<table>
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<th>A designated centre for people with disabilities operated by Health Service Executive</th>
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<tr>
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<td>Provider Nominee:</td>
<td>Angela O'Neill</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>John Greaney</td>
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<tr>
<td>Support inspector(s):</td>
<td>Liam Strahan; Maria Scally; Vincent Kearns</td>
</tr>
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<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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 26 May 2015 07:15  
To: 26 May 2015 18:30

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<td>Outcome 02: Communication</td>
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<td>Outcome 03: Family and personal relationships and links with the community</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 10. General Welfare and Development</td>
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<td>Outcome 11. Healthcare Needs</td>
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<td>Outcome 14: Governance and Management</td>
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<tr>
<td>Outcome 17: Workforce</td>
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**Summary of findings from this inspection**

On 6th November 2015, HIQA took the unprecedented step of applying to the district court under Section 59 of the Health Act 2007 for specific restrictive conditions to be placed on the registration of three centres for people with disabilities. The centres were St Raphael's Residential Centre, Oakvale and Youghal Community Hostels, all located on the grounds of St Raphael's Campus in Youghal. The provider consented to the application and the court applied the conditions.

This report relates to St Raphael's Residential Centre and is one of the nine inspections of these centres during 2015 which identified serious concerns in relation to safety of residents and poor quality of life for residents. As a result of poor governance and oversight of the centres, management had failed to identify these issues for themselves, failed to address them effectively and failed to ensure a safe and good quality service for residents.

This was an unannounced follow up inspection of one of the centres and was in response to the findings of significant risk and non-compliances of unannounced inspections on 10 and 11 March 2015 and again on 16 and 17 April 2015.
Overall inspectors continued to have significant concerns in relation to the safety and quality of care for residents and in relation to the level of non-compliance with the Health Act 2007 (Care and Support of Residents in Designated Centre’s for Persons (Children and Adults) with Disabilities) Regulations 2013. Work had just commenced on refurbishing the centre and 13 residents were temporarily accommodated on two designated centres for older people. As a result, one of the three units was unoccupied to facilitate the refurbishment work and allow residents to rotate from unit to unit as work was completed. However, on the day of inspection the design and layout of the premises remained institutional in nature and did not support privacy and dignity, primarily due to bedroom accommodation that consisted of large multi-occupancy dormitory bedrooms, locked external doors, limited communal space, inadequate space for residents to spend time alone should they wish to do so, inadequate space for residents to meet with visitors in private and limited suitable outdoor space.

Residents continued to experience injury due to frequent physical altercations between some residents. Even though inspectors observed some residents being allowed to remain in bed until later in the morning in one of the units, Inspectors found that routines and practices continued to be institutional in nature and not person-centred. This was evidenced by the lack of privacy and dignity afforded to residents sleeping in dormitory style bedrooms with inadequate space for the number of residents sleeping there, inadequate screening between beds, and routines and practices that did not take account of residents individual preferences. Care was provided in a task oriented manner and restrictive practices did not take account of individual resident's ability and capacity.

Governance and management arrangements remained inadequate. Following the significant level of non-compliance found on previous inspections the provider was asked to appoint a person in charge with sole responsibility for this centre, however, this had not yet occurred. The person in charge continued to be also in charge of three other HSE disability centres. There continued to be a significant level of non-compliance with regulations and standards, there was no annual review of the quality of life and the quality of the service provided to residents, and there were inadequate numbers of staff to meet the needs of residents.

Additional areas identified for improvement as a result of this inspection included:
- staffing levels
- access to advocacy services
- management of complaints
- programme of activities
- risk management practices
- state of repair
- fire safety
- staff training
- restrictive practices
- communication
- general welfare and development
- links to the local community
The action plan at the end of the report identifies improvements necessary 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 and the National Standards for Residential Services for Children and Adults with Disabilities 2013.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

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

### Theme:

**Individualised Supports and Care**

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

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

### Findings:

The following areas were identified as requiring improvements on the previous inspection:

- inadequate screening in bedrooms and between sleeping areas for male and female residents compromised the privacy and dignity of residents
- the level of noise from residents shouting was very high and was disturbing to other residents
- personal care was being provided in public areas without due regard to residents’ privacy and dignity
- staff provided care in a task oriented manner, often not interacting with residents while assisting them
- not all residents had access to advocacy services.
- Inadequate arrangements to provide residents with activities and interests of interest to them during the day
- Inadequate arrangements to facilitate residents to engage with their local community and participate in activities outside of the centre
- residents’ independence was not promoted
- The complaints policy had not been amended to incorporate and appeals process.

On this inspection it was found that of the above findings, only two were addressed satisfactorily and one was partially addressed. As will be discussed in more detail under outcome 6 of this report, one of the units had been closed for refurbishing and all residents were transferred to care of the older person centres temporarily. On the previous inspection inspectors observed a staff member provide personal care to a resident in the dayroom without screening to protect the resident's privacy and dignity.
On this inspection inspectors observed staff provide this care in the dormitory, protected by screens for the purpose of providing privacy.

