

**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 Health Service Executive
Centre ID:	OSV-0002572
Centre county:	Meath
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Dervila Eyres
Lead inspector:	Catherine Rose Connolly Gargan
Support inspector(s):	Louisa Power
Type of inspection	Announced
Number of residents on the date of inspection:	7
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:
20 October 2015 09:30	20 October 2015 17:30
21 October 2015 08:00	21 October 2015 16:00

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

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

Summary of findings from this inspection

This was the third inspection of the designated centre completed by the Authority. The inspection took place in response to an application submitted by the provider for register of the centre under the Health Act 2007. The inspector observed practices and reviewed documentation such as personal plans, the accident and incident log, policies and procedures and staff files among others. The inspector reviewed pre-inspection questionnaires completed by residents and family members in which feedback was generally complimentary regarding staff and the service provided. Residents and relatives spoken with during the inspection were generally satisfied with care and supports provided.

Residents in the centre had complex needs with six of the seven residents using wheelchairs to meet their mobilization needs and further assistive equipment to support their transfer needs. Overall inspection findings supported evidence that residents were supported by staff caring for them and they were afforded opportunities to be involved in decisions on the running of the centre. All residents had access to a day service. However, improvement was required in opportunities for residents to engage in recreational/social activities in the evenings and at weekends by means of review of staffing and transport resources. The centre was homely and improvements had been made to the premises since the last inspection however findings supported further improvement was required to ensure the layout and space in some parts of the premises met residents' needs and the stated purpose of the centre.

Mandatory staff training in fire safety, safe moving and handling procedures and protection of vulnerable adults training was required in addition to professional development training for staff in other areas including medication management.

While evidence of good practice was found across a number of outcomes and residents and their relatives expressed their satisfaction with living at the centre, areas for significant improvement were identified to comply with the Regulations. Inspectors' findings supported major non-compliance in three outcomes which included Outcome 6: Safe and Suitable Premises, Outcome 14: Governance and Management and Outcome 17: Staffing Resources. Non-compliances were identified with thirty six regulations on this inspection, twenty three of which are the responsibility of the provider and eleven are the responsibility of the person in charge. The areas of non compliance are discussed in the body of the report and are referenced in the action plan at the end of this report.

A recommendation for registration will be dependent on the provider and person in charge's response to the action plan where improvements required outlined at the end of this report for action and response.

The action plan at the end of this report identifies the required actions the provider/person in charge is required to take to ensure the designated centre is in compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 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 inspectors found that deficits were identified and acknowledged by the service that negatively impacted on residents' privacy and dignity due to the structural layout of areas of the premises. The provider discussed a proposed refurbishment plan with inspectors on the days of inspection to address these deficits.

While some improvements had taken place regarding most residents' access to shower/toilet facilities, an arrangement continued during inspection whereby one resident continued to access another resident's bedroom to use shower/toilet facilities. This action remains outstanding since the last inspection and is discussed further in outcome 6.

A shower/toilet facility was located between each two of six bedrooms however; the shower/toilet doors did not have a lock fitted.

Resident's bedrooms were personalised and were decorated with photographs and items reflecting each resident's personality and interests. Bedrooms located at the front of the house had the windows appropriately dressed so that the privacy and dignity of residents was maintained.

The inspectors found that personal information pertaining to residents was not displayed inappropriately throughout the centre. Information pertaining to residents was found to be secured in two staff offices both of which were secure.

The inspectors saw that residents were consulted and involved where possible regarding

the service provided and the day to day running of the centre. Minutes of residents' meetings were reviewed by an inspector and found to be participative and relevant to residents' needs and wishes.

A complaints policy was available dated October 2015 and was displayed in accessible format for residents' information in the kitchen/dining area of the designated centre. A complaints log was maintained and there were no complaints logged for 2014/2015 to date. However, inspectors found that the complaints procedure was not effective as there were some expressions of dissatisfaction with the service recorded in some residents' documentation. While findings supported these areas were addressed, they were not logged or addressed through the complaints process.

Closed circuit television was in place viewing external aspects of the centre including access doors. A policy was in place to inform use of this security measure.

The inspectors observed meaningful, supportive and respectful interactions with residents by staff on the days of inspection. Residents could meet their visitors in private if they wished.

There were arrangements in place to ensure residents could retain control over their personal possessions however improvement was required for some residents with shelving in their rooms which was out of their reach. A policy was in place to inform management of residents' personal finances.

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:

A communication policy was in place which informed the communication needs in the centre. A residents' guide to the centre was provided in accessible format. Inspectors were informed that work was in progress on developing personal planning templates in an accessible format. Inspectors observed that some information was provided for residents in accessible format such as the complaints procedure and menus. The menu of the day was also available to residents in a pictorial format to facilitate their informed choice.

There was also evidence that residents with speech deficits were appropriately assessed for use of assistive technology to support their needs with equipment trials in progress.

The Inspector found that staff were aware of the communication needs of residents and a detailed communication assessment was documented. Most residents had speech deficits or were non-verbal. Staff demonstrated a comprehensive understanding of the meaning of some residents' communication methodologies. Personalised documentation was developed referencing each resident's communication gestures and sounds to assist their communication with those less familiar with them.

Residents had access to television, radios and telephones.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

There was a policy in place which advised on appropriate procedures to support visiting arrangements for residents in the centre.

