lengthy durations.

Opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs were limited and insufficient for residents. Due to restrictions on freedom, residents' relied heavily upon staff in order to participate in any activities.

Judgment:

Non Compliant - Major

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

There was a policy on communication in place.

Staff were aware of the different communication needs of residents and there were reasonable systems in place to meet the diverse communication needs of residents.

Inspectors found that person in charge and staff had responded effectively to the

communication support needs of residents. 'Protocols' were in place for communicating with residents' as required. Each individual's communication requirements were highlighted in personal plans and reflected in practice.

Key information was available throughout the centre in an accessible format. For example, the emergency evacuation plan was in pictorial format as was the 'bill of rights' and the complaints procedure. Pictorial rosters were also on display in each unit, assisting the residents with identifying staff coming on duty. The menu was also displayed on a board in each of the units.

Residents had access to a speech and language therapist and many residents' files included reports of recent reviews.

Residents also had access to televisions, music, social media and the internet and computer classes took place within the centre to help residents develop their Information Technology (IT) skills.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Examples of positive relationships between residents' and their family members being supported were found. However, areas for improvement to enable and support individual and personal development were required.

The centre had a visitor's policy dated May 2014. The visitor's policy outlined there were no set visiting times, however, the needs of the residents may dictate restrictions being placed. The policy stated "in some units within the Talbot Group visitors may be restricted due to health and safety issues for visitors such as severe challenging behaviour or infection control issues". The policy highlighted areas for staff to be aware of in relation to visitors and outlined that "each staff member must be aware of visitors being in inappropriate areas". It was unclear what constituted inappropriate areas and further clarification was required.

Visitors were found to be restricted to meet residents in a visitor's waiting room located nearby the main entrance doors adjacent to the reception area. Visitors were not

encouraged to meet their loved ones in the confines of their own personal space such as bedrooms and unit and were found to be limited to the area near the main reception.

Inspectors read under 'visitor's responsibilities' that all visits from family will typically take place in the visitors rooms at the front of the building. This is to ensure the safety and comfort of all. Throughout the inspection visitors were seen waiting at the reception area for residents to come and meet them. One parent told inspectors they frequently visited and felt welcome to go to the resident's bedroom but generally met them at the main reception. However, another resident's parent reported they had not been able to visit their child's bedroom.

Resident activities were primarily based around the centre and local community with staff support and supervision. As reflected in outcome 1, some residents had little or no opportunities undertake personal activities in private within the communal and controlled environment, or to meet friends or family in private, therefore, opportunities to develop or maintain relationships were limited for some and at the discretion of staff.

Residents from various counties in Ireland lived in the centre and many aimed to return home. Inspectors found that some residents had frequent supported family visit and some as a result of a court order. Inspector were also told by staff that one resident's family "lived far away" and on examination of this resident's records it was recorded that the (Talbot) group arranges for (resident) to visit their family twice a year. This arrangement was not reasonable.

Judgment:

Non Compliant - Moderate

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

There were policies and procedures in place for admitting residents, including transfers, discharges and the temporary absence of residents. The provider had ceased admissions to the centre on request by the Authority in 2014.

At the commencement of this inspection, 29 residents who were present on the last inspection continued to be accommodated in the centre despite inspectors being informed by management that many were not suitable for the services available. As a

result residents' were living in the centre even though it was unsuitable and the service could not meet their individual or collective needs. The management of resident admissions, sustained occupancy levels and transfer of residents between units did not protect residents from abuse by their peers.

Residents were moved between units within the centre following incidents of abuse between residents living in communal units with shared facilities. Adequate support for residents to transfer to alternative or more appropriate services had not been provided or actioned.

The number of residents' admitted to the centre with varied dependencies and support levels had not been sensitive to the needs of all residents. Inspectors did not consider the admission arrangements to be therapeutic where residents could experience and develop positive behaviours, learn new or develop practical social and life skills. Restrictions imposed limited all residents' and incidents of verbal and physical aggression between residents reported and witnessed by inspectors at times was confirmed as routine.

Allegations of abuse and incidents of inappropriate, violent and aggressive behaviour had occurred between residents and/or staff which often resulted in crisis moves of residents between units within the centre.

Residents' admissions were not in line with the centre's Statement of Purpose which is discussed further in outcome 13.

Each resident had a 'contract for residential services' as required in the Regulations. This agreement set out services to be provided; however, it did not provide adequate information in relation to the weekly long stay charges to each resident. The person in charge told inspectors that a letter to residents and their representatives outlining the long stay charges had been provided, however, fees charged were not referred to in the contract for residential services.

Judgment:

Non Compliant - Major

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Each resident had a personal plan and a risk and vulnerability assessment in place which was stored securely in the nurses' station on each of the four units. Residents spoken with were aware they had a personal plan containing information about them.

In preparation for the registration inspection residents had been made aware by staff that part of the inspection process involved a review of their personal plans.

Inspectors reviewed a sample of resident's personal plans and found they were reviewed at a minimum annually or more frequently when changes were identified. Care plan review meetings were held at intervals of six weeks and again at three months which focused on resident's goals. Professionals from various disciplines including psychologists employed by the provider and other staff members formed part of the review meetings. Residents were not invited and/or did not attend all review meetings pertaining to them and there was little evidence to determine if those involved in contracting the services of the centre on resident's behalf were involved. Residents did attend meetings regarding their goal setting. While personal plans had considered health and support requirements of residents, their social care needs were not clearly identified.

Inspectors found that in the sample of resident's personal plans reviewed that arrangements in place were not sufficient or adequate to meet the assessed and individual needs of each resident. Personal plans did not provide sufficient detail on the arrangements for individual residents to ensure that their needs, including medical needs, were met in a consistent manner which reflects evidence best practice. For example, a specific care plan for one resident highlighted the need for staff to complete routine and monthly clinical observations. Inspectors found that these were being completed and on occasion the resident had refused the routine checks of which were recorded as being refused. For this same resident inspectors found that a falls risk assessment had been completed on October 2014 that deemed the resident as having a high risk of falls. However, there was no falls care plan in place to mitigate the high risk identified. A falls diary record was available, however, there were no entries completed.

On a review of another resident's records, inspectors found that care plans to address some assessed needs were in place and had been recently reviewed. However improvements were required to ensure the correct need was identified. For example the resident was receiving medication for a condition and the care plan stated the residents need was the medication as opposed to the condition requiring medication as an intervention. In addition, a medical risk was identified for a resident who was prone to chest infections and whose breathing may be compromised during a physical intervention. This risk of compromised breathing had been deemed as a low risk. The inspectors reviewed the resident's assessment regarding use of restraint and saw that they were prescribed for physical interventions where necessary. However, this resident did not have a behaviour support plan as further outlined in Outcome 8. Inspectors were

therefore not assured that this medical risk could be sufficiently addressed in the presence of a physical hold being prescribed in the absence of a behavioural support plan.

The services and centre was not suitable for the purposes of meeting the needs of each resident as prescribed in Regulation 5 (3). Inspectors read in resident's personal plans and spoke with residents at the centre who described feeling frightened and unsafe. Inspectors read in the personal plan of one resident that they relied on staff to maintain their safety at times when other residents were in poor form or having incidents of physical aggression. Other residents spoken with told inspectors they felt unsafe and that residents they lived with had frequently threatened them. Inspectors confirmed this in records reviewed.

Adequate supports were not available to maximise the personal development in accordance with residents wishes. In this regard, personal plans referred to 'person centred goal setting' which aimed to identify meaningful activities and interests for residents. However, the subsequent goals identified were not providing for adequate meaningful activity and related more so to one off activities or basic rights. For example, the three goals identified for one resident was to move from the unit, go on a holiday and to lose weight. For another resident it was to engage in meaningful activity (without identifying what meaningful activity), to see their family and to move home. There were no subsequent monitoring of achievement or progress, such as to identify if there had been more 'meaningful activity'.

In the documents reviewed it was unclear as to the extent of information that had been discussed, shared or agreed with the resident or relevant other.

Inspectors found a lack of evidence to demonstrate that interventions outlined in personal plans had been developed with the participation of the resident and if they had consented to interventions determined by staff. Lack of specific details in personal plans related to 3rd party interventions were not specified and techniques described by staff as third party interventions were considered to be inadequate and potentially harmful for residents.

Inspectors had been informed during previous inspection that as a result of changes in circumstances that the needs of a number of residents in the centre could not be met and that they required alternative services and treatment. However, these residents had continued to be maintained in the centre, therefore changes in circumstances and new developments had not been sufficiently accounted for in pursuing objectives in personal plans.

The transfer of a resident to an alternative service for assessment had been planned in advance of this inspection. Information was transferred from the centre to the service to aid the assessment. Inspectors were informed that the transfer and related options had been discussed with the resident who was subsequently discharged from the service based on a decision by management that the service could no longer cater for their needs.

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):

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

Findings:

The centre was accommodating 30 (20 male and 10 female) residents who were over 18 and up to 70 years of age in four units within the centre. Six residents were accommodated in one unit and eight residents were accommodated in each of the other three units.

General services such as kitchen, laundry, offices, housekeeping stores, visitor's waiting room, meeting rooms and staff facilities were centrally located within the centre but external to each unit. Enclosed garden and outside areas were available off some units and two enclosed garden with a smoking shelter was available and shared between units where up to 16 residents had access.

Inspectors found the centre was also used for day services and/or clinical appointments. Inspectors observed persons who were residing in other centres located in the grounds enter and exit this centre during this inspection. Interruption and use of the centre facilities by non residents was not appropriate to meet the aims and objectives of the service in meeting resident need of a low stimulus environment.

Inspectors found the centre to be clean and reasonably well maintained, however, the design and layout of the centre was not suitable to meet the individual and collective needs of all residents in the centre and did not meet the aims and objectives of the service. In addition, all requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) were not sufficiently met. The overall environment and arrangements in place did not promote residents to function independently as outlined in their residents guide.