Following the temporary transfer of 13 residents to care of the older person centres, there remained 35 residents in the centre. Inspectors noted that 27 of these residents continued to be accommodated in large multi-occupancy dormitory style bedrooms with inadequate screening between beds. Noise levels remained high, particularly in the unit that accommodated 17 residents, a number of whom presented with behaviour that challenges. The noise was caused by residents shouting and the volume increased as the number of residents in the unit at various times increased due to residents returning to the unit for meals and in the evening time. The level of noise made it difficult to comfortably hold a conversation. A sample of care plans reviewed identified that some residents had a low tolerance for noise and they in turn commenced shouting in response to increased noise levels, which in turn added to the volume of noise in the unit.

Most staff continued to provide care in a task oriented manner, where the focus was on completing the task rather than providing person-centred care. For example, at lunch time residents were provided with their food but were not offered drinks until after all residents had eaten their meal. Following the meal residents were then given a drink of diluted fruit drink and choice was not offered.

Access to the activation centre had been improved since the previous inspection and residents from the centre could now go to the activation units in the evenings and weekends, a service that was not available previously. However, access to activation during the day time continued to be based on a rota and there was no evidence that the activities available to the residents was based on the preferences of residents identified during assessment. There was no evidence that residents' independence was promoted through participation in activities based on assessed capacity. For example, it was not known what residents, if any, had the capability to make a drink or a snack for themselves or if they would be supported to do so should they have the capability.

Residents were consulted through a residents’ forum, the minutes of which were confidential. There were no evidence available to demonstrate that issues raised by residents at the forum were addressed. In accordance with the findings of previous inspections a process had commenced to improve access to advocacy for all residents, however, on the day of inspection not all residents had access to advocacy.

There was a complaints policy, however, the person identified as the nominated person to deal with complaints no longer worked in the centre. The complaints process was on display, however, it was not in an accessible format and the complaints officer identified in the notice was the same person identified in the policy who no longer worked in the centre. A review of the complaints log identified that no complaints had been recorded since the previous inspection and in one unit the complaints log was blank. The complaints log had not been amended to allow for recording the outcome of the complaint and whether or not the complainant was satisfied.

**Judgment:**
Non Compliant - Major

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

**Theme:**
Individualised Supports and Care

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

**Findings:**
A number of residents had significant communication needs and a number of residents were non-verbal. While staff members appeared to be aware of non-verbal cues from residents, from a sample of care plans viewed by inspectors, communication needs were not adequately highlighted or addressed. There were no records of staff training in communication with residents with significant communication needs. There was poor access to speech and language services and many residents either had no assessment or were overdue a review.

There was no evidence of the use of assistive technologies to support residents to communicate or to promote their full capabilities.

**Judgment:**
Non Compliant - Major

**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:**
Residents were supported to maintain links with their family members and there was evidence of their involvement in personal planning meetings. However, there were not suitable facilities within the centre for residents to meet with families or friends in private.

There was minimal evidence that residents were supported to integrate with the local
community as most activities external to the centre involved trips in the bus in groups. Residents lived in isolation in the centre with minimal involvement in the community. It was not evident that residents wishes in relation to visiting local shops or cafes were ascertained, and based on the findings of this and previous inspections, there were insufficient numbers of staff to support this type of activity should residents wish to do so.

**Judgment:**
Non Compliant - Major

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**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

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

**Findings:**
Required improvements from the previous inspection included:
- insufficient arrangements for providing residents with activities and a meaningful day based on the needs and wishes of residents
- individual personal plans were based on a medical model and did not adequately include the social care needs of residents
- individual personal plans did not provide adequate guidance on how residents would be supported to achieve their goals as set out in their assessments
- review of individual personal plans was not adequate

Two of the actions identified on the previous inspection were satisfactorily addressed and two were partially addressed.

Consistent with the findings of previous inspections, residents had comprehensive assessments detailing their likes/dislikes, preferences, education/learning and a communication profile. Where relevant, there was evidence of consultation with relatives in the development of the plans. However, the process of transition from developing care plans based on mainly medical needs to include social care needs had not been completed. Inspectors noted that many personal plans did not support the achievement of aspirations identified by or on behalf of residents during assessment. From a review
of personal plans inspectors noted that some improvements were noted, however, overall personal plans were not developed through a person centred approach with the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident’s wishes, age and the nature of his or her disability. The personal plan was not available, in an accessible format to the resident and, where appropriate, his or her representative. The personal plan was not subject to a multidisciplinary review. Where reviews had taken place, they did not assess the effectiveness of the plan or take into account changes in circumstances and new developments. In addition the recommendations arising out of reviews did not always record:

- any proposed changes to the personal plan;
- the rationale for any such proposed changes; or
- the names of those responsible for pursuing objectives in the plan within agreed timescales.

Care plans were in the process of being reviewed and updated but this had not been completed for all residents.