There were no restrictions to visitors in the centre unless requested by the resident or supported by their risk assessment. Inspectors found clear evidence from review of the personal records of residents, feedback from the Authority's pre-inspection questionnaires and from speaking to residents, family members and staff that, family members were actively encouraged and involved in the lives of residents. From a sample of records reviewed, there was also evidence that family members were involved in residents' personal plan meetings and were consulted regarding any change in the residents' health or well-being.

Residents were supported and empowered where appropriate to maintain family contacts which included visiting their families and for some residents remaining at home for part of each week. However, review was required regarding transportation arrangements for residents' who used assistive chairs when returning to the centre to ensure all opportunities to be with families were optimised.

While each resident had single bedroom accommodation, there were adequate areas in the centre for residents to meet their visitors in private if they wished. Each house had a visitors' book which was up to date with a record of visitors who attended the centre on

the days of inspection. Families spoken with expressed their satisfaction with the level of their involvement in individual resident's lives.

There was evidence to support improvement was required to support residents to develop and maintain meaningful links and develop relationships with their local community.

Judgment:

Substantially Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

Policy documentation dated December 2013 informed resident admission, discharge and transfer. The policy did not reference protection of residents from abuse by peers as required. The admission procedure was evident for residents to the centre and took account of their transition process needs. For example, arrangements were in place to support some residents with transitioning to long-term care by a shared care arrangement with residents' next of kin.

A process was in place for temporary absence of residents and while documented in each resident's personal information, the directory of residents did not include all relevant details in this area. This is discussed in outcome 18.

All residents with the exception of one person had copies of their contracts in their personal support plan documentation. The missing contract of care was available but maintained outside the centre in another location. This finding is discussed in outcome 18. Each resident had a contract of care that set out the terms and conditions of their residency, however, this did not clearly outline charges for some services and whether these were included in the fee for residency. The contracts detailed aspects of service provision and outlined the cost of this service provision. The contract did not outline arrangements for social outings and holidays including transport. It was therefore unclear what the financial arrangements were in all such circumstances.

Judgment:

Substantially Compliant

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 reviewed a sample of residents' personal files and found that each resident had an assessment completed which identified their health, personal and social care needs. This documentation referenced completion of need assessments as appropriate. However, care planning required improvement to ensure residents' healthcare needs were met in some areas. This finding is discussed in outcome 11.

Inspectors found that some residents' annual review of their personal plans was not completed on an annual basis. In addition inspection findings did not support multidisciplinary representation by the services involved in some residents' care at annual reviews.

While Inspectors acknowledged that sustaining achievements presented challenges for some residents, some resident goals documented were competently maintained as part of some residents' usual routines. Each resident had identified short and long term goals developed with support by staff and family, details of which were documented in their personal plan information. However this documentation was inconsistent. For example, the content of some resident goals were not meaningful or set out in achievable terms. Progress with achieving goals was reviewed on a monthly basis; however this documentation did not consistently inform progress with goal achievement. This finding was repeated from the last inspection in April 2015 and required improvement to ensure residents were facilitated to experience and celebrate personal achievements.

A number of residents had complex care and high support needs and used assistive wheelchairs for seating and mobilisation at most times during the day. Allied health professional specialist assessment was available to residents as required on this inspection and was evidenced in care documentation.

Arrangements were in place to support residents to transition from home to residential care in the centre.

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:

The designated centre comprised one community house. Improvement works to the interior of the house have been on-going since the first inspection of the centre in August 2014 with refurbishing of resident showers/toilets and internal painting and decoration among other works. While this has enhanced the facilities for residents, aspects of the premises did not meet its stated purpose. The provider nominee and management team discussed a proposed plan with inspectors on the days of inspection, developed to increase the space available for residents, improve storage and to ensure the privacy and dignity needs of each resident in the centre.

Six of the seven residents accommodated in the centre have complex physical needs regarding their mobility and physical care, requiring high levels of support by staff and assistive equipment. These residents required assisted transfers with the use of hoist for activities of daily living such as showering. At the time of the last inspection in April 2015 and on this inspection some residents, due to the inadequate layout of the showers were transferred to a shower trolley in their bedrooms and then wheeled into the shower area. Shared en-suite shower/toilet facility were located between residents' bedrooms. The bedrooms and adjoining shower/toilets were not equipped with appropriate equipment that would ensure ease of transfer for residents within the shower area. A static hoist unit was fitted in some residents' bedrooms. Sliding doors were fitted on shower/toilets which were observed by inspectors to be heavy and not easily accessible. The inspectors observed that the paintwork on walls in residents' bedrooms/ shower/toilets and wooden surfaces on doors was scored and damaged by equipment. While this finding indicated inadequate space available in these areas, they required repair to ensure surfaces could be effectively cleaned.

Due to the nature of residents' assessed needs, most required support of two staff in addition to assistive equipment. Parts of the premises did not meet its stated purpose. The layout and space available to meet residents' needs as assessed in two residents' bedrooms and en-suites and access to shower/toilet facilities did not adequately meet

their assessed needs. This finding was also confirmed by staff.

Due to layout and floor space some wardrobes were not accessible to residents. The inspectors observed staff having difficulty assisting residents in wheelchairs accessing the centre through the main door of the centre. The provider advised inspectors that automation of this access door was in progress.

