<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Health Service Executive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004647</td>
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<tr>
<td>Centre county:</td>
<td>Dublin 16</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
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<td>Registered provider:</td>
<td>Health Service Executive</td>
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<tr>
<td>Provider Nominee:</td>
<td>Paudie Galvin</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Sheila McKevitt</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>10</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
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About monitoring of compliance

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: 27 July 2015 09:00  
To: 27 July 2015 19:30  
28 July 2015 09:30  
To: 28 July 2015 17:00

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

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<td>Outcome 16: Use of Resources</td>
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<td>Outcome 17: Workforce</td>
<td>Outcome 18: Records and documentation</td>
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Summary of findings from this inspection
This was the first inspection of the centre by the Authority. It was an announced inspection and formed part of the assessment of the application for registration by the provider. The provider had applied to have two community based houses and the first floor of the main campus registered as a designated centre to care for ten residents with an intellectual disability with nursing and social care needs. The inspection took place over two days and as part of the inspection, practices were observed and relevant documentation reviewed such as comprehensive assessments, personal care plans, health files, policies and procedures and staff files. The views of a number of residents and staff on duty were also sought.
The person in charge was met on inspection, however, her deputy a clinical nurse manager facilitated the inspector throughout the inspection process. The management team including the provider nominee, the director of nursing, person in charge and clinical nurse manager attended the feedback meeting at the end of the inspection. As part of the application for registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). All documents submitted by the provider for the purposes of application to register were found to be satisfactory. However, one document in relation to planning compliance remains outstanding.

Evidence of good practice was found across all outcomes, however, a high level of non compliance was evident. The centre was in compliance with 3 out of 18 outcomes inspected against. No immediate risks to residents were identified, however, practice required improvement in order to increase the level of residents integration within the community. Residents health care needs were being met, however, their social care needs were not. There was little evidence that they were being facilitated to develop their independence or learn life skills. As evidenced in this report, a number of issues contributed to this including the lack of staff employed as social care workers, the staff roster/shift patterns, the deployment of staff and the efficient use of resources. Also, a major factor was that everything was still controlled/managed from the main campus and not from the individual house or by the staff working in the house.

The action plans at the end of this report identifies the 15 outcomes under which improvements are required.
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):
This was the centre’s first inspection by the Authority.

Findings:
Residents were consulted with and participated in decisions about their care. They were provided with information about their rights. However, there rights of residents’ were not respected at all times. For example, their right to privacy and the right to go home when they so wished was denied.

Minutes of residents meetings held weekly were reviewed. At these meetings residents' planned their weekly activities, discussed the weekly menu and other important issues such as fire evacuation procedures. Visits to and from family homes and pre-arranged visitors to the centre were also discussed. Two of the three houses had a communal room where residents could receive visitors in private. One house did not have a private sitting room.

Residents privacy and dignity was respected by staff. However, the premises prevented residents from having their right to privacy respected at all times as residents in one of the three houses could not lock their bathroom, toilet or bedroom doors as they had no privacy locks on them. All windows had blinds and curtains in place.

Residents were not free to make choices about their daily routine. All residents went from their home to a day care facility Monday to Friday. They could not return to their home during the day if they so wished as there were no staff in two of the three houses during the day. Resident and staff spoken with told the inspector if they got ill or wanted to go home from day care early they went to the main campus building which was the only house staffed during the day. The inspector saw a copy of the charter of rights published by the National Advocacy Committee was accessible to residents in all houses. There was a policy and procedure for the management of residents monies by
staff and a procedure on personal possessions. The inspector went through a sample of resident’s finances with staff and found there were clear, concise records and receipts in place to reflect the individuals outgoing and incoming cash. Safe and secure storage was available. The process in place reflected the policy.

There was a complaints policy accessible to residents in written and pictorial format, a copy was included in the residents guide. It explained how he had talked each resident through the process of making a complaint and sent a copy of the complaints policy to their next of kin. The written complaints policy met the legislative requirements. The inspector reviewed the records of one complaint, which included details of the investigation and outcome but there was no record to indicate if the complainant was satisfied with the outcome of the complaint or what follow up actions were taken to ensure the issues within the complaint did not re-occur.

**Judgment:**
Non Compliant - Moderate

**Outcome 02: Communication**
*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**
Individualised Supports and Care

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

**Findings:**
There was a policy on communication with residents. Each resident had a communication assessment completed on admission and those reviewed were completed in detail and reflected the residents met on inspection. However, staff had not had training on how to develop communication tools to maximum residents abilities to communicate.

The inspector saw that staff spoke with and listened to residents in a patient, quite, kind and respectful manner. Pictorial aids were used in some incidents to aid communication with non verbal residents. For example, as mentioned under outcome 1, the complaints policy included pictures of those to whom residents could complain to. However, the inspector saw scope for further development, and implementation of communication aids to assist staff to communicate more effectively with non verbal residents by using visual aids, objects and pictures. There was a residents communication board in each of the communal kitchen/dining rooms, however, the inspector observed that in one house this contained information relating to staff training and meetings and was not being used to aid communication with residents.

The inspector saw some residents had access to a television in their bedroom and in the
communal living room. However, residents in one house told the inspector that they had access to a limited number of television channels and despite asking for this to be reviewed, no changes/improvements had been made. Some residents had their own music system and others their own radio. A number of residents told the inspector that they had their own computer. However, they also told the inspector that they had no access to the internet in any of the three houses, hence, they could do little on these assistive devices. Another resident told the inspector that he had an iPad in his day care facility but was not allowed to bring it home with him. Staff could not explain why this was the case. There were telephones accessible to residents in all three houses and some residents confirmed they had their own mobile phone.

Judgment:
Non Compliant - Moderate

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

Findings:
Residents were supported to develop and maintain personal relationships and links with the wider community.