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

Findings:
Required improvements from the previous inspection included:
- the design and layout of the premises was institutional in nature and it was suitable to meet the needs of the residents
- inadequate storage for residents' personal belongings
- the centre was not in a good state of repair
- cleanliness of the centre, with mould and cobwebs observed in various parts of the centre

The centre comprised three separate units, one of which accommodated mostly elderly residents, the second unit accommodated a mixture of elderly and middle-aged...
residents and the third unit accommodated residents with predominantly severe/profound disabilities. Since the previous inspection the residents in one of the units, that accommodated mostly elderly residents, were transferred temporarily to two designated centres for older people to facilitate the refurbishment of the centre. The plan was to vacate one unit and then refurbish it. Once refurbished, residents from another unit would be transferred to that unit so that the second unit could be refurbished and so forth until the three units were completed. Work had commenced on the refurbishment of the first unit on the day of the inspection. However, while these planned works would improve the environment for residents, they would not bring the centre into compliance with the Standards and Regulations.

On the day of the inspection and consistent with the findings of previous inspections, the inspectors found that the design and layout of the premises was institutional in nature and were not satisfied that it was suitable to meet the needs of the residents, for example:

• bedroom accommodation was primarily in large dormitory style bedrooms with most residents accommodated in 12, 9 or six-bedded rooms
• there was insufficient number and unsuitable toilet/shower facilities to cater for the assessed needs of residents in a timely, dignified and appropriate manner
• there was insufficient space for residents to retain personal possessions
• there was insufficient space for residents to store their clothes
• there was insufficient space for the appropriate use of adaptive equipment and hoists including when each specific bed area was screened off
• there was inadequate sitting, recreational and dining space
• there were inadequate facilities for residents to meet visitors in private in the designated centre
• there was inadequate safe outdoor space
• there were inadequate sanitary facilities.

The design and layout of the centre did not support privacy and dignity, for example, in the dormitory style bedrooms there were accordion style screens fixed to the wall in some rooms. However, there was no fixed screening between the beds in the six-bedded room or twin bedded room. There were a number of wardrobes for storing residents' clothing however, not all of the wardrobes were located close to residents' beds and there were not adequate wardrobes or storage space for each resident.

It was evident that some work had been undertaken to clean the centre, however, the premises dated from the 1840’s and the accommodation generally reflected this era with old institutional type buildings that were unsuitable for the care of residents. There continued to be peeling paint and flaking plaster on walls and missing tiles which presented an extremely unsightly and unsuitable care environment. There was rust on a number of handrails in toilets and showers, the wall covering in one of the showers was damaged making it difficult to clean, plaster was peeling off the wall in one of the bedrooms, sitting/day rooms, there was a damaged sink in a sluice room, and mould was noted on some walls.

There were hand-washing facilities in each of the bedrooms with advisory signage, liquid soap and paper towel dispensers. Each unit had a kitchen for preparing snacks and for storing food. However, main meals were always prepared in the central kitchen and
delivered to the units in heated trolleys.

**Judgment:**
Non Compliant - Major

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**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:**
Required improvements from the previous inspection included:
- risk management practices
- analysis and learning from incidents to mitigate recurrence and improve quality of life and safety of residents
- fire precautions and the evacuation plans for residents
- fire drills were held infrequently.

Two of the above actions were not completed satisfactorily and two were partially completed. Records indicated that a fire drill had taken place in May 2015, however, it was not clear from the records available whether the response of staff and residents was satisfactory or if there was any learning from the drill. Personal emergency evacuation plans had been developed that contained significantly more information than the previous plans. However, the plans needed review in relation to the evacuation of residents from the six-bedded dormitory to take account of the physical design and layout of the unit and the mobility of residents.

There was no risk management policy accessible in the units on the day of inspection. Inspectors were informed that it was currently under review. There were individual risk assessments in residents care plans, however, there was no risk register available in one of the units on the day of inspection. Additional improvements required in relation to the management of risk included:

- there was no risk assessment of access to gloves and aprons in a unit where there was an identified risk of residents putting these objects in their mouths
- there was insufficient risk assessment of the use of bedrails, or review and learning when incidents involving bedrails occurred.
- toilet cleaning products were not stored or secured from access by residents in a unit where a residents were identified of being at risk of ingesting poisonous chemicals
- a door wedge was used to hold the kitchen door open in one of the units, contrary to fire precaution requirements.
While incidents and accidents were recorded, there continued to be inadequate collation and analysis of the incidents to mitigate reoccurrence, or to support learning and quality improvement.

There was an emergency plan, however, it required review in relation to the safe placement of residents in the event of an emergency, such as a fire. Records of the preventive maintenance of fire safety equipment were available. There were records of daily checks to verify that emergency exits were not obstructed.