This was acknowledged by management and was also seen in resident assessment documents. Inspectors were informed that some residents needed individual accommodation and that shared communal environments with up to six or seven other residents were not suitable due to sensory sensitivity and difficulties regulating emotions where high levels of communal stimuli was generated from groups of residents with

staff teams.

Actions from a previous inspection carried out in June 2014 had been completed. The shutters on windows and doors of one unit had been removed. Bedrooms for many residents were personalised with items of their choosing, colour and interest. However, overall the communal arrangements and environmental limitations had negative outcomes on individual and collective residents'. Communal facilities and arrangements in place were not tactile or sensory sensitive, and did not promote a homely and comfortable environment despite the contract of care including "we will create a homely environment which is comfortable, allows privacy and is maintained to a high standard so as to enable the resident to retain his/her individuality and self-respect". Inspectors found little evidence of a homely environment in practice.

The centre did not provide adequate private accommodation for 30 residents, with up to eight residents in shared units. Eight single bedrooms in three units and six in another unit facilitated separate sleeping accommodation. All units were mixed gender. None of the bedrooms had en-suite facilities; therefore, one bathroom and one shower room in units had to serve up to eight residents of mixed gender.

Arrangements and use of communal space including resident access to the centre's central facilities was not freely available to residents or readily available for social activities at a time of residents' choosing. Residents within units were sometimes restricted from using rooms or parts of the unit to accommodate other residents who posed a risk to them.

The centre was operated as a secure setting and the accessibility of facilities such as the pantry on units' and other facilities but within the centre such as the laundry, multi-sensory room or computer room within the centre and unit was limited to residents who were accommodated in locked units. This decision was based on the assessed needs/risks of some residents within the group and not arranged on an individual needs basis. Control measures taken by staff to de-escalate residents heightened behaviour often included moving residents out of day or dining rooms to a quiet low stimulus area as the shared communal setting was not appropriate for all residents needs and did not facilitate adequate privacy.

On inspection of a bathroom in one unit inspectors noted that the taps of the bath were not in position to turn the water supply on. One resident on this unit informed inspectors that the bath was used by them but that staff had the taps to operate the bath. The resident also commented and pointed out that raised chrome areas in parts of the ("Jacuzzi") bath were uncomfortable when used which they had reported to staff.

Suitable storage facilities were available for resident's personal possessions. Ventilation and heating was found to be adequate in the main building, however, space and ventilation in the nurses' office was inadequate.

The arrangements in place and accessibility of facilities within the shared environment by up to eight residents and staff within units' was often disrupted as a result of

challenging or aggressive behaviour. Inspectors read how residents had been removed by staff from communal settings such as the dining room when dining to protect them from other residents.

The floor plans submitted with the centre's Statement of purpose were not in line with or reflective in practice of facilities seen available. For example, bedrooms were in use as sitting/day rooms limiting the overall bedroom availability to 30.

Bedrooms, corridors and communal gardens between units were wheelchair accessible. Three residents were seen using wheelchairs to aid mobility. Space in bedrooms shown to inspectors was adequate, however, features of the premises that included "peepholes" in bedroom doors, door alarm sensors and pinpoint monitoring device pads on bedroom ceilings encroached on the privacy of residents.

A pantry with facilities to prepare snacks and drinks was locked on units when not in use by residents with staff supervision. Main meals were prepared in a main kitchen located in a central part of the centre and was seen being delivered to units by catering and reception staff. On enquiry inspectors found the pantry on units was locked as a risk adverse procedure related to some but not all residents on the unit/ in the centre. This arrangement did not ensure adequate and reasonable facilities were available to all residents.

Judgment:

Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Inspectors found that measures had been taken to promote the health and safety of residents, visitors and staff. However, the level of injuries reported relating to staff and incidents involving residents that on occasion involved Gardai, indicate that appropriate or adequate measures were not in place to control identified risks relating to challenging behaviour. In particular, the arrangements to ensure that risk control measures in relation to aggressive behaviour were proportional to the risk identified were not adequately assessed. The impact of these interventions may have on the recipients quality of life had not been clearly documented.

While there were arrangements in place to review incidents, there was limited evidence

of learning from serious incidents or adverse events involving residents as prescribed in regulation 26(1)(d).

A high number of incidents and injuries to residents and staff had been reported to the Authority since the commencement of regulations. In addition, inspectors read a report from the Health and Safety Authority (HSA) relating to high levels of occupational injury to staff members. This report was dated 15 October 2014. This report highlighted a deficiency in relation risk management procedures in relation to violence and aggression particularly in relation to identifying triggers and to ensure control measures were clearly documented. It also stated that incident report forms were not being reviewed from the perspective of managing corrective or preventative actions. As detailed under Outcome 8: safeguarding and safety, these same issues were identified during this inspection.

Fire precautions were prominently displayed throughout the centre. Service records showed that the emergency lighting and fire alarm system were serviced regularly. The inspector noted that the fire panels were in order, and the many fire exits, which had daily checks, were unobstructed. Staff had attended training and those spoken with were knowledgeable of the procedure to follow in the event of a fire. However, recent records of fire drills/evacuations did not provide reassurance that all residents can be safely evacuated from the centre at all times. At a recent drill which took place on 10 January 2015, it was reported that one resident had refused to leave. No reason for this was noted. When a staff member in that unit was asked about this, they were unaware of a resident's refusal to leave. The Nurse in charge of that unit then showed the inspector the residents personal emergency evacuation plan (PEEP) this had been reviewed on the 19 January 2015. However, there was no reference to the refusal to leave risk. In addition, the fire drill recording forms did not include the time of day in which the drill(s) took place, in order to provide reassurance that the centre can be evacuated safely at all times.

Inspectors noted that there was a health and safety statement in place. Environmental risk was addressed with health and safety policies implemented which included risk assessments on such areas as environmental hazards, falls risk assessments and restricted community access. A risk management policy was in place and had been recently reviewed in February 2015. The person in charge was identified as the designated person for safety and health. There were also four 'safety reps' each with specific responsibilities. A health and safety committee meeting was held every eight weeks with the person in charge and/or director of nursing to discuss the management of risk, and any other safety issues.

An inspector read a number of minutes from these meetings. The committee had allocated certain tasks to each member such as auditing bedrooms from a health and safety perspective. Issues had been highlighted and addressed as a result.

There was an emergency plan which identified what to do in the event of fire, flood, loss of power or any other possible emergency. The emergency plan included a contingency plan for the total evacuation of residents to another local designated centre operated by the same provider.

While areas of improvement were identified within the centre's fire safety management

procedures, adequate arrangements for protection against infection were found.

There was a policy on infection control and what to do in the case of an outbreak of infection. Procedures and practices observed indicated that efforts were made to minimise the likelihood of infection. For example, hand washing and sanitising facilities were available throughout the centre, and staff and visitors were observed using these. The 'service log' also documented practices such as the flushing out of water tanks to reduce the likelihood of water spread infections. The log recorded that the five water tanks had been emptied and cleaned on 11 February 2015.

Judgment:

Non Compliant - Major

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

There was a written policy on, and procedure for, adult protection. The policy referenced national policy documents and guidelines, the roles and responsibilities of staff, and the types and indicators of abuse.

Inspectors found that where restrictive procedures including physical, chemical and environmental restraint were used, they were not applied in accordance with national policy and evidence based practice, despite a reported reduction in the frequency, intensity and duration of physical restraint.

Inspectors found that all staff did not demonstrate that they had been adequately trained in managing behaviour that is challenging including de-escalation and intervention techniques. For example, the reporting of and language used in daily care records and in incident report forms did not reflect a positive approach to challenging behaviour and was not person centred. Entries were often written subjectively which portrayed residents inappropriately. For example, language used to describe resident behaviour included 'very demanding all day', 'seen by staff making own coffee and spoken to about this', (resident)...was 'caught' doing...', 'attempted to steal yogurts' and

'non-compliant' entries were used in describing subsequent incidences of challenging behaviour.

Antecedents and staff response was not adequately identified or reviewed following significant incidents of aggressive behaviours where a clear escalation of the behaviour was evident. At times, staff continued to engage with an elated resident which then led to an assault or attempted assault and the physical and/or chemical restraint of the resident, which may have been avoidable. This outcome for residents did not demonstrate that every effort by staff to identify and alleviate the cause of residents' behaviour was made; that all alternative measures were considered before a restrictive procedure was used; and that the least restrictive procedure, for the shortest duration necessary, was used.

Positive behaviour support plans did not provide clear direction for staff when behaviours were escalating and moved into the reactive intervention phase. For example, each plan stated the 'lowest level of PMAV (Professional Management of Aggression and Violence) should be used'. However, while physical intervention risk assessments identified the types and levels of hold each resident was prescribed, this was determined by staff at the time which included third party interventions that involved physical restraint holds involving five staff members with additional staff observing and on stand-by. Some of these holds were reportedly taking place in excess of two hours and PRN medication was also frequently used in addition to these physical restraints. The multi-disciplinary reviews of restrictive practices did not consider if the least restrictive procedure, for the shortest duration necessary, had been used.

Inspectors were not satisfied that staff had adequate knowledge and skills in relation to the management of difficult behaviours as follows:

- all staff were not suitably trained in managing behaviour that is challenging
- all staff were not suitably trained in de-escalation and intervention techniques
- reactive strategies and restrictive procedures were used to manage behaviour that challenged
- reasons for using restrictive procedures were not clearly assessed, recorded or valid
- insufficient reviews of interventions through the individual personal plan was found
- poor evidence of learning from incidences
- language used throughout documentation was not person centred

As previously reported, the centre continued to be operated as a secure setting, with locked units where residents' movement, access, interactions and activity was continuously supervised and controlled by staff.

While a restraint reduction strategy had been implemented which demonstrated a reduction in the overall number and frequency of physical intervention comparable with previous reports, the practice of physical interventions involving over 50% of residents' in the centre had continued, and for some residents the duration of physical interventions often exceeded 30 minutes.