Each house had its own visitor’s policy and they had placed no restrictions on visitors. The inspector was informed that each resident could have visitors to their home when they so wished and there was a visitors book inside the front door of each house which all visitors were requested to sign. As mentioned under outcome 2, one house did not have a private room where residents could receive visitors in private. Residents explained how they were facilitated by staff to visit their family home, one resident told the inspector how he walked independently to his mother’s house others explained how staff accompanied them. Residents who had chosen for their families to be involved in their care had been invited to attend the residents’ recent annual review. There was a family communication sheet in each resident’s file where staff recorded all contact with the residents’ family.

Residents used some facilities in the local community, mainly the local shops. However, there was scope to integrate residents further into the local community. They were still highly dependent on the central HSE campus site nearby and many facilities were provided from there rather than the local community. For example, the pharmacy services provided were arranged from the main HSE campus and not from a pharmacy accessible by residents.
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):
This was the centre's first inspection by the Authority.

Findings:
Admission and discharge to the service was guided by policy. Each resident had an agreed written contract in place.

The admission procedure was in line with the statement of purpose and with the admissions policy.

The inspector reviewed a random sample of contracts of care and found they included details about the support, care and welfare the resident would be expected to receive and fees to be charged. However, they did not include details of the services included in the fee such as water rates, bin charges etc. Some contracts reviewed were dated and signed by the person in charge but none were signed by the resident or their next of kin.

Judgment:
Non Compliant - Moderate

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

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

**Findings:**
The inspector was satisfied that the care supports provided to the residents were appropriate to meet their assessed needs. Comprehensive assessments were completed for each resident, their clinical care plans reflected their clinical needs, however, their personal social plans required review.

The inspector reviewed a sample of resident files in each of the three houses and found that each resident had a comprehensive assessment in place which had been updated within the past year. There was evidence that the resident, their key worker/s, next of kin and some allied health care team members had been involved in their individual comprehensive assessment. The assessments reflected the residents' needs, interests and preferences and outlined how staff could assist the resident to maximise their opportunities to participate in meaningful activities. The clinical needs identified on assessment had a corresponding care plan in place. These care plans reflected the residents' assessed needs. For example, one resident who was diabetic had a care plan in place which detailed how the resident with the assistance of staff managed her diabetes.

Residents had personal plans in place which had been developed in consultation with the resident and a family member. However, the goals identified within these plans were not specific, measurable, attainable, realistic or time bound. They did not indicate an improvement in the residents’ quality of life when or if the goals were reached by the resident. For example, one residents’ goal for 2015 stated “I want to have my spirituality respected and supported” and the action plan stated I don't like going to mass. The plan had not been progressed to date seven months into 2015. Health Care Assistants working in the houses confirmed they had not received training on the development or implementation of personal care plans with residents.

Residents living in the three houses attended a day care centre on weekdays. Most residents had an activity plan displayed in their bedroom showing their chosen activity for each evening of the week. However, when speaking with one resident about their timetable it became apparent that the resident no longer attended a number of the evening activities on the schedule. Staff gave the inspector a number of reasons for this such as; classes ending and no similar class being sourced in the area but the main reason given was lack of staff. The range of activities available was restricted by the availability of staff. As there was just one staff member in one house in the evening and a maximum of two staff in the other two houses, activity plans mainly included group activities facilitating the one or two staff members to accompany a number of residents to one place/activity.

**Judgment:**
Non Compliant - Moderate
**Outcome 06: Safe and suitable premises**

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

**Theme:**

Effective Services

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

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

**Findings:**

The location, design and layout of two of the three houses were suitable for their stated purpose.

Two of the houses were based in the community near the main campus. Overall, they met the individual and collective needs of residents in a comfortable and homely way. Residents personal space in the both these houses had been decorated to meet the residents individual choice. Residents confirmed the colour and furnishings reflected their choice. Their individuality and preferences were evident in the colour, furnishings, photographs, pictures and fixtures. Residents spoken with expressed satisfaction with their bedroom. The inspector observed that both houses required maintenance work and staff stated there was no maintenance programme in place. For example, the three bedroom house had a large damp stain on the living room ceiling and another on an upstairs bedroom ceiling. Staff told the inspector that these were due to leaks which had been repaired, however, the ceilings had never been repainted. One of the residents' bedrooms had a second single bed in it, staff told the inspector that the bedroom was used as a twin bedroom up to 4 years ago. However, the second single bed although not used had never been removed, hence the resident could not benefit from the extra floor space. The inspector noted the staff bedroom to the rear of the house was larger then the smallest resident bedroom. This house had not been re-furbished for a number of years, however, it did meet the needs of the three residents living there. The outer enclosed garden provided a safe and secure outer space for residents', however, the paved area was heavily coated in moss.

The second community based house required a deep clean. The inspector noted cobwebs in a number of rooms, dust on skirting boards, brown dis-colouration on grout between shower tiles and a number of walls which required either cleaning or repainting. The divan base of one residents bed was stained and required attention. The utility/laundry area off the kitchen contained a number of damp patches on the walls where the paint was peeling away from the wall. The dining room had a bait box in the corner visible from the dining room table. The inspector was informed that there was a past history of mice in the house, however this was no longer an issue. Paperwork to confirm this was not available for review. The garden was safe and secure and met the needs of the residents. There was adequate car parking in front of the houses.

