

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by St John of God Community Services Limited
<b>Centre ID:</b>	OSV-0003004
<b>Centre county:</b>	Louth
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St John of God Community Services Limited
<b>Provider Nominee:</b>	Clare Dempsey
<b>Lead inspector:</b>	Siobhan Kennedy
<b>Support inspector(s):</b>	Jillian Connolly;
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	16
<b>Number of vacancies on the date of inspection:</b>	1

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

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

**The inspection took place over the following dates and times**

From:	To:
13 May 2015 10:00	13 May 2015 19:00
14 May 2015 10:00	14 May 2015 19:00
25 May 2015 10:30	25 May 2015 20:00

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

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

**Summary of findings from this inspection**

As part of the application for registration the provider nominee was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). The inspectors reviewed this documentation, ascertained the views of residents, relatives, and staff members, observed practices, assessed the premises and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The designated centre provides facilities and services for 17 residents with a diagnosis of intellectual disability. It consists of two terraced houses (9 male

residents in one house and 7 female residents in another house) and an apartment for one resident, however, this resident was not living in the centre at the time of the inspection.

The inspectors met with key management staff to outline the inspection process and methodology and provided feedback to the management team at the conclusion of the inspection.

Matters identified during the previous inspection carried out on 12 February 2015 had been satisfactorily actioned or were in progress. The provider nominee was available per telephone during the inspection process. The person in charge demonstrated her knowledge of the legislation, regulations and standards throughout the inspection. This centre is subject to on going regulatory action. Weekly reports are being submitted and were reviewed as part of this inspection.

The inspectors met all of the residents currently being accommodated. The majority of residents were unaware of the inspection process, however, appeared happy and content in the designated centre. The inspectors found that relatives were positive in their feedback to the Authority and expressed satisfaction about the care provided, were complimentary of the staff team and satisfied with the facilities and services, however, were apprehensive regarding the future relocation of residents.

Residents had good access to nursing, medical and allied health care and the policies and procedures in respect of medicines were satisfactory.

There were measures in place to protect residents from being harmed or suffering abuse. However, inspectors found that all alternative measures were not considered before a restrictive procedure was adopted.

The inspectors saw that person centred care was promoted as far as was practicable given the shortcomings in relation to the premises and there was evidence of opportunities for residents to participate in meaningful activities, appropriate to their interests and capacities.

The design and layout of the designated centre did not meet the needs of residents.

The inspectors identified risks that affected the health and safety of residents which had not been assessed in order to control/minimise the risks.

From an examination of the day time staff duty rota, communication with/observation of residents, staff and feedback from relatives the inspectors found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents with the exception of the household staff. While there was evidence that staff had access to education and training, not all staff had participated in training appropriate to their roles and responsibilities. Staff demonstrated that they had good knowledge of the residents and their needs. They emphasised the importance of promoting a holistic care model which embraced the concept of each resident being enabled to exercise choice and control over their lives in accordance with their preferences while maximising their independence.

Areas requiring improvement which included providing safe and suitable premises, risk management, safeguarding and safety and matters relating to the workforce were identified in the action plan at the end of the report to be addressed by the provider and person in charge in order to ensure compliance with Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Quality Standards for Residential Services for Children and Adults with Disabilities.

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

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

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

All of the matters identified during the previous inspection had been satisfactorily addressed.

There was evidence that residents are consulted with and participate in decisions about their care and about the organisation of the designated centre. For example, house meetings have been convened in order to work out menus for meals and social programmes.

The inspectors observed staff engaging with residents in a manner that was respectful. Some of the staff confirmed that they had worked with in the service for many years and other staff recently appointed were familiar with the residents' needs, capabilities, their life histories and family support circles.

The inspectors were welcomed by staff and residents and inspectors saw residents' private bedroom accommodation. This was a mixture of single and twin bedrooms and in the main these bedrooms were spacious, accommodating bedroom furniture and ample storage space for personal possessions. However, there were 2 bedrooms which were not of a suitable standard (1 in respect of its location in an annex beyond the communal bathroom and the other not having sufficient space for all of the resident's possessions). These are identified under outcome 6. Residents' bedrooms were pleasantly decorated and reflected their personalities and interests, by having mementos, photographs of families and friends and goal planning activities displayed.

Inspectors noted that the shortcomings in relation to the premises, particularly the bathrooms, had a negative impact on residents' dignity. For example staff described the

difficulties in one house of assisting two residents to prepare for having a bath, which was located across the corridor from the residents' personal bedroom space and not being able to fully dress one of the residents in the bathroom prior to transferring the resident by hoist back to the residents' private bedroom space. In the other terraced house the combined bathroom and shower room were entered from the communal dining room and curtain screening separated a resident who was having a shower while the bathroom was being accessed by another resident. In the main staff tried to prevent two residents using the facilities at the same time, however, one resident chose the time when she wished to have a bath. See outcome 6 for action plan.