While repair of a fuse board located in the kitchen and a repair of wardrobe door was completed since the last inspection, there was evidence of delays in completing maintenance requests in the absence of a clear system in place for this process.

The centre was visibly clean and bright in addition to being homely and reflective of the residents living there on the days of inspection. Pictures and photographs of the residents were displayed throughout the designated centre. Residents' bedrooms were decorated to reflect their personalities, preferences, hobbies and interests.

Upgrade of each of the shared en-suite shower/toilets was completed since the first inspection of the centre in August 2014. While an en-suite toilet and shower was available in a single room, the shower was not functioning, did not have a shower hose fitted and was being used as an area for storage for the resident who resided in the room. Television aerial wire fixing and a redundant fire panel box in this room required review. There was evidence of insufficient storage for residents' assistive equipment such as assistive wheelchairs when not in use.

The laundry facility was located in an area exterior to the community house and did not meet its stated purpose. As discussed in outcome 7, a hand hygiene sink was also required in the laundry and cleaners' room.

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:

A safety statement was available for the centre dated 2015. A risk management policy was available and referenced the controls for the hazards identified in regulation 26. The inspectors reviewed the hazards as identified for the centre and found that not all hazards as observed on inspection were assessed. Controls were not specified to mitigate the level of risk posed by the hazards identified. Example of risks not identified

included;

- insufficient space in some bedrooms and shower/toilets
- electric heaters in bedrooms
- risk of injury posed by location of some radiators
- use of multi-socket electricity extension leads
- a radiator in the communal toilet was hot to touch and posed a risk of injury to vulnerable residents.

An emergency policy was available and included fire safety procedures. The inspectors observed gaps in the fire safety checking procedures in the records reviewed. There was also insufficient evidence to support adequate resident evacuation needs assessment and night-time evacuation drills. The inspectors observed that all fire exits were free of obstruction on the days of inspection. However a curtain/screening over fire exit doors required review to ensure emergency exit was not hindered. Seven staff had not completed fire safety training as referenced in the staff training records provided.

The inspectors reviewed infection prevention and control practices and procedures. The centre premises were visibly clean on the days of inspection. Procedures observed for drying floor mops were not in line with the national standards for the prevention and control of infection. A hand-wash sink was not available in the laundry. The laundry premises did not meet its stated purpose in terms of adequate laundering facilities. This finding is also discussed in outcome 6. A small number of staff had completed infection prevention and control training as referenced by the staff training records. Hand hygiene gels were available and used appropriately by staff.

Most residents in the centre required assistance with transferring to and from bed and wheelchair. Inspectors did not observe any moving and handling procedures as they were completed in bedrooms/showers/toilets. However, inspectors observed from the staff training records provided that nine staff had not completed safe moving and handling training. This finding is addressed in outcome 17.

As discussed in outcome 12, medication error preventative actions were not consistently identified to ensure learning from investigation of adverse medication incidents was implemented.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

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

No actions were required from the previous inspection.

Findings:

Staff received training on safeguarding of vulnerable adults and certificates for same were reviewed by the inspectors. However, the training records referenced that seven staff, including the person in charge had not received this training. Staff spoken with were knowledgeable regarding the indicators of abuse and who they would report concerns to should they suspect or witness incidents of abuse. The policy was found to be adequately detailed and outlined the indicators and types of abuse in addition to the management of incidents if required. The inspectors also saw that staff had signed off on the policy relating to the safeguarding of vulnerable adults to indicate they had read and understood it.

A template was in use where staff recorded the use of a restraint such as a lap-belt for residents who utilised wheelchairs. The use of the lap-belt and guidelines for use reflected residents' care plans and risk assessments. The inspectors also saw documented periods of time where the restraints were removed which was appropriate to the documented needs of residents reviewed. However, use of bedrails did not reflect the National guidelines for restraint use. Most residents in the centre were using bedrails while in bed in the absence of evidence of risk assessment and assessment of need as informed by the National guidelines for restraint use.

A policy document was in place to inform management of behaviours that challenged. Review was required to inform de-escalation procedures. The inspectors observed that not all staff had attended training on managing challenging behaviour. There were no incidents of challenging behaviour by residents recorded.

Care plans were in place for residents to address their intimate care needs. The inspectors observed that these care plans were individualised for each resident. However they did not reference the arrangements in place to ensure residents' privacy and dignity needs were observed in shared en-suites without lockable doors.

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 was maintained of accidents and incidents. Quarterly notifications to the Authority as required by the Regulations were adequate. Use of bedrails and lap-belts were included on quarterly notifications.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspectors observed a policy document available to inform residents' access to education, training and development. However, It was unclear from reviewing residents' personal plans if their wishes and aspirations regarding training, education and employment were known or that this was assessed or explored on behalf of the residents. Findings supported that while each resident had occasional opportunity to engage in social and recreational activities, this engagement was infrequent and generally dependant on the availability of family members to escort and support them. As discussed in outcome 17, staffing and transport resources did not facilitate more than one resident leaving the centre in the evenings or weekends at any one time.

One resident who did not attend a day service enjoyed swimming and was facilitated to attend a local public pool. While a pool was available in the day service facility for residents' use, it was not operational for a prolonged period of time. The provider provided documentation to support efforts to expedite maintenance issues.