Resident assessment records for restrictive procedures operated in the centre were not detailed in the centre's Policy on the use of restrictive procedures and physical, chemical

and environmental restraint (February 2015) which included practices of observation peepholes (in bedroom doors), supervised visits, night time checks, to be accompanied of unit, unit door to be locked, and PMAV levels prescribed by the multi-disciplinary team and implemented by staff. There was no recorded evidence the residents had participated in and consented, with supports where necessary, to restrictive procedure decisions about their care and support, as previously reported.

Information reviewed by inspectors confirmed that residents had suffered injuries and pain following physical interventions of restraint.

The use of environmental restraints were applied collectively to all residents in the centre and were not implemented on an individual basis with clear evidence that the potential benefit of the restraint to each resident, and the risk involved if restraint is not used, outweigh the possible negative effects of each person subject to restraint measures.

Inspectors reviewed a number of medication prescription and administration sheets and identified that a number of residents were receiving "as required" (PRN) psychotropic medications. The maximum daily dosage was indicated for these particular medicines, and there was evidence that for one resident this medication had been administered ten times in the previous month. The centres' recent policy on the use of restrictive procedures states that the centre does not use chemical restraint and that psychotropic PRN medication is used for the treatment of residents mental disorder, high anxiety, elation and paranoia which often leads to behaviours that challenge. This policy dated February 2015 also states that the multidisciplinary clinical team review will track the use of this medication. Inspectors noted that in some instances physical restrictive procedures were used in combination with the administration of psychotropic PRN medicines to certain up to six residents to control aggressive behaviour. Inspectors did not observe any protocol or policy to be followed for observing residents during or following this practice or responding to any emergency situation that could arise.

Inspectors witnessed residents verbally abusing fellow residents living on their unit. Residents in the centre reported that they didn't feel safe, and one resident reported that staff would "PMAV" them for half an hour or an hour, and that they "don't think it's right". Inspectors had also read in another residents debrief record that they felt restrictive practices and procedures were not necessary.

While a restraint reduction strategy had been implemented which demonstrated a reduction in the overall number and frequency of physical intervention comparable with previous reports, the practice of physical interventions involving over 50% of residents' in the centre had continued, and for some residents the duration of physical interventions often exceeded 30 minutes.

The number of people, environment and situation residents found themselves in triggered increased levels of anxiety which had been previously identified as an antecedent to residents challenging behaviour. As a result, the registered provider had not adequately responded to or protected residents from all forms of abuse.

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):

No actions were required from the previous inspection.

Findings:

Weekly reports to the Authority on restrictive practices had continued since previous inspections. Inspectors found that although a record of all incidents occurring in the designated centre was maintained, not all notifiable incidents were notified to the chief inspector as required. For example, Inspectors found evidence of unreported incidents of restrictive practices, medical attention and physical assaults between residents that should have been reported to the Chief Inspector that had not been notified.

One resident had been subjected to physical intervention on two occasions that had not been notified as part of the weekly submitted reports. Another resident had been subjected to three physical interventions which were not reported.

An incident detailed in the multidisciplinary notes detailed an alleged physical assault of one resident by another resident on 2 January 2015, which resulted in the resident requiring medical attention from the GP on call. This incident was not notified to the Chief Inspector, as required. Occasions of chemical or environmental restrictive procedures were also not notified.

Judgment:

Non Compliant - Major

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Access for residents to facilities for occupation and recreation was limited. Opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs were limited and insufficient for residents.

Inspectors reviewed activation levels at the centre and found that significant improvements were required to ensure residents had a meaningful day and access to a variety of activities which were not limited to the designated centre and surrounding grounds or dependant on staff supervision.

Since the most recent inspection the person in charge had implemented opportunities for residents to participate in evening activities. Inspectors saw a notice board in the reception area advertising day and evening activities at the centre. The inspectors read on the notice board that on the 19th of February a walk to the local shop was an activity that residents could avail off or attend a music session at the centre. The activity offered to residents on the 20th of February was the cinema. This option would not be permissible for all residents and no other alternative was posted.

An inspector reviewed one resident's weekly activity timetable, Thursday specifically, and saw they had six activities listed for their day between 10.00hours and 15:00hours. The activities listed were:

10:00 – 10:30 Get Active
10:30 – 10:45 Occupational Therapy Kitchen
11:15 – 12:00 Access to the computer room
12:00 – 12:45 Watch television
14:00 – 15:00 Cooking

Subsequently inspectors' reviewed their progress notes for a period of ten days and found that the activities listed did not always occur and activation levels were generally low and limited to the centre. Where activities did occur it was unclear what length of time the resident engaged in the activity for. Entries included having breakfast and listening to music were recorded as activities.

From a review of resident activity plans, activity logs, observations, speaking with residents and staff, inspectors were not assured that all residents had meaningful days or where afforded the opportunity to try new experiences. The majority of activities that residents partook in were limited to the centre and the immediate grounds and/or local village. Inspectors were informed that resident activities outside of units were limited and required staff supervision or support, therefore, developmental activities within the centre and externally were dependant on staffing levels and their availability to residents.

Questionnaires completed by family, a resident's support person or resident had many positive remarks. Residents highlighted areas they would like to see improvement in that related to their personal safety and noise levels, freedom of movement and more access to outdoors, having a choice regarding people they live with and use of household facilities, and a desire to move on, move into the community or near family.

Others commented on areas for improvement that included more space outdoors, personal privacy invaded and access to personal accommodation when visiting.

Staff knowledge and continuity provided a key role in the development of personal goals and preferences in relation to daily activity. During the inspection some residents were supported to go on a trip to Dublin city, go for walks and to do limited activities within the centre such as bingo, cooking or using the gym facilities. However, these options would not be permissible for all residents and no other alternative was available.

Inspectors acknowledged that a staff member informed them of a resident who had additional support staff had recently attended the cinema, which was a significant accomplishment for that resident.

Judgment:

Substantially Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Inspectors found that, in general, residents' overall healthcare needs were met and residents had access to a General Practitioner (GP), psychiatric and medical professionals and allied healthcare services. However, there was no evidence that the resident's GP was involved or included in reviews of physical interventions, environmental or chemical restraints and/or techniques including staff holding residents' head or limbs during physical restraints. A social worker was not part of the MDT.

The GP regularly visited the centre and a locum GP from the medical centre was visiting one of the residents during the inspection. Reviews of the residents' clinical notes and file records indicated regular consultations and review of treatment by a psychiatrist and multi disciplinary team that included professionals from speech and language therapy, occupational therapy, clinical psychologists, and physiotherapy who were employed by the provider.

Residents also had access to other allied healthcare professionals including dietetics chiropody and dental services external to the service on a referral basis. Where healthcare treatment was recommended, records confirmed that such treatment was facilitated. During the course of the inspection, inspectors were informed of residents

attending various outpatient appointments.

Nursing staff document monthly observations of weight, blood pressure, temperature, pulse and respiration in residents' files (subject to residents consenting). However, not all units had monitoring equipment such as a sphygmometer for monitoring residents' blood pressure.

Nursing staff spoken with were knowledgeable regarding the medical needs of individual residents, including procedures to be followed for diabetic residents based on blood glucose monitoring results. Nursing staff also confirmed that residents with swallowing difficulties were appropriately assessed and maintained on recommended dietary modifications.

Inspectors noted that, where a resident received enteral nutrition, there was evidence of regular reviews by a dietician. Residents were observed having their lunch in the dining area in one of the units, and the staff offered residents present a choice of meals, and one resident was seen receiving assistance from staff in an appropriate manner. However, residents' access to snacks and their ability to prepare their own meals was largely dependent on the presence of staff. One resident reported that he could not even make himself a cup of coffee without a staff member being present. Residents did not have independent or sufficient access to each unit pantry and were not always supported to prepare drinks or snacks if they so wished.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Inspectors found that, in general residents were protected by the designated centre's policies and procedures for medication management; however, matters related to the frequent use of PRN medication (chemical restraint) was lacking and is reported in outcome 8.

The policy in relation to medication management, which had been updated in February 2015, although not specific to the designated centre, outlined the procedures for ordering, receipt, prescribing, storage, disposal and administration of medicines. The policy was available in the nursing station on each unit. All medication stored in the

designated centre was stored securely, meeting all necessary legislation, and a fridge was available in each unit to store medication that required refrigeration.

Nursing staff were responsible for the administration of all medication within the units, and nurses with whom an inspector spoke with outlined the manner in which medications which are out of date or dispensed to a resident but are no longer required, are stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy provider for disposal. Inspectors observed nursing staff administering medication in a safe, patient and appropriate manner. Staff also reported that medication errors could be reported within an open culture of reporting, ensuring that learning is fed back to improve resident safety and prevent re-occurrence.

Resident-specific management plans were in place for the management of epileptic seizures and contained sufficient information to guide staff in the use of the required medication during such events.

Inspectors reviewed medication management audits conducted by the pharmacy provider. Medication audits were also carried out internally.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

A statement of purpose had been prepared for the registration inspection containing much of the information required 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.

A number of changes to the Statement of purpose had changed in recent months. The centre's objectives, admission criteria and exclusion criteria, nursing levels, limits to the contract of care outlined in the revised statement of purpose submitted to the Authority 12 February 2015 had changed from the statement of purpose previously submitted to the authority.

For example, the statement of purpose submitted March and December 2014 included

the following:

"limits to contract of care: When the levels of risk is considered to be too high, and/or where the resident needs to be managed in conditions of therapeutic security (e.g. forensic services/approved centres), this can result in a planed discharge from the service. All reasonable efforts will be taken to identify a more suitable setting in consultation with the resident, their family and funding agent".

Limits to contract of care outlined in the statement of purpose 12 February 2015 includes when a person states they do not want to live in (the centre), the service in conjunction with the funding agent will support the person to identify an alternative placement or when there is a change in need or risk a safe discharge will be arranged.