The inspectors saw that there were sufficient staff on duty to assist residents participating in activities of their choice and sufficient staff available if residents chose to remain in the designated centre or return home at any time they wished to do so. However, inspectors found that all of the residents who wish to participate in Mass on-site were unable to do so due to the insufficiency of staff rostered for this activity. See outcome 17 for action plan.

Residents had access to an independent advocacy service, and a referral was being made for the resident who was no longer living in the centre.

There was a complaints policy and procedure which was translated into an understandable format for those residents who had the capacity to understand it. Relatives in communication with the Authority confirmed that they had been issued with a copy of the complaints policy procedure. A relative interviewed by the inspectors confirmed her knowledge and understanding of the process and was able to name the persons within the organisation with whom she would communicate if she was dissatisfied with any aspect of service. Inspectors examined the record of complaints and found that although a complaint had been followed up and satisfactorily resolved this had not been recorded. See outcome 18 for action plan.

**Judgment:**

Substantially Compliant

**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 and procedure in relation to communication.

In residents' personal care plans the inspectors saw that the mode of communication

used by the individual residents were described and staff working with residents were able to interpret residents' verbal and non-verbal expressions. There was also documentary evidence in respect of speech and language professionals providing a service to some of the residents.

Some of the residents communicated freely with the inspectors and the inspectors observed other residents using gestures in order to express their wishes, for example residents communicated when they wished to leave the centre and go to their activation programme.

The inspectors saw that in the main, information that was relevant to residents was in an appropriate format for the residents' communication abilities and capacity of understanding, for example, menu and goal planning.

Televisions and radios were available and inspectors heard that staff were exploring the possibility following assessment of the usefulness of assistive technology for some residents.

**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:**

There was substantial evidence that residents are supported to develop and maintain personal relationships and links with the wider community. For example a resident and her sister visited the local beautician and another resident was supported by staff and family to celebrate a significant birthday. There was evidence of residents, families and staff attending a formal annual ball.

The questionnaires received by the Authority from family members confirmed that families are encouraged to get involved in the lives of the residents. This was further acknowledged by a resident's relative who was interviewed by the inspectors during the inspection. The relative explained that staff and management provides up-to-date information in respect of the resident's condition and is invited to attend care planning reviews.

Inspectors found that while there was additional private spaces for residents to receive



visitors in private on the site, the conservatory of one of the houses was, the designated visitor's room, which was unsuitable as it was, the main entrance to the house.

**Judgment:**

Substantially Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

There was evidence that the centre's admission process considered the wishes, needs and safety of individual residents and safety of other residents currently living in the service in respect of a resident who was accommodated in an apartment. However the resident perceived this as a temporary measure and left the service. While there was a policy in respect of transfer, discharge and temporary absence of residents, it had not been fully implemented, to support this resident to be discharged and require appropriate alternative accommodation and care. Management were involved in ongoing discussions and negotiations with the commissioners of the service, but the outcome for the resident was unsatisfactory at the time of this inspection as no formal discharge plan had been initiated. Following discussions with the inspectors it was agreed that this plan would be forwarded to the Authority. See outcome 5 for action plan.

There have been no new recent admissions to the service, however, inspectors heard that there is a system and process in place including determination by a committee.

All residents did not have an agreement, which included the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged. However the inspectors were informed that this matter is currently being addressed and contracts are being compiled.

**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):**

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

**Findings:**

The matters arising from the previous inspection which related to staffs' knowledge of epilepsy and having residents' individual personal plans in an accessible format had been satisfactorily addressed.

The designated centre can accommodate 17 residents. At the time of the inspection 1 resident had left the designated centre. All of the residents have an intellectual disability.

Each resident had an Individual Personal Plan (IPP) which showed assessments of residents' individual needs including risk assessments and interventions/treatment plans to address those needs. The personal care plans addressed key aspects of the social, emotional, psychological and health care needs of the residents. Residents' aspirations and goals were stated, and there was evidence that residents were empowered and supported in achieving their goals, which resulted in successful outcomes in some instances. Documentation showed that there were regular reviews of residents' care plans in consultation with residents, multi-disciplinary professionals and or their next of kin/families.

Inspectors found from an examination of the care plans and the written daily notes conflicting information and some of the entries were not sufficiently comprehensive in describing situations and action taken. See outcome 18 for action plan.

Staff in their communications with the inspectors demonstrated that they were knowledgeable of residents' needs and behaviour management plans were in place where necessary.

The inspectors saw that residents' communication needs were identified in the residents' personal care plan and pictorial aids were used to assist the residents to understand the care planning process.

Inspectors examined the care plan for a resident who was no longer living in the designated centre, but who was not formally discharged. See outcome 4. Inspectors found that although management and staff were aware that the resident no longer

wished to live in the designated centre and were in discussions and negotiations with the commissioners of the service the outcome for the resident was unsatisfactory as planned supports were not in place to assist the resident to move from the service. Following discussions with the inspectors it was agreed that the resident's discharge plan would be forwarded to the Authority.