Judgment:

Substantially Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Some residents had complex health and mobility needs in association with their intellectual disability needs. Resident's needs were assessed and recorded in their personal plans.

The inspectors saw evidenced based assessment tools were used to assess residents' needs including risk of reduced skin integrity and unintentional weight loss or weight gain. Findings on inspection from review of a sample of residents' documentation supported improvement was required in documentation of interventions to meet residents' assessed needs. For example some residents did not have a documented care plan to inform their care in relation to;

- epilepsy experienced by two residents, one with a vagal nerve stimulator in place.
- pain management for a resident receiving two pain relieving medication preparations

In addition, a resident's nutritional care plan in place was not updated with management recommendations made by dietician.

While other care plan documentation informing care practices was in place, it was not easily retrievable among residents' other documentation records. While staff knew the residents' care needs this finding posed a risk that updated information may not be consistently referenced by staff less familiar with this documentation.

Multidisciplinary input from allied health professionals including dietician, occupational therapy, physiotherapy and speech and language therapy was evident in residents' on-going care. Residents had access to medical care as supported by documentation records.

A policy document reviewed in June 2015 provided guidance on nutrition for residents including provision of nutrition via percutaneous endoscopic gastrostomy (PEG). Some residents required support with their nutritional needs including specialised diets and modification of the consistency of food and fluids. The staff training records did not reference staff training in the nutritional needs of residents with swallowing difficulty/dysphagia. Staff were observed to provide discreet and respectful assistance to residents with eating and drinking as required, however some practices observed required review in terms of assessing drinking equipment used. The menu was displayed and included picture cues for the various dishes. Residents were provided with snacks and refreshments between meals. Procedures were in place for monitoring of residents' weights and their documentation referenced input by the dietetic and speech and language services.

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:

The inspectors reviewed the practices and procedures for medication management. The findings supported improvements were required to ensure all practice relating to appropriate and safe medication management were adhered to.

The centre had a medication management policy dated July 2015. An inspector reviewed the policy and found it described safe practices of medication management and met the requirements of the Regulations.

The inspectors noted that all medications were stored securely. Medications requiring refrigeration were stored appropriately and unused or out of date medications were returned to the pharmacy as required. The temperature of the medication refrigerator was monitored and recorded daily. Staff reported and the inspectors saw that it was not practice for staff to transcribe medication and while assessments were completed no residents were self-administering medication at the time of inspection.

Each resident had a medication prescription and administration record. The administration record sheet had sufficient space for staff administering medication to record if medication was withheld or refused.

An inspector observed that some of the medication prescription and administration records examined did not contain all required information as follows;

- a prescriber's signature for discontinuation of medications,
- maximum dosage over 24hours of 'as needed' (PRN) medicines not entered by prescriber,
- a course of antibiotics was entered in the PRN section of one resident's prescription record,
- commencement date for a medicine was not entered in prescription record,
- nurse signatures missing in administration records,
- comments section of administration record not completed where medication administration was omitted,
- staff signature reference list was incomplete,
- packaging for one resident's medication was not labelled as required.

Therefore, these prescription orders were not complete authorisations to administer medications as per the Medicinal Products (Prescription and Control of Supply) Regulations (Amendment) 2007. These findings are addressed in outcome 5.

There was a procedure in place for recording medication errors. However preventative actions were not consistently identified to ensure learning from investigation of incidents was implemented. This finding is addressed in outcome 8. Nurses spoken with demonstrated knowledge and understanding of professional guidance in medication management. As also discussed in outcome 14, medication management audits were completed, however they did not adequately identify areas of deficit in safe medication management as found on this inspection. A service satisfaction questionnaire reviewed by inspectors referenced that all residents who responded to the questionnaires did not know their pharmacist.

Judgment:

Non Compliant - Moderate

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

A written Statement of Purpose was available for the centre. However, this document did not reference all information as required by Schedule 1 of the Regulations in the following areas:

- The arrangements for residents to access education, training and development was not included
- Deputising arrangements for the person in charge were not documented
- a description including size and primary function of the residents' accommodation in descriptive or floor plan format was not provided.
- The arrangements for residents to engage in social activities, hobbies and leisure interests as outline in the statement of purpose was not reflective of the practice as evidenced on the day of inspection and further outlined in outcome 10.

Improvements, as listed above, were required to ensure compliance with the Regulations.

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):

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

Findings:

A clear organisational structure was in place with a designated management team responsible for the service. The inspectors found that while systems and arrangements in place to govern and manage the centre had improved since the first inspection of the centre in August 2014, further improvement was required to ensure the quality and safety and quality of life of residents was met.

As found on the last inspection of the centre in April 2015, there was an absence of a formal audit schedule to ensure that all quality indicators such as incidents and accidents were reviewed on a regular basis which in turn would inform the annual quality of safety and care review. There was evidence of an unannounced visit to the centre which had been carried out by persons participating in management. The outcome of this visit was a documented review of the service from an overall perspective which resulted in identification of a number of service improvements in the form of an action plan with timescales stated, however none of the actions had been completed at the time of this inspection.

While regular auditing of medication management procedures and practices was demonstrated, this was not undertaken in other key clinical areas to ensure the quality and safety of resident care at the time of this inspection. Improvement was also required in analysis of the medication audits completed with action plan development to ensure any deficits found were corrected and learning was implemented. As evidenced in the findings outlined in outcome 12, the medication audits did not identify all areas of deficits as found on inspection.