The third home located on the first floor of the main campus where three residents lived.
and which the provider had applied to register for three residents to live in was not fit for purpose. All rooms were located off a main corridor accessed by pressing a door bell, which rang extremely loudly throughout the corridor until answered by staff. A number of the rooms were locked, the inspector was informed they were previously used as residents' bedrooms, these residents had now moved into community based houses. Two resident bedrooms were viewed, they were painted and decorated using dark coloured furnishings and fittings, such as floor coverings, wardrobes, curtains and bedside lockers, hence the rooms were dark and not cosy. Floor covers in all three rooms were stained, chipped and torn. The rooms appeared to have not been refurbished for quite a number of years and the walls and ceilings were discoloured with a heavy layer of cobwebs hanging from all ceilings. The skirting boards and all wooden areas contained a heavy coating of dust and there was a hole the size of ones fist in each of the three bedroom ceilings. The inspector was informed that this was where an old fire sensor had been removed and the funding was never put in place to repair the holes in each of the ceilings. There was a bait box inside the sitting room door, the inspector was told by the CNM that they no longer had a problem, however, the box remained directly inside the residents communal sitting room door. Evidence that this issue had been resolved was requested but not produced. There was a large section of this sitting room wall with plaster exposed the inspector was told that a leak had been repaired within the wall and it had been re-plastered but never repainted. The two residents beds required review. The divan base of one was uncovered and stained with two mattresses layed on top of it one uncovered. The second resident told the inspector her bed was not comfortable "it went down in the middle" when checked the mattress it was so bottomed out that it was curled up at either end and the base beneath it was contained a number of dark stains. This was shown to a member of the management team and both mattress and base were replaced prior to the end of this inspection. The dining room was not in any way homely but it was accessible to residents as was the kitchen. The bathrooms were clean but not in any way homely. The residents did not have independent access to a safe and secure garden.

All three houses had the required assistive equipment available to meet the needs of residents and these were stored safely within the centre.

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

**Findings:**
The health and safety of residents, visitors and staff was promoted and protected. The risk management policy in place met the legislative requirements as it included measures in place to identify and manage risk and outlined procedures to follow in the event that specific risks did occur. The person in charge completed risk assessments and there was a risk register in place. There were a number of risks identified on inspection which were not included in this register. These included the storage of cleaning equipment in the toilet in one of the houses, the risk associated with vermin boxes left in communal rooms as was observed by the inspector in two of the houses. There was an health and safety statement in place. The emergency plan included the procedures to be followed in the event of an emergency. Staff had emergency packs in place.

Records were available to confirm that fire equipment including fire extinguishers, the fire blanket, emergency lighting and the fire alarm had all been tested by professionals within the required time frame in each house. However, the inspector noted that some doors had the intumescent strip painted over.

All staff had completed fire training within the past year and those spoken with had a clear understanding of the procedure to be followed in the event of a fire. The inspector saw that each resident had an individual fire evacuation plan in place and records reviewed showed that fire drills were practiced on a regular basis during the day and night by both staff and residents.

Judgment:
Non Compliant - Moderate

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

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

Findings:
Measures were in place to protect and safeguard residents which included a policy on, and procedure in place for, the prevention, detection and response to abuse.

Residents spoken with stated they felt safe and secure in their home. Seven residents had access to an enclosed rear garden, all the exit/entry doors could be secured by locking. Most residents were facilitated to lock their bedroom door if they wished.
Most residents' required staff support with their personal needs and all had intimate care plans on file. These were completed in detail and reflected the residents personal needs, likes and dislikes. There was a minimum use of restraint in the houses and those with restraint in use had appropriate risk assessments completed to reflect there use. Those residents who displayed behaviours that challenged had behavioural support plans in place.

Staff were observed communicating in an appropriate manner with residents. They took time to sit and listen to residents to ensure they could determine what their needs were and to facilitate meeting these needs.

There was a policy and procedure for the management of residents' monies and a procedure on personal possessions and it was adhered to. Residents not capable of managing their finances independently were facilitated to do so by staff. There was a robust system in place and residents could access their money when they wished. The records reflected monies held and receipts were available to reflect all monies spent, each resident had an individual bank account in their name.

The staff and management team carried out regular audits on the management of resident accounts.

**Judgment:**
Compliant

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### Outcome 09: Notification of Incidents

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

**Theme:**
Safe Services

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

**Findings:**
A record of all incidents occurring in the designated centre was maintained. Quarterly reports had been submitted to the chief inspector in a timely manner. The inspector read records of an incident in relation to staff misconduct, which had not been reported to the Authority within the required timeframe of 3 working days.

**Judgment:**
Non Compliant - Moderate
### Outcome 10. General Welfare and Development

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

**Theme:**
Health and Development

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

**Findings:**
Residents opportunities for new experiences, social participation, education and training were facilitated and supported by staff in the residents day care facility. All residents attended day care facilities Monday to Friday in the surrounding area. Staff arranged transport for residents to and from their day service and some residents living within walking distance walked there.

Some staff working in the houses did not have the appropriate training in place to facilitate residents to further develop life skills which could enable them to increase their independence. For example, staff answered the front door of the houses to the inspector, when there were residents living in the house who were more than capable of opening their own front door. Staff appeared to be "doing for" rather than "doing with" the resident.

The social aspect of care provided was not person centred. The staffing allocation in evening times in some of the houses lead to residents having to go out in a group rather than individually, hence restricting their social integration and preventing them from reaching their own goals in life. This was evident as mentioned in outcome 5 by the lack of progress in personal plans being progressed.

**Judgment:**
Non Compliant - Moderate

### Outcome 11. Healthcare Needs

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

**Theme:**
Health and Development

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

**Findings:**
There was evidence that the health care needs of residents were being met. All residents had assessments completed and these were updated within the past year. The resident and multi-disciplinary team members had been involved in these assessments.

The inspector reviewed two resident files and saw evidence that they were facilitated to access their General Practitioner (GP), seek appropriate treatment and therapies from health care professionals when required. There was evidence that the allied health services were availed of promptly to meet residents needs. Completed referral forms were available for review in files and written evidence of relevant reviews were also available. Residents had a full medical review each year and had their medications reviewed on a regular basis.

Residents told the inspector they had a choice of food. Some confirmed they assisted staff with preparation, cooking and serving of meals. Residents had a choice of meals and were actively involved in choosing the weekly menu. This was reflected in minutes of their weekly meetings. They had access to adequate quantities and a good variety of nutritious food to meet their dietary needs. The inspector saw that residents' preferred foods recorded in their individual assessment was available to them. Healthy snacks were also available. Those on special diets had the appropriate foods supplied.

Staff were available to assist residents at mealtime however, most did not require assistance.

**Judgment:**
Compliant

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

**Findings:**

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines. However, the prescribing and therefore administration practices were not in line with best practice or professional guidance.