**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):**

No actions were required from the previous inspection.

**Findings:**

The designated centre consists of two terraced houses (9 male residents in one house and 7 female residents in another house) and an apartment one resident.

The terraced houses, accommodating 9 male residents contains 4 twin bedrooms and a single bedroom, entrance hallway, 2, conservatories, 2 dining rooms, 2 sitting rooms, kitchen, 2 toilets, shower with toilet, 2 bathrooms and linen room.

The other terraced house has 3 single and 3 twin bedrooms, entrance hallway, conservatory, combined dining and sitting room, a kitchen, shower room with toilet, bathroom with shower facility and Jacuzzi, laundry, office and clinical rooms.

The apartment is suitable to accommodate the needs of one resident with a sitting and separate dining room, bedroom, shower area, conservatory and 2 toilets.

Staff and residents have worked at making the designated centre a comfortable and homely environment for residents, however, aspects of the design and layout of the terraced houses were not suitable for their stated purpose and did not meet the residents individual and collective needs as follows: –

- The bathroom facilities in each of the two terraced houses did not meet the needs of the residents due to the insufficiency of space and the location of bathrooms, for example, of the communal dining area, corridor and shower room. See outcome 1 and 7 which highlights the issues in relation to dignity and risks associated with the bathroom facilities.
- One of the communal bathrooms was positioned in an annex where an independent

resident's personal bedroom space and hygiene facilities were located.

- There was insufficient space in the dining room of one of the terraced houses to accommodate a resident who prefers to have meals unaccompanied, without disrupting the routine of the entire resident group.
- A single bedroom 6 m<sup>2</sup> did not provide sufficient and suitable space for a resident and the residents' personal possessions.
- A resident's bedroom had a slope into the bedroom and while the resident who required the assistance of 2 staff to go in and out of the bedroom could access the room this space was limited and challenged staff to assist the resident using safe moving and handling techniques.
- There was poor ventilation in bathroom and shower areas.
- In a shower area there was limited space to prepare residents for showering.

There was appropriate equipment for use by residents and staff which was maintained in good working order with the exception of a resident's chair which was torn at the headrest.

Externally, the grounds were well maintained and there was adequate car parking.

**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:**

The matters arising from the previous inspection were satisfactorily address with the exception of installing a fire safety panel for this designated centre and addressing a step down at a final fire exit door. Both these matters were being progressed.

In the main, the inspectors found that the health and safety of residents, visitors and staff was promoted and protected as there was a policy and procedure in respect of managing risk which included documentation in relation to recording and analysing risks, however, the policy/procedure had not been fully implemented throughout the designated centre as the following risks primarily in relation to the shortcomings regarding the bathrooms were identified and are also highlighted in outcome 6: –

- Two residents were being moved and transferred by hoist from their bedroom across the corridor to use the bathroom.
- There was no hold open devices on a door to assist staff to bring a hoist from a

storage area.

- The risk register was not up-to-date.
- Inspectors observed risks associated with a resident assisted by staff transferring from the minibus.
- Staff who were providing hand massages had not been risk assessed with regard to their knowledge of appropriate treatments, particularly for residents who had contractures or osteoporosis.
- Staff were insufficiently trained with regard to risk assessments and recording of risks as documentation identified that knuckle protectors were identified as a risk as opposed to a control measure.

Fire equipment was easily accessible and prominently placed throughout the designated centre and servicing was up to date. The inspectors observed that fire exit doors had not been obstructed during the inspection. Each resident has an evacuation plan and staff and residents are involved in fire safety and evacuation procedures. Staff were able to inform the inspectors of the procedure in the event of the fire alarm sounding or an emergency occurring.

In the main, fire precautions had been adhered to with the exception of the following risks: –

- Residents who are accommodated in the centre require the assistance of a staff member and the use of a wheelchair to evacuate the premises, however, there is a step down on one of the final fire exits, located by exiting through the bathroom.
- To transfer residents from their private bedrooms to the bathroom entailed screening of the corridor on either side of the bedroom and bathroom which blocked the evacuation pathway in the event of an emergency.
- The fire evacuation plan for a resident being accommodated in a single room was the use of a wheelchair, however due to lack of space in the bedroom this equipment had to be stored elsewhere. This and a slope into the bedroom may unnecessarily delay the evacuation of the resident in an emergency. Consideration was not given to the use of a ski sheet.

Infection-control measures were in place for example, there were facilities available for hand hygiene, closed bins for disposal of hand towels, sufficient toilet rolls and holders in place, appropriate storage of toiletries and dental hygiene equipment. However, the following issues were identified: –

- Contract cleaners were unfamiliar with a resident who had Meticillin – resistant, Staphylococuss aureus (MRSA) and did not adhere to appropriate infection prevention and control measures.
- A resident can independently use a commode which was was placed in a toilet area for the resident's use, however, potentially, this could lead to the spread of infection.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspectors saw that there was a policy on, and procedures in place for, the prevention, detection and response to abuse and staff had participated in training in this area.