A new person in charge was appointed in the centre in September 2015 and following this inspection, the Authority was informed that this role was reviewed and designated as a full-time position in the centre. The person in charge is supported by a director of nursing and two assistant directors of nursing at regional level. Arrangements were in place in the event of an absence of the person in charge for absences of greater than 28 days. A senior staff nurse assumes responsibility for shorter-term periods with the support of a designated on-call system in place. There was a formal on-call arrangement

in place implemented since the last inspection to support staff when the person in charge was not in the centre or if they required out of hours assistance.

While a number of areas requiring maintenance had been addressed as discussed in outcome 6, there was evidence of delays in completing maintenance requisitions in the absence of a clear system in place for this process. This finding is repeated from the last inspection in April 2015.

As discussed in outcome 17, all staff had not completed mandatory training requirements and training in some areas of professional practice to ensure the needs of residents were met.

Given the cumulative findings of this inspection, the governance and management continue to require significant and sustained improvement to bring the centre into compliance.

Judgment:

Non Compliant - Major

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

A new person in charge was appointed in September 2015 in response to an absence of the previous person in charge. Suitable arrangements were in place for the management of the centre in the event of absence of the new person in charge.

Judgment:

Compliant

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

The findings as described in outcomes 10, 13 and 14 supported improvement was required to ensure the centre was resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose. Adequate staffing support was not provided to ensure some residents could pursue activities outside of day service placements in the evenings and at weekends as discussed in outcome 17. There was evidence that some residents' opportunities to engage in recreational activities that interested them were dependant on the availability of family members to support them. While most residents used wheelchairs; the suitability of the residents' transport vehicle as available required review as only one wheelchair could be safely accommodated at any time. Therefore, as two staff were required to travel when the centre transport vehicle was in use, the other residents in the centre could not engage in recreational activities outside the centre at this time. In addition, the residents could not engage in recreational activities outside the centre as a group. This finding is also discussed in outcome 17.

As discussed in outcome 6, the layout and space available to residents in some parts of the premises did not meet their space requirements and privacy needs as described in the centre's Statement of purpose

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

The inspectors reviewed the staff roster and found that it was a complete record of the staff on duty on the days of inspection. The person in charge's hours of duty were documented.

Inspectors' findings on inspection did not support evidence of adequate staffing to meet the needs of residents in the evenings, at weekends and during the night.

Findings from review of fire drill documentation did not provide adequate assurances that residents could be safely evacuated at night when the number of staff in the centre reduced. This finding is discussed in outcome 8.

As discussed in outcomes 10, 13 and 14, review was required to ensure adequate staffing support was provided to ensure some residents could pursue activities outside of day service placements in the evenings and at weekends. There was evidence that some residents' opportunities to engage in recreational activities that interested them were dependant on the availability of family members to support them.

Recruitment processes were in place to ensure that staff were employed in line with the centres policy on recruitment. Recruitment was facilitated by the human resource department based in the service's head office. The inspector reviewed a sample of staff files and noted that they did not contain all required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Person (Children and Adults) with Disabilities) Regulations 2013 the first day of inspection. This was corrected by the second day of inspection.

Training records were provided and reviewed by the inspectors. They referenced that seven staff had not attended training in protection of vulnerable adults, seven staff had not attended fire safety training and most staff had not attended training in managing challenging behaviour. While the record referenced that some staff had attended training to support their professional development, not all staff had attended training in the areas where improvements in practice was identified on this inspection including safe moving and handling as discussed in outcome 8, care planning and dysphagia as discussed in outcome 11 and medication management as discussed in outcome 12.

Formal supervision/performance management of staff was not in place at the time of this inspection.

At the time of inspection there were no volunteer staff working with residents in the centre.

Judgment:

Non Compliant - Major

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed the operating policies and procedures as outlined in Schedule 5. The inspector found those reviewed were up-to-date. However a further review was required for the admission policy as discussed in outcome 4.

Documentation was secure. However, some documentation was not easily retrievable as it was not maintained on-site in the centre such as some staff employment records.

The centre had a roster, a statement of purpose and a resident's guide. The inspector also reviewed the directory of residents, a record of temporary absence by residents was in progress and implementation was required to comply with Schedule 3 of the regulations. The provider stated this would be completed.

The inspector reviewed the menus however no other record of food provided to residents was available for the inspector to review as required by Schedule 4 of the regulations. The person in charge stated this would be rectified. The inspector saw there was appropriate insurance for the centre as submitted with the registration application.

Judgment:

Substantially Compliant

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:

Catherine Rose Connolly Gargan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0002572
Date of Inspection:	20 and 21 October 2015
Date of response:	22 December 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:

One resident was required to access another resident's bedroom to use shower/toilet facilities.

A shower/toilet facility was located between each two bedrooms however, the doors did not have a lock fitted.

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

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:

An interim measure has been actioned whereby there are engaged/vacant signs for all bathroom doors thus all persons are aware when bathrooms are in use. Simple locks are to be fitted to all bathroom doors.

Proposed Timescale: 30/01/2016**Theme:** Individualised Supports and Care**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Inspectors found that the some expressions of dissatisfaction with the service was recorded in some residents' documentation in the absence of address through the complaints process.