Admission criteria was broad and exclusion criteria included "People who cannot be appropriately supported in a non-secure setting or those who require conditions of therapeutic security and people with capacity who do not consent to admission" which had remained unchanged and in both Statement of Purposes (SOP's). However, the centre was operating as a secure setting where residents were accommodated in locked units and had expressed a will and preference to leave or be elsewhere as outlined throughout this report.

Previous exclusion criteria included that if the centre was unable to provide services that equal or exceed services that the person already receives and those having a primary diagnosis of substance misuse had been removed from the most recent SOP. Emergency admissions and respite care formed part of the recent exclusion criteria. However, an admission of a resident formerly in a centre within the community, also operated by the provider, had been facilitated as an emergency admission. Inspectors were informed that the person could not be supported to return to the community following an incident.

The most recent statement of purpose did not reflect the services and facilities found and provided in the centre. For example, day services operated/provided within the centre included residents within community centres/services operated by the provider attending appointments and meetings with psychologists or support staff based in this centre.

An application to register the centre for 32 residents was submitted, however, on each inspection the maximum occupancy capacity in the centre was 30. The floor plans submitted did not reflect the actual layout of parts of the centre occupied by residents.

The number of staff outlined in the statement of purpose did not reflect the number of staff on the duty roster and working in the centre during the inspection. For example, eleven nurse whole time equivalents were outlined in the statement of purpose; however, nine whole time equivalent (WTE) were available and working on the actual roster. This level was significantly lower than the previous SOP's that stated 13 and 17 WTE nurses were provided.

Judgment:

Non Compliant - Major

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

Management systems were in place, and a change in provider nominee and person in charge had occurred in advance of this registration inspection. A further proposed change in the nominated provider was also communicated to the Authority.

Based on the cumulative findings and lack of significant and appropriate action at the time of this inspection, the governance and management arrangements were not adequate to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

Systems of audit and reviews of the incidents following physical restraint had been undertaken; however, the overall quality and safety of care for residents in the centre remained relatively unchanged. Management were aware and had previously acknowledged limitations within the service and had informed inspectors of discharge and transition plans for residents. However, many months later the resident transition or discharges had not occurred. Residents were being maintained in the centre with no actual care pathway or plan confirmed at the time of this inspection.

The previous management of admissions, and transfer decisions had resulted in residents living in a controlled environment that was often disruptive, distressing, threatening and unsafe due to poor management and governance within this service.

Based on the provider nominee and person in charges' response to the action plan, a decision in relation to the registration application will be recommended and proposed.

The provider nominee, person in charge and persons participating in the management of the centre were interviewed and were committed to address the non-compliances identified following inspection.

The provider nominee and person in charge are registered nurses who have extensive experience and relevant qualifications specific to caring for persons with disabilities. Both have completed management courses and further education courses relevant to

their position.

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):

No actions were required from the previous inspection.

Findings:

The person in charge had no episodes or plans to be absent from the centre for the continuous period of 28 days or more. The registered provider was aware of the requirement to notify the Chief Inspector of any proposed absence.

Judgment:

Compliant

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

The provider nominee and person in charge work from offices based in the centre. There was a management structure in place in accordance with the statement of purpose. However, the management system and lack of appropriate decisions to date did not demonstrate that the centre was suitably resourced to ensure the effective delivery of care and support needed by residents.

Quality reviews had been undertaken that identified areas for improvement, however, to date many actions required had not been completed.

The recommended needs of residents were not met, however, following the three day inspection, plans to address areas of major non-compliance were proposed for implementation.

Management systems in place did not ensure that the service provided was safe to consistently monitor and effectively meet residents' needs.

Evidence of recurrent non compliances with the Health Act 2007 were found following a number of inspections in the centre.

Judgment:

Non Compliant - Major

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The number, qualifications, supervision 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. There was evidence of negative outcomes for residents due to staff shortages which have been highlighted in other outcomes throughout his report.

Residents' needs could not be appropriately met as some staff members lacked the required skills and/or experience to support and care for them. Inspectors found that staff involved in incident reviews were not identifying, recognising or appropriately responding to triggers that caused residents' behaviour to challenge that resulted in negative outcomes that were hazardous.

Overall, the staffing arrangements did not sufficiently support or meet the assessed needs of all residents as highlighted in other outcomes throughout his report.

A planned and actual staff duty rota, showing staff on duty at any time during the day and night was maintained.

All staff working at the centre did not have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Mandatory and other training needs were currently met as part of a two-day training programme. The delivery of up to eight training topics within two days was inadequate and insufficient for staff responsible and supporting all residents in the centre. For example, adult protection was afforded one hour and fifteen minutes and moving and handling was afforded one hour. Training deficiencies in relation to the management of challenging behaviour and person centred planning was found, despite, a number of staff having recently commenced a four day training programme on positive behaviour support.

The inspectors reviewed a sample of four staff files including that of the person in charge. As per schedule two of the Regulations most of the documentation was in place with the exception of Garda Clearance for one staff member. Their file stated it was in process. Staff induction and performance appraisals formed part to the recruitment process.

Inspectors were informed that there were no volunteers involved in the centre.

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):

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

Findings:

The registered provider had prepared written policies and procedures on the matters set out in Schedule 5. Of the policies reviewed improvements were required in relation to the Policies and guidance on the use of restrictive procedures and physical, chemical and environmental restraint (February 2015) and provision of behavioural support as

discussed in outcome 8.

A directory of residents was maintained as required and was made available for inspection.

Information for residents was available in a number of formats in the centre that included the residents guide. Inspectors read resident information sources and found that the residents guide described the centre as the facility that provided assessment and intervention for adults with complex needs and challenging behaviours in the range of conditions for up to 32 residents. As outlined in outcome 13, a change in the statement of purpose and function of the centre had been communicated to the Authority 12 February 2015. Additional information records including the residents guide did not reflect the services and facilities provided.

Written and computer Records pertaining to residents and staff were maintained and made available in the centre.

Records of information and documentation in relation to staff were made available and in the main complete. However, the vetting disclosure required was not available for one member of staff in the sample of staff files reviewed.

Records in relation to each resident as specified in Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were maintained and made available for inspection.

While many records were completed, some records had not been sufficiently completed to demonstrate the reason for restrictive procedure use (physical, chemical and environmental) and specific interventions tried to manage behaviour such as "redirected", and the nature of the restrictive procedure used such as "transport technique" or "third party" interventions.

Records were not complete to include details in relation to all persons involved in planning, decision-making and documenting information recorded.

Additional records in relation to each resident as specified in Schedule 4 were maintained and made available for inspection, such as, the previous inspection report, menu plans, incident reports, fire safety and complaints log which were inspected and findings are referenced within this report.

The centre was insured against accidents or injury to residents, staff and visitors.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Sonia McCague
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

| | |
|----------------------------|---|
| Centre name: | A designated centre for people with disabilities operated by Redwood Extended Care Facility |
| Centre ID: | OSV-0002433 |
| Date of Inspection: | 18, 19 & 20 February 2015 |
| Date of response: | 13 March 2015 |

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The designated centre was not operated in a manner that respects the rights of each resident.

1. Action Required:

Under Regulation 09 (1) you are required to: Ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability,

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

family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.

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

The service is committed to person-centred design and delivery of supports in keeping with each person's unique circumstances, preferences and needs.

The Provider has developed a plan to convert the service into self-contained Independent Living Units. (Copy of plans attached)*

The PIC will ensure that staff induction/orientation and staff training includes elements focused on equality, diversity, cultural and linguistic competence and disability awareness, delivered in the context of Positive Behaviour Support. This training will continue and be delivered to all staff.**

These initiatives will improve the service's ability to tailor its support and care to meet the needs of each resident in accordance with their circumstances.

Proposed Timescale: * June –Dec 2015

** Feb-June 2015

Proposed Timescale: 31/12/2015

Theme: Individualised Supports and Care

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

Evidence was lacking to demonstrate that each resident, in accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support.

2. Action Required:

Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support

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

Residents are already active in the design of their own care plan, activity programme, Behaviour Support Plans, accommodation and environment. They are also involved in residents committee, goal planning meetings, social programme, training, activities scheduling and daily timetable.

The PIC will ensure that changes will be made to documentation to explicitly track residents' participation in these activities. Documentation will be co-signed by residents and/or family/advocates where required. Where this is not possible, or where there are issues in relation to consent/capacity, the residents will be supported to understand and participate in decision making to the best of their ability.

We will continue to develop our working relationship with the National Advocacy Service in the best interests of the residents.

The plans to develop self-contained Independent Living Units (Copy attached) will enable each resident to modulate their own lifestyle pattern and preferences in accordance with their own wishes.

Proposed Timescale: 30/04/2015

Theme: Individualised Supports and Care

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

Residents' did not have the freedom to exercise choice and control in their daily life which is demonstrated throughout this report.

3. Action Required:

Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

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

The Provider has developed a plan to convert the building into self-contained Independent Living Units.

Each resident will continue to have an individualised care plan which reflects their specific needs, goals and interests. Staff will support each resident to participate meaningfully in expressing and pursuing their choices and preferences.

Social activities outside of the living accommodation will continue to be arranged on a daily basis, both during the day and the evening. These activities will be reviewed regularly and will be provided in conjunction with external community partners, and will be coordinated by the enhanced support provided by the new Social Care Community Integration Team. This initiative will be led by the PIC.

The additional range of accommodation being developed will facilitate greater choice and flexibility for each resident independent of the needs or preferences of fellow residents.

Proposed Timescale: 30/04/2015

Theme: Individualised Supports and Care

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

Residents were not adequately facilitated to exercise their civil rights and had limited autonomy and external support to make informed decisions and choices about the

management of their care, treatment, routines and facilities or environment.

4. Action Required:

Under Regulation 09 (2) (c) you are required to: Ensure that each resident can exercise his or her civil, political and legal rights.