**Judgment:**
Non Compliant - Major

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**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

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

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

**Findings:**

Required improvements from the previous inspection included:

- the management of restraint
- staff training in behaviours that challenge
- training on the recognition and response to allegations of abuse remained outstanding for a number of staff
- institutionalised care practices that did not promote a person centred approach to care and support for residents
- continued regular occurrences of resident to resident physical altercations

Of the five actions identified on the previous inspection, one was partially completed. Agency staff had been deployed to assist with reducing the length of time that residents were being restrained to chairs However, residents in one of the units did not have access to suitable outdoor space and were confined to the unit unless staff were available to supervise them on walks. Additionally, a large number of residents in one of the units had bedrails in place. However, inspectors noted there were inadequate assessments to guide decisions in relation to the use of bedrails. Records of safety
checks were not completed contemporaneously and the frequency of the checks was not guided by individual assessments.

Training remained outstanding for a number of staff on recognising and responding to allegations of abuse and responding to behaviours that challenge. Positive behaviour support plans were in the process of being developed for residents that presented with behaviour that challenges, however, this had not been completed for all residents.

In one unit it was apparent that in response to previous findings, staff now allowed residents to remain in bed in the morning. However, in the other unit staff continued to get residents out of bed early in the morning. Due to the dormitory style bedrooms it would not be possible for residents to rest comfortably in bed when other residents started to move about. There continued to be frequent physical altercations between residents where residents hit and kicked each other. There were a number of residents that were frequently involved in these altercations.

**Judgment:**
Non Compliant - Major

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**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:**
A number residents attended activation centres each day from Monday to Friday and returned to the centre each evening. Based on a review of personal plans it was not possible to determine if the individual preferences of residents in relation to activities were facilitated in the activation centres. There was limited evidence of engagement in social activities either internal or external to the centre. There was no evidence that residents’ independence was promoted through support to achieve their potential in relation to living their lives as independently as possible.

**Judgment:**
Non Compliant - Major

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**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible*
**Theme:**
Health and Development

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

**Findings:**
Required improvements from the previous inspection included:

- residents were not being referred for medical review in relation to health issues in a timely manner. An immediate action plan had been issued for this issue
- there was inadequate assessment in relation to pain management and in relation to behavioural issues. This had an immediate impact on residents and the provider was required to take immediate action to address the issue.

Inspectors found that the provider had addressed both of these issues following the previous inspection.

**Judgment:**
Compliant

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

**Findings:**
Required improvements from the previous inspection included:

- there were inadequate management arrangements within the centre, with the person in charge also being the person in charge for three other centres, and insufficient management oversight within this centre
- there was no annual review of the quality and safety of care and the provided did not have an effective process for identifying failings in the delivery of care and support to

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residents. An annual review is required by the regulations
- the provider or delegated person had not carried out an unannounced visit to the
designated centre at least once every six months as required by the regulations, to
report on the safety and quality of care and support provided in the centre.

Four of the five actions identified in the report on the previous inspection were not
satisfactorily addressed. An unannounced inspection was carried out by the provider
since the most recent inspection and a report was submitted to the Authority.

The person in charge of this centre continued to be the person in charge of three other
HSE disability centres. During previous inspections the person in charge confirmed that
it was not appropriate for one person to be in charge of the four centres.

In an improvement notice issued by the Authority, the provider had been instructed to
appoint a person in charge with sole responsibility for this centre. In their response to
the improvement notice the provider stated that a person had been identified for the
role in person in charge. However, on the previous inspection the person in charge
informed inspectors that the proposed new person in charge had declined the position.
On this inspection inspectors were informed that the post had been advertised and
interviews were scheduled to take place.

Based on the continuing serious and significant levels of non-compliance found on this
inspection and on previous inspections, inspectors were not satisfied that there were
suitable governance and management arrangements in the centre. For example, in the
week prior to this inspection a large number of senior staff from another designated
centre went on annual leave resulting in staff from this centre being unable to attend
training as there were no staff to take their place.

There continued to be no annual review of the quality and safety of care as required by
the regulations. There was minimal evidence of an audit process to evaluate the quality
of life and the quality of the service provided to residents.

Judgment:
Non Compliant - Major

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

Theme:
Responsive Workforce

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

**Findings:**
Required improvements from the previous inspection included:

- staffing levels and staff skill mix were insufficient to meet the assessed needs of residents
- staff training was inadequate and did not provide staff with knowledge and skill in key areas such as behaviour management and assessing the needs of residents.

None of the above actions identified in the previous inspection report were addressed satisfactorily.

There had been some improvement in staffing levels since the previous inspection and on the day of inspection the full complement of staff were on duty in each unit and two residents had one-to-one agency staff. However, based on observations of inspectors and interviews with staff, inspectors were not satisfied that there were sufficient staff on duty in each of the units to meet the physical, psychological and social needs of the residents. This was supported by the fact that access to meaningful activities was seriously limited due to inadequate staff numbers. In addition, the week prior to this inspection scheduled training was cancelled due to inadequate numbers of staff.

Training was on-going in relation to adult protection, however, it was unclear when staff would receive training in positive behaviour support, communication and challenging behaviour. There continued to be inadequate evidence of a coordinated strategy for staff development to ensure staff had the required training to support residents maximise their independence. There was inadequate evidence that a programme of training had been developed to meet the assessed needs of residents living in the centre.

