Health Information and Quality Authority
Regulation Directorate

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

Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.
Centre ID:	OSV-0003953
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd.
Provider Nominee:	Michelle Doyle
Lead inspector:	Julie Hennessy
Support inspector(s):	Caroline Connelly;
Type of inspection	Announced
Number of residents on the date of inspection:	9
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.

▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

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

▪ to monitor compliance with regulations and standards

▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge

▪ arising from a number of events including information affecting the safety or well-being of residents

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

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

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

The inspection took place over the following dates and times

From:	To:
14 September 2015 10:00	14 September 2015 18:30
15 September 2015 09:00	15 September 2015 16:30

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

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

Summary of findings from this inspection

This report sets out the findings of an announced inspection of Group F Community Residential Services following an application by the provider to register the centre.

This inspection is also informed by a previous monitoring inspection that took place on 1 and 2 September 2014. Due to re-configuration of the centre, while this was the second inspection of the centre by the Authority, only one of the two houses had previously had an inspection.

Since the previous inspection, a number of key issues had been addressed. Other issues had yet to be addressed including in relation to ensuring the personal plan

was in an accessible format.

As part of the inspection, inspectors met with residents, the provider nominee, the clinical nurse manager (CNM3) who was deputising in the absence of the person in charge and the staff team. Inspectors observed practices and reviewed documentation such as personal plans, risk assessments, policies and procedures.

The centre comprises two houses in the community, a bungalow and a two-storey house. The centre was bright, warm and well-maintained and decorated in a homely way.

Good practices were identified in a number of areas. Residents told inspectors that they were happy and felt safe in the centre. Inspectors observed staff interacting with residents in a respectful and warm manner. Staff supported residents to use both verbal and non-verbal communication and express choice about day to day matters. The development of life skills and opportunities for new experiences were supported and promoted. This was very evident for residents who had previously lived in a campus-based congregated setting.

However, major non-compliances were identified in four of 18 outcomes:

Under Outcome 4, it was not demonstrated that admissions to the centre were in line with the organisations' own policy in relation to admissions, transfers and discharges. While the consultation process identified that the most suitable environment for two residents was a single-storey premises, this was not provided.

Under Outcome 6, the unsuitable design and layout of the centre resulted in environmental restrictions in place that reduced the capacity of all residents to exercise personal independence. In addition, there was insufficient private and communal space in the centre to meet the specific needs of all residents.

Under Outcome 7, the risk management system was not sufficiently robust as risk assessments had not been completed for some identifiable hazards. In addition, a costed time-bound plan had not been submitted to the Authority in relation to completion of required fire improvement works in full.

Under Outcome 17, it was not demonstrated that night-time staffing arrangements met the assessed needs of all residents.

The Authority did not agree this action plan with the provider despite affording the provider the opportunity to submit a satisfactory response. The provider's response to Regulations 9(3), 24(1)(a), 17(6), 17(7), 15(1) and 21(3) under Outcomes 1, 4, 6, 17 and 18 were not accepted as they did not adequately address the failings identified during the inspection.

Non-compliances were identified in other areas, including in relation to ensuring timely access to MDT (multi-disciplinary team) and the maintenance of documentation in the designated centre. These findings are detailed in the body of

this report and should be read in conjunction with the actions outlined in the action plan at the end of the report.

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

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

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

Findings:
Arrangements for consultation with residents were in place. Some improvements were required in relation to arrangements in place to protect the privacy and dignity of residents.

Residents' meetings took place every two months, or more frequently if an issue needed to be discussed. A charter of rights in an easy to read version was clearly displayed in the centre. A range of topics, including those relevant to residents' rights had been discussed at residents' meetings, including in relation to choice, equality, keeping healthy, happiness and being heard and understood.

There were policies and procedures in place for the management of complaints and these were also available in an easy to read version. A new complaints book had been introduced since the previous inspection that would allow for all of the information required by the Regulations to be captured in relation to any complaints. The inspector viewed the complaints book in one house and found that no new complaints had been made since the previous inspection.

Inspectors found that staff treated residents with respect and dignity in all interactions. Bedroom doors were kept closed unless the resident requested otherwise. Since the previous inspection, changes to the physical layout of the premises meant that issues identified at the previous inspection in one house relating to privacy and dignity of an individual resident had been addressed.

However in the second house, one resident accessed the en-suite shower of another resident, which impacted on the privacy of that resident. While plans had been approved

to renovate an upstairs bathroom to address this issue, the renovation had yet to commence.

In addition, the arrangements in place to ensure the privacy and dignity of residents required improvement as there was no means of locking bathroom doors or indicating that bathrooms were occupied when in use.

The centre was managed in such a way so as to maximise residents' choice in their daily lives. Routines reflected residents' choice and preference for example, residents were facilitated to lie in on a morning if they so wished.

Residents were facilitated in exercising their religious rights. Since the previous inspection, the voting methods of all residents had been established and were now documented.

There was a policy on residents' personal possessions and residents' property was kept safe via appropriate record keeping seen in the residents' personal files. Residents were supported to do their own laundry if they so wished and for some residents the folding and putting away of laundry had been identified as a life skill to focus on.

Judgment:
Non Compliant - Moderate

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

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There was a policy on communication with residents and a user-friendly version of that policy was also being developed.

Staff were aware of the different communication needs of residents. Input had been sought from relevant professionals where residents had communication needs. Individual communication requirements were highlighted in personal plans and observed to be implemented in practice. For example, a number of residents had been reviewed by speech and language therapy and had communication programmes in place. Residents indicated to inspectors how their communication systems and aids worked.