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

Each resident will be supported to exercise their civil, political and legal rights.

These rights will be supported by:

- Our complaints procedure.
- The ongoing development of our Rights Review Committee
- Access to National Advocacy Service.

The PIC working with the MDT will ensure that scheduled, regular, case conference reviews will continue to provide a forum for the resident, family member(s), funding agent, advocate and the service to engage in review of the care and support available with a view to maximising the ability of the resident to exercise their rights and autonomy. Documentary evidence will be retained of all stakeholder involvement in the Case Conference process. *

We recently commenced implementation of an Open Door policy, this will be rolled out in line with the planned discharges and the development of the new Independent Living Units.**

Proposed Timescale: * Immediate

** October 2015

Proposed Timescale: 31/10/2015

Theme: Individualised Supports and Care

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

There was minimal consultation with residents' in relation how the centre is planned and run and in relation to rights restrictions imposed throughout the centre.

5. 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:

A provider-led plan is in place to convert the building into self-contained Independent Living Units. This will allow residents to be more autonomous in terms of their activities of daily living and will increase freedom for each individual commensurate with their needs. Within the Independent Living Units, the environment will be tailored to each individual's specific needs at that time. The PIC will ensure that residents will be actively involved in décor and furnishing choices. *

As well as individual care preferences being accommodated, the Residents Committee is a forum for information sharing and consultation, with any concerns or possible changes being communicated to and from the management team to ensure shared understanding. This will be managed by the Provider and the PIC.**

The PIC will ensure that each resident will be involved in designing their own daily timetable and activity schedule. **

The Provider will ensure that all proposed policy changes will be informed by the views of residents and easy-read/accessible versions of all relevant policies will continue to be made available to residents. ***

The Provider will ensure that periodic, internal quality audits incorporating individual interviews with residents, proactively respond to anticipated needs and preferences of residents. These in turn, inform and shape the operation and design of the service. ***

The service is working with a number of residents to coordinate discharge to their local HSE area. Residents for transition are involved in personal transition planning. This is being managed by the Provider.****

Proposed Timescale: * June to December 2015

** Completed

*** 30th April 2015

**** 10th April 2015

Proposed Timescale: 31/12/2015

Theme: Individualised Supports and Care

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

Resident's privacy and dignity was not sufficiently 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.

6. Action Required:

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

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

A Provider led plan is in place to convert the building into self-contained Independent Living Units. Each of these Units will have their own bedroom, living space, bathroom and kitchenette facilities. This will significantly improve the ability of the service to meet the unique needs of each resident. It will also significantly increase the privacy and dignity of each resident, allowing each resident to be in control of their immediate

environment. *

Residents will be in a position to choose with whom and when they wish to interact. This sense of privacy and dignity will facilitate residents to pursue meaningful relationships and will also assist the service in delivering any required personal care or support in a dignified and private manner.

The Service has developed and implemented a range of policies to facilitate personal communications, relationships and sexuality, intimate care, professional consultation and the protection of personal information. The implementation of these policies will be audited by the PIC on an ongoing basis. **

Proposed Timescale: * June –Dec 2015

** 30th April 2015

Proposed Timescale: 31/12/2015

Theme: Individualised Supports and Care

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

Each resident had not been provided with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of their disability and assessed needs and wishes.

7. Action Required:

Under Regulation 13 (1) you are required to: Provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.

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

A Provider led plan is in place to convert the building into self-contained Independent Living Units. This will enable the service to focus specifically on the particular needs and wishes of individual residents while having regard to specific assessed needs. By having individual Independent Living Units, the service can streamline service delivery in a manner more closely aligned with the particular needs of each individual. *

Where it is not possible to meet the wishes of an individual within the environment and regulatory framework, the service will work with the resident and the HSE to identify an alternative placement. This will be managed by the Provider **

Proposed Timescale: * Jun-Dec 2015

** 30th April 2015

Proposed Timescale: 31/12/2015

Theme: Individualised Supports and Care

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

Residents living in secure units in a secure centre were restricted based on other residents needs and not based on their personal needs.

8. Action Required:

Under Regulation 13 (2) (a) you are required to: Provide access for residents to facilities for occupation and recreation.

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

All residents have activities within and outside of the unit that are self-determined and self-chosen by them with support from staff. These activities are selected from a menu of options developed with each resident, based on their personal preferences and wishes. The new Social Care Community Integration Team will further enhance this service. The PIC will oversee the implementation *

A Provider led plan is in place to convert the building into self-contained Independent Living Units. This will help improve the extent to which each person can exercise full control over their own activities and reduce the potential for these activities and choices being impacted by the needs of other residents living in other Independent Living Units.

**

Proposed Timescale: * 30th April 2015

** June-Dec 2015

Proposed Timescale: 31/12/2015

Theme: Individualised Supports and Care

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

Access for residents to facilities for occupation and recreation was restricted.

Opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs were limited and insufficient for residents.

9. Action Required:

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

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

The new Social Care Community Integration Team will enhance participation in a range

of community and reactional activities relative to the interests, capacities and developmental needs of each resident. The PIC will oversee the implementation.

Proposed Timescale: 30/04/2015

Theme: Individualised Supports and Care

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

The option to appeal decisions reached was not evident or in communications to complainants should they be dissatisfied with an outcome of complaints investigated.

10. Action Required:

Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed promptly of the outcome of their complaints and details of the appeals process.

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

The complaints/appeals process is detailed in an easy-read format available on the units with a named person (identified by photograph) in this document who is nominated to address issues arising. In addition the involvement of the National Advocacy Service will continue to be encouraged. *

In future when residents are being informed of the outcome of the Complaints Process, the Appeals Process will be made more explicit and will be recorded in the appropriate documentation. *

The complaints procedure is now a standing agenda item in both the residents meetings that take place every 8 weeks, and in the unit meeting that takes place every week. **

The PIC will ensure the management of the above.

Proposed Timescale: * 31st March 2015

** Completed

Proposed Timescale: 31/03/2015

Theme: Individualised Supports and Care

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

Not all complainants were satisfied that their complaint or issues raised had been adequately addressed to bring about effective changes.

11. 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:

The service currently logs all complaints.

Currently, each complainant receives detailed feedback regarding the outcome of the complaint. Every effort will be made to ensure that the complainant fully understands the outcome and how the decision was determined.

The Service will review the complaints procedure and policy (TG002) to ensure that all measures required to be put in place on foot of these complaints are implemented promptly and monitored to ensure fidelity, and that documentation adequately and explicitly captures these measures and their implementation. Any measures implemented will be communicated to the complainant to assure them that appropriate action has been taken.

All complaints, along with any findings from investigations conducted on foot of the complaints, are referred to the Risk Management, Health and Safety Group that meets monthly and then fed back to Senior Management. Any actions required as a result of this review are implemented at both service and unit level.

The Provider and PIC will oversee the management of this process.

Proposed Timescale: 30/04/2015

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

Theme: Individualised Supports and Care

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

Visitors were restricted to meet residents.

12. Action Required:

Under Regulation 11 (2) (a) you are required to: Ensure that as far as reasonably practicable, residents are free to receive visitors without restriction unless in the opinion of the person in charge, a visit would pose a risk to the resident concerned or to another resident.

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

A Provider led plan is in place to convert the building into self-contained Independent Living Units. This will enhance each Resident's ability to have visitors to their accommodation at times convenient to them and will reduce the likelihood of any limitations or restrictions being placed on visits due to concerns about safety or the impact of the presentation of other residents.*

The PIC will retain responsibility for ensuring that all visits take place in a warm, welcoming atmosphere.**

Until the conversion plan is implemented, every effort will be made to facilitate visitors without restriction, while also ensuring the safety of all through appropriate risk assessment. The PIC will oversee the implementation of this. **

Proposed Timescale: * June-December 2015

** 31st March 2015

Proposed Timescale: 31/12/2015

Theme: Individualised Supports and Care

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

Some residents had little or no opportunities undertake personal activities in private within the communal and controlled environment, or to meet friends or family in private, therefore, opportunities to develop or maintain relationships were limited for some and at the discretion of staff.

13. Action Required:

Under Regulation 11 (1) you are required to: Facilitate each resident to receive visitors in accordance with the resident's wishes.

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

Wherever possible, residents are facilitated to engage in personal activities in private with due regard to any safety concerns that arise due to the complexities of their presentations.

A provider-led plan is in place to convert the building into self-contained Independent Living Units. This will enhance the opportunities for residents to have visitors to their accommodation at times convenient to them and will reduce the likelihood of any limitations or restrictions being placed on visits due to concerns about safety or the impact of the presentation of other residents. *

A review of the process for developing a rationale for supervision of private activities will be undertaken in order to clarify and document same. The PIC will oversee this review. **

Proposed Timescale: * June-December 2015

** April 30th 2015

Proposed Timescale: 31/12/2015

Theme: Individualised Supports and Care

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

Visitors were not encouraged to meet their loved ones in the confines of their own personal space such as bedrooms and unit and were found to be restricted to the area near the main reception.

14. Action Required:

Under Regulation 11 (2) (c) you are required to: Ensure that as far as reasonably practicable, residents are free to receive visitors without restriction unless in the case of a child, where the family/guardian or social worker has so requested.

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

A provider-led plan is in place to convert the building into self-contained Independent Living Units. This will enable residents to have visits by family members and other visitors to their accommodation at times convenient to the resident and their visitors. *

The new Social Care Community Integration Team will further help the service to support and encourage reciprocal visits by residents to their family-of-origin homes. The PIC will oversee the implementation of this.**

Until the conversion plan is implemented, every effort will be made to facilitate visitors without restriction, while also ensuring the safety of all through appropriate risk assessment. The PIC will oversee the implementation of this.***

Proposed Timescale: * June – December 2015

** 30th April 2015

*** 30th March 2015

Proposed Timescale: 31/12/2015

Theme: Individualised Supports and Care

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

Resident activities were primarily based around the centre and local community and dependant on provision of staff support and supervision.