**Judgment:**
Non Compliant - Major

**Closing the Visit**

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

**Acknowledgements**

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

**Report Compiled by:**
John Greaney
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>
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<tr>
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<tr>
<td>Date of Inspection:</td>
<td>26 May 2015</td>
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<tr>
<td>Date of response:</td>
<td>06 July 2015</td>
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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:

There were no records available to demonstrate that issues raised by residents at the residents' forum were addressed.

1. Action Required:

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

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
The ADON on duty is contacted at the end of each meeting and any issues (if any) are addressed. The minutes of these meetings are confidential.

Proposed Timescale: 01/05/2015
Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
In accordance with the findings of previous inspections a process had commenced to improve access to advocacy for all residents, however, on the day of inspection not all residents had access to advocacy

2. Action Required:
Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access to advocacy services and information about his or her rights.

Please state the actions you have taken or are planning to take:
Provision of an advocacy service has been agreed. Details have been finalised. A memo with a name/contact number has been issued to all areas. This is in addition to the service currently provided to the centre by another advocacy service.

Proposed Timescale: 25/05/2015
Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A significant number of residents were accommodated in large multi-occupancy dormitory style bedrooms with inadequate screening between beds.

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:
A plan has been agreed and funded with HSE Estates for immediate works which provide for partitioning and acoustic panels in each unit to increase privacy and reduce noise levels. The contractor commenced work on May 25th 2015. The works will take approximately eleven weeks to complete for all of the three units. The refurbishment is currently being completed for the first unit and residents will benefit from an improved environment and increased privacy.
On completion of these works, it is intended that the numbers accommodated in the centre will be reduced.

A closure plan is also being developed for this centre. This will support residents to move to appropriate alternative accommodation.

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

**Theme:** Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Noise levels remained high, particularly in the unit that accommodated 17 residents, a number of whom presented with behaviour that challenges.

4. **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:
Part of the refurbishment currently being undertaken by HSE Estates includes the provision of acoustic measures, including wall finishes, to reduce noise. On completion of these works, it is intended that the numbers accommodated in the centre will be reduced. This will also assist in reducing noise.

A closure plan for this centre is being developed. The closure of the unit where significant levels of noise are most prevalent will be prioritised within this plan. The noise levels will be reduced as resident numbers are reduced on a phased basis.

A system is now in place to support the service users in a reduction of noise level and in availing of alternative space. This is facilitated by the staff assisting a number of service users in spending time to the Day Service between 4pm to 7pm each evening.

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

**Theme:** Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staff continued to provide care in a task oriented manner, where the focus was on completing the task rather than providing person-centred care.

5. **Action Required:**
Under Regulation 09 (1) you are required to: Ensure that the designated centre is
operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.

Please state the actions you have taken or are planning to take:
As residents are facilitated to move to alternative placements their new services will provide an alternative model of care. As the numbers of residents in each area is reduced, this will allow for care to be delivered in a more person centered manner. The refurbishment works to enhance privacy will ensure that residents will not be disturbed by staff and or other residents beginning their daily routine.

An external consultant is working in the service on a weekly basis to support staff training and to facilitate changes in practice. The issue of task orientated staff interactions is being addressed on an on-going basis by this consultant and by nurse managers.

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

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Access to activation during the day time continued to be based on a rota and there was no evidence to support that the activities available to the residents was based on the preferences of residents identified during assessment.

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

Please state the actions you have taken or are planning to take:
Activities are limited within some units due to the deficits of the building layout. Access to external activities is facilitated by the activation services. 3 additional staff were relocated to enhance the services provided. Staff at unit level offer access to a limited range of activities.

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

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no evidence that residents' independence was promoted through participation in activities based on assessed capacity.

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

Please state the actions you have taken or are planning to take:
An audit of resident’s current documentation is ongoing which will identify any area of concern.
Resident’s independence will be promoted through the de-congregation of the service and the provision of more suitable living environments.

Proposed Timescale: 31/12/2015
Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was a complaints policy, however, the person identified as the nominated person to deal with complaints no longer worked in the centre.

8. Action Required:
Under Regulation 34 (2) (a) you are required to: Ensure that a person who is not involved in the matters the subject of a complaint is nominated to deal with complaints by or on behalf of residents.

Please state the actions you have taken or are planning to take:
The complaints policy has been updated to reflect the change in the nominated complaints officer. Advice can be sought from HSE Complaints officers, as an additional resource.

Proposed Timescale: 06/07/2015
Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints log had not been amended to allow for recording the outcome of the complaint and whether or not the complainant was satisfied.

9. 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 complaint log sheet has been amended.
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The complaints process was on display, however, it was not in an accessible format and the complaints officer identified in the notice was the same person identified in the policy who no longer worked in the centre.

10. **Action Required:**
Under Regulation 34 (1) (a) you are required to: Ensure that the complaints procedure is appropriate to the needs of residents in line with each resident’s age and the nature of his or her disability.