2. Action Required:

Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

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

The complaints recording template has been amended and all PICs have been reminded to advise all staff that any complaint must be recorded in the complaints log also outlining action taken and outcome. The area ADON and PIC is responsible for monitoring same monthly.

Proposed Timescale: 22/12/2015**Outcome 03: Family and personal relationships and links with the community****Theme:** Individualised Supports and Care**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There was evidence to support improvement was required to support residents to develop and maintain meaningful links and develop relationships with their local community.

3. Action Required:

Under Regulation 13 (2) (c) you are required to: Provide for residents, supports to

develop and maintain personal relationships and links with the wider community in accordance with their wishes.

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

The DON/ADONs in liaison with the community team have developed a proposal following engagement with residents in the centre and staff feedback. The proposal involves an initial 2016 goal to develop links with the wider community in accordance with residents' wishes. Phase 1 plans to forge links with local secondary school (1 or 2) and consider with residents and senior pupils establishing a book/reading club whereby residents have indicated they may enjoy reading an adult book/story supported by the Senior Cycle students. Curriculum novels are also considered.

Proposed Timescale: 30/09/2016

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The admission, discharge and transfer policy did not reference protection of residents from abuse by peers as required.

4. 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 admissions policy has been reviewed by H.S.E. Louth/Meath policy group and has been amended to include specific reference to protection of residents from abuse by peers with a paragraph entered referencing the national safeguarding policy

Proposed Timescale: 22/12/2015

Theme: Effective Services

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

Each residents' contract of care did not clearly outline charges for some services and whether included in the fee for residency.

The contract did not outline arrangements for social outings and holidays including transport.

5. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details

of the services to be provided for that resident and where appropriate, the fees to be charged.

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

Paragraph 1.3 pg 11 of Contract of Care outlines that "The following services will incur additional personal costs to you" with a clarifying note * at end of paragraph (Schedule 2 service)

Proposed Timescale: 22/12/2015

Outcome 05: Social Care Needs

Theme: Effective Services

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

Some residents' annual review of their personal plans was not completed on an annual basis.

6. 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:

Annual PCP reviews are held annually. It seems that the record of same was not filed correctly to reflect dates during inspection.

Proposed Timescale: 15/01/2016

Theme: Effective Services

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

Findings did not support multidisciplinary representation by the services involved in some residents' care at annual reviews.

7. 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 service has agreed to plan a schedule of Personal Plan Review Meetings for the year ahead, thus mdt staff will have opportunity to note same in their work diary well ahead and may allocate and prioritise time to attend meetings with persons whom they are providing services.

If staff is unable to attend, a written signed report outlining their contribution will be accepted and an opportunity will be offered to the resident and family to meet them at another date.

Proposed Timescale: 28/02/2016

Theme: Effective Services

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

The content of some resident goals were not meaningful or set out in achievable terms. Progress documentation did not consistently inform progress with goal achievement.

8. Action Required:

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

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

The PIC plans to review all goals with residents through liaison with family and staff and support residents to consider more meaningful, achievable goals for 2016. Residents meeting held and record available noting residents indicated their preference to have individual goal setting meetings with PIC after Christmas as they have many parties and family events at this time of year

Proposed Timescale: 28/02/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Areas of the premises including some residents' bedrooms, en-suite facilities and the laundry did not meet their stated purpose in terms of layout and space to meet the assessed needs of residents.

9. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

The PIC and Provider have established operational practices aimed at meeting purpose in terms of layout and space to meet the assessed needs of residents in the building. The Provider has commissioned plans to develop a new extension and reconfiguration

of the building to meet residents' needs. Plans have been shared with the Inspector and agreed. The Provider has now moved to seek capital investment to actualise the plans. The Provider awaits feedback on same. Interim discussions are ongoing regarding relocation for period of building works and so on. Pending capital approval, planning permission will be submitted.

Proposed Timescale: 30/04/2020

Theme: Effective Services

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

Improvement in areas of maintenance was required. There was evidence of delays in completing maintenance requisitions in the absence of a clear system in place for this process.

10. Action Required:

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

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

The Provider has commissioned a strategic review of the maintenance requests and action process in HSE Meath Disability Services which has commenced under the LEAN Consultancy group. A plan will be developed following same to ensure more timely response to maintenance requests. The Provider has also contracted a maintenance person 5 days per week to manage day to day issues and gardening, window cleaning and so on. The Provider has also developed maintenance on call system circulated to all areas for all Out of Hours maintenance matters arising with 3 contact persons to ensure a timely response. (Plumbing/Electrician/General Maintenance)

Proposed Timescale: 30/03/2016

Theme: Effective Services

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

The inspectors observed staff having difficulty assisting residents in wheelchairs accessing the centre through the main door of the centre.

Due to layout and floor space some wardrobes were not accessible to residents.

11. 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 Provider has now moved to seek capital investment to actualise the plans. The Provider awaits feedback on same. Interim discussions are ongoing regarding relocation for building works and so on. All residents are assisted by staff as per their needs to access their wardrobes

In the interim the PIC has requested a cost for an automated front door opening system and the Provider Nominee will consider same if costs received are within reasonable accommodation guidelines. All residents are supported at all times by staff as per their needs in achieving and promoting accessibility

Proposed Timescale: 30/06/2016

Theme: Effective Services

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

There was evidence of insufficient storage for residents' assistive equipment such as assistive wheelchairs when not in use.