Residents had access to radio, television, social media and information on local events was displayed on notice boards. A number of residents had i-pads for their personal use.

Information relating to residents' rights, medicines, fire safety, consent, advocacy and communication was seen to be available in an easy-to-read and accessible format.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Inspectors found that positive family and personal relationships were supported. Community links were being developed, which was particularly important in this centre as a number of residents had moved from a campus-based to a community-based setting.

There was a policy on visiting and it was demonstrated that families were welcome and free to visit. In one house, there was limited communal space to receive visitors. The house manager described how on such occasions visitors would be facilitated by staff engaging other residents in an activity in the kitchen or by bringing residents out for a walk.

Family relationships were supported by staff in various ways as applicable to each individual resident. Residents were supported to visit their family members, to stay overnight or for weekends in their family home and to go out on day visits with family. Relatives could also visit their loved one in their day service. Residents communicated to inspectors when they were due to go home. Family were invited to attend personal planning review meetings.

A house manager demonstrated a number of ways in which links with the community were being developed since residents moved from a campus-based to a community-based setting. Community integration also formed part of residents' personal plans and life skills development programmes as this was a significant life change for residents. Residents were supported to go grocery shopping, to Mass, to reflexology, the hairdresser, beautician and for walks in the community.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There was a policy on admissions, transfers and discharges of residents. However, it was not demonstrated that the admissions process fully considered the wishes, needs and safety of all residents. In addition, the admissions policy did not consider the need to protect residents from abuse by their peers, as required by the Regulations.

It was not demonstrated that admissions to the centre were in line with the organisation's own policy in relation to admissions, transfers and discharges which clearly outlines that admissions will consider the wishes and preferences of residents and be in consultation with the key support person.

The service has an admissions, transfers and discharges committee in place. There was evidence that the wishes of residents had been considered through questionnaires. Input from other support persons had also been sought, including the resident's key worker. Family involvement was demonstrated. Inspectors reviewed information pertaining to the admission of two residents to one house in the centre. That information demonstrated that residents expressed a wish to live in a bungalow with no steps or stairs and would like a quiet environment. Residents' key workers also identified that residents needed "space for mobility needs" and a "quiet space". However, inspectors found that the same two residents were being accommodated in a two-storey house, in upstairs bedrooms. Inspectors also observed that the environment was not quiet and there was limited space for residents to go to be alone. In addition, it was documented that the stairs in the centre were a concern prior to the residents moving into the house. This will be further discussed under Outcomes 5, 6, 7 and 8.

The admissions policy did not consider the need to protect residents from abuse by their peers, as required by the Regulations. This gap has been identified previously on a number of occasions at organisational level.

Each resident had a written contract. The contract set out the services to be provided and the fees to be charged.

Judgment:
Non Compliant - Major

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

Theme:
Effective Services

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

Findings:
Inspectors found that each resident had a comprehensive assessment of their personal, social and health needs. However, an assessment of each resident's education, training and/or developmental needs had not been completed.

Each resident had a personal plan. Inspectors reviewed a sample of personal plans and found that significant improvement had been made since the previous inspection. Personal plans were individual and person-centred. There was evidence of family involvement in personal planning and family were invited to attend meetings pertaining to the review of personal plans. Goals had been set for residents and these reflected the wishes, capabilities and interests of individual residents. However, further improvement was required as the review of the personal plan was not multi-disciplinary, as required by the Regulations. As a result, planning for key areas was not demonstrated e.g. planning for retirement, planning in relation to meeting future accommodation needs. This gap has been identified at repeated inspections at both service and organisational level.

In addition, the personal plan was not in an accessible format, as required by the Regulations. This gaps has also been previously identified.

The process involving the review of personal plans was clear and formal reviews took place every six months. An annual report of such reviews was completed by the person in charge for the provider. Such reviews included whether goals were being achieved and any challenges to achieving set goals.

Judgment:
Non Compliant - Moderate

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
It was not demonstrated that the designated centre met residents individual and collective needs in an acceptable way.

The centre comprises two houses, a bungalow and a two-storey house. The centre was bright, warm and well-maintained. There were sufficient furnishings, fixtures and fittings. The centre was decorated in a homely way. Residents' art work and pictures were displayed. Residents had input into decorating rooms.

There was a kitchen and separate dining area in each unit. Each kitchen was clean and suitably equipped. The kitchen in one house was limited in space but adequate to meet the current needs of residents.

Each resident had their own bedroom. Some residents chose to show inspectors their bedrooms, which they were very proud of and bedrooms were comfortable and personalised.

Each house had a pleasant and spacious outdoor area, which residents said that they used, weather permitting.

However, the unsuitable design and layout of the centre resulted in environmental restrictions in place that reduced the capacity of some residents to exercise personal independence. As previously mentioned, two residents with mobility needs were accommodated in upstairs bedrooms and required supervision at all times ascending or descending the stairs. Staff told inspectors that a resident would frequently seek to go to her room to retrieve personal belongings and this might be up to 20 times a day. Following a number of falls at the bottom of the stairs and concerns residents falling down the stairs at night-time, stair gates had been installed at the top and bottom of the stairs to prevent those residents from ascending or descending the stairs unsupervised.

There was insufficient private and communal space for residents in the centre. In one house, inspectors noted that the noise levels were high when all residents were together. Staff described how one resident regularly chose to go to her room for quiet time. It was not clear whether the resident chose to go to her room because it was the only quiet space in the house or whether this decision was made in the absence of a

viable alternative. While a separate room to receive visitors in private was not available, arrangements were made to facilitate this in so far as possible.