Inspectors observed staff showing residents respect by knocking on their bedroom doors prior to entering.

Staff had access to specialist and therapeutic interventions in relation to residents' individual behavioural support plans and it was evident that all staff working with individual residents had assimilated the information in the plan in order to provide consistency in implementing care delivered.

In discussions with staff they described some of the measures which were in place to keep residents safe and protect them from abuse for example, employing additional staff members to work with residents on a one-to-one basis, securing the premises in the evening time and obtaining relevant information in regard to residents' condition so as to implement appropriate treatment plans. Staff were familiar with the various types of abuses and were aware of their duties and responsibilities regarding any suspicion, allegation or witnessed abuse.

The inspectors reviewed the documentation in relation to a statutory notification received by the Authority of an incident which took place in the designated centre which involved a restrictive practice and an allegation of abuse made by a resident. There was evidence that the incidents were appropriately referred to statutory organisations, investigated in line with the centre's policy, national guidance and legislation and professional support was made available to the resident. However, the inspectors found that all alternative measures were not considered before the restrictive procedure was used.

In addition, recordings of the incident by staff were not sufficiently comprehensive to determine if the procedure used was safe. See outcome18 for action plan.

**Judgment:**

Non Compliant - Moderate

**Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

The inspectors saw that a record of incidents occurring in the designated centre was maintained and, where necessary, notified to the Chief Inspector.

The inspectors noted that, notifications in respect of serious injury to residents, allegations of abuse and misconduct and quarterly reports had been forwarded to the Authority. An internal processing/auditing system is available within the organisation.

The person in charge demonstrated during the inspection that she has fully understood her responsibility in relation to forwarding statutory notifications.

**Judgment:**

Compliant

**Outcome 10. General Welfare and Development**

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

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

The inspector saw that residents had opportunities for new experiences and social participation. A programme of events was made out on a weekly basis so that residents could choose from the variety of activities offered and the appropriate staff supports put in place for each individual resident to attend. The programme was in a format suitable for residents to understand.

A bus is available which transports residents from the designated centre to community events.

The inspectors heard that residents were involved in a variety of activities within the grounds of the designated centre for example, swimming, going to the cinema, participating in arts, crafts and cookery.

Inspectors saw photographs of residents having attended a the annual formal ball and having a fun day which was shared with their families and friends. Over the period of the inspection inspectors saw residents being involved in a variety of different activities for example, an exercise programme with music, musical entertainment, obtaining their own personal money in order to go to the local coffee shop, accompanied by staff, going out for meals and a walk, shopping for fashion and style and attending pet therapy.

The inspectors met relatives who confirmed that they were satisfied that residents attended, social, recreational activities of their choice and were complimentary of the staff team, who provided assistance to residents to be engaged in activities of their choice.

One of the resident attends a day care setting in the community, however, a day care placement for another resident being accommodated would be beneficial and would provide educational and developmental opportunities for the resident prior to eventually transitioning from the centre.

**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):**

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

**Findings:**

From an examination of documentation and the views of relatives and staff it was evident that residents are supported on an individual basis to achieve and enjoy good health.

There was a health care plan available in each resident's care planning documentation. Residents' healthcare needs were well monitored and treatments were implemented as recommended or prescribed. Some residents had health conditions such as epilepsy and diabetes. Referrals and meetings with key significant personnel in the lives of residents including behavioural therapy, occupational therapy, medical, nursing, care staff, key



workers and family members was evident. A behavioural therapist and psychologist were also available to assist/support residents and care staff. There was evidence of appropriate referrals and appointments to residents' GPs and allied health professionals such as, opticians and speech and language therapists as required.

The inspectors were informed that residents with swallowing difficulties were provided with soft consistency dishes. Inspectors saw a variety of foodstuffs and snacks in the cupboards, fridge and freezer and ample varieties of fruit. Residents' records showed that their weights were monitored and referrals as appropriate were made to a dietician. There was evidence that residents were able to choose their own food and meals were nutritional, appetising and provided variety. Pictorial menu cards were available to inform residents about different menu choices. The inspectors observed residents being supported by staff to have their meals. This was done in an inclusive yet discrete and sensitive manner.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

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

**Findings:**

There was a written operational policy/procedure informing ordering, prescribing, storing and administration of medicines to residents. A staff nurse on duty was able to explain the procedures to the inspectors. The inspectors saw that medicines were secured safely and the staff nurse on duty was knowledgeable of residents' prescribed medicines and explained the documents in use to administer prescribed medicines to residents. The inspectors were informed and saw evidence in the care planning documentation that residents' medication was reviewed.