12. 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 PIC currently supports residents to use their bedroom and storage space as effectively as possible and supports residents who wish to have their specialised wheelchairs stored outside their bedroom when they are in their room in the large sitting room or dining area which is typically empty at these times. Residents and families indicate they are content with current arrangements However the proposed plans will address with the reconfiguration to include larger bedrooms and extension.

Proposed Timescale: 30/04/2020

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:

Not all hazards as observed on inspection were assessed.

13. 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 PIC has reviewed the safety statements & environmental risks and updated the risk assessments and registers to include identified hazard re radiator/electric heaters. An electrician has been commissioned to fit extra wall sockets to avoid use of extension leads and mitigate that risk and developed a risk index accordingly. The communal toilet radiator referred to is not used by residents.

Proposed Timescale: 30/03/2016

Theme: Effective Services

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

Controls were not specified to mitigate the level of risk posed by hazards identified.

14. Action Required:

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

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

Controls have been put in place and screen has been removed. Areas have been clearly rezoned and local evacuation policy updated

Proposed Timescale: 22/12/2015

Theme: Effective Services

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

Medication error preventative actions were not consistently identified to ensure learning from investigation of adverse medication incidents was implemented.

15. Action Required:

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

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

The PIC has dedicated priority to Medication Management development and the DON/ADONs have commissioned external audit of medication management in the centre. An updated audit plan has been developed and medication audits are scheduled monthly and discussed at monthly meetings with DON/ADON and CNMs and centre staff meetings. The medication management policy has been updated accordingly.

Proposed Timescale: 22/12/2015

Theme: Effective Services

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

Procedures for drying mops were not in line with the national standards for the prevention and control of infection. A hand-wash sink was not available in the laundry.

16. Action Required:

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

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

The segregation of clean and soiled linen was rectified following Inspectors visit in April
The PIC has requested a quote for a handwash basin for the laundry facility as an interim measure

The ADON/PIC has ensured that the national standards for infection control are adhered to when drying mops.

Proposed Timescale: 30/03/2016

Theme: Effective Services

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

There was insufficient evidence to support adequate resident evacuation needs assessment and night-time evacuation drills.

Curtain/screening over fire exit doors required review to ensure emergency exit was not hindered.

17. 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:

Proposed Timescale:

Theme: Effective Services

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

Seven staff had not completed fire safety training as referenced in the staff training records provided.

18. Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

All staff are now trained in Fire Safety in the centre

Proposed Timescale: 22/12/2015

Theme: Effective Services

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

The inspectors observed gaps in the fire safety checking procedures in the records reviewed.

19. Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

The PIC has met with all staff and reviewed and iterated the weekly fire safety management systems and duties relevant to all fire safety issues. All staff have been provided with fire safety training. Fire Drill has also been held.

Proposed Timescale: 22/12/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Use of bedrails did not reflect the National guideline for restraint use.

20. Action Required:

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

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

The service has established a Positive Approaches Support Group comprising of mdt staff and a chairperson to review all practices individually which may be perceived as restrictive procedures and to support residents, PICs and frontline staff to make informed and enabling decisions around care. Terms of Reference and Referral details

to group may be forwarded on request. At this time, bedrails in use in the centre are for personal safety of residents

Proposed Timescale: 28/02/2016

Theme: Safe Services

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

Not all staff had attended training on managing challenging behaviour.

21. Action Required:

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

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

The PIC has ensured all staff was offered PMAV training since the inspection and further PMAV training is planned for Jan 2016. The DON/ADON is developing a 2016 training plan with the Provider Nominee and seeking funding to support same

Proposed Timescale: 28/02/2016

Theme: Safe Services

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

Care plans were in place for residents to address their intimate care needs did not reference the arrangements in place to ensure residents' privacy and dignity needs were observed in shared en-suites without lockable doors.

22. Action Required:

Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

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

The PIC has developed an interim shared ensuite sign indicating in use/vacant. Staffs support all residents with intimate care needs at all times and residents' privacy is always maintained during intimate care. Dignity and Respect are discussed at residents and staff meetings.

Locks have been requested and are pending fitting for all ensuite doors also. The PIC has ensured all careplans have been updated to reflect measures in place to ensure privacy for residents during intimate care. The service has a comprehensive intimate care policy.

Proposed Timescale: 22/12/2015

Theme: Safe Services

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

The training records referenced that seven staff, including the person in charge had not received this training.

23. 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 in the centre has received training in Safeguarding Vulnerable Adults.

Proposed Timescale: 22/12/2015

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:

It was unclear from reviewing residents' personal plans if their wishes and aspirations regarding training, education and employment were known or that this was assessed or explored on behalf of the residents.

24. Action Required:

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

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

The PIC plans to review all goals with residents through liaison with family and staff and support residents to consider their goals referencing education, training and employment opportunities and if same are desirable and achievable goals for residents and how they may be supported to develop same. Residents meeting held and record available noting residents indicated their preference to have individual goal setting meetings with PIC after Christmas as they have many parties and family events at this time

Proposed Timescale: 22/12/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Findings on inspection from review of a sample of residents' documentation supported improvements were required in documentation of interventions to meet residents' assessed needs in relation to epilepsy and pain management.