There were insufficient showers of a suitable standard to meet the needs of residents. As previously mentioned, one resident accessed the en-suite shower of another resident, which impacted on the privacy of that resident. While plans had been approved to renovate an upstairs bathroom to address this issue, the renovation had yet to commence at the time of inspection. In addition, the laundry area was outside of the house in a shed but no risks were identified over the course of the inspection in relation to this arrangement.

In the second house, one bedroom was restricted in terms of layout. It was not possible to access the bed from both sides and a residents' clothes were kept in cupboards outside of their bedroom. However, the same resident told inspectors that they liked their bedroom and had been offered a larger bedroom, which they had declined. This bedroom however would not meet the needs of any resident with mobility needs or mobility aids or appliances.

Judgment:
Non Compliant - Major

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

Theme:
Effective Services

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

Findings:
Since the previous inspection, actions relating to infection control documentation, fire safety recording and food safety practices had been completed. Actions relating to fire improvement works had not been satisfactorily addressed. Improvement was required in relation to risk assessment and infection control.

The centre had an up to date safety statement and risk management policy. There were adequate arrangements in place for learning from adverse incidents. An incident report form was completed and the steps required to minimise the possibility of recurrence was recorded by the appropriate staff member. There was evidence that incidents were discussed with staff at house level to ensure that learning's were adequately communicated.

There were a range of risk assessments in place. However, the risk management system was not sufficiently robust as risk assessments had not been completed for some

identifiable hazards. As described in more detail below, manual handling risk assessments and environmental risk assessments had not always been completed for residents with mobility needs. Where residents were at risk of falls, it was not demonstrated that the tool in use was appropriate to the resident's age or setting or that the risk level had been correctly calculated. In addition, an understanding of how to appropriately use a falls risk assessment tool was not demonstrated. Where a resident was at risk of developing a pressure sore, a validated tool was not in use. Where bedrails were in use, they were only checked when staff were on duty and so were not checked between 23:00hrs and 07:00hrs the following morning. While visual checks of bedrails were completed, it was not evidenced that the physical integrity of the bedrails were checked, such as whether recommended distance between the rails themselves and the bedrail and the mattress or bed-surround had increased or decreased over time.

Staff had received training in manual handling. However, the stairs in one house was steep and narrow. Inspectors observed that staff were unable to walk alongside a resident when supervising them to ascend or descend the stairs, meaning that unsafe practices were adopted during such times. In addition, a manual handling risk assessment had not been completed in relation to this risk. Concerns in relation to the suitability of the stairs had been identified prior to the residents moving into the centre and a stair-chair had been installed at that time. Staff explained that residents did not use the stair-chair and as it was presenting a hazard, it had been removed and replaced with a hand-rail. However, inspectors found that an environmental assessment had not been completed of the suitability of the centre for residents with mobility needs either prior to or since the residents moved into the centre.

Fire extinguishers were available and service records were available and were found to be up to date. There was adequate means of escape and daily checks were undertaken and recorded to ensure that exits were unobstructed. There was a prominently displayed fire evacuation plan displayed in the centre and a personal emergency evacuation plan was displayed adjacent to the evacuation plan. Regular fire drills took place, including those simulating night-time situations. Fire drill records demonstrated that effective arrangements were in place to ensure safe and timely evacuation of all residents. At the previous inspection, a fire risk assessment had been completed by a person competent in the area of fire safety, which identified fire safety improvement works to be completed. However, a costed time-bound plan had not been submitted to the Authority in relation to completion of required fire improvement works in full.

In addition, fire risk assessment recommended that a review should take place in relation to the residents being accommodated in the upstairs bedrooms to ensure that those residents could negotiate the staircase with limited assistance. Inspectors spoke with staff who said that residents required full supervision to negotiate the staircase. Finally, the fire risk assessment of the centre included recommendations to relocate a resident who was prone to sleep-walking to a ground floor bedroom. Overall, it was not demonstrated how or whether the recommendations contained in the fire risk assessment had been satisfactorily addressed.

Staff were able to identify hand hygiene as an important means of infection control and were able to identify appropriate moments for hand hygiene. Senior house staff were able to discuss what they would do in the event of outbreak of infectious disease and

appropriate equipment was available in the house for the purposes of infection control. Alginate bags were available to launder contaminated clothing and staff were knowledgeable of appropriate temperatures at which to wash contaminated laundry. Cleaning schedules were in place, including in relation to the use of medical and other equipment.

However, it was not demonstrated that the procedures in place to protect residents from healthcare associated infection were consistent with the standards for the prevention and control of healthcare associated infections published by the Authority. For example, inspectors observed that some areas of the centre required attention. While staff had received training in hand hygiene, it was not demonstrated how hand hygiene practices were monitored and audited in this centre. In addition, the annual audit of infection control in the centre had been delegated to a staff member who did not have the required knowledge, experience or training to assume oversight of this area; this will be further discussed under Outcome 14.

Judgment:
Non Compliant - Major

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

Theme:
Safe Services

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

Findings:
Inspectors found that systems were in place to protect residents from being harmed or suffering abuse. Improvements were required in relation to the supports in place to manage behaviour that challenges and residents' finances.

There were organisational policies in place in relation to the protection of vulnerable adults, behaviour that challenges, residents' finances and intimate care.

Inspectors viewed training records that confirmed that all staff had received training in relation to responding to incidents, suspicions or allegations of abuse. Inspectors spoke with staff who were knowledgeable of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. A system was in place for training any volunteers and there was one volunteer in the centre.