15. Action Required:

Under Regulation 13 (2) (c) you are required to: Provide for residents, supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

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

Residents are supported currently to retain contact with family members through home visits accompanied by staff, where appropriate.

Residents are also supported to attend sporting and cultural events in the region and to visit other parts of the country for holiday breaks. The Social Care Community Integration Team will enhance the opportunities for the residents in this regard. The PIC will oversee the implementation of this.

Proposed Timescale: 30/04/2015

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:

Admission to the centre was not determined on the basis of transparent criteria in accordance with the statement of purpose.

29 residents who were present on the last inspection continued to be accommodated in the centre despite inspectors being informed by management that many were not suitable for services available within the centre.

Residents' were maintained in the centre even though it was unsuitable and the service could not meet their individual or collective needs.

16. Action Required:

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

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

A review has taken place of the admission criteria in order to improve the fit between potential residents and the service characteristics. This review is being externally validated by an international expert in this area. The statement of purpose will be amended accordingly by the Provider.*

The Provider is also working with, and on behalf of, a number of residents to coordinate discharge to their local HSE area.**

The service recognises that there have been certain limitations in service delivery as a result of the environmental design of the building. A Provider-led plan is in place to convert the building into self-contained Independent Living Units, which will enable us to provide a wrap-around service, more closely aligned with each individual's assessed needs. ***

Proposed Timescale: * 30th April 2015

** 10th April 2015

*** June to December 2015

Proposed Timescale: 31/12/2015

Theme: Effective Services

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

The management of resident admissions, sustained occupancy levels and transfer of residents between units did not protect residents from abuse by their peers.

17. Action Required:

Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

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

A review has taken place of the admission criteria in order to improve the fit between potential residents and the service characteristics. This review is being externally validated by an international expert in this area. The statement of purpose will be amended accordingly by the Provider.*

The Provider is also working with, and on behalf of, a number of residents to coordinate discharge to their local HSE area.**

The service recognises that there have been certain limitations in service delivery as a result of the environmental design of the building. A Provider-led plan is in place to convert the building into self-contained Independent Living Units, which will enable us to provide a wrap-around service, more closely aligned with each individual's assessed needs. ***

Proposed Timescale: * 30th April 2015

** 10th April 2015

*** June to December 2015

Proposed Timescale: 31/12/2015

Theme: Effective Services

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

Fees charged were not stated in the contract for services

18. 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:

The Provider will ensure that any fees for which residents are personally liable will be detailed explicitly in the Contract of Care.*

A new contract of care has been implemented that reflects recent HSE initiatives regarding the application of long-stay charges. Amendments to the older contracts of care will be made to bring them into line with the new arrangements. Any additional charges will be detailed explicitly in the contract of care.**

Proposed Timescale: *31st March 2015

** 30th May 2015

Proposed Timescale: 30/05/2015

Theme: Effective Services

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

Residents continued to be accommodated in the centre despite being assessed as requiring alternative services not available within the centre.

19. Action Required:

Under Regulation 24 (4) (b) you are required to: Ensure the agreement for the provision of services provides for, and is consistent with, the resident's assessed needs and the statement of purpose.

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

In recent months, significant time and effort was expended exploring additional regulatory arrangements. In February 2015, this process concluded. Accordingly, the Provider is continuing to work with a number of residents, focusing on coordinating discharge to their local HSE area. HSE areas have been informed in writing about these planned discharges. *

A provider-led plan is in place to convert the building into self-contained Independent Living Units. This will enable residents to be supported in a way that is more closely aligned to their currently assessed needs. **

Proposed Timescale: * 10th April 2015

** June – December 2015

Proposed Timescale: 31/12/2015

Outcome 05: Social Care Needs

Theme: Effective Services

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

The process of admission, transfer and/or discharge of residents of the centre had not been appropriately implemented to ensure their well-being and/or meet the needs of all residents living in the centre.

20. Action Required:

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

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

The existing comprehensive individual assessment process currently undertaken by the multidisciplinary team within Redwood will be reviewed in order to ensure that all health, personal and social care needs of each individual are assessed appropriately.

The PIC will oversee the review of, and make any necessary amendments to, the audit tool and other documentation used to monitor and explicitly record these data to ensure fidelity between assessment and intervention.

All personal plans and other support documentation will be reviewed for each resident on at least a 6-monthly basis or more frequently in line with assessed changes in need for the resident.

Proposed Timescale: 30/04/2015

Theme: Effective Services

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

Residents were not invited and/or did not attend all review meetings pertaining to them and there was little evidence to determine if those involved in contracting the services of the centre on resident's behalf were involved.

21. 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:

Residents currently participate in the development of their personal care plans and may also attend goal planning meetings, case conference meetings, unit meetings and residents' committee meetings.

The PIC will oversee changes to procedures and documentation to encourage additional attendance and capture more accurately the level of participation of each resident in their own reviews and other meetings that concern them.

The PIC ensures that all relevant contractors of service are invited to case conference meetings and often attend at other times also. Procedures around meetings and associated documentation will be reviewed in order to maximise attendance at meetings in relation to residents. This process will be overseen by the PIC.

Proposed Timescale: 31/05/2015

Theme: Effective Services

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

Personal plans did not provide sufficient detail on the arrangements for individual residents to ensure that their needs, including medical needs, were met in a consistent manner which reflects evidence best practice.

22. Action Required:

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

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

Individual Personal Plans will be reviewed to ensure that more detail is provided in each plan to ensure that each resident's needs including medical needs will be met using evidence based best practice. This will involve consultation with appropriate medical specialists. The PIC will oversee this process.

Proposed Timescale: 31/05/2015

Theme: Effective Services

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

The services and centre was not suitable for the purposes of meeting the needs of each resident as prescribed in Regulation 5 (3).

23. Action Required:

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

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

The Provider is working with a number of residents to coordinate discharge to alternative service providers in collaboration with their local HSE area. A number of residents are preparing for a transition to alternative services. *

A provider-led plan is in place to convert the building into self-contained Independent Living Units. **

These changes will ensure that all residents will have their assessed needs met.

Proposed Timescale: * 10th April 2015

** June – December 2015

Proposed Timescale: 31/12/2015

Theme: Effective Services

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

Residents at the centre described feeling frightened, threatened and unsafe.

Resident's personal plan stated that they relied on staff to maintain their safety at times when other residents were in poor form or having incidents of physical aggression.

24. 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:

All residents currently have a personal plan designed to meet their assessed needs.

The Provider is working with a number of residents to coordinate discharge to their local HSE area.*

A provider-led plan is in place to convert the building into self-contained Independent Living Units. Residents who have behaviours that challenge or are experiencing distress will be supported within their own private space thereby reducing the impact that others may have on them. **

While these environmental measures are being put in place, the PIC will oversee an additional review of Personal Plans to ensure that all possible supports are in place to reduce the potential for any negative impacts on residents wellbeing. ***

Proposed Timescale: * 10th April 2015

** June – December 2015

*** 30th April 2015

Proposed Timescale: 31/12/2015

Theme: Effective Services

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

Aspirations and preferences of residents were often restricted due to risk adverse procedures.

25. Action Required:

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

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

As per our statement of purpose, the service supports adults with complex needs and challenging behaviours. All significant activities and interventions are subject to documented risk assessment. The philosophy of the service is to facilitate residents to enjoy the greatest participation possible in unit-based and community-based activities.

The Provider is implementing an open-door policy which will be rolled out across the service.*

The new Social Care Community Integration Team will support residents to maximise their community participation commensurate with their needs and known individualised risk profile. This will help ensure an appropriate balance between participation and safety for all residents. This process will be overseen by the PIC. **

The development of Independent Living Units will enable the full implementation of individual-specific, risk-assessed activities. ***

Proposed Timescale: * Feb – May 2015

** 30th April 2015

*** June – December 2015

Proposed Timescale: 31/12/2015

Theme: Effective Services

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

Inspectors had been informed during previous inspection that as a result of changes in circumstances that the needs of a number of residents in the centre could not be met and that they required alternative services and treatment. However, these residents had continued to be maintained in the centre, therefore changes in circumstances and new developments had not been sufficiently accounted for in pursuing objectives in personal plans.

26. Action Required:

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

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

In recent months, significant time and effort was expended exploring additional regulatory arrangements. In February 2015, this process concluded. Accordingly, the Provider is continuing to work with a number of residents, focusing on coordinating discharge to their local HSE area. HSE areas have been informed in writing about these planned discharges. *

A provider-led plan is in place to convert the building into self-contained Independent Living Units. This will enable residents to be supported in a way that is more closely aligned to their currently assessed needs. **

Proposed Timescale: * 10th April

** June – December 2015

Proposed Timescale: 31/12/2015

Theme: Effective Services

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

Personal plans or assessment documents lacked specific details related to 3rd party interventions used during physical restraint. Techniques described by staff as third party interventions were not specified in assessments, personal plans or the centre's policy which Inspectors considered inadequate and potentially harmful for residents.

Changes in circumstances for some residents in the centre who required alternative services and treatment had been recommended. However, these residents had continued to be maintained in the centre, therefore recommendations arising out of a review carried out by staff and/or professionals of the multi-disciplinary team had not been sufficiently implemented for pursuing objectives in the plan.

27. Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

The policy, personal plans and risk assessment documents will be amended, to include descriptions of the nature and use of third party interventions during physical restraint. The easy read explanation and consent will be amended to include the use of third party interventions. The PIC will oversee the implementation of these changes.

Proposed Timescale: 30/04/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The function, design and layout of the centre was not suitable to meet the individual and collective needs of all residents in the centre and did not meet the aims and objectives of the service.

There was little evidence of a homely environment in practice.