**Please state the actions you have taken or are planning to take:**
The complaints process is available in an accessible format and is on display in 2 out of the 3 areas. It will be on display in the 3rd area it reopens.
The PIC for the area, is the designated complaints officer for the Ground floor and documentation reflects same.

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<td><strong>Outcome 02: Communication</strong></td>
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<td><strong>Theme:</strong> Individualised Supports and Care</td>
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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
From a sample of care plans viewed by inspectors, communication needs were not adequately assessed or addressed.

11. **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:**
Currently all care plans regarding communication are being updated.

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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Staff did not have sufficient knowledge in relation to supporting residents with their communication needs and there were no records of staff training in communication with residents with significant communication needs.

12. **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:**
Training in communication is currently being sourced to improve/enhance communication with residents.

**Proposed Timescale:** 01/12/2015

**Theme:** Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no evidence of the use of assistive technologies to support residents to communicate or to promote their full capabilities.

13. **Action Required:**
Under Regulation 10 (3) (b) you are required to: Ensure that where required, residents are facilitated to access assistive technology and aids and appliances to promote their full capabilities.

**Please state the actions you have taken or are planning to take:**
Training in communication is currently being sourced to improve/enhance communication with residents.

**Proposed Timescale:** 01/12/2015

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

**Theme:** Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were not suitable facilities within the centre for residents to meet with visitors in private.

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

**Please state the actions you have taken or are planning to take:**
As part of the current refurbishment works each area will have a designated visitor’s
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
It was not evident that residents wishes in relation to visiting local shops or cafes were ascertained, and based on the findings of this and previous inspections, there were insufficient numbers of staff to support this type of activity should residents wish to do so.

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

Please state the actions you have taken or are planning to take:
As the service de-congregates and the resident numbers are reduced the resident’s participation in more community based activities will increase.

Residents do participate in the community both facilitated from unit level and with activation areas; this will be enhanced with the current recruitment drive.

Proposed Timescale: 30/10/2015

Outcome 05: Social Care Needs

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Care plans were in the process of being reviewed and updated but this had not been completed for all residents.

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

Please state the actions you have taken or are planning to take:
This process is ongoing, It is envisaged that the format for the PCP meetings will encompass a multidisciplinary review on an annual basis or sooner if required.

The above will be addressed as part of the introduction of a multi disciplinary approach
with effect from 01/09/2015. The speech and language therapist is currently reviewing all residents in this area; all those that were deemed as requiring a S&LT assessment have been reviewed. She will commence on Saturday 29/07/2015 (next date of visit) to commence assessments of all residents so that they will all have a baseline S&LT assessment. This will take a number of visits to complete.

An occupational therapist has been sourced on a full time 12 month contract and will commence from 17th August 2015. This will allow all residents to have a complete up to date occupational therapy assessment. The occupational therapist also has extensive experience of communication training and the use of assistive technology in communication.

Currently the Medical Officer regularly attends all residents and screens for chronic diseases. The Medical Officer has initiated a formal annual medical screening process. This will occur once a year on the week in which the service user's birthday falls. From the 09/09/2015, comprehensive accessible care plans will be available. Essential care plans such as intimate care, safety plans will be prioritised in the intervening period.

Annual multidisciplinary reviews will commence within the service from the 01/09/2015 and will be completed by the 31/01/2016. From the 09/09/2015, comprehensive accessible care plans will be available. Essential care plans such as intimate care, safety plans will be prioritised in the intervening period.

**Proposed Timescale:** 31/01/2016

**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 available, in an accessible format to the resident and, where appropriate, his or her representative.

**17. 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:**
Care plans are available in easy read format but will be reviewed so that a more accessible format can be developed.

From the 09/09/2015, comprehensive accessible care plans will be available. Essential care plans such as intimate care, safety plans will be prioritised in the intervening period.
Proposed Timescale: 31/01/2016

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 subject to a review that was multidisciplinary.

18. **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:
It is envisaged that the format for the PCP meetings will encompass a multidisciplinary review on an annual basis or sooner if required.

Annual multidisciplinary reviews will commence within the service from the 01/09/2015 and will be completed by the 31/01/2016.

Proposed Timescale: 31/01/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Personal plan reviews did not assess the effectiveness of the plan or take into account changes in circumstances and new developments. In addition the recommendations arising out of a review did not always record:
- any proposed changes to the personal plan;
- the rationale for any such proposed changes; or
- the names of those responsible for pursuing objectives in the plan within agreed timescales.

19. **Action Required:**
Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

Please state the actions you have taken or are planning to take:
An audit of all PCP in this area is underway and will as part of a learning outcome address the issues highlighted above.