Inspectors spoke with residents who confirmed that they felt safe in the centre and that they knew who to talk to if they needed to report any concerns of abuse. There was a nominated person to manage any incidents, allegations or suspicions of abuse and staff were able to identify the nominated person.

Since the previous inspection, all staff had received training in relation to challenging behaviour, including de-escalation and intervention techniques.

Inspectors reviewed personal plans, plans for support behaviour that challenges and risk assessments and spoke with staff in relation to behaviour that challenges. Residents were involved in discussions and reviews that had been arranged to support residents to manage their own behaviour and consent was documented for supports in place. There was evidence of regular psychiatric review where needed. While some behaviour support plans had been developed with specialist behaviour support input, others had not. In addition, it was not demonstrated that all residents had timely access to psychology where required. For example, where a behaviour support plan was not proving to be effective for one resident, a referral to psychology had been sent on 11/3/2015 and the resident was still awaiting review at the time of inspection (6 months later).

Restrictive practices were in place in the centre, including bedrails, a lap-belt for a shower chair and the disabling of a motorised wheelchair. There was evidence of consultation with residents and consent was documented. While restrictions had been reviewed by the restrictive practices committee, it was not demonstrated that suitable alternatives were considered. As previously mentioned, there were environmental restrictions in place to prevent residents ascending or descending the stairs unsupervised.

Inspectors reviewed arrangements in place for managing residents' finances. Receipts were kept for all items an signed by two people. An auditing system was in place. However, some improvements were required. Invoices were not obtained from external service providers who visited the centre to provide different therapies to residents. Also, the system in place relating to the management of one resident's finances was not sufficiently clear or transparent.

Judgment:
Non Compliant - Moderate

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
A record of all incidents occurring in the designated centre was being maintained and where required, notified to the Chief Inspector. Quarterly reports were provided. While most restrictions had been notified as required, environmental restrictions had not been included in the quarterly report as required. The provider nominee and person in charge were aware of the requirements in relation to the submission of notifications.

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):
No actions were required from the previous inspection.

Findings:
Residents' opportunities for new experiences, social participation, education, training and employment were facilitated and supported. Improvements were required to ensure access to a suitable day service for all residents.

The policy on access to education, training and development was made available to inspectors. Improvements were required to the policy to ensure that it addressed relevant regulatory requirements.

Support was provided for all residents to attend a day service. A number of options were available including a service that developed skills in relation to training, employment and education, a retirement group and a day activation service.

Opportunities for new experiences were actively supported and promoted. This was very

evident for residents who had previously lived in a campus or congregated setting. Opportunities explored or being explored included music therapy, art therapy, pet therapy, reflexology and the development of fundamental life skills, such as household tasks and grocery shopping.

There was evidence of input from day services for some residents. However as previously mentioned under Outcome 5, a robust assessment process was not incorporated into the personal planning process to establish each resident's training or skills development goals and ultimately, what type of day service may be the most suitable for each resident. As a result, where residents refused to attend their day service, it was not clear that the day service met the resident's needs or whether alternatives, such as retirement, should be considered. For a resident who refused intermittently to attend a day service, alternatives such as late starts and having a lie-in on certain days were being accommodated. However, a recent MDT meeting that had been arranged to review whether the resident needed to fully retire (among other issues) had not taken place so it was not possible to determine how such issues were discussed and managed for residents in the centre.

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):
No actions were required from the previous inspection.

Findings:
Inspectors found that residents were supported on an individual basis to achieve and enjoy good health. Improvements were required in relation to end of life care planning and access to allied health services.

Inspectors reviewed residents' personal plans as they related to healthcare and found that residents had timely access to their own general practitioner (GP) and access to other medical professionals and medical treatments where required, including ongoing monitoring of blood tests and scans.

Residents had ready access to some but not all required allied health care services when required. As previously mentioned under Outcome 8, gaps in relation to accessing psychology were noted. Also, where residents required occupational therapy review or assessment, it was not evidenced that this took place in a timely manner.

Wishes in relation to care at times of illness or end of life had not been ascertained for residents to allow for person-centred care planning. This was noteworthy given the age profile of residents in this centre. This was discussed with the provider nominee and CNM3 at the feedback meeting following the inspection.

Inspectors found that the health of residents was monitored on an on-going basis and viewed records of monthly checks completed by staff and forwarded to the Clinical Nurse Manager (CNM). Such checks included monitoring of blood pressure and the weight of residents.

Inspectors reviewed residents' files and found that resident's consent was documented in relation to intimate care and other aspects of healthcare including; who can give consent to attend medical or hospital appointments and consent by the resident to have bloods taken.

Staff told inspectors that residents had access to appropriate health information including in relation to exercise, healthy eating and protection against illness. Inspectors viewed information relating to healthy eating on the notice-boards. Information relating to special diets was held in residents' file and staff were able to describe such programmes. Specialist input had been sought and received where indicated, including from a speech and language therapist and dietician.

Each house had a kitchen/dining area which was domestic in nature and clean. Residents were involved in weekly meal planning, shopping and in daily kitchen tasks. For some residents, this had been identified as a key life skill.

An inspector observed a meal that had been prepared for lunch in one house and noted that it appeared nutritious and healthy. Lunch was a sociable and relaxed occasion. The fridge was well stocked and there was a plentiful supply of fruit and vegetables in the house. Staff were knowledgeable about residents' likes, dislikes and preferences. Residents had access to snacks throughout the day. Any assistance offered was done so discreetly.

Judgment:
Non Compliant - Moderate

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

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

Findings:
Overall, inspectors found that residents were protected by safe medication management policies and practices.