The practices observed in relation to ordering, storing and disposal of medication were in line with the centres policies and best practice. There was a safe system in place for the ordering and disposal of medications and the inspector saw records. However, although the inspector was informed that medications delivered from the pharmacy were checked by two qualified staff nurses there were no documentary evidence of
these checks. Medication errors were recorded and followed upon by the person in charge.

The prescribing of medications was not in line with best practice and therefore nurses could not administer medications in line with Guidance to Nurses and Midwives on Medication Management (July 2007). For example, nurses could not ensure the right time, as the frequency was not included in the prescription.

Resident medication prescription charts were reviewed and the findings were as follows:
- the residents General Practitioner (GP) name was not identified on the chart
- the name of the centre was not always identified on the chart
- the dose of each medication was not written on the prescription chart
- the frequency that each medication was to be administered was not written on the charts
- there was no maximum dose prescribed for as needed (PRN) medications
- the times on the prescription charts did not match times on the administration charts or times on the pharmacy printed (MARS) chart.
- the allergy sections on prescription charts was not completed hence staff could not confirm if the resident was allergic to a particular medication prior to administering medications to them.

The inspector was informed that the prescription charts were kept in the main campus and that the health care assistants and nurses in the two community houses used the pharmacy printed (MARS) charts to administer medications to residents. These were not signed by a medical practitioner and this practice posed a consider risk to residents'.

The policy indicated that Health Care Assistants were covered to administer medications. However, there was no evidence in one Health Care Assistants file that she had Safe Administration Medication (SAM) training in place, although the staff roster showed that she was often the only staff member on duty in the house.

There were records available to show that all residents' medications were reviewed on a regular basis by their GP.

Judgment:
Non Compliant - Moderate

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

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

Findings:
The statement of purpose had been developed within the past year and a copy was submitted to the Authority and reviewed prior to this inspection. It included details of some of the services and facilities provided but not all. It also did not contain a lot of the information as required in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013.

A copy of the statement of purpose was not made available to residents or their representatives in any of the three houses.

Judgment:
Non Compliant - Moderate

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

Findings:
There was a clearly defined management structure that identified the lines of authority and accountability. The centre was managed by a suitably qualified, skilled and experienced Clinical Nurse Manager 3 with authority, accountability and responsibility for the provision of the service. She was the named person in charge, employed full time to manage the centre. The inspector observed that the person in charge was involved in the governance, operational management and administration of the centre on a consistent basis. She and the person nominated to take over in her absence had a good knowledge and understanding of the residents having worked with most of them for a number of years. Residents appeared to know them well.

During the inspection the person in charge demonstrated sufficient knowledge of the legislation and of her statutory responsibilities. Records confirmed that she was committed to her own professional development. She was supported in her role by a strong nursing management team which included a Director of Nursing, 2 x Clinic Nurse Manager 2, one being the person nominated to take over in her absence, the other an
infection control nurse together with two nurses and the provider nominee. These were all based in the main campus and acted as support to staff working in the houses.

The person in charge reported to the director of nursing who in turn reported to the Director of Services (also nominated person on behalf of the provider). The inspector was informed by the person in charge and saw records of regular scheduled minuted meetings between the management team.

Management systems had been developed to ensure that the service provided was safe, appropriate to residents’ needs, consistent and effectively monitored. The director of services together with the director of nursing had conducted a number of six monthly unannounced visits of the three houses. The reports from these visits were available for review, they covered all areas including hygiene, infection control and security. They identified areas for improvement and issues which require follow-up, by whom and within what time line. The first annual review of the quality and safety of care and support in the centre service had also been completed. However, this required further development as it was not clear from the report if residents and/or their representatives were consulted with directly. It appeared that judgments about their level of satisfaction were made from data available to those conducting the review such as number of complaints on file for the year and minutes of residents forum meetings. In addition, the action plans to address issues identified as requiring improvement were not clear, concise or measurable.

As part of the application for registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). All documents submitted by the provider for the purposes of application to register were found to be satisfactory. However, one document in relation to planning compliance remains outstanding and it is required to be submitted to the Authority before a recommendation for registration can be made by the inspector.

Judgment:
Non Compliant - Major

Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

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

Findings:
The Chief Inspector had not been notified of the proposed absence of the person in
charge of the centre to date and the inspector was satisfied that arrangements were in place for the management of the centre during her absence. As mentioned under Outcome 14, the Clinical Nurse Manager who was met on inspection demonstrated a good clinical knowledge of residents’, had the required experience and qualifications to manage the centre in the absence of the person in charge.

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

Findings:
There were sufficient resources available to meet the needs of residents. However, the resources were not effectively managed to ensure they were meeting the needs of the residents’. For example, a review of staff numbers and their qualifications and experience appears good on paper. However, the staff with most qualifications were all based in the main campus and those with the least qualifications were allocated to work with residents in the community houses. There was no scheduled, consistent pattern of support provided to staff in each house. Support was provided on an as required or ad hoc basis. For example, there was no clinical nurse manager on duty on Saturdays a nurse was on cover, however, the clinical nurse manager 2 and clinical nurse manager 3 worked alternate Sundays. An explanation for this could not be given at the time of inspection.

Resources available were not effectively deployed to support residents achieving their individual personal plans. A number of residents told the inspector how they had not been on holidays for a number of years and had been told that this was due to a lack of staff. Also, as mentioned under outcome 5, the deployment of adequate resources had contributed to resident personal plans not being met and residents not been facilitated to access activities based on the residents individuals preference.

There are just three residents left living in the main campus, however, the other two community houses were still being run from this campus. Although, the inspector was informed that the service was being de- congregated. In reality the residents and health care assistants were moved out to the community but all services and facilities were still managed from the main campus. For example, as mentioned under outcome 12, all residents medications were delivered by a pharmacist (chosen by the provider) to the nurses working in the main campus. This was not person centred practice.
Also, the inspector noted that although staff in one of the community house had access to a car, the other house had to go to the main campus to get the shared bus and as there was only one staff member in the house at any one time all three residents had to go with the staff member to the main campus to collect the bus.