Proposed Timescale: 30/09/2015

**Outcome 06: Safe and suitable premises**

Theme: Effective Services
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The design and layout of the premises was institutional in nature and it was not suitable to meet the needs of the residents, for example:

- bedroom accommodation was primarily in large dormitory style bedrooms with most residents accommodated in 12, 9 or six-bedded rooms
- there was insufficient number and unsuitable toilet/shower facilities to cater for the assessed needs of residents in a timely, dignified and appropriate manner
- there was insufficient space for residents to retain personal possessions
- there was insufficient space for residents to store their clothes
- there was insufficient space for the appropriate use of adaptive equipment and hoists including when each specific bed area was screened off
- there was inadequate sitting, recreational and dining space
- there were inadequate facilities for residents to meet visitors in private in the designated centre
- there was inadequate safe outdoor space
- there were inadequate sanitary facilities.

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

**Please state the actions you have taken or are planning to take:**
A plan has been agreed and funded with HSE Estates for immediate works which provide for partitioning and acoustic panels in each unit to increase privacy and reduce noise levels. The contractor commenced work on May 25th 2015. The works will take approximately eleven weeks to complete for all of the three units. The refurbishment is currently being completed for the first unit and residents will benefit from an improved environment and increased privacy.

On completion of these works, it is intended that the numbers accommodated in the centre will be reduced. As part of these works a safe outdoor space will be provided for all residents.

A closure plan is also being developed for this centre. This will support residents to move to appropriate alternative accommodation.

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

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were a number of wardrobes for storing residents' clothing, however, not all of the wardrobes were located close to residents' beds and there were not adequate wardrobes or storage space for each resident.
## 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 area of storage and personal storage will be addressed as part of the current refurbishment works.

**Proposed Timescale:** 03/08/2015  
**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
The centre was not in a good state of repair.

## 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:**
This will be addressed as part of the current refurbishment works.

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

### Outcome 07: Health and Safety and Risk Management

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
There was no risk management policy accessible in the units on the day of inspection.

## Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

**Please state the actions you have taken or are planning to take:**
The risk management suites of documents were available in the DON office and have subsequently been distributed to each area.

**Proposed Timescale:** 30/06/2015  
**Theme:** Effective Services
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
While incidents and accidents were recorded, there was inadequate collation and analysis of the incidents to mitigate reoccurrence, or to support learning and quality improvement.

24. **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 management training has been delivered to a cohort of staff who will take responsibility for the assessment and review of all risk assessments within their areas.

The CNM2, has attended training and will be assuming responsibility for the identification of risks pertaining specifically to the unrestricted access by residents to PPEs, the use of bedrails and the unrestricted access to cleaning chemicals. These risks will then be managed proactively and included in the Risk Register for this service where applicable.

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

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Identified risks in the centre had not been assessed and there were inadequate arrangements to manage risks.

25. **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:**
Senior nursing staff have completed training in risk management and all current risk assessments are being updated to reflect issues raised

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

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
On the evening of the inspection inspectors noted that there was unrestricted access to
the vacated unit where refurbishment works had commenced. There were no evidence of suitable health and safety arrangements in place to safeguard residents and staff during these planned works.

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

**Please state the actions you have taken or are planning to take:**
The area was closed off from the beginning of the refurbishment works, signage was in place.
Appropriate health and safety arrangements are on site to facilitate this stage of the refurbishment works.

**Proposed Timescale:** 26/05/2015

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The kitchen door in one of the units was held open with a door wedge, which was not in compliance with fire precautions.

27. **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:**
As part of the refurbishment works all doors will have a magnetic catch system in place to eliminate the use of door wedges.

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

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Records indicated that a fire drill had taken place in May 2015, however, it was not clear from the records available whether the response of staff and residents was satisfactory or if there was any learning from the drill.

28. **Action Required:**
Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.
Please state the actions you have taken or are planning to take:
Fire evacuation drills have taken place in this area on 01/05/2015, 07/05/2015 also on 23rd/25th June 2015.

The Evacuation Record form contains all relevant information to ascertain whether the evacuation was carried out successfully and within the time range considered reasonable. If there are deficiencies in relation to response time, evacuation time, method of evacuation, calling the fire brigade, functioning of fire doors e.t.c these will be noted in the evacuation record, otherwise, if the evacuation time is within an acceptable time frame the relevant boxes are ticked on the record form indicating that the response is satisfactory. There is a discussion with the staff both before and after the drill to address any questions or concerns that may arise.

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The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Personal emergency evacuation plans had been developed that contained significantly more information than the previous plans. However, the plans needed review in relation to the evacuation of residents from the six-bedded dormitory to take account of the physical design and layout of the unit and the mobility of residents.

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

Please state the actions you have taken or are planning to take:
This has been discussed with the HSE fire officer/H&S representative and appropriate risk assessments will be developed with regards to the issues raised in this particular area.

| Proposed Timescale: 30/09/2013 |

| **Outcome 08: Safeguarding and Safety** |
| **Theme:** Safe Services |

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A large number of residents in one of the units had bedrails in place in the absence of suitable assessment to guide decisions in relation to the use of bedrails. Records of safety checks were not completed contemporaneously and the frequency of the checks was not guided by individual assessments.