There was a written policy in place relating to the ordering, prescribing, storing, administration and disposal of medications. Staff demonstrated that they were familiar with the guidance as outlined in the policy.

An inspector reviewed residents' files and found that individual medication plans were appropriately implemented and reviewed as part of the personal plan review process. Information relating to each resident's medication was maintained in their file in an easy-to-read format. Medications were regularly reviewed by the general practitioner (GP).

Medications were stored safety. There was a medication fridge in the centre, which was locked and temperature recordings were logged, as required.

Unused and out-of-date medications were secure and segregated from other medicinal products, as required by the Regulations and a record of returns to pharmacy was maintained.

There were no residents prescribed controlled medications at the time of inspection. Medications prescribed on a PRN ("as required") basis were given as prescribed and clearly recorded. Residents who required pain relief received such medication as and when prescribed to control their pain.

Medication errors were recorded and monitored. Where errors occurred, there was a record of what action had been taken, for example, whether the doctor was called.

A medication audit had been recently completed by the pharmacist and all required actions had been implemented.

All staff had received up-to-date training in relation to medication management.

Judgment:
Compliant

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

Theme:
Leadership, Governance and Management

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

Findings:
The Statement of Purpose contained most but not all of the information required by Schedule 1 of the Health Act 2007. Improvements were required in order to accurately describe: the specific care needs that the designated centre is intended to meet; the facilities provided to meet those needs; the criteria used for admission to the designated centre, including the centre's policy and procedures (if any) for emergency admissions and; the facilities for day care.

Inspectors asked the provider nominee and CNM3 at the close of inspection what would happen if/when the needs of residents in the centre increased in the future, given the current mobility needs and older age profile of residents in this centre. Re-assurance was not given that residents would not be transferred back to a campus-based setting if/when this situation arises. Inspectors questioned how this practice was appropriate. Inspectors found that such a practice would not be in line with the centre's statement of purpose, was not person-centred and was not in line with the organisation's own policy on de-congregation.

Judgment:
Non Compliant - Moderate

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Inspectors found that there was an effective management system in place with clearly defined management structures. Improvements were required to the biannual visit and the annual review and also to arrangements in place in relation to ensuring the responsibility of persons involved in management of the designated centre.

The inspectors found that there was a clearly defined management structure in place in the designated centre. Care staff in the centre report to the social care leader or house manager. There is a house manager in each house. The house managers report to the person in charge, who in turn reports to the CNM3. The CNM3 reports to the provider nominee.

The provider nominee had recently taken up the post of provider nominee (1 June 2015). The provider nominee demonstrated an understanding of her responsibilities under the Regulations and had introduced a number of changes since commencement of her role, including new meeting structures to make the running of the centre more effective.

The post of the person in charge was full-time and was the person in charge for two designated centres comprising five houses in total. The person in charge held the post of CNM2 and was a registered nurse in intellectual disability nursing and had completed a certificate in management in a third-level institution. The person in charge was not present at this inspection and had notified the Authority in relation to her absence from the centre for a period of time. Appropriate arrangements had been put in place for the management of the designated centre during that absence. The person in charge has demonstrated at previous inspections that she had the necessary experience, skills and qualifications, as required by the Regulations.

Inspectors spoke with staff and found that they were clear in relation to lines of authority. Staff confirmed that they were well-supported by management, including the person in charge and persons participating in the management of the centre (e.g. a nominated staff nurse, CNM3 and the provider nominee).

Staff said that the person in charge visited the centre formally weekly (one afternoon per week) and was in contact with the house manager informally on a frequent basis and as issues arose. However, as the person in charge was in charge of more than one designated centre, improvements were required to the arrangements in place to ensure the effective governance, operational management and administration of the designated centre. This is evidenced by the number and type of non-compliances identified in this report.

The provider had put in place a formal system for carrying out a bi-annual unannounced visit of the designated centre. A copy of the visit was made available to inspectors. While the unannounced visit considered aspects of the quality and safety of care in the centre, some key issues had not been identified. For example, the plan did not identify that the centre may not be suitable for all residents.

A system was in place for carrying out an annual review of the service and a report was available for such a review. Improvements were required to the annual review. The

annual review did not provide for consultation with residents and their representatives. The annual review considered progress against previous audits and inspection findings. However, it was not demonstrated how the annual review reviewed the quality and safety of care in the centre nor that it considered whether the centre was suitable to meet the assessed needs of residents. Finally, it was not evidenced how a plan would be put in place to address gaps identified arising out of the annual review.

A number of audits were in place, including in relation to health and safety, fire safety, documentation and medication management.

The provider told inspectors that staff appraisals were completed on an annual basis and this was confirmed by staff. Records of staff appraisal were maintained on staff files.

Judgment:
Non Compliant - Moderate

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

Findings:
Suitable arrangements were in place for the management of the designated centre in the absence of the person in charge. The Authority had been notified of the expected absence and of the arrangements in place during that absence. The person in charge was absent at the time of the registration inspection and the CNM3 was deputising in her absence. The provider nominee had reviewed and amended areas of responsibility of the CNM3 in order to facilitate and support this deputising arrangement.

Judgment:
Compliant

Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Inspectors found that the centre was adequately resourced to ensure the effective safe and effective delivery of care and support to residents day to day in accordance with the Statement of Purpose. Inspectors observed that there was sufficient transparency in planning and deployment of resources in the centre. The facilities available in the designated centre reflected the Statement of Purpose and there was evidence of ongoing development of the centre. For example, an active maintenance programme was in place. Since the previous inspection, renovations had also been completed to make the bathroom more accessible for one resident and double doors had been installed off one bedroom to facilitate prompt evacuation in the event of a fire. Further renovations had been approved to the shower room in one house.