A residents' nutritional care plan in place was not updated with management recommendations made by dietician.

25. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

The DON/ADON/PIC has developed an epilepsy careplan in liaison with CNS for epilepsy in Beaumont Hospital and existing tools. Same is completed for all residents as applicable supervised by PIC. The PIC has ensured pain management plans are in place for all residents and a PRN protocol has been developed to support pain management also. Careplans are also updated following dietetic review.

Proposed Timescale: 22/12/2015

Outcome 12. Medication Management

Theme: Health and Development

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

Residents reported that they did not know their pharmacist.

26. Action Required:

Under Regulation 29 (2) you are required to: Facilitate a pharmacist in meeting his or her obligations to the resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland and provide appropriate support for the resident if required, in his/her dealings with the pharmacist.

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

The PIC has facilitated and will facilitate all residents who chose or may choose in the future to meet their Pharmacist since the investigation and also offered the opportunity to choose a different pharmacist if wished.

Proposed Timescale: 22/12/2015

Theme: Health and Development

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

An inspector observed that some of the medication prescription and administration records examined did not contain all required information.

27. Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

The PIC has dedicated priority to medication management development since the inspection and the DON/ADONs have commissioned external audit of medication management in the centre incl ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

The PIC has met with GPs numerous times and carried out extensive training regarding the needs of the centre relating to prescribing medications.

An updated audit plan has been developed and medication audits are scheduled monthly and discussed at monthly meetings with DON/ADON and centre staff meetings. Regular policy discussion and training is also actioned by PIC

Proposed Timescale: 22/12/2015

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 document did not reference all information as required by Schedule 1 of the Regulations

28. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The Registered Provider with the Area ADON & PIC has amended and updated the statement of purpose for the centre in line with what is set out in Schedule 1. Same may be forwarded on request.

Proposed Timescale: 22/12/2015

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 management systems in place did not ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

29. 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:

The Provider and DON has reconfigured and developed resources to assign single location PIC status to the centre.

A monthly audit system has been introduced which is followed up at each CNMII/PIC meeting with DON/ADON and action plans agreed and followed up with Area ADON.

The Area ADON has also been commissioned by DON to execute six monthly complete 18 standards audits in each area

Proposed Timescale: 22/12/2015

Outcome 16: Use of Resources

Theme: Use of Resources

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

Findings supported inadequate staffing provision and sufficient resident transport resources were also not available

30. Action Required:

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

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

The Registered Provider and the DON/ADON with the PIC, have reviewed staffing allocation to the centre and deem same to be adequate. The PIC has met with the staff in the centre and asked them to revert by Feb 2016 with a proposed reconfigured roster which is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. If a suitable roster is not developed the Registered Provider has indicated intention to proceed with change under the HRA.

Proposed Timescale: 30/06/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Review was required to ensure adequate staffing support was provided to ensure some residents could pursue activities outside of day service placements in the evenings and at weekends.

31. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

The Registered Provider and the DON/ADON with the PIC, have reviewed staffing allocation to the centre and deem same to be adequate. The PIC has met with the staff in the centre and asked them to revert in Feb 2016 with a proposed reconfigured roster which is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. If a suitable roster is not developed the Registered Provider has indicated intention to proceed with change under the HRA. Supervision Process had commenced at time of inspection and is ongoing.

Proposed Timescale: 30/01/2016

Theme: Responsive Workforce

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

Training records referenced that

- seven staff had not attended training in protection of vulnerable adults,
- seven staff had not attended fire safety training and
- most staff had not attended training in managing challenging behaviour
- seven staff had not attended safe moving and handling training
- training was required to support some areas of professional practice

32. 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:

All staff has now completed safeguarding training. The Registered Provider with the DON & ADON has developed a 2016 Q1 training plan with providers. Medication Management, Dysphagia, FEDS training has been provided and is ongoing

Proposed Timescale: 31/01/2016

Theme: Responsive Workforce

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

Formal supervision/performance management of staff was not in place at the time of this inspection.

33. Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

The PIC had commenced staff supervision meetings and will be completed by 31st Jan 2016.

Proposed Timescale: 31/01/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

A process was in place for temporary absence of residents and while documented in each resident's personal information, the directory of residents did not include all relevant details in this area as required by Schedule 3 of the Regulations.

34. Action Required:

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

The Registered Provider with DON/ADON has developed a standard directory of residents template which include all relevant details in this area as required by Schedule 3 of the Regulations for use in the centre

Proposed Timescale: 31/10/2015

Theme: Use of Information

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

Some documentation was not easily retrievable as was not maintained on-site in the centre such as some staff employment records.

35. Action Required:

Under Regulation 21 (1) (a) you are required to: Maintain, and make available for inspection by the chief inspector, records of the information and documents in relation to staff specified in Schedule 2 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:

All staff files have been reviewed and updated with administrative support and are available on site and maintained by the PIC

Proposed Timescale: 22/12/2015

Theme: Use of Information

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

No record of food provided to residents was available for the inspector to review as required by Schedule 4 of the regulations

36. Action Required:

Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

The PIC has liaised with a PIC colleague and has plans to develop a template for recording food which was cooked and method same was served e.g. mashed or boiled potato etc.

Proposed Timescale: 30/01/2016