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

**Please state the actions you have taken or are planning to take:**
Presently a total of 5 residents have bedrails in situ within these areas. The situation is currently being assessed to allow for a further reduction in the use of restrictive practices.
Documentation supporting the use of these bed rails will be reviewed to take cognisance of the report findings.

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

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Training records indicated that a significant number of staff had not received training in behaviours that challenge

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

**Please state the actions you have taken or are planning to take:**
A comprehensive staff training policy is currently being developed and will encompass a broad range of training.
Training in the areas of safeguarding and challenging behaviour has been prioritised.

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

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Positive behaviour support plans were in the process of being developed for residents that presented with behaviour that challenges, however, this had not been completed for all residents.

**32. 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:**
A comprehensive staff training policy is currently being developed and will encompass a broad range of training. Residents with significant behaviours that challenge have been prioritised for assessment by the CNS in this area; this is further enhanced by the delivery of training in challenging behaviour which is ongoing at present.

A thorough audit of all restrictive practices including physical, chemical and mechanical has been carried out. Following a review of the findings, actions have been taken and there has been a substantial reduction on the use of all restrictive practices in this area. Chemical restrictive practices are no longer in use in the facility. Incident forms in this area have been reviewed and this information contained therein has been used to prioritise service users for behaviour supports and/or safety plan.

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

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Training on the recognition and response to allegations of abuse remained outstanding for a number of staff

**33. Action Required:**
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

**Please state the actions you have taken or are planning to take:**
All staff have received a briefing from nurse management in relation to their roles and responsibilities with regard to the identification and response to abuse.

Training is on-going in the area of recognition and response to abuse. All staff will have completed this training by 30/9/2015.

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

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The provider was failing to safeguard residents from injury and discomfort. There continued to be frequent physical altercations between residents where residents hit and kicked each other.

**34. Action Required:**
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.
Please state the actions you have taken or are planning to take:
The current refurbishment works have resulted in the transfer of some residents to other services. A safeguarding plan was initiated in relation to the above mentioned resident. As a result of same he has been moved within the centre to an area where his risk of peer on peer abuse has been considerably lessened.

**Proposed Timescale:** 08/06/2015

### 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:**
There was no evidence that residents' independence was promoted through support to achieve their potential in relation to living their lives as independently as possible and accessing education, training or employment based on their assessed needs.

**35. 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:
As the service de-congregates the numbers of residents remaining in these areas will significantly decrease will which allow for a more person centred approach which will allow the residents more independence and achieve their potential.

**Proposed Timescale:** 31/01/2016

### 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:**
Due to the level of non-compliance found on inspection the provider was asked to appoint a person in charge with sole responsibility for this centre, however this had not yet been completed.

**36. Action Required:**
Under Regulation 14 (1) you are required to: Appoint a person in charge of the designated centre.

Please state the actions you have taken or are planning to take:
An additional CNM3 is currently being recruited. This will strengthen the Governance of the service. This person will assume the role of PIC with effect from 6/7/15.
Proposed Timescale: 06/07/2015  
Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The person in charge of this centre was also person in charge of three other HSE disability centres. The provider was unable to demonstrate sufficient governance and management arrangements in this centre.

37. Action Required:  
Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

Please state the actions you have taken or are planning to take:  
An additional CNM3 is currently being recruited. This will strengthen the Governance of the service. This person will assume the role of PIC with effect from 6/7/15.

Proposed Timescale: 06/07/2015  
Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Based on the serious and significant level of non-compliance found on this inspection and on previous inspections, inspectors were not satisfied that there were suitable governance and management arrangements in the centre.

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

Please state the actions you have taken or are planning to take:  
A CNM2 has recently been appointed to this area. She will work closely with the person in charge to support the governance and management of the service.

An additional CNM3 is currently being recruited. This will strengthen the Governance of the service. This person will assume the role of PIC with effect from 6/7/15.

Proposed Timescale: 06/07/2015  
Theme: Leadership, Governance and Management
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no annual review of the quality and safety of care as required by the regulations

39. 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:
An annual review of the quality of care and support will be carried out by the registered provider.

Proposed Timescale: 30/09/2015

Outcome 17: Workforce
Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were insufficient staff on duty in each of the units to meet the physical, psychological and social needs of the residents.

40. 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:
On the date of the inspection a total of 9 staff were on duty in 1 area, 8 direct care, 1 indirect care for 17 residents.
The other area had a total of 8 staff on duty 7 direct care and 1 indirect care.
With residents from these areas benefiting from increased activation from the 3 activation areas there has been a significant improvement in staffing levels in these areas.
Staffing levels will be reviewed as the service reconfigures.

Proposed Timescale: 31/10/2015

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was an inadequate strategy for staff development to ensure staff had the required training to support residents maximise their independence.
Training was on-going in relation to adult protection, however, it was unclear when staff would receive training in positive behaviour support, communication and challenging behaviour.

**41. 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:**
A comprehensive staff training policy is currently being developed and will encompass a broad range of training.
Training in the areas of safeguarding and challenging behaviour has been prioritised.
Training in the area of communication is currently being sourced.

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