The facilities and services did not reflect the centre’s statement of purpose.

**Judgment:**
Non Compliant - Moderate

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**Outcome 17: Workforce**

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

**Theme:**
Responsive Workforce

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

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

**Findings:**

The number of staff on duty was adequate to meet the needs of residents however, the skill mix of staff was not adequate to meet resident needs. The statement of purpose stated that residents had social and nursing care needs. However, there was no nurse employed to work in two of the three houses. The inspector was informed that a qualified nurse had carried out the comprehensive assessments and written resident care plans together with the health care assistants. However, as mentioned under outcome 16, the support provided by qualified staff to health care assistants working in the community houses was not consistent. There were no staff employed as social care workers, although some of the health care assistants had a social care qualification their skills were not being utilised effectively. The lack of qualified social care workers working in the service contributed to the lack of development of residents social care needs and personal social care plans as discussed under outcome 5.

There were no volunteers working in any of the three houses. However, as the full compliment of required staff could not be filled by the HSE employed staff, some staff were employed through either a nursing agency or from a relief panel. This did lead to a lack of continuity of care for residents.

The staff roster did not identify the role of staff. For example, it was not clear whether staff were health care assistants, staff nurses or social care workers. Staffing was not organised around the needs of residents. The inspector saw that staff worked on a
roster which facilitated them working a week on and then a week off starting at 17.00 on a Monday evening and working until 23.00, then sleeping over in the house until 07.00, working from 07.00 until 09.00, going off duty at 09.00 and returning to the house at 17.00. This pattern was repeated by the same staff member for 7 consecutive days then they had a full week off until they repeated the same shift pattern.

Some of the health care assistants working in the houses did not have any qualifications in relation to working with adults with a disability, although they had some years of experience in working with this group of residents. On review of staff files, one care assistant who was rostered to work one week on and one week off in one of the community based houses had no evidence of fire training, moving or handling, safeguarding or training on managing challenging behaviours in place. Another, staff nurses file did not contain evidence of safeguarding or training on managing challenging behaviours.

Staff meetings took place on a regular basis. However, no one to one supervisory support meetings were been conducted with staff. There was no evidence of training needs analysis or professional development being completed with them.

The recruitment process was not found to be robust. This was evidenced by the fact that three files reviewed did not contain all the required documents as outlined in schedule 2. For example, one did not contain proof of identification, another did not include a job description and the third did not include written references.

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

**Findings:**
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Residents and Adults) with Disabilities) Regulations
2013 were not maintained in a manner so as to ensure ease of retrieval. The inspector found that the filing systems in place for residents documents required review to ensure out of date assessments and records were filed away and that current records were filed in an organised and sequential manner.

An insurance certificate was submitted as part of the registration pack and it showed that the centre was adequately insured against accidents or injury to residents, staff and visitors. It also confirmed that transport used by residents was adequately insured.

There was a comprehensive residents guide available to residents in each of the houses.

There was no directory of residents available in either of the three houses. The centre had written operational policies as outlined in schedule five available for review. However, they were not being reflected in practice. For example, the complaints, medication management and recruitment policy was not reflected in practice.

**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:**

Sheila McKevitt  
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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Health Service Executive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004647</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>27 July 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>02 October 2015</td>
</tr>
</tbody>
</table>

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents in one of the houses did not have access to a private space to meet with visitors in private.

1. 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

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
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:
• The Registered Provider acknowledges the obligation to provide a private space for residents to meet visitor’s and this resource will be provided in all future accommodation arranged by the provider.
• Residents of the house identified will continue to be consulted as to which communal room they wish to meet their visitors and this will be facilitated.
• The Registered Provider will make a request for Minor Capital funding to modify the house to accommodate a Visitor’s room.

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:
Residents did not have control over their life as they did not have the freedom to return home from day services early should they wish to do so.

2. 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 Registered Provider has reviewed the centre to ensure that it is adequately resourced to ensure the effective delivery of care and support in accordance with the Centre’s Statement of Purpose and identified the need for additional staffing resource to facilitate each resident has the freedom to exercise choice and control in his or her daily life.
• The HSE have sanctioned a recruitment campaign to recruit additional support staff to meet the needs of residents in the Centre, recruitment campaign will be completed by February 16.
• While staff are being recruited, agency staff have been sanctioned to meet the shortfall in the roster to facilitate residents to remaining in their home if they are feeling unwell or if they wish to remain at home from day service.
• The registered provider will ensure residents are consulted regularly on this issue.

Proposed Timescale: 01/03/2016
Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Communal bathroom, toilet and bedrooms in one house did not have privacy locks in
3. 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:
The Registered Provider has contacted the maintenance supervisor to provide locks on the bathrooms and toilets identified.

Proposed Timescale: 02/10/2015
Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were no records to indicate what the outcome of a complaint was, what action, if any was taken on foot of a complaint and whether or not the resident was satisfied.

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

Please state the actions you have taken or are planning to take:
• The Registered Provider has developed a Complaint form for recording and investigation of complaints. This form clearly demonstrates the process of how complaints are managed in the centre.
• The Register Provider shall ensure that the complaints procedure is robust, ensuring that when a complaint is investigated, that the outcome is communicated to the complainant, and their feedback is sought that they are satisfied with the outcome and their response is recorded.
• The Registered provider has put in place a new template for the recording and investigation of complaints.
• The new template has been discussed with staff and they will inform residents about the process at the resident’s weekly meeting.
• The Complaints policy will be updated to reflect the revised template for Complaints.
• Complaints are reviewed at the monthly management meeting to ensure due process and satisfactory resolution.
• The service will review complaints for future training needs and service development.
• Complaints are lodged and forward to HSE Consumer affairs monthly by the Register Provider.

Proposed Timescale: 31/10/2015
<table>
<thead>
<tr>
<th>Outcome 02: Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Individualised Supports and Care</td>
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</table>

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
All residents were not being consistently assisted and supported to communicate in accordance with their wishes due to a lack of communication tools.