**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:**

The statement of purpose sets out the statement of the aims, objectives and ethos of the designated centre. It identifies the facilities and services which are provided for residents. It contains all of the information required by schedule 1 of the Health Act 2007 and it had been reviewed prior to and subsequent to this inspection.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The matter arising from the previous inspection related to major noncompliances due to findings in a number of areas which did not provide a safe, appropriate and an effectively monitored service. This matter was satisfactorily actioned however the interventions put in place will need to be monitored to ensure that practices and effective service provision are sustained. The service has been subject to ongoing regulatory actions. Weekly reports are required to be submitted and were examined on this inspection.

Inspectors saw that there were a variety of audits, for example, in relation to medication management, care planning, care reviews, staffing levels and consistency of staff

employed at the designated centre. Since the last inspection a consistent staff team have been rostered to care for residents.

The statement of purpose clearly defines the management structure and management and staff on duty were able to relate to the structure and the lines of authority and accountability in the centre.

The person in charge demonstrated that she had sufficient knowledge of the legislation and her statutory responsibilities. Staff communicated to the inspectors that the recently appointed person in charge has made changes to systems and practices within the centre and has had staff meetings to share knowledge and gain the views of staff. Inspectors were informed that the person in charge is in the designated centre on a daily basis. Both residents and staff could identify the person in charge.

**Judgment:**

Substantially Compliant

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

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

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

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

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

**Theme:**

Use of Resources

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found that the facilities in the centre were insufficient to meet the needs of the residents. This refers to the inadequacies of the premises and in particular, the bathing facilities. See outcome 6 for details.

**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):**

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

**Findings:**

Inspectors found that there were appropriate staff numbers and mix of staff to meet the assessed needs of residents and provide safe delivery of care.

Since the last inspection additional staff had been rostered and residents now receive continuity of care from a core staff group who are familiar with the residents. However, inspectors were informed that insufficient staff were rostered for all of the residents to participate in an activity. See outcome 1 for details.

During the inspection inspectors met with the contract cleaners who have been employed to provide a service, however, inspectors found that there were insufficient household staff employed at various times in and particularly at weekends.

There was a programme of training which showed that staff had access to education and training to meet the residents, however, there were some gaps for example staff

training in restrictive procedures and food safety.

Since the last inspection a programme of staff supervision had been devised and implemented by the person in charge and management staff team.

In discussions with the inspectors staff were familiar with the regulations and policies and procedures relating to the designated centre.

Inspectors saw that the requirements of schedule 2 of the regulations in relation to staff documentation had been met and all relevant members of staff had an up-to-date registration with the relevant professional body.

**Judgment:**

Non Compliant - Moderate

**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):**

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

**Findings:**

During the previous inspection fire safety records were not fully maintained. This had been satisfactorily actioned.

Records listed in the regulation were maintained to ensure completeness, accuracy and ease of retrieval with the exception of the following documents: –

-The record of complaints did not record the follow-up actions and the complainants response to the outcome of the investigation of a complaint. See outcome 1 for details.

-The recordings made by staff of an incident were not sufficiently comprehensive to determine if the procedures used were safe. See outcome 8 for details.

The designated centre was 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 regulations and these are updated at intervals.  
There is a guide to the centre available to residents in a format appropriate to their communication needs.

**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:***

Siobhan Kennedy  
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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by St John of God Community Services Limited
<b>Centre ID:</b>	OSV-0003004
<b>Date of Inspection:</b>	13 May 2015
<b>Date of response:</b>	08 September 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 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:**

A suitable private area which is not the resident's bedroom was not available to residents to receive a visitor if required as the current designated visitors' space is the conservatory of the house, which is also the main entrance to the house.

#### **1. Action Required:**

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

Under Regulation 11 (3) (b) you are required to: Provide a suitable private area, which is not the resident's room, to a resident in which to receive visitors, if required.

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

1. An area has been identified for visitors.
2. Staff will be notified of the new designation of the area.
3. Families will be made aware of the private area to receive visitors.

Proposed Timescale:

1. 24/08/2015
2. 28/07/2015
3. 28/07/2015

**Proposed Timescale:** 24/08/2015

**Outcome 04: Admissions and Contract for the Provision of Services**

**Theme:** Effective Services

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

All residents did not have an agreement, which included the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.

**2. 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:**

Support agreements will be developed for all residents in the designated centre

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

**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 discharge policy had not been implemented for a resident who was no longer currently living in the designated centre and the discharge did not take place in a planned and safe manner in accordance with the resident's needs. The resident's discharge plan/details and negotiations with the commissioners should be forwarded to the Authority.



**3. Action Required:**

Under Regulation 25 (4) (b) you are required to: Discharge residents from the designated centre in a planned and safe manner.