28. 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:

A provider-led plan is in place to convert the building into self-contained Independent Living Units. This change in the design and layout of the building will enable each resident to have their own private living space, bathroom, bedroom, kitchenette and laundry facilities. This will enable the service to meet its aims and objectives and promote independence for all residents, while simultaneously providing an 'own-door', more homely environment.*

The Provider is also working with a number of residents who may require a different service, to coordinate discharge to their local HSE area. This will facilitate changes to the design and layout of the centre to meet the individual and collective needs of all the residents.**

Proposed Timescale: *June-December 2015

** 10th April 2015

Proposed Timescale: 31/12/2015

Theme: Effective Services

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

The communal arrangements and environmental limitations had negative outcomes on individual and collective residents'.

29. 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:

A provider-led plan is in place to convert the building into self-contained Independent Living Units. This change in the design and layout of the building will enable each resident to have their own private living space, bathroom, bedroom, kitchenette and laundry facilities. This will enable the service to meet its aims and objectives and promote independence for all residents, while simultaneously providing an 'own-door', more homely environment.*

The Provider is also working with a number of residents who may require a different service, to coordinate discharge to their local HSE area. **

These actions will rectify the issues associated with environmental limitations and communal arrangements of the existing service.

Proposed Timescale: *June-December 2015

** 10th April 2015

Proposed Timescale: 31/12/2015**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) were not sufficiently met.

The overall environment and arrangements found in the centre did not promote residents to function independently as outlined in their residents guide.

30. 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 provider-led plan is in place to convert the building into self-contained Independent Living Units. This change in the design and layout of the building will enable each resident to have their own private living space, bathroom, bedroom, kitchenette and laundry facilities. This will enable the service to meet its aims and objectives and promote independence for all residents, while simultaneously providing an 'own-door', more homely environment.*

The Provider is also working with a number of residents who require a different service,

to coordinate discharge to their local HSE area. **

These actions will facilitate residents to function more independently as outlined in the resident's guide.

Proposed Timescale: *June-December 2015

** 10th April 2015

Proposed Timescale: 31/12/2015

Theme: Effective Services

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

The centre did not provide adequate private accommodation for 30 residents, with up to eight residents of mixed gender in shared units -Schedule 6 (1)

The accessibility of facilities such as the pantry on the unit and other facilities off units but within the centre such as the laundry, multi-sensory room or computer room within the centre and unit was limited to residents who were in locked units-Schedule 6 (1)

Residents within units were sometimes restricted to rooms or parts of the unit to accommodate other residents or be removed from risks posed by others-Schedule 6 (4)

Space and ventilation in the nurses office in units was inadequate -Schedule 6 (6)

None of the bedrooms had en-suite facilities-Schedule 6 (8)

Sanitary facilities were shared and limited to one bathroom and one shower room with toilets in units where up to eight (male and female) residents (18-70 years of age) shared-Schedule 6 (8)

31. 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:

Currently all residents have single bedroom accommodation.

A provider-led plan is in place to convert the building into self-contained Independent Living Units. This change in the design and layout of the building will enable each resident to have their own private living space, bathroom, bedroom, kitchenette and laundry facilities. This will enable the service to meet its aims and objectives and promote independence for all residents, while simultaneously providing an 'own-door', more homely environment. Residents will continue to have access to other services available on-site. *

Ventilation for the Nurses Office will be reviewed as part of the redevelopment process.*

The Provider is also working with a number of residents who may require a different

service, to coordinate discharge to their local HSE area. **

Proposed Timescale: *June –December 2015

** 10th April 2015

Proposed Timescale: 31/12/2015

Theme: Effective Services

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

The floor plans submitted with the centre's Statement of purpose were not in line with or reflective in practice of facilities seen available.

32. 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:

The provider will provide an updated floor plan to reflect current usage of the facility.* Any future changes to the usage of the facilities will also be reflected in future updates of the floor plans.

Proposed Timescale: 31/03/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Appropriate or adequate measures were not in place to control identified risks relating to challenging behaviour.

33. Action Required:

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

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

The Provider and PIC will ensure that the risk management policy is reviewed to incorporate measures and actions to control the risks identified.*

Proposed Timescale: 30/04/2015

Theme: Effective Services

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

There was limited evidence of learning from serious incidents or adverse events involving residents.

34. Action Required:

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

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

The Provider will ensure that the risk management policy for the centre will be reviewed to incorporate and promote processes for learning from serious incidents/adverse incidents. This will involve internal review of any serious/adverse incidents to identify contributing factors, implementing improvement measures and ensuring that all possible learning is disseminated throughout the service.

Proposed Timescale: 30/04/2015

Theme: Effective Services

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

The arrangements to ensure that risk control measures in relation to aggressive behaviour were proportional to the risk identified were not adequately assessed. The impact of these interventions may have on the recipients quality of life had not been clearly documented.

35. Action Required:

Under Regulation 26 (1) (e) you are required to: Ensure that the risk management policy includes arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

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

The Risk Management policy will be updated in order to meet the requirements of the regulations to include arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered. *

In order to address the issues identified, the Provider will take the following steps:

- Restraint reduction assessment is conducted with Residents to identify any internal or external influences that may have an impact on Residents quality of life.*
- Review of the Admissions policy*
- Planned discharge of a number of Residents within the service**

- Adapting the environment to Independent Living Units to minimise potential and identified risks***

Proposed Timescale: * 30th April 2015

** 10th April 2015

*** June – December 2015

Proposed Timescale: 31/12/2015

Theme: Effective Services

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

Inspectors found that staff involved in incident reviews were not identifying, recognising or appropriately responding to triggers that caused residents' behaviour to challenge that resulted in negative outcomes that were hazardous.

36. Action Required:

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

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

The Provider will ensure that the centre will review the current incident form to make it more explicit in the identification and response to triggers that lead to challenging behaviour. This will support the process of understanding and helping to reduce the occurrence of behaviours that challenge.

The Provider will ensure that the risk management policy for the centre will be reviewed to incorporate and promote processes for learning from serious incidents/adverse incidents. This will involve internal review of any serious/adverse incidents to identify contributing factors, implementing improvement measures and ensuring that all possible learning is disseminated throughout the service.

Proposed Timescale: 30th April

Proposed Timescale: 30/04/2015

Theme: Effective Services

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

Records of fire drills/evacuations did not provide reassurance that all residents can be safely evacuated from the centre at all times. At a recent drill which took place on 10 January 2015, it was reported that one resident had refused to leave. No reason for this was noted. When a staff member in that unit was asked about this, they were unaware of a resident's refusal to leave.

37. Action Required:

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

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

The Provider will ensure that all staff are fully aware of the outcome of each Fire Drill carried out in each area.

The resident in question chose not to participate in the fire drill as they were aware that it was a drill and they have awareness of the procedure needed to be followed in case of a fire. The personal emergency egress plan will be updated by the Provider to incorporate this issue to ensure staff are aware of the potential of this recurring and how it should be managed and documented.

Proposed Timescale: 31/03/2015

Theme: Effective Services

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

Adequate arrangements for evacuating all residents from the centre had not been demonstrated.

38. 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:

The Provider will ensure that all residents are made aware of the procedures for fire evacuation. As far as practicable, all residents are encouraged to sign that they are aware of these procedures.

The PIC will ensure that the Fire Drill/Evacuation recording form is comprehensively completed, including recording Date, Time of Day and Duration of evacuation and names of all participants (Residents and Staff).

Proposed Timescale: 31/03/2015

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:

All staff did not have up to date knowledge and skills, appropriate to their role, to respond to abusive and challenging behaviour or to support residents to manage their behaviour including de-escalation and intervention techniques.

39. 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:

The Provider and the PIC will ensure that Positive Behaviour Support and the Professional Management of Aggression & Violence training is provided to all staff including refresher training.

Proposed Timescale: 30/06/2015

Theme: Safe Services

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

Staff practice did not demonstrate that they had been adequately trained in managing behaviour that is challenging including de-escalation and intervention techniques which was placing residents and staff in unnecessary danger.

40. Action Required:

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

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

The centre has an ongoing training programme for Positive Behaviour Support and the Professional Management of Aggression & Violence. All staff will receive further refresher training in teaching and practical components of the Professional Management of Aggression & Violence programme.

Refresher training will emphasise specific instruction on the themes of behaviours which challenge, de-escalation, the use of physical containments as interventions of last resort and the associated physical and psychological risks.

Proposed Timescale: 30/09/2015

Theme: Safe Services

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

There was no recorded evidence that residents had participated in and consented, with supports where necessary, to restrictive procedure decisions about their care and support, as previously reported.

41. Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic

interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

The PIC has provided the residents with an easy to read document regarding the use of restrictive practice. This has already been rolled out with a number of residents and will be implemented for all residents as soon as practicable. All efforts will be made to discuss and explain this information document with the resident to acknowledge their understanding of the said interventions and these will be documented.

Residents, families, National Advocacy Service and HSE are being encouraged by the PIC to review the documentation as part of the overall care package being delivered by the service. The service is committed to constructively engaging with residents and others on this issue.

Proposed Timescale: 30/04/2015

Theme: Safe Services

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

Where restrictive procedures including physical, chemical and environmental restraint was used, they were not applied in accordance with National Policy and evidence based practice, and not as a last resort option.

42. Action Required:

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

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

The Provider and PIC will oversee a return to and review of the evidence base and national policy and will implement any actions required to ensure full compliance. * The centre has an active restraint reduction plan in place and levels of restraint are showing a significant downward trend. Since August 2014, there has been a 70% reduction in the use of physical intervention required to manage behaviours that challenge. This has been achieved through the development and implementation of a comprehensive, nine point restraint reduction strategy, ongoing Professional Management of Aggression and Violence Training, and the rollout of Positive Behavioural Support Training. The Provider and PIC will oversee this process.**

Proposed Timescale: * 31st May 2015

**30th June 2015

Proposed Timescale: 30/06/2015

Theme: Safe Services

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

Every effort to identify and alleviate the cause of residents' behaviour had not been demonstrated.

43. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

The PIC will ensure all staff receive refresher training in the theory and practical components of the Professional Management of Aggression & Violence programme specific to their occupational role and function. Training will also be rolled out in Positive Behavioural Support. Within these programmes, emphasis will be placed on the early identification of triggers and antecedents through the use of appropriate documentation, direct observations, feedback from staff and review of behavioural records. These will be reviewed and analysed to identify the possible functions of identified behaviours that challenge. These will then be incorporated into the individuals behavioural support plans to support staff to alleviate the underlying causes that may lead to behaviours that challenge.

Refresher training will place special emphasis on specific instruction on the themes of behaviours that challenge, de-escalation, the use of physical containments as interventions of last resort, and the associated physical and psychological risks.

Proposed Timescale: 30/06/2015

Theme: Safe Services

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

The provider and person in charge have failed to demonstrate that alternative measures had been considered before a restrictive procedure was used; and that the least restrictive procedure, for the shortest duration necessary, was used.

44. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

The PIC will ensure that all staff receive refresher training in the theory and practical components of the Professional Management of Aggression & Violence programme specific to their occupational role and function. Refresher training will place special emphasis on specific instruction on the themes of behaviours which challenge, de-

escalation, the use of physical containments as interventions of last resort, and the associated physical and psychological risks.

Proposed Timescale: 30/06/2015

Theme: Safe Services

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

The registered provider had not adequately responded to or protected residents from all forms of abuse.

45. Action Required:

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

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

The Provider and the PIC will promote a safe environment for all residents. A Provider-led plan is in place to provide a new model of service based on converting the service into Independent Living Units.*

The Provider is also working with a number of residents who require a different service, to coordinate discharge to their local HSE area. **

Proposed Timescale: * June-December 2015

** 10th April 2015

Proposed Timescale: 31/12/2015

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:

All notifiable incidents were not notified to the chief inspector as required.

46. Action Required:

Under Regulation 31 (1) (d) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any serious injury to a resident which requires immediate medical or hospital treatment.

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

In future the PIC will ensure that all required notifications are submitted to the Chief Inspector in a timely manner.

Proposed Timescale: Completed

Proposed Timescale: 13/03/2015

Theme: Safe Services

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

All notifiable incidents were not notified to the chief inspector as required.

47. 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:

In future, the PIC will ensure that all required notifications are submitted to the Chief Inspector in accordance with regulations.

Proposed Timescale: Completed

Proposed Timescale: 13/03/2015

Theme: Safe Services

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

All notifiable incidents were not notified to the chief inspector as required.

48. Action Required:

Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

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

In future, the PIC will ensure that all required notifications and reports are submitted to the Chief Inspector in accordance with regulations.

Proposed Timescale: Completed

Proposed Timescale: 13/03/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

There was no evidence that the resident's GP was involved or included in reviews of physical interventions and techniques including staff holding residents' head or limbs.

There was no evidence that the resident's GP was involved or included in reviews of environmental or chemical restraints.

49. Action Required:

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

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

The physical interventions in use have undergone risk assessment by an appropriately qualified expert. A further risk assessment will be undertaken, specifically of holds involving the head and/or legs, by an appropriately qualified external expert as a matter of urgency.

The risks associated with the use of physical interventions is emphasised during the PMAV training and is reinforced during practical components of training.

A resident specific evaluation will be sought from the resident's GP guiding the use of specific physical interventions for each resident. This guidance will inform and supplement the resident-specific evaluation and care planning by the multidisciplinary team involving qualified practitioners from Psychiatry, Psychology, Nursing, Occupational Therapy, Physiotherapy and Speech & Language therapy. In the event that resident-specific concerns are identified referrals will be made to the appropriate external consultants.

The use of physical interventions is at all times done under the direct supervision of a registered nurse, all of whom have been trained to monitor the safe application of physical interventions and the associated risks involved.

The resident's clinical status is monitored and clinical observations are recorded following the use of physical interventions by a qualified nurse, which will inform and prompt an examination by a medical doctor if necessary. The use of physical interventions is also reviewed by the multidisciplinary team.

Proposed Timescale: 30th April 2015

Proposed Timescale: 31/03/2015

Theme: Health and Development

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

Residents did not have independent or sufficient access to each unit pantry and were

not always supported to prepare drinks or snacks if they so wished.

50. Action Required:

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

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

The person in charge and unit staff continues to ensure that residents are supported to prepare their own snacks and meals as far as reasonable and practicable and following a risk assessment. *

This support will continue as the service transitions to the planned Independent Living Units.

Proposed Timescale: 31/03/2015

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 most recent statement of purpose of February 2015 did not reflect the services and facilities found and provided in the centre.

51. 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 Provider will update the Statement of Purpose to ensure compliance with the regulations.

Proposed Timescale: 31/03/2015

Theme: Leadership, Governance and Management

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

Admission exclusion criteria included "People who cannot be appropriately supported in a non-secure setting or those who require conditions of therapeutic security and people with capacity who do not consent to admission"

The centre was operating as a secure setting where residents were accommodated in locked units and had expressed a will and preference to leave or be elsewhere as

outlined throughout this report.

52. 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 revised to reflect the current status of the service to comply with the regulations.*

The Provider is working with a number of residents to coordinate discharge to their local HSE area. **

The Provider and PIC will review the Admissions Policy and criteria. ***

Proposed Timescale: * 31st March 2015

** 10th April 2015

*** 30th April

Proposed Timescale: 30/04/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

Based on the cumulative findings and lack of significant and appropriate action at the time of this inspection, the governance and management arrangements were inadequate to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

53. 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:

In recent months, significant time and effort was expended exploring additional regulatory arrangements. In February 2015, this process concluded. Accordingly, the Provider is continuing to work with a number of residents, focusing on coordinating discharge to their local HSE area. HSE areas have been informed in writing about these planned discharges.

Proposed Timescale: 10/04/2015

Outcome 16: Use of Resources

Theme: Use of Resources

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

The recommended needs of residents were not met.

Quality reviews had been undertaken that identified areas for improvement, however, to date many of the actions required had not been completed.

54. Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

The Provider has completed a Six-Monthly Quality and Safety review which identified a number of actions to be completed. These actions have commenced and their completion will be overseen by the Provider and the PIC.

Proposed Timescale: 30/04/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

The number, qualifications, supervision 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.

There was evidence of negative outcomes for residents due to staff shortages and responses.

55. 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 Provider together with the PIC will ensure that there are suitable and sufficient staff numbers with the required qualifications, skills and experience necessary to support and meet the assessed needs of the residents, as per the statement of purpose, taking into consideration the size and layout of the designated centre.

Where unplanned absences occur the PIC/Unit manager will address any shortfalls through redeployment of staff, and the engagement of relief Staff. The centre does not use agency staff to minimise disruption to the residents and will continue to follow this policy.

The On-Call Manager will be informed where staff shortages are negatively impacting on Resident's care needs and advice sought.

The Provider employs Registered Nurses, Healthcare Assistants with FETAC Level 5 Qualifications and above, and a range of Allied Health Care Professionals as per Statement of Purpose.

Proposed Timescale: Completed

Proposed Timescale: 13/03/2015

Theme: Responsive Workforce

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

Garda Clearance was not available for one staff member in the sample reviewed.

56. Action Required:

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

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

Garda vetting was received from previous employment. Prior to inspection, an application for Garda Clearance had been submitted. The PIC will ensure that all efforts will be made to expedite the return of the completed garda clearance for this staff member.

Proposed Timescale: Immediate

Proposed Timescale: 13/03/2015

Theme: Responsive Workforce

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

All staff working at the centre did not have access to appropriate training, including refresher training, as part of a continuous professional development programme.

57. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

The Provider and PIC will review and revise the Professional Development Programme for staff to ensure it is comprehensive and reflects best practice.

Proposed Timescale: 31/05/2015

Theme: Responsive Workforce

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

The supervision 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.

58. 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:

The PIC will continue to ensure that there is sufficient and suitably qualified staff to ensure appropriate supervision. There is a nurse working on each unit during the day with the support of a CNM to ensure appropriate supervision of the staff. All CNM's have been externally trained in Frontline Management skills.

The centre has a Performance Development Plan system in place.

All unit staff have access to at least to a monthly Reflective Practice session with a member of the Clinical Psychology department

Proposed Timescale: 31/03/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

Policies and guidance on the use of restrictive procedures and physical, chemical and environmental restraint (February 2015) and provision of behavioral support as outlined in outcome 8.

59. Action Required:

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

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

The Provider and PIC will oversee the review of the Policies and Guidance on the use of restrictive procedures and physical, chemical and environmental restraint (February 2015), to ensure that it is clear and descriptive, guides practice and adheres to National

guidelines on best practice.

Proposed Timescale: 30/04/2015

Theme: Use of Information

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

Information within the residents guide did not reflect the services and facilities provided or Statement of Purpose.

60. Action Required:

Under Regulation 20 (2) (a) you are required to: Ensure that the guide prepared in respect of the designated centre includes a summary of the services and facilities provided.

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

The Provider will ensure that the residents guide will be updated to reflect the changes in the Statement of Purpose.

Proposed Timescale: 31/03/2015

Theme: Use of Information

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

Records had not been sufficiently completed to demonstrate the reason for restrictive procedure use.

61. 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:

The PIC will ensure that Behaviour Support Plans will be revised to ensure objectivity and consistency in their implementation.

The PIC will ensure that the Risk and Vulnerabilities document reflects the nature of any Restrictive Procedure. The rationale for same will be documented.

The PIC will ensure that where necessary any Restrictive Practice applied it will be documented. This will reflect the overarching policy and best practice guidelines on Restrictive Practice and also in the clinical documentation.

The PIC will ensure that Residents are supported to be involved in the Planning, Decision making and implementation of their own care and support. Where the Resident chooses not to be involved, the rationale will be documented.

Proposed Timescale: 30/04/2015