### 5. Action Required:
Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

**Please state the actions you have taken or are planning to take:**
- The Registered Provider shall ensure that each resident has a communication passport which identifies their preferred method of communication and assistive aids they require in consultation with the speech and language therapist.
- The Registered provider will ensure that appropriate communication aids are provided to support staff to communicate effectively with residents in accordance with their individual communication needs.
- The Registered Provider will ensure the staff receive training on communication with people with Intellectual Disabilities.
- The Registered Provider shall ensure that communication board identified in the inspectors report will be used for resident’s information and communication needs only. This has been completed with consultation with staff.

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

<table>
<thead>
<tr>
<th>Outcome 02: Communication</th>
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</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Individualised Supports and Care</td>
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</tbody>
</table>

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Each resident did not have access to a television with the channels to meet their needs.

### 6. Action Required:
Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.

**Please state the actions you have taken or are planning to take:**
The Registered Provider has arrange for the removal of the obstruction that was interfering with the television channels. Resident now have access to a selection of television channels to choose from.

**Proposed Timescale:** 02/10/2015
Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents did not have access to the internet.

7. Action Required:
Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.

Please state the actions you have taken or are planning to take:
The Registered has commenced the process of providing safe and secure internet access in to the resident’s home.

Proposed Timescale: 01/12/2015

Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff did not have access to training to support them to communicate with residents.

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

Please state the actions you have taken or are planning to take:
• The Person in Charge shall identify suitable training to meet the communication needs of people with an intellectual disability.
• The Person in Charge shall ensure all relevant staff are trained to meet the individual communication needs of the residents.
• The Person in Charge shall evaluate the training and put in place a plan to meet any shortfall in meeting these needs

Proposed Timescale: 01/01/2016

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

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents in all three houses were not being facilitated to engage with the local community they remained highly dependent on services provided from the main HSE campus.
9. **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:
- The Registered Provider will oversee that residents participate in local services and
are linked with the neighbourhood through day services, leisure and social activities.
- The Registered Provider shall arrange for the Social Inclusion Co-ordinator to meet
with individual resident's to support them in accordance with their wishes to develop
links with their local community.
- The Registered Provider shall review and evaluate the outcome of supports and
integration in the community at management meetings.

**Proposed Timescale:** 30/11/2015

**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:
The written agreement did not fully outline the services to be provided for the fee
charged.

**10. 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 Registered Provider shall ensure that revised contract of care includes fees for
services such as refuse, water and utilities etc.are issued to residents or their
representatives.

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

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in
the following respect:
There was no evidence that the contracts of care had been agreed with residents or
their representatives as neither party had signed the contract.

**11. Action Required:**
Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

Please state the actions you have taken or are planning to take:
The Registered Provider shall issue revised Contracts of Care to residents or their representative and to return signed contract to the Person in Charge for filing in the resident’s person centred plan.

Proposed Timescale: 31/10/2015

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents’ personal social plans were not outcome based. The goals identified within these plans were not specific, measurable, attainable, realistic or time bound. They did not identify the person responsible for goal attainment.

12. Action Required:
Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

Please state the actions you have taken or are planning to take:
• The Person in Charge will facilitate training for front line staff to ensure all residents personal centred plan goals are outcome based and are specific, measurable, attainable, and realistic and time bound.
• The Person in Charge will ensure all goals are reviewed at least three monthly.
• The Person in Charge will ensure person centred plans will be reviewed with the resident and representative at least annually.
• The Person in Charge will audit personal plan goals every six months to ensure they have positive outcome for resident’s lives.

Proposed Timescale: 01/02/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Personal plans were not available in an accessible format to each resident.

13. Action Required:
Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.
Please state the actions you have taken or are planning to take:
• The Person in Charge will source accessible templates for person centred plans.
• The Person in Charge will support staff to use accessible templates for resident’s person centred plans.

Proposed Timescale: 01/02/2016
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Arrangements were not in place to meet the social care needs of residents, as staff in the houses had not received training on developing and implementing social care plans.

14. 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:
• The Registered provider will put arrangements in place to meet the training needs of staff in developing and implementing social care goals as part of the person centred plans.
• The registered Provider will monitor the implementation and outcome of social care goals for residents through a process of auditing.

Proposed Timescale: 01/02/2016
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staffing arrangements were not in place to meet the social care needs of residents in the evenings.

15. 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:
• The Registered Provider will make additional resources available to meet the social care needs of residents
• The HSE have committed to running a recruitment campaign to employ additional staff.
• In the interim the Registered Provider will make available agency staff to meet the social care needs of residents in the evenings.

Proposed Timescale: 01/02/2016
<table>
<thead>
<tr>
<th>Outcome 06: Safe and suitable premises</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>Space in bedrooms in the main campus is restrictive and does not allow free movement of the resident and staff around all furniture and equipment.</td>
</tr>
</tbody>
</table>

16. **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 Registered Provider has identified alternative safe and suitable premises for residents currently residing in the main campus.
- The unit identified in the inspectors report is scheduled for closure by December 31st 2015
- The Registered provider has arranged for the un-necessary items from identified bedroom and to store them in an accessible area.

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

<table>
<thead>
<tr>
<th><strong>Theme:</strong> Effective Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>The three houses were not cleaned appropriately, there was no deep cleaning schedule in place in any of the houses.</td>
</tr>
</tbody>
</table>

17. **Action Required:**
Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

**Please state the actions you have taken or are planning to take:**
- The Registered Provider has arranged a system of a 3 monthly deep cleaning schedule for each house in order to maintain an appropriate standard of hygiene.
- The Registered Provider will arrange a 6 monthly hygiene audit of each house to monitor the hygiene standards which will be reported on at Management meetings
- The Registered provider will ensure that houses are inspected for hygiene and infection control standards as part of the weekly house visit.