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

The residents discharge plan & summary of the negotiation with the commissioners will be forwarded to the authority

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

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

Aspects of the design and layout of the terraced houses were not suitable for their stated purpose and did not meet the residents individual and collective needs as follows: –

- The bathroom facilities in each of the two terraced houses did not meet the needs of the residents due to the insufficiency of space and the location of bathrooms, for example, of the communal dining area, corridor and shower room. See outcome 1 and 7 which highlights the issues in relation to dignity and risks associated with the bathroom facilities.
- One of the communal bathrooms was positioned in an annex where an independent resident's personal bedroom space and hygiene facilities were located.
- There was insufficient space in the dining room of one of the terraced houses to accommodate a resident who prefers to have meals unaccompanied, without disrupting the routine of the entire resident group.
- A single bedroom 6 m<sup>2</sup> did not provide sufficient and suitable space for a resident and the residents' personal possessions.
- A resident's bedroom had a slope into the bedroom and while the resident who required the assistance of 2 staff to go in and out of the bedroom could access the room this space was limited and challenged staff to assist the resident using safe moving and handling techniques.
- There was poor ventilation in bathroom and shower areas.
- In a shower area there was limited space to prepare residents for showering.

**4. 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:**

1. A resident who chooses on occasions to have her meals unaccompanied is being facilitated to do so in her own dining room and based on her choosing in an adjoining dining room/visitors room within the Designated Centre. This arrangement is in place and the resident is identifying her satisfaction with it.

Immediate Actions;

2. A Resident 11079 who is living in an undersized bedroom with a sloped entrance will be accommodated in an appropriate sized single bedroom from the 14th September 2015.
3. This resident's care plan and risk assessment will be updated accordingly.
4. To accommodate this resident's transfer to a single room, resident 11363 will move into a double bedroom sharing with resident 11234 commencing on 14th September 2015.
5. Both residents care plans and risk assessments will be up-dated accordingly.
6. Resident 11498 who is being accommodated in a undersized bedroom will have his bedroom extended to include an en-suite toilet and shower area. This resident's bedroom will no longer be located within a bathroom area as the entrance for the entire main bathroom will be located off the main corridor. Architectural Plans have been developed for this residents bedroom and this work will be completed by 12th of November 2015
7. The Bathroom within this Designated Centre which currently does not meet the needs of residents with mobility needs will be renovated and extended to create greater space and accessibility which results in all residents intimate care needs being accommodated entirely within this bathroom space. This will address all safety and dignity concerns raised relating to resident being hoisted from their bedrooms to the current bathroom area. The Architect reviewed this bathroom area on 2/09/2015 and a draft plan has been developed with completion date of 12th of November 2015.
8. To address the concerns raised with regard to a bathroom located off the communal dining area within this Designated Centre, an extended corridor will be put in place to separate this area and to address the privacy concerns raised.
9. Thumb - turn locks will be put on the bathroom to ensure residents privacy.
10. The ventilation in bathroom and shower areas will be addressed through the restructured renovated bathroom area.

#### Medium term Actions;

11. All residents in this Designated Centre had a Supports Intensity Scale Assessment completed by the 14th August 2015.
12. All residents Supports Intensity Scale Assessments, SIS are being scored and inputted into the SIS data base and the information will be validated by the SIS Manager.
13. An individual Supports Intensity Scale Assessment report will be placed in each resident's file
14. The Supports Intensity Scale Planning Group will review the findings from each assessment for each individual resident in this Designated Centre in the context of a) the model of service for each individual resident b) skill mix and level of staffing to support each resident.
15. The De-congregation Implementation Committee have completed a workbook and contained within this workbook is a transitional plan which will be completed for each resident by their key worker within this Designated Centre by 30/11/2015.
16. A Project Plan has been submitted for the building of a purpose build residential house in Ardee, Co Louth through a voluntary housing provider and a number of female residents from this Designated Centre have been identified for this property. The expected completion date is December 2016

#### Long Term Plan;

17. The recommendations from the resident's individual transitional plans will inform the work of the Admission, Discharge and Transfer Committee for the Service in the development of a De-congregation plan for this campus with expectation that residents from the campus will have transferred to community living by 2020

Proposed Timescale:

1. Completed on 14/08/2015
2. 14/09/2015
3. 21/09/2015
1. 14/09/2015
2. 21/09/2015
3. Residents bedroom restructure 12th of November 2015
4. Main Bathroom timeframe 12th of November 2015
5. Extended corridor in house 12th of November 2015
6. 31/07/2015
7. Ventilation – linked to reconstructed bathroom
8. 14/08/2015
9. 16/11/2015
10. 28/09/2015
11. 31/12/2015
12. 30/11/2015
13. Ardee House is December 2016
14. January 2016 onwards

**Proposed Timescale:** 31/12/2016

**Theme:** Effective Services

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

A resident's chair which was torn at the headrest.

**5. Action Required:**

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

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

The supplier of chair has been contacted and a repair of the torn headrest has been completed.