Judgment:
Compliant

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

Theme:
Responsive Workforce

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

Findings:
Inspectors found that the qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents and that the staff rota was properly maintained. However, it was not demonstrated that night-time staffing arrangements in the centre met the assessed needs of all residents.

Inspectors found that there was an accurate staffing roster showing staff on duty which

included the times that all staff were on duty.

However, staffing arrangements at night-time required review in both houses. In each house, there were assigned 'sleepover' staff from 23:00 to 07:00. However a number of issues were identified. In both houses, some residents had bedrails. The safety of the bedrails was not being checked between the hours of 23:00 and 07:00 as staff were not 'on-duty' during such hours. In one house, a resident who was fully dependent in terms of mobility was positioned on their side at 23:00 and remained in that same position until 07:00. Both staff and the resident confirmed that the resident was unable to move and re-position themselves. The same resident had a pressure-relieving mattress but not an air mattress. This practice poses a risk of compromising resident's skin integrity and the development of pressure sores. In addition, there was no system for the resident to call staff should they require assistance. Inspectors spoke with the resident who said that they would like to have a bell or other means of alerting staff should they need to do so. Finally, residents could regularly wake at night and inspectors reviewed a log that evidenced such occasions. The provider nominee and CNM3 said that they were aware of this challenge and it was being monitored. There was a policy in place to relieve staff who may have been up during the night.

There was a training plan in place. Staff confirmed that they were able to identify their own training needs with their line manager. Staff had completed other training or instruction relevant to their roles and responsibilities including in relation to safe moving and handling, food safety and specific topics such as ageing and intellectual disability, the management of diabetes and the identification and management of dysphagia.

The organisation had held information and training sessions for staff and management in relation to the Regulations and Standards, in accordance with their roles and responsibilities.

Staff appraisals were completed on an annual basis and staff confirmed that such appraisals took place.

There was a system in place for the management of volunteers within the organisation, which was overseen by the volunteer coordinator. There was one volunteer in the centre. There was a volunteer policy in place which clearly set out the roles and responsibilities of volunteers in writing; all volunteers provided a vetting disclosure; volunteers were interviewed prior to commencing as a volunteer; three references were sought for each volunteer and; there was a clear training and supervision system in place.

Judgment:
Non Compliant - Major

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

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

Findings:
Most but not all of the records listed in Schedules 2, 3 and 4 of the Regulations were maintained in the centre.

Staff files were held centrally and reviewed by an inspector. A review of a sample of staff files found that files met the requirements of Schedule 2 of the Regulations.

Records that were maintained in the centre were kept securely and were kept for the required period of time. Residents' records were stored securely.

Not all residents' records as required under Schedule 3 of the Regulations were maintained in the centre. Not all records pertaining to nursing and medical care, on-going medical assessment and referrals and follow-up appointments were kept in the centre as they were kept instead in a central office. In addition, complete information pertaining to the admission of residents to the centre was not maintained in the resident's file or in the centre. This was provided by the provider nominee when requested.

The guide prepared for residents in respect of the designated centre did not include the terms and conditions relating to residency, as required. The residents' directory was complete.

Records listed in Schedule 4 to be kept in a designated centre were all made available to the inspector.

The centre was adequately insured against accident or injury and insurance cover complied with the all the requirements of the Regulations.

All of the key policies as listed in Schedule 5 of the Regulations were in place and were made available to staff who demonstrated a clear understanding of these policies. However, improvements were required to policies, as identified during previous inspections of the service. The admissions policy did not take account of the need to

protect residents from abuse by other residents. The policy relating to access to education, training and development for residents did not consider all of the relevant Regulations. The management of anonymous complaints or allegations of abuse is not satisfactorily addressed in the policy pertaining to the protection of vulnerable adults.
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:

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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[1]

Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.
Centre ID:	OSV-0003953
Date of Inspection:	14 September 2015
Date of response:	19 October 2015

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
In one house, one resident accessed the en-suite shower of another resident, which impacted on the privacy of that resident.

In addition, the arrangements in place to ensure the privacy and dignity of residents required improvement as there was no means of locking bathroom doors or indicating

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

that bathrooms were occupied when in use.

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 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 response submitted by the provider to this action did not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish this response and is considering further regulatory action in relation to this issue.

Proposed Timescale:

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:
It was not demonstrated that the admissions process fully considered the wishes, needs and safety of all residents.

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

Please state the actions you have taken or are planning to take:
The response submitted by the provider to this action did not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish this response and is considering further regulatory action in relation to this issue.

Proposed Timescale:

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The admissions policy did not consider the need to protect residents from abuse by their peers.

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

Please state the actions you have taken or are planning to take:
The Provider Nominee has requested the Assistant C.E.O who is the Chair of the Admission Discharge and Transfer Committee to have protection and welfare of Service Users from peer to peer abuse included in the DOCS 013 Admission, Discharge and Transfer Policy. The policy is currently being reviewed to include the need to protect residents from abuse by their peers.
A DOC Protected Disclosures Interim Policy & Procedures has been published 25.09.15.

Proposed Timescale: 30/10/2015

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:
The personal plan was not in an accessible format.

4. 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:
Personal Plans such as PCP will be provided to residents in an accessible format in accordance with their wishes and preferences.

Proposed Timescale: 31/12/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The review of the personal plan was not multi-disciplinary, as required by the Regulations.