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

<table>
<thead>
<tr>
<th><strong>Theme:</strong> Effective Services</th>
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</thead>
<tbody>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
</tbody>
</table>
The three bedded community house was not in a good state of repair due to the following:
* large damp stain on the living room and upstairs bedroom ceilings
* heavy growth of moss on pavement

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

Please state the actions you have taken or are planning to take:
- The Registered Provider has contacted the Maintenance Department to action remedial maintenance works identified to be done.
- The Registered Provider will develop a Maintenance checklist for each house to ensure weekly reporting of maintenance requirements and prompt follow up

Proposed Timescale: 01/11/2015
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The four bedded community house was not in a good state of repair for the following reasons:
cobwebs in a number of rooms,
dust on skirting boards,
brown dis-colouration on grout between shower tiles
a number of walls which required either cleaning or re-painting.
divan base of one residents bed was stained and required attention
utility/laundry area off the kitchen contained a number of damp patches on the walls.

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

Please state the actions you have taken or are planning to take:
- The Registered Provider has put in a system for a quarterly deep cleaning schedule for each house in order to maintain an appropriate standard of hygiene.
- The Registered Provider has arranged for replacement of bed for resident as identified
- The Registered Provider has requested Minor Capital to carry out remedial repairs in the house identified

Proposed Timescale: 31/10/2015
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The three bedded unit on the first floor of the main campus was not in a good state of repair due to the following:

- the walls and ceilings were discoloured
- heavy layer of cobwebs hanging from all ceilings
- skirting boards and all wooden areas contained a heavy coating of dust and their was a hole the size of a ones fist in each of the three bedroom ceilings.
- a vermin poison box inside the sitting room door
- a large section of this sitting room wall with plaster exposed
- divan base of one was uncovered and stained with two mattresses layed on top of it
- one uncovered mattress bottomed out that it was curled up at either end and the base beneath it was contained a number of dark stains
- bathrooms not in anyway homely
- residents did not have independent access to a safe and secure garden

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

**Please state the actions you have taken or are planning to take:**
- Divan base and mattress have been replaced
- Vermin boxes were removed
- The Registered Provider has arranged a system of a quarterly deep cleaning schedule in order to maintain an appropriate standard of hygiene.
- The Registered Provider has identified alternative modern safe and suitable premises for the residents.
- This unit identified by the inspector is scheduled to close on December 31st 2015

Proposed Timescale: Immediate - 31/12/2015

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

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**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:
Cleaning equipment was not stored in an appropriate place,

21. **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:**
• The Registered Provider will ensure that cleaning equipment is appropriately stored in accordance with infection control guidelines in the community houses.
• The Registered Provider will ensure that an Infection Control/Hygiene Audit is conducted 6 monthly
• The Registered Provider will monitor hygiene/infection control on weekly visits
• The Registered provider has identified a new cleaning equipment system which requires minimal storage space.

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

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The intumescent strip on some fire doors had been painted over.

**22. Action Required:**
Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

**Please state the actions you have taken or are planning to take:**
The recommendations of fire audit are currently being carried out in community houses and when completed will be signed off by the Fire Officer

**Proposed Timescale:** 01/11/2015

**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:**
While there is a log of all accidents and incidents, some were not reported to the Authority within the three day time period as necessary.

**23. Action Required:**
Under Regulation 31 (1) (g) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation of misconduct by the registered provider or by staff.

**Please state the actions you have taken or are planning to take:**
The Person in Charge will ensure that they will comply with the regulatory requirement to report all notifiable events to the Authority within the specified timeframe in accordance with the Regulations

**Proposed Timescale:** 02/10/2015
### 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:**
Residents are engaged in social activities but these are limited in scope.

**24. 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:**
- The Person in Charge will ensure that the residents are supported to access opportunities for education, training and education in accordance with their person centred plans and expressed wishes.
- The Person in Charge will support residents to access individual day services that provide opportunities for education and training

**Proposed Timescale:** 01/02/2016

### Theme: Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Support provided is not person centred and is not focused on developing the residents full potential.

**25. 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:**
- The Person in Charge will ensure that the resources are allocated in order to facilitate individual residents accessing opportunities for life long learning and reaching their full potential.
- The Person in Charge will consult with day service providers to ensure residents have opportunities to pursue their skills and interests.

**Proposed Timescale:** 01/02/2016

### Outcome 12. Medication Management

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Medication prescriptions were not completed in accordance with best practice for the following reasons;
- the residents General Practitioner (GP) name was not identified on the chart
- the name of the centre was not always identified on the chart
- the dose of each medication was not written on the prescription chart
- the frequency that each medication was to be administered was not written on the charts
- there was no maximum dose prescribed for as needed (PRN) medications
- the times on the prescription charts did not match times on the administration charts or times on the pharmacy printed (MARS) chart.
- the allergy sections on prescription charts was not completed hence staff could not confirm if the resident was allergic to a particular medication prior to administering medications to them.

26. **Action Required:**
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

**Please state the actions you have taken or are planning to take:**
- The Person in Charge will audit that medication prescriptions to ensure that they are completed in accordance with best practice as outlined by the inspector.
- The PIC will ensure that the medication policy is implemented and adhered to reflects best practice.

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

**Theme:** Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Medication administration was not in line with professional guidance or safe practice as medication prescriptions were not completed accurately.

27. **Action Required:**
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

**Please state the actions you have taken or are planning to take:**
- The Person in Charge will ensure that medication prescriptions are completed in accordance with best practice.
- The Person in Charge will ensure that prescriptions are checked by a nurse for errors before they are distributed to individual houses.
- The Person in Charge will review 6 monthly in line with the inspectors recommendation and best practice.

**Proposed Timescale:** 31/10/2015
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 available to show that all health care staff administering medications were trained to do so.

28. Action Required:
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:
• The Person in Charge will ensure that training in the safe administration of medication will be provided for staff who have not completed same.
• The Person in Charge has reviewed staff training needs for medication management and has requested training dates for same.
• Medication management training scheduled for November, 2015.

Proposed Timescale: 02/10/2015

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 statement of purpose did not contain all the information as outlined in schedule 1.

29. 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 Registered Provider will review the Statement of Purpose in order that it complies with the Regulatory Requirement as stated in Schedule 1.