**Proposed Timescale:** 21/07/2015

## 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:**

Hazard identification and assessment of risks had not been carried out sufficiently throughout the designated centre as the following risks were highlighted : –

- Two residents were being moved and transferred by hoist from their bedroom across the corridor to use the bathroom.
- There was no hold open devices on a door to assist staff to bring a hoist from a storage area.
- The risk register was not up-to-date.
- Inspectors observed risks associated with a resident assisted by staff transferring from the minibus.
- Staff who were providing hand massages had not been risk assessed with regard to their knowledge of appropriate treatments, particularly for residents who had contractures or osteoporosis.
- Staff were insufficiently trained with regard to risk assessments and recording of risks as documentation identified that the knuckle protectors were identified as a risk as opposed to a control measure.

### **6. 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:**

1. The Bathroom within this Designated Centre which currently does not meet the needs of residents with mobility needs will be renovated and extended to create greater space and accessibility which results in all residents intimate care needs being accommodated entirely within this bathroom space. This will address all safety and dignity concerns raised relating to resident being hoisted from their bedrooms to the current bathroom area. The Architect reviewed this bathroom area on 2/09/2015 and a draft plan has been developed with completion date of 12th of November 2015.
2. Hold open device have been fitted to door.
3. A new risk register will be developed and updated in line will risks identified during the unannounced visit.
4. A review of resident transfer to minibus took place and resident's mobility plan was updated.
5. The massage therapist will provide information sessions to staff and demonstrations of individualised techniques to be used by staff. Massage therapist will continue to provide professional service to resident.
6. Physiotherapist will provide information sessions & demonstration of joint mobilisation techniques for residents with contractors and osteoporosis to staff.
7. Risk assessment training has commenced for all managers and person in charge. Managers will mentor and assist staff in carrying out risk assessments at staff meetings.
8. Risk assessment re: Knuckle protector was reviewed and changed as appropriate.

Proposed Timescale:

1. 31/08/2015

2. 31/08/2015
3. 31/08/2015
4. 27/07/2015
5. 30/09/2015
6. 31/10/2015
7. 30/09/2015
8. 27/07/2015

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

**Theme:** Effective Services

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

Procedures consistent with the standards for the prevention and control of health care associated infections were not adhered to as the following risks were identified: –

- Contract cleaners were unfamiliar with a resident who had MRSA and did not adhere to appropriate infection prevention and control measures.
- A resident can independently use a commode which was placed in a toilet area for the resident's use, however, potentially, this could lead to the spread of infection.

**7. Action Required:**

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

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

1. Local induction will take place with all staff in relation to infection control including contract cleaners. Person in charge has liaised with contract cleaners re training and they receive training prior to work on infection control.
2. The infection control concern relating to a resident's use of a commode as identified during the inspection visit has been resolved. The commode chair fits over the toilet for this resident resulting in no infection control concern.
3. To ensure there are no infection control concerns this commode chair will not be used by any other resident in this Designated Centre.

**Proposed Timescale:** 02/09/2015

**Theme:** Effective Services

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

Adequate precautions against the risk of fire in the designated centre had not been put in place as the following risks were identified: –

- There was no specific fire safety panel solely for this designated centre .
- There was a step down at two final fire exit doors.

**8. Action Required:**

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

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

1. The Fire Consultant has reviewed the Fire Panel for this Designated Centre and has recommended that the Fire Panel will be reprogrammed with the specific details of this Designated Centre and the installation of a new fire panel in an adjoining Designated Centre which will result in a fully operating panel specific for this Designated Centre,
2. The works on this will be completed by 21st September 2015.
3. The local Emergency Evacuation Plan for this resident will be reviewed and updated to reflect the changes in the location of the fire panel - 23/09/2015
4. All staff will be inducted into this revised local Emergency Fire Evacuation Plan for this Designated Centre through daily handovers commencing on 23/09/2015 and completed on 30/09/2015.
- 5.. Ramps have been put in where there was a step down at the final fire exit doors.

**Proposed Timescale:**

1. 01/09/2015
2. 21/09/2015
3. 23/09/2015
4. 30/09/2015
5. 30/05/2015

**Proposed Timescale:** 30/09/2015**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Adequate arrangements for evacuating, where necessary, in the event of fire, all persons in the designated centre were not taken as the following issues were identified:

–

- Transferring two residents from their private bedrooms to the bathroom using a hoist entailed screening of the corridor on either side of the bedroom and bathroom which blocked the evacuation pathway in the event of an emergency.
- The fire evacuation plan for a resident being accommodated in a single room was the use of a wheelchair, however due to lack of space in the bedroom this equipment had to be stored elsewhere and a slope into the bedroom may unnecessarily delay the evacuation of a resident in an emergency. Consideration was not given to the use of a ski sheet.