5. Action Required:
Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

Please state the actions you have taken or are planning to take:
The review of the Personal Plan will include any reports or goals provided by the relevant MDT professional where involved with the resident. Where MDT have reviewed a plan of care it will be ensured that this is documented and signed.

Proposed Timescale: 31/12/2015

Outcome 06: Safe and suitable premises
Theme: Effective Services **The Registered Provider is failing to comply with a regulatory requirement in the following respect:** Some parts of the centre were not accessible to residents. Residents with mobility needs could not access their bedrooms upstairs unsupervised and unaccompanied. **6. Action Required:** Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all. **Please state the actions you have taken or are planning to take:** The response submitted by the provider to this action did not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish this response and is considering further regulatory action in relation to this issue.
Proposed Timescale:
Theme: Effective Services **The Registered Provider is failing to comply with a regulatory requirement in the following respect:** The designated centre did not meet the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre). In one house, there was insufficient private and communal space in the centre for residents. In the same house, there were insufficient showers of a suitable standard to meet the needs of residents. **7. 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 response submitted by the provider to this action did not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish this response and is considering further regulatory action in relation to this issue.
Proposed Timescale:

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management system was not sufficiently robust as risk assessments had not been completed for some identifiable hazards. As mentioned above, manual handling risk assessments and environmental risk assessments had not been always been completed for residents with mobility needs. Where residents were at risk of falls, it was not demonstrated that the tool in use was appropriate to the resident's age or setting or that the risk level had been correctly calculated. In addition, an understanding of how to appropriately use a falls risk assessment tool was not demonstrated. Where a resident was at risk of developing a pressure sore, a validated tool was not in use. Where bedrails were in use, they were only checked when staff were on duty and so were not checked between 23:00hrs and 07:00hrs the following morning. In addition, the safety of the bedrails themselves were not checked, such as the condition of the bedrail including any deterioration over time. Finally, It was not demonstrated how or whether the recommendations contained in the fire risk assessment had been satisfactorily addressed.

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

Please state the actions you have taken or are planning to take:
Risk Assessment in relation to the above hazards will be completed within two weeks.
A validated tool for use in pressure sores has been put in place and completed for the residents concerned.
Training was completed for staff in risk management and hazard identification 28.09.15. This will be repeated on 29.10.15.
A Risk for Falls Screening and Falls Risk Assessment Tools Guidelines has been completed 16.10.15
Bed rails check sheet including spacing dimensions of the bed rails will be included as part of H&S walk around check list for this centre.

Proposed Timescale: 30/10/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
It was not demonstrated that the procedures in place to protect residents from healthcare associated infection were consistent with the standards for the prevention and control of healthcare associated infections published by the Authority. For example, inspectors observed that some areas of the centre required attention. It was not demonstrated how hand hygiene practices were monitored and audited in the centre. In addition, the annual audit of infection control in the centre had been delegated to a

staff member who did not have the required background knowledge or training to assume oversight of this area.

9. 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:
Staff in the house concerned have been met with regard to Hygiene Standards by the PIC.
A Hand Hygiene Compliance audit, while previously carried out as part of the Hygiene Audit, will be repeated by the PIC.
The annual Hygiene Audit will be repeated by the PIC.

Proposed Timescale: 06/11/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Fire improvement works identified in a fire risk assessment had not been completed in full. A costed funded and time-bound plan had not been received by the Authority in relation to the completion of all required works.

10. 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:
A cost funded and time bound plan will be drafted in consultation with the Director of Logistics and will be submitted to Authority.

Proposed Timescale: 30/10/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
While some behaviour support plans had been developed with specialist behaviour support input, others had not. In addition, it was not demonstrated that all residents had timely access to psychology where required. For example, where a behaviour support plan was not proving to be effective for one resident, a referral to psychology had been sent on 11/3/2015 and the resident was still waiting review at the time of

inspection (6 months later).

11. Action Required:
Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

Please state the actions you have taken or are planning to take:
An MDT took place on the 22.9.15 in relation to this resident attended by Psychology. A repeat referral was sent to Psychology in relation to updating the resident's behaviour support plan and contact made to determine a timeframe for this review.

Proposed Timescale: 30/10/2015

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
While restrictions had been reviewed by the restrictive practices committee, it was not demonstrated that suitable alternatives were considered.

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

Please state the actions you have taken or are planning to take:
All restrictions in place will be reviewed by the Restrictive Practice Governance Committee and alternatives or removal of restrictions considered and documented.

Proposed Timescale: 30/11/2015

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The systems in place to protect residents from financial abuse required improvement. Invoices were not obtained from external service providers who visited the centre to provide different therapies to residents. Also, the system in place relating to the management of an individual resident's finances was not sufficiently clear or transparent.

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

Please state the actions you have taken or are planning to take:
Receipts / Invoices will be sought from all external Service providers going forward.

The system in place in relation to one resident's finance has been reviewed and clarified by senior staff and documented in the care plan.

Proposed Timescale: 09/10/2015

Outcome 09: Notification of Incidents

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Environmental restrictions had not been included in the quarterly report as required.

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

Please state the actions you have taken or are planning to take:
All environmental restrictions will be included in quarterly notifications by the PIC.

Proposed Timescale: 30/10/2015

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:
A robust assessment process was not incorporated into the personal planning process to establish each resident's training or skills development goals and ultimately, what type of day service (or retirement programme) may be the most suitable for each resident.

15. 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:
Development of an educational assessment tool has been drafted and is currently being piloted along with a standardised assessment tool (CANDID) on a small number of residents to establish reliability and effectiveness in meeting this requirement. It is planned to have this validated by the end of the year by the PCP Steering Committee. This implementation and audit of this process will be incorporated as part of the Service Policy on Education Training and Development.