Proposed Timescale: 31/10/2015

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A copy was not accessible to residents or their representatives.
30. **Action Required:**
Under Regulation 03 (3) you are required to: Make a copy of the statement of purpose available to residents and their representatives.

**Please state the actions you have taken or are planning to take:**
The Registered Provider will make a revised copy of the Statement of Purpose available to the residents and their representatives.

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

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### 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:**
One document in relation to planning compliance remains outstanding. It needs to be submitted to the Authority before a recommendation for registration can be made by the inspector.

31. **Action Required:**
Under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. you are required to:
Provide all documentation prescribed under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
The Registered Provider has forwarded the outstanding planning document required to meet compliance with the Regulatory requirements will be furnished to the Authority.

**Proposed Timescale:** 02/10/2015

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
An annual review of the quality and safety of care in the designated centre had taken place; however there was no evidence of consultation with residents or their representatives.

32. **Action Required:**
Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.
Please state the actions you have taken or are planning to take:
• The Registered Provider will provide evidence of consultation with residents’ and their representatives which was completed as part of the annual review.
• 2015 annual report will provide evidence of consultation with residents and their representatives through the resident forum meetings and consumers feedback questionnaires.

Proposed Timescale: 10/02/2016

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The annual review of the quality and safety of care in the designated centre took place but there was no evidence of learning from the review as action plans to address deficiencies were not clear, concise or measurable.

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

Please state the actions you have taken or are planning to take:
• The Registered Provider will ensure that the 2015 annual review of the quality and safety of care of the designated centre will demonstrate evidence of learning to address efficiencies through action plans which are clear, concise and measurable.
• The registered provider will monitor progress of the action plans at management meetings to ensure compliance and evidence of quality improvement

Proposed Timescale: 10/02/2016

Outcome 16: Use of Resources

Theme: Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There are sufficient resources but they are not appropriately managed to meet the needs of residents in a person centred way..

34. 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 Registered Provider has conducted a review of how resources are being allocated
with the PIC and ensure that resources are appropriately allocated to ensure that residents assessed needs are being met through a person centred approach.

• The Registered Provider will review fortnightly or as required on how resources are being allocated.

Proposed Timescale: 02/10/2015

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The qualifications and skill mix of staff was not adequate to meet the needs of residents'.

35. 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 Registered Provider is identifying a suitable skill mix to meet the needs of the residents and employing appropriate staff to meet these identified needs.
• Recruitment campaign has been requested which is scheduled to be completed by February 2016.

Proposed Timescale: 01/02/2016

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The role of staff was not identified on the staff roster.

36. Action Required:
Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

Please state the actions you have taken or are planning to take:
The Person in Charge has arranged for all staff grades are identified on the roster going forward.

Proposed Timescale: 02/10/2015
**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Documents outlined in schedule 2 were not available in each staff member's file.

**37. 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:**
- The Person in Charge will conduct an audit of staff files to ensure that each staff member's file contains all the documents outlined in schedule 2.
- On completion of the audit the Person in Charge will ensure that documents required under schedule 2 will be sourced and filed appropriately.

**Proposed Timescale:** 20/12/2015

**Theme:** Responsive Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Residents did not receive continuity of care due to the use of both agency and relief staff on an ongoing basis.

**38. Action Required:**
Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

**Please state the actions you have taken or are planning to take:**
- The Registered Provider has conducted a review of the staffing levels in the DC and HSE will launch a recruitment campaign which should be completed by February 2015.
- The registered Provider will ensure as far as possible to maintain consistency of Agency staff working in the designated centre that they have been appropriately inducted to work with the residents.

**Proposed Timescale:** 01/02/2016

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Staffing was not organised around the needs of residents.

**39. Action Required:**
Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota,
showing staff on duty at any time during the day and night.

Please state the actions you have taken or are planning to take:
• The Person in Charge will ensure that the staff resource is planned to meet the needs of individual residents based on their identified needs.
• The Person in Charge will consult with the Registered Provider in relation to addressing staff rosters and requirements under the European Working Time Act.
• The registered provider has requested a recruitment campaign to be launched by the HSE which is scheduled to be completed by February 2016.

Proposed Timescale: 01/02/2016
Theme: Responsive Workforce

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 mandatory training in place.

40. 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 Person in Charge has reviewed the staff training records and identified staff with incomplete training records.
• The Person in Charge and has arranged dates for training for those staff with incomplete training records.
• The person in charge has met with relevant staff and inform them of their obligation to attend mandatory training.

Proposed Timescale: 02/10/2015
Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff did not have one to one supervisory meetings or appraisals with the person in charge.

41. 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 Person in Charge will ensure that individual supervisory meetings and appraisals will commence for staff
• The Person in Charge will maintain records of supervision meetings with staff in a safe and secure manner.
• The PIC has commenced training in professional supervision which will be completed in November 2015.

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

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**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 were not reflected in practice.

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

Please state the actions you have taken or are planning to take:
• The Registered Provider will ensure that staff have signed that they have read and they are familiar with the service policies.
• The registered provider will arrange a review the service policies with the PIC’s to ensure that they are being implemented in practice.
• The registered Provider will address barriers to the implementation of policies and escalate associated risks which cannot be managed within the designated centre.

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

**Theme:** Use of Information

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

There was no directory of residents available for review.

**43. Action Required:**
Under Regulation 19 (1) you are required to: Establish and maintain a directory of residents in the designated centre.

Please state the actions you have taken or are planning to take:
The Registered provider will ensure that a copy of the directory of Residents is available in the designated centre.

**Proposed Timescale:** 02/10/2015
**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The documents to be kept in relation to residents as outlined in schedule 3 were not easily retrievable.

**44. 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 Registered Provider will ensure that the documents to be kept in relation to residents as outlined in Schedule 3 will be presented in a format that is easily retrievable manner i.e. sequential, organised etc.
- The Registered Provider will ensure that documents in relation to residents are stored in a safe and secure manner in accordance with Data Protection Guidelines in each house within the designated centre.

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