**9. Action Required:**

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

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

1. Fire exit is no longer blocked by screen on corridor
2. The resident who is living in a undersized bedroom with a sloped entrance will be accompanied in an appropriate single bedroom.
3. A night time drill will be completed by 21/09/2015 which will inform this resident Personal Evacuation Plan.
4. This residents Personal Evacuation Plan will be reviewed by 21/09/2015

Proposed Timescale:

1. 15/05/2015
2. 14/09/2015
3. 21/09/2015
4. 21/09/2015

**Proposed Timescale:** 21/09/2015

**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:**

A review of documentation by inspectors in relation to the statutory notification received by the Authority of an incident which took place in the designated centre which involved a restrictive practice did not show that all alternative measures had been considered before the particular restrictive procedure was used.

**10. Action Required:**

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

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

1. Staff will be inducted into the new Positive Behaviour Support Policy
2. Clinical Nurse Manager 1 and Person in Charge will reaffirm at staff meeting that the least restrictive intervention to be used with all residents.
3. When a restrictive practice is used it will be reviewed in detail by the Governance of Restrictive Intervention Committee to ensure the least restrictive intervention was used.

Proposed Timescale

1. 31/08/2015
2. 31/08/2015
3. 15/05/2015

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

## Outcome 10. General Welfare and Development

**Theme:** Health and Development

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

A resident was not supported to access opportunities for education, training and employment.

**11. Action Required:**

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

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

A review of resident's meaningful day will take place and activity sampling will take place to look at new opportunities for education, training & employment for residents.

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

## 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 facilities in the centre were insufficient to meet the needs of the residents in particular the inadequacies of the premises and bathing facilities. See outcome 6 for details.

**12. 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:**

1. The Bathroom within this Designated Centre which currently does not meet the needs of residents with mobility needs will be renovated and extended to create greater space and accessibility which results in all residents intimate care needs being accommodated entirely within this bathroom space. This will address all safety and dignity concerns raised relating to resident being hoisted from their bedrooms to the current bathroom area. The Architect reviewed this bathroom area on 2/09/2015 and a draft plan has been developed with completion date of 12th of November 2015.
2. All residents in this Designated Centre had a Supports Intensity Scale Assessment completed by the 14th August 2015.
3. All residents Supports Intensity Scale Assessments, SIS are being scored and inputted into the SIS data base and the information will be validated by the SIS Manager.
4. An individual Supports Intensity Scale Assessment report will be placed in each



resident's file

5. The Supports Intensity Scale Planning Group will review the findings from each assessment for each individual resident in this Designated Centre in the context of a) the model of service for each individual resident b) skill mix and level of staffing to support each resident.

6. The De-congregation Implementation Committee have completed a workbook and contained within this workbook is a transitional plan which will be completed for each resident by their key worker within this Designated Centre by 30/11/2015.

7. A Project Plan has been submitted for the building of a purpose build residential house in Ardee, Co Louth through a voluntary housing provider and a number of female residents from this Designated Centre have been identified for this property. The expected completion date is December 2016

Long Term Plan;

8. The recommendations from the resident's individual transitional plans will inform the work of the Admission, Discharge and Transfer Committee for the Service in the development of a De-congregation plan for this campus with expectation that residents from the campus will have transferred to community living by 2020.

Proposed Timescale:

1. 12th November 15
2. 14/08/2015
3. 16/12/2015
4. 29/09/2015

**Proposed Timescale:** 12/11/2015

### **Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

There were insufficient household staff employed at various times and particularly at weekends.

#### **13. 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 roster for all houses within this Designated Centre will include housekeeping support from 14th September 2015 to ensure sufficient household staff are employed at various times and particularly at weekends

**Proposed Timescale:** 14/09/2015

**Theme:** Responsive Workforce

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

All of the residents who wish to participate in mass on-site were unable to do so due to the insufficiency of staff rostered for this activity. See outcome 1 for details.

**14. 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:**

1. Residents are offered the opportunity to go to Mass on Thursday or Sunday and this is being facilitated by staff, volunteers and family members.
2. Mass will also be shown on the television in the designated centre if so wished by the residents.
3. There is also a monthly Mass for residents in their house.

Proposed Timescale:

1. 30/08/2015
2. 15/05/2015
3. 30/05/2015

**Proposed Timescale:** 30/08/2015

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

Inspectors examined the record of complaints and found that although a complaint had been followed up and satisfactorily resolved this had not been recorded. See outcome 1 for details.

Inspectors found from an examination of the care plans and the written daily notes conflicting information and some of the entries were not sufficiently comprehensive in describing situations and action taken. See outcome 5 for details.

Recordings of an incident by staff were not sufficiently comprehensive to determine if the restrictive procedure used was safe. See outcome 8 for details.

**15. Action Required:**

Under Regulation 21 (1) (c) you are required to: Maintain, and make available for

inspection by the chief inspector, the additional records specified in Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

1. A complaints log in line with regulation will be developed for designated centre
2. Training will be provided for staff in report writing in order to ensure entries are sufficiently comprehensive.

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