Proposed Timescale: 31/12/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Wishes in relation to care at times of illness or end of life had not been ascertained for residents to allow for person-centred care planning.

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

Please state the actions you have taken or are planning to take:
Wishes in relation to end of life care and care at times of illness will be established where possible with residents or with families and documented in their personal plan

Proposed Timescale: 31/12/2015

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
It was not evidenced that residents had timely access to psychology and occupational therapy services where required.

17. Action Required:
Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

Please state the actions you have taken or are planning to take:
Evidence is maintained of referrals to MDT and all communication from them in relation to waiting list, waiting times and review date. Contact has been made again by the PIC with the relevant professionals and appointments have been scheduled

Proposed Timescale: 30/10/2015

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 contained most but not all of the information required by Schedule 1 of the Health Act 2007. Improvements were required in order to accurately describe: the specific care needs that the designated centre is intended to meet; the

facilities provided to meet those needs; the criteria used for admission to the designated centre, including the centre's policy and procedures (if any) for emergency admissions and; the facilities for day care.

In addition, it was not demonstrated that the centre could or would cater for residents increasing healthcare needs in accordance with the Statement of Purpose for the centre.

18. 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:
SOP was reviewed and updated to reflect any gaps highlighted above and was submitted to the Authority following feedback

Proposed Timescale: 16/09/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The annual review did not provide for consultation with residents and their representatives.

19. 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:
A new and updated Satisfaction Survey for residents and families has been drafted and piloted since last survey in 2013. It is intended to circulate this survey by the end of October and collate a report for each Centre.

Proposed Timescale: 31/01/2016

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
As the person in charge was in charge of three designated centres, improvements were required to the arrangements in place to ensure the effective governance, operational

management and administration of the designated centre.

20. Action Required:
Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

Please state the actions you have taken or are planning to take:
The person deputising in the absence of the person in charge is the clinical nurse manager (CNM3). The CNM3 has been allocated two designated centres, is supernumery to the two designated centres and supernumery time has been made available to the person participating in the management of the centre to allow both to be effectively involved in this centre. Monthly meetings have been scheduled by the nominee provider to provide supervision to the CNM3 with regard addressing to these action plans and other audits. The CNM3 has been met with regard to the actions in this report and other audits.

A training day has been scheduled by HR for persons in charge and senior managers around Building Resilience, coping with change/stress for 26.11.15.

Proposed Timescale: 09/10/2015

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A system was in place for carrying out an annual review of the service and a report was available for such a review. However, improvements were required to the annual review to ensure that it was in accordance with standards.

21. 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 Quality & Risk Officers and Nominee Providers will meet to review the format of the annual review for 2015.

Proposed Timescale: 30/10/2015

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
While the unannounced visit considered aspects of the quality and safety of care in the

centre, some key issues had not been identified. For example, the plan did not identify that the centre may not be suitable for all residents.

22. Action Required:
Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

Please state the actions you have taken or are planning to take:
The Quality & Risk Officers and Nominee Providers will meet to review the format of the unannounced visit report to meet the regulations.

Proposed Timescale: 30/10/2015

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
It was not demonstrated that night-time staffing arrangements met the assessed needs of all residents.

23. 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 response submitted by the provider to this action did not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish this response and is considering further regulatory action in relation to this issue.

Proposed Timescale:

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The admissions policy did not take account of the need to protect residents from abuse by other residents. The policy relating to access to education, training and development for residents did not consider all of the relevant Regulations. The management of anonymous complaints or allegations of abuse is not satisfactorily addressed in the

policy pertaining to the protection of vulnerable adults.

24. 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 Provider Nominee has requested the Assistant C.E.O who is the Chair of the Admission Discharge and Transfer Committee to have protection and welfare of Service Users from peer to peer abuse included in the DOCS 013 Admission, Discharge and Transfer Policy. The policy is currently being reviewed to include the need to protect residents from abuse by their peers. This will be completed by 30.10.15.

The Policy on Education, Training and Development has been reviewed by the Quality & Risk Officer in relation to the regulations. This implementation and audit of the assessment process will be incorporated into this Policy once the assessment tool has been approved. It is planned completed by 31.12.15.

A Protected Disclosure Policy was published on 25.9.15.

The Service User Protection and Welfare Policy is under revision against HSE National Policy. It is planned to have this finalised by 30.11.15

Proposed Timescale: 31/12/2015

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The guide prepared for residents in respect of the designated centre did not include the terms and conditions relating to residency.

25. Action Required:
Under Regulation 20 (2) (b) you are required to: Ensure that the guide prepared in respect of the designated centre includes the terms and conditions relating to residency.

Please state the actions you have taken or are planning to take:
The residents guide will be amended to include the terms and conditions of residency linked to the contract of care.

Proposed Timescale: 30/10/2015

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all residents' records as required under Schedule 3 of the Regulations were maintained in the centre. Not all records pertaining to nursing and medical care, on-going medical assessment and referrals and follow-up appointments were kept in the centre as they were kept instead in a central office. In addition, complete information pertaining to the admission of residents to the centre was not maintained in the resident's file or in the centre.

26. Action Required:
Under Regulation 21 (3) you are required to: Retain records set out in Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 for a period of not less than 7 years after the resident has ceased to reside in the designated centre.

Please state the actions you have taken or are planning to take:
The response submitted by the provider to this action did not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish this response and is considering further regulatory action in relation to this issue.

Proposed Timescale: