## Health Information and Quality Authority

### Compliance Monitoring Inspection report

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by L'Arche Ireland</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003418</td>
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<tr>
<td>Centre county:</td>
<td>Dublin 13</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>L'Arche Ireland</td>
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<tr>
<td>Provider Nominee:</td>
<td>Mairead Boland Brabazon</td>
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<tr>
<td>Lead inspector:</td>
<td>Leone Ewings</td>
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<tr>
<td>Support inspector(s):</td>
<td>Ciara McShane;</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>5</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
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About monitoring of compliance

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

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

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

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

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

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

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

From: 21 July 2015 12:00  
To: 21 July 2015 18:00  
22 July 2015 09:00  
22 July 2015 17:00

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

**Summary of findings from this inspection**

This report sets out the findings of an announced inspection following an application by the provider to register the centre. This was the second inspection of the centre by the Health Information and Quality Authority, and was for the purpose of assessing compliance further to a complete application to register the designated centre. As part of the application for registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). All documents submitted by the provider, for the purposes of application to register were found to be satisfactory.
The centre provides residential accommodation and supports for adults with intellectual, sensory and physical disability. The centre comprises two single storey houses located on the same road on the north side of Dublin and can accommodate up to 7 residents. An application to accommodate four people in one house and three people in the second house. There was one vacancy and one resident was in hospital at the time of inspection.

There were some improvements noted since the last inspection on 28 August 2014, with a new system in place for medication management, and a policy for health and safety and risk management. However, there were inadequate governance systems in place relating to health and safety at the centre. The provider also had not fully addressed the moderate non-compliance relating to governance and management, and not all Schedule 5 policy and procedures were in place to fully support the person in charge and staff working at the centre.

The person in charge and deputy manager demonstrated that they knew the residents living at the centre well. Suitable arrangements were not in place to cover the absence of the person in charge.

Improvements were required with regard to provision of a positive approach to supporting residents with behaviours that may challenge in the centre, and inspectors found an absence of robust safeguarding procedures. Staff did not recognise and respond to allegations of abuse in a robust manner.

Personal plans did not fully inform and guide staff in their practice and there was an absence of positive behavioural support plans to inform and guide staff. It was not demonstrated that the designated centre met the assessed needs of all residents. The layout and design of the designated centre did not meet the needs of all residents in terms of accessibility, laundry facilities, hygiene, ventilation and general maintenance.

The findings of this inspection are detailed in the body of this report and should be read in conjunction with the actions outlined in the action plan at the end of the report. Of the non-compliances in regulations found on this inspection 27 actions required are the responsibility of the provider, and 13 are the responsibility of the person in charge.
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):
No actions were required from the previous inspection.

Findings:
There was some evidence that residents were consulted with and participate in decisions about their care, and about the organisation of the designated centre. For example, the inspector heard that house meetings were an opportunity for residents to bring up issues in respect of independent living. There was a listening group which took place every two weeks and discussion could be held on any matters raised by residents. Residents were consulted in relation to any documentation and had choices about what was written about them in their records.

A good response was received with regard to completion of pre-inspection questionnaires and individual responses from residents and relatives were reviewed by the inspectors and this information also informed the inspection process. Some residents requested to meet with inspectors and this was facilitated.

The residents’ also relatives met with the inspectors and shared their views and opinions regarding living in the centre and the community. Their views were positive about many aspects of life and the ethos of the service. However, there were some mixed views on some aspects of care. For example, lack of continuity of care and difficulties with communication were themes with the feedback received relating to change of permanent and volunteer staff at the centre. In addition, residents were not always able to exercise choice about times they wished to go to bed to fit in with the availability of staff. This finding did not ensure residents always had timely assistance to meet their needs.

Some residents had accessed advocacy services in line with their personal wishes in
order to support them to achieve their own short and long term goals. Advocacy played
a positive role in the lives of some of the residents and the importance of this service
was communicated to inspectors.

Residents had opportunities to be involved with individual meaningful personal and
group activity which was relevant to their interests. For example, attending music
concerts, swimming, holidays and shopping. Some residents chose not to attend
planned group holidays and exercised their rights to refuse some aspects of their
planned care.

The inspector observed staff engaging with residents in a manner that was found to be
respectful. Staff who communicated with the inspector were familiar with the residents’
needs. The provider evidenced the induction and training plan for each volunteer staff
received on arrival at the service. However, residents and relatives reported that at
times, some of the staff working as assistants were new to the organisation and were
unfamiliar with individual assessed care needs, and the staff turnover of volunteer
assistants created difficulties at times with regard to outcomes relating to the
consistency of care and communication with new staff.

All residents were not appropriately safeguarded at all times as outlined in Outcome 8 of
this report. Incidents of verbal abuse directed at peers and staff were not appropriately
managed in line with a positive behavioural approach and assessed support plans to
mitigate risks. Some incidents involved residents not being afforded their rights to
dignity and respect and not feeling safe in their home.

Some residents accompanied the inspectors to their private bedroom accommodation..
Residents all had individual private bedrooms which largely met their current needs.
These were personalised with photographs of families and friends, were decorated in
accordance with the residents’ preferences and choices, had tasteful soft furnishings and
the private spaces reflected their personalities and interests.

There was a written complaints policy and procedure in place to inform and guide staff
in complaints handling. The house leaders reported that complaints had only
commenced being documented in the last month. However, evidence that any follow up
from expressions of dissatisfaction and issues raised by residents were not in the
records reviewed in line with legislative requirements. For example, a resident had made
a complaint, and the house leader confirmed efforts had been made to resolve the issue
about night checks but there was no record of the complainant being fully satisfied with
the outcome of any review to bring about changes and resolution to the issue. There
was evidence that residents had highlighted difficulties with wheelchair accessibility of
doors. However, there had been no resolution or outcome that was satisfactory to this
issue; or solutions found which involved the residents.

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:**
Relatives and residents confirmed that there was open communication in place with the person in charge. Communication had improved in recent years. However, there were no organisational policies in place to inform and guide staff regarding communication with residents. For example, one relative gave staff a session on the communication needs of her family member living at the centre where a gap was identified. Each resident detailed individual communication requirements were not clearly highlighted in personal plans. Staff interviewed on inspection had not received any formal training on communication skills.

Most of the residents in the centre could effectively communicate verbally. Inspectors observed on the day of the inspection that staff were for the most part able to effectively interpret residents needs. Some of the volunteer staff at the service did not stay for extended time and there was some turnover of volunteer staff reported. Residents and relatives reported that staff did not always ensure residents’ communication needs were consistently met in the centre. Feedback from residents and relatives confirmed the variability in communication skills of staff. The inspectors clearly outlined the risks associated with not having a clear communication policy and strategy in the organisation to support care practices at feedback. This aspect had not been risk assessed by the provider and person in charge.

While there were some documents available in accessible or pictorial format, there was limited evidence of their familiarisation with residents. Pictorial menus and staff photographs were in use. While some residents had developed an interest in technology and computers, and one resident was supported to use of an I-pad, there was an absence of other practical assistive communication technology or aids to fully support residents. Broadband services were not available to all residents.

**Judgment:**
Non Compliant - Moderate

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

**Theme:**
Individualised Supports and Care
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Residents’ relatives told inspectors on the days of inspection that they were made very welcome in the centre at all times. There were two sitting areas in addition to the kitchen for residents to meet their visitors in private outside their bedrooms. Some residents were supported to visit their own locality and spend time in their favourite places.

There was a record maintained of all visitors to the designated centre. As discussed in outcome 1, findings on this inspection did not confirm that there was adequate assurances always offered about proposed transitions, changes in health care, and changes in the residents lives. For example, staff involved with planning for a hospital discharge were not fully informed by an organisational policy and supports in place whilst the resident was in hospital were not clearly outlined in the residents personal plan. However, relatives were invited (with resident consent) to participate in reviews of personal plan.

The inspectors observed from some residents’ documentation that they were supported to visit friends and make external visits, and they were supported to visit their families. There was evidence that residents went to local events and out for meals in community amenities. There was some involvement in the local community. A gardening group of local volunteers and residents work together to work in the poly tunnel at the centre.

An easy read residents' guide document was in place.

Judgment:
Compliant

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

Theme:
Effective Services

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

Findings:
The contracts of care reviewed were signed and dated by the respective resident and the person in charge or her deputy. The contracts included details about the supports,
care, services and welfare the resident would be expected to receive. Contracts of care were available for each resident. However fees payable, and additional service charges were not clearly stated in the signed contracts reviewed by inspectors. Inspectors noted that there were two versions of the contract of care and both were non-compliant.

The person in charge informed inspectors that there had been no admissions since the last inspection and prior to any decision to admit an assessment would take place. No emergency admissions are accepted and only long-term placements are considered with a planned transition plan.

The admissions policy in place outlined the procedure to be followed prior to a resident been admitted to the centre. It included the involvement of the person in charge, the resident to be transferred and his/her next of kin. It stated that residents would be facilitated to visit the centre prior to their admission. However, the policy was not clear how a full assessment of needs would take place in order to assess provision of required supports. As outlined in Outcome 18 there were no clear guidelines on how to manage admission from hospital or transfers or discharges from other locations.

Judgment:  
Non Compliant - Moderate

### Outcome 05: Social Care Needs

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

**Theme:**  
Effective Services

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

**Findings:**  
Each resident had a personal plan in place referencing a system for assessing their needs and developing a plan to meet all identified needs. The inspectors reviewed the personal plans in place for a sample of residents. Findings confirmed that each personal resident’s plan was recently reviewed. Residents and residents' families confirmed to inspectors that their involvement and expressed their satisfaction with being given the opportunity to be involved in their relatives’ lives.

Inspectors found on this inspection that the assessment/planning process did not comprehensively inform residents’ personal plans so as to adequately address safety and
healthcare needs for some residents. For example, a risk assessment was not in place for a resident with a recent history of challenging behaviour involving an incident on an outing. Another resident's need for healthcare including comprehensive pain management was not adequately addressed or use of an appropriate pain assessment tool was not referenced or utilised in line with best practice.

Two of the five residents living in the centre were facilitated to attend a structured day service five days per week. There was also evidence that one of the two residents with a formal day programme had commenced work experience on the day of inspection. The assessment and provision of day services to meet the activation/developmental and lifelong learning needs of the other residents in the centre had progressed since the last inspection. For example, a resident wished to commence education and a tutor had been sourced. Another resident had completed college education and was seeking another similar educational opportunity.

A weekly schedule of personal activities that each resident would attend on a daily basis was documented and planned for each resident on the roster. Inspectors observed that staff made efforts to meet the activation needs of some residents by involving them in the daily routine of the centre and engaged in life skills. However, some residents had expressed a wish to live more independently and their rights to development of their strengths and individual abilities were not being fully met or planned for. One resident had engaged with advocacy services to support her to achieve personal goals. Residents also enjoyed one to one time with the volunteer assistants and looked forward to time spent in private also.

Each resident had a personal plan in place to address their needs developed following assessment. However as discussed in outcome 11, not all residents' needs were identified with a specific care plan in place. Additionally the absence of positive behavioural support plans as described in Outcome 8 further mitigated the quality of the social care provision at the centre.

The inspectors also found that documented interventions did not adequately inform the actions to be taken to meet residents' assessed needs. Significant improvement was required in order to ensure that the personal plans in place were meaningful, person centred and effective to ensure positive outcomes for residents. For example, there were person centred plans in place which identified the likes and dislikes of residents. From this, goals had been set. Considering the age range of residents which was from young to middle aged adults, there was an absence of identification of meaningful individualised short and long term goals by residents or identification of the necessary skills and supports required by staff to attain proposed achievements. Activities identified as goals were part of the current routine for some residents or were not meaningful or outcome based. For example, language and narrative used by staff documenting reviews of resident short and long-term goals was ambiguous at times.

This finding did not facilitate a meaningful review of progress with achieving personal goals, or inform or guide staff to facilitate resident goals. There was no record of staff receiving training in report writing, personal planning, goal setting, or positive behavioural support planning.
Judgment:
Non Compliant - Major

Outcome 06: Safe and suitable premises

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

Theme:
Effective Services

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

Findings:
The designated centre consisted of three houses on a road in a residential area of north side Dublin which includes; Two adjacent houses and a purpose built main house across the road, which acted as one community setting. The houses were welcoming and homely, with access between the houses was facilitated by a nearby pedestrian crossing. Each resident had their own private room, with some having en-suite facilities. One house accommodated four residents, and the bungalow across the road had two residents with a vacant bedroom at present. Inspectors viewed the accommodation and found a variety of sizes and facilities. The main house had a garden with garden rooms, poly tunnel for gardening, and an arts and crafts room. The garden had swings and seating in place and was used in fine weather.

Bedrooms were in general personalised to each residents preference with adequate space for leisure activity. The empty bedroom in the bungalow required decoration, and the laundry room was in transition in order to make the space more accessible to residents and facilitate independence. A private apartment with living room, bedroom and en-suite was in place which facilitated privacy for one resident in the purpose built house. Each resident had their own room keys and privacy was respected as part of the ethos of the service.

As outlined in Outcome 7 the hygiene required some improvement and ventilation in the bathrooms was inadequate with regard to malodour noted in these rooms. The assisted hydrotherapy bath in the bathroom of the purpose built house was out of order and not in use for residents.

The ethos of the designated centre as outlined in the centre’s statement of purpose and function which is to provide 24 hour care and support to adults who have intellectual disabilities. Inspectors found that some residents were wheelchair users and required assistance with mobility. The premises were not fully accessible and some residents had expressed concerns about this to the person in charge and house leaders. The lack of accessibility was not fully outlined in the centres' statement of purpose. Although this
The three residents who were wheelchair users were unable to move throughout the house without doorways being wedged open and this was a concern to residents themselves from a fire safety perspective. The person in charge and provider undertook to address this matter. Inspectors observed that the main sitting room in the bungalow had evidence of damp on the inside of the exterior facing wall and required redecoration and measures to address damp.

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:
There was a written risk management policy now in place and a risk register which documented local risk and measures to mitigate any risk. A health and safety statement was in place and environmental assessments as well as individual risk assessments were read by the inspectors. However, further improvements were required further to the findings of this inspection.

Overall, the inspectors found that there were some arrangements in place to protect and promote the safety of residents and staff through policies and procedures in relation to health and safety and risk management. However, the revised risk management policy did not contain guidance on the unanticipated absence of residents. The emergency plan was reviewed and the guidance also did not include measures and actions to take in case of flooding, power outage or natural disaster.

The fire safety equipment had been serviced annually by an external maintenance provider. Records confirmed that staff fire safety training had also taken place since the last inspection. Staff were very knowledgeable of how to evacuate the centre in the event of a fire. Staff had been provided with fire safety training course, and four permanent staff had received updates since the last inspection. There was a centre specific fire evacuation plan in place and staff and residents were familiar with the evacuation procedures. These had been an evacuation drills taking place every three months. The last evacuation reports were read by the inspector, and all evacuations were prompt. There was also evidence of learning from Inspectors reviewed the personal evacuation plans in place for all residents. Improvements were required to residents’ personal evacuation plans which were not specific and required review to fully
guide and inform residents and staff. For example, one resident has had falls and supports for mobility was assessed by an occupational therapist, and a hoist was supplied. However, a revised updated evacuation plan had not been put in place to reflects increased dependency.

Residents had manual handling risk assessments in place. However, one resident did not have one in place. Staff had not completed any formal training in securing wheelchairs and residents in transport vehicles safely. The provider and person in charge confirmed that they would address this and schedule training for this procedure. Accidents and incident reports were reviewed by the inspectors and records confirmed a low level of accidents and incidents. Follow up from incidents and accidents did not always fully mitigate risk and promote independence. For example, a hoist had been delivered for use for a resident in an environment which was unsuitable and staff had not identified this as an issue to the person in charge. Inspectors were informed that the occupational therapist had been informed of this difficulty at the close of the inspection.

Suitable and sufficient arrangements were in place for hand washing, and there were adequate procedures in place consistent with the standards for prevention and control of healthcare associated infections, should the need arise. However, the general hygiene standards observed in the laundry, bathrooms and shower rooms were not to an adequate standard. These areas required a deep clean and provider informed the Authority this would be actioned following the inspection.

**Judgment:**
Non Compliant - Moderate

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

**Theme:**
Safe Services

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

**Findings:**
On this inspection it was identified both through the progress notes of residents and through accident/incident forms, that incidences which could be considered allegations or suspicions of abuse had not been recognised, reported to the Authority or investigated in line with the organisation policy. These incidents had occurred following the last inspection in August 2014 and included verbal allegations by residents and
incidents of challenging behaviours directed towards residents and staff. Residents and relatives discussed concerns about the behaviours of fellow residents and the inability of staff to effectively respond to such behaviours both in the centre and on trips out for social occasions.

Inspectors reviewed the training records for staff and found that staff had received up to date training and that there had been no change to number of staff who had read the policy on safeguarding since the last inspection. Records confirmed that staff had received the training but the records or staff knowledge were not evident in practice. Inspectors reviewed the systems in place for the safeguarding of residents’ personal finances and found that the records and practices in the designated centre was robust.

There was one failing identified in respect of positive behaviour support. Staff were not clear on the actions to take and measures to mitigate risk when incidents took place. There was an absence of positive behavioural support plans in place for any resident who had exhibited challenging behaviours to inform and guide staff, and to safeguard other residents. There was also evidence of an absence of knowledgeable consistent support to residents who required same. No practical guidance or leadership in this area was evident to inspectors when the records of incidents were reviewed. The quality of their life of all residents was affected by the incidents. Details and notification of the three incidents were forwarded to the Authority following this inspection and interim plans were submitted by the provider nominee and the person in charge with regard to safeguarding residents and behavioural supports to inform and guide staff. A restrictive practice occurred relating to the removal of a resident from a communal area was discussed with staff. Staff did not recognise this action as a restriction of freedom. Inspectors concluded that the evidence of this inspection was that while training had been provided, it had not been fully implemented in practice and did not protect residents from harm.

Judgment:
Non Compliant - Major

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

Theme:
Safe Services

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

Findings:
A record of incidents occurring in the designated centre was maintained. Inspectors found that further to a review of the incident and accident records that the provider had not notified three reports of alleged abuse of residents in line with reporting and
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:
Inspectors found that some residents had established arrangements for voluntary work and placements in place for education training and development. The person in charge and staff team worked to promote independence. However, written goals and arrangements to support residents were not always specific or part of the personal plan of the resident. For example, residents with educational goals do not have specific outcome based goals in place broken down to ensure that the resident is appropriately supported to achieve their goals.

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:
The inspectors confirmed that overall the health care needs of residents were being met. However, some improvements were required with regard to use of health-related risk assessments, pain assessment, documentation of health care plans which did not contain sufficient detail to inform and guide all staff. Relatives and residents reported
that their health care needs were generally met, but some staff did not always appear to
know about the care plans in place to support their individual assessed needs.

The inspector reviewed two residents’ files and saw evidence that they were facilitated
to access their General Practitioner (GP) and to seek appropriate treatment and
therapies from allied health care professionals when required. For example, residents
with any weight loss identified on a monthly check had a referral to the GP and dietician
if appropriate. Supplementary drinks where prescribed were available and administered
and signed for on the medication administration sheets reviewed by inspectors. The
inspector was satisfied that the allied health services were availed of promptly to meet
residents’ needs. For example, referral to occupational therapy, dietician and psychiatry.
However, on occasion residents had exercised the right to refuse health care promoting
related interventions such as routine dental care. This information was not fully
documented as to reasons for refusal and is discussed in outcome 18.

Completed referral forms were available for review in residents’ files and written
evidence of relevant reviews were also available. Records were on file to reflect this
assessment together with records of a recent referral to the occupational therapist.
Medical referrals and findings were on each residents file and recommendations used to
inform and guide staff. For example, further to a fall a resident had a comprehensive
medical review and the consultant gave recommendations on future care needs.

Inspectors confirmed that no resident had pressure ulcers at the time of the inspection
and staff would report to the nurse or person in charge if there was a break in a
residents skin, or had concerns regarding a wound or tissue breakdown. Documentation
of assessment and care plans in place for each resident required improvement. There
was an absence of basic evidence based tools to inform and guide staff in pain
assessment, pressure ulcer risk and care plans were generic and not detailed enough.
For example, inspectors confirmed that a resident was prescribed pain medication and
that pain was an ongoing problem, but the effectiveness of the medication was not
effectively evaluated and other measures to relieve pain fully outlined in the residents
health care plan. Staff confirmed that no pain assessment tool had been used to
facilitate and monitor the effectiveness of any interventions.

Staff supported residents with food preparation and planning, including shopping and
their individual menu choices. General feedback around food and mealtimes was good.
For example, one resident spoken with told the inspectors they had a choice of food and
enjoyed assisting with food preparation. Staff did some of the cooking, but residents’
often assisted with the shopping and the preparation of meals. Inspectors noted that
some of the kitchen counters had been adapted to allow for wheelchair accessibility. A
resident told the inspector they planned the weekly evening meal menu The inspector
saw that residents’ had access to adequate quantities and a good variety of nutritious
food to meet their dietary needs. Staff had a good knowledge of the different food
consistency required by the residents’ and the inspector saw their knowledge was
reflected in the resident individual assessment records. Residents also were supported to
have packed lunches on days they went to day centre, and enjoy meals out in local
restaurants and cafes.

Staff involved in food preparation had recent food safety training in place.
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 inspector found that the provider had put additional arrangements in place to support the person in charge in protecting residents in relation to medication management since the last inspection. There was a part-time qualified nurse working at the service who now supervised training and medication management in the service. She had completed the train the trainer course for teaching care staff to administer medication and supervised this practice.

A retail pharmacy supplied medication in a blister pack format. There were some revised policies and procedures in place at organisational and local levels to guide and support practice for the ordering, prescribing, storage and administration of medication. The policy required staff both full-time, part-time and volunteer assistants to undertake a training programme before being allowed engage in the administration of medication. Training dates were confirmed as part of each individual’s induction programme to the organisation. The registered nurse completed two competency based clinical assessments with staff before this training was deemed complete. The inspector found that this had been implemented in the centre, and records reflected the training and supervision requirements. However, the policy required a review as it did not accurately reflect or describe the transcribing of medication onto a prescription sheet by the nurse prior to signing by the General Practitioner (GP) which is also a Schedule 3 requirement, and a failing as referred to in Outcome 18. The community pharmacist had recently completed a detailed audit on medication management. Systems were established for documenting errors, omissions and near misses of medication administration. However, the practices relating to administration of medication were not evidenced within any audit reviewed by the inspectors. The registered nurse confirmed this aspect was not audited on a systematic basis.

Staff who spoke with the inspectors were knowledgeable regarding each individual resident’s medication. Adequate measures were in place to ensure that the receipt of medication was being recorded and medication was being stored safely. The disposal of medication was carried out in line with best practice, with a record kept of all medication which had been returned to the pharmacist.
Efforts were being made to inform residents about the medication they are prescribed, and records of communication with GP and hospital visits were maintained by the nurse.

**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):

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

**Findings:**

The statement of purpose reviewed by the inspectors contained most of the information required by Regulations, and described the services provided at the centre. An easy read pictorial version was also available for residents and relatives.

The designated centre offers 24 hour, 7 day residential care and support to adults with intellectual disabilities. However, supports for people with sensory or physical disability needs, and accessibility of premises are not clearly outlined in the statement of purpose and the name of the deputy manager had not been clearly stated in the document, and should be included to fully meet regulatory requirements.

**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:**
Inspectors reviewed the response to the last inspection report from 28 August 2014 where a moderate non-compliance in governance and management was identified. The provider nominee had not addressed the policy and procedures required to ensure a high standard of safeguarding and did not have in place all Schedule 5 policies as outlined in Outcome 18 of this report in line with regulatory requirements. There was inadequate governance systems in place relating to; safeguarding, staffing, health and safety and risk management at the centre.

L’Arche Ireland is a limited company and the chief executive officer (CEO) had been appointed on 1 November 2014. The Board of L’Arche Ireland provides oversight of the management of the designated centre. At senior management level there is the post of CEO and a quality assurance officer who works part-time. The person in charge confirmed that the quality assurance officer attended the centre on a fortnightly basis.

Inspectors saw minutes of monthly board meetings and reports that the nominated provider who was new to her post of CEO presents to the board. A system of audits had been put in place within the organisation by members of the senior management team, and the inspector saw evidence of some audits carried out in relation to this designated centre. An annual review to capture the quality and safety of this designated centre had been partially completed to date on 7 July 2015 using a template. Further to this some actions and findings had not been yet fully addressed.

The nominated provider who is also the CEO outlined the governance arrangements in place for L’Arche Dublin. There was a person in charge who had been in post for almost two years. She was supported by a deputy who had also worked as a volunteer and had experience of shared living as part of the L’Arche Community. The provider notified the Authority that a change in person in charge was taking place from 4 September 2015, and would submit details of the new person in charge as required.

The statement of purpose defined the management structure and identified the lines of authority and accountability. There were regular team meetings, and a formal induction programme for volunteer staff. Inspectors observed that there was a planned programme of support and supervision for staff members. However, inspectors were not satisfied that the centre was governed in a manner that supported the creation and continuous improvement of a person centered service that collectively met the needs of all residents living at the centre.

The provider had partially addressed the two moderate non-compliances from the last inspection on 28 August 2014 relating to health and safety and risk management and governance and management. This findings of this registration inspection did not support service improvement and included; one Outcome was compliant, 7 major non-compliances, 9 moderate non-compliances and one Outcome was substantially compliant. Therefore based on the cumulative findings of the inspection, governance and management requires significant and sustained improvement in service provision and to
come into compliance with the regulations.

**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 house leader was in place for each of the two houses. One of the house leaders had left the centre since the the last inspection. The arrangements in place for a deputy manager had changed and the provider nominee had notified the Authority that the new house leader would undertake the role of deputy to the person in charge on 25 May 2015.

The information submitted by the provider nominee with application was confirmed during an interview with the deputy manager. There were not suitable arrangements in place for the absence of the person in charge.

Further to the inspection the provider nominee notified the Authority that the person in charge will finish on the 11 September 2015. The Authority has requested further information from the provider regarding suitable arrangements for the absence of the person in charge.

**Judgment:**
Non Compliant - Major

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

**Theme:**
Use of Resources

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

**Findings:**
Inspectors found that there were not adequate staffing resources to ensure the effective delivery of care and support to residents in accordance with the centre's statement of purpose. This finding compromised residents’ social care, choices and access to activities as discussed in outcome 5.

There had been no comprehensive review of staffing requirements required to meet the needs of the resident population in the centre. The provider had identified that the staffing roster needed review on a provider visit undertaken during November 2014 following the last inspection of the Authority. The staffing roster reviewed by inspectors did not clearly state the availability of staff at any time, or was not provided in a format which allowed for workforce planning or changes to be shown in a clear manner in line with regulation 23 to meet a safe service appropriate to residents’ needs.

Residents did not all have access to adequate developmental/educational, lifelong learning opportunities or retirement planning in place.

**Judgment:**
Non Compliant - Moderate

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**Outcome 17: Workforce**

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

**Theme:**
Responsive Workforce

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

**Findings:**
Staffing in place included the full time person in charge, the deputy person in charge, a part-time nurse and four salaried care workers, one of whom was part time. The remainder of the staff complement consisted of 11 volunteer workers. The provider confirmed that volunteers work an average of 42 hours worked each week. Support staff included a part-time gardener and a full-time administrator. The staffing in place was not always adequate to meet the assessed needs of residents and facilitate choice and requires review, particularly relating to the use of volunteer assistants on the staffing complement.

The person in charge confirmed that the staffing roster for both salaried and volunteer
workers and allocation of time during the day to meet the individual and collective requirements of the residents on the days of the inspection. The staff and skill mix was an amalgamation of both salaried and volunteer workers, who were found to be all committed to maintaining each resident's overall quality of life. The allocation of duties and time spent with residents was reviewed with the team leader with regard to the residents assessed needs. Residents expressed to the inspector that they looked forward to group and one to one time and activity with staff and volunteers at the centre.

The numbers and skill mix of staff was not found to be appropriate or adequate to meet the needs of the five residents at the centre at all times. Residents and relatives were generally positive about the staffing at the centre. However, they confirmed that issues around communication, staff turnover, the use of the volunteer assistants, and some staff competencies were an issue at times. For example, relatives expressed concerns that the staff did not seem to know about the content of the residents care plan in relation to assessed care needs. Staff turnover was cited as an ongoing issue by relatives and residents. Relatives and residents expressed satisfaction with the person in charge and her inputs since commencing in September 2013. Inspectors confirmed she was knowledgeable about residents. However, some information communicated throughout the inspection was not consistently found to be documented in line with Schedule 3 and 4 requirements as discussed in Outcome 18 of this report.

Staff rosters did not contain the overall hours worked and did not clearly outline on call system used at night. Residents who required assistance with retiring to bed at night had to do so before 10 in the evening as there was limited cover after this time. This restricted their lifestyle at times and individual choices to stay up later, as referred to in Outcome 1. This was discussed with the person in charge, and how the sleepover cover overnight was utilised if required. The person in charge confirmed that a system was in place for residents to contact the on call assistants if required in an emergency as their bedrooms were nearby. Volunteer assistants also undertook most of the housework and hygiene, including cooking, vacuuming and shopping for the houses.

Education and training had been provided to staff and volunteers. Inspectors reviewed the training record submitted which included training received; moving and handling, first aid, fire safety, adult protection, administration of medicine, nutrition and food safety, management of aggression and violence, infection prevention and control, and diabetes awareness. The person in charge informed the inspector that the nurse had attended a training course and as outlined in Outcome 12 would train and supervise medication management for all staff.

The recruitment process in place was found to be co-ordinated by the person in charge and interviews for suitability took place online with a video conference prior to the arrival of the volunteer assistants. Staff files reviewed included all the required documents outlined in schedule 2. Volunteers assistants completed an induction training period which was confirmed following a review of records. The inspector discussed the recruitment process with the person in charge and the criteria for the ongoing supervision of each volunteer worker. However, staff were unfamiliar with the skills and qualifications of the volunteer assistants and many did not have qualification or experience of social care. General supervision of volunteer assistants took place by the person in charge, house leaders and nurse. Formal supervision of staff was not in place
by the person in charge to guide and improve performance.

**Judgment:**
Non Compliant - Major

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**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:**
Overall the records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Residents and Adults) with Disabilities) Regulations 2013 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. However, some of the records reviewed by inspectors were not maintained to a good standard and clinical documentation was not always clear and easy to read and did not always fully inform practice as outlined in Outcome 5, 8 and 11 of this report. Personal plans require review and improvement to be more outcome based and specific to residents choices.

Some residents chose not to attend planned group holidays and exercised their rights to refuse some aspects of their planned care. This was not always fully documented by staff involved in their care in order that their wishes and choices could be respected on an ongoing basis and is discussed under outcome 18.

An insurance certificate was submitted as part of the registration pack and it showed that the provider had adequately insured against accidents or injury to residents, staff and visitors.

The directory of residents was not available which included all the required information.

The centre had some of the written operational policies as outlined in schedule five available for review;

Policies not in place and required included:
Incidents when a resident goes missing
communication with residents
provision of information to residents
the creation of, access to, retention of, maintenance of and destruction of records
access to education, training and development

Improvements as outlined in Outcome 7 were required to the risk management and also
to admissions, transfers and discharges policy.

**Judgment:**
Non Compliant - Major

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**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:**

Leone Ewings
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report\textsuperscript{1}

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by L'Arche Ireland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003418</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>21 and 22 July 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>05 October 2015</td>
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</tbody>
</table>

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Privacy and dignity was compromised due to incidents of challenging behaviour which impacted on residents where there was no robust behavioural support plan in place.

1. Action Required:
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

\textsuperscript{1} The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

**Please state the actions you have taken or are planning to take:**
The Provider has an interim behaviour support plan in place, and this was submitted to HIQA on the 3 September 2015. A behavioural assessment has taken place (completed 14th-15th September 2015). A behavioural support plan is currently being developed and will be implemented with on-going psychology intervention and support. The provider is finalising further training in responding to behaviour.

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

**Theme:** Individualised Supports and Care

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

1. **Proposal:**
   Personal plans in place were always not fully reflective of residents wishes and goals.

2. **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:**
The provider has arranged a Social Care Needs Assessment to be undertaken by Clinical Psychologist which will commence on 17th October 2015. The provider will ensure that the Social Care Needs assessments will reflect residents' wishes and goals and together with involvement from the residents will inform subsequent personal plans.

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

**Outcome 02: Communication**

**Theme:** Individualised Supports and Care

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

 Residents are not fully supported to access internet, and communicate with staff and there is no organisational policy on communication.

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

**Please state the actions you have taken or are planning to take:**
The Provider will ensure that all residents who wish to will be facilitated and supported
to access the internet. The Provider will develop Communication Policy. The Social Care Needs Assessments will inform the specific communication requirements of residents and this will be included in Care Plans. The Provider will ensure that Future Recruitment and induction will ensure that all staff have a standard of communication skills that will allow clear communication with residents.

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

<table>
<thead>
<tr>
<th>Outcome 04: Admissions and Contract for the Provision of Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong> Contracts of care did not contain details of fees payable and additional service fees.</td>
</tr>
</tbody>
</table>

**4. Action Required:**
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

**Please state the actions you have taken or are planning to take:**
The Provider will amend the Contracts of Care to include details of fees payable and any additional service fees.

**Proposed Timescale:** 13/11/2015

<table>
<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong> Personal plans reviewed were ambiguous and not clearly outlining the goals and outcomes to be achieved.</td>
</tr>
</tbody>
</table>

**5. 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 Provider has arranged for Social Care Needs Assessment to be conducted on 17th
October 2015 which will inform Personal Plans, which will reflect residents’ wishes and goals.
The deputy Person in Charge will review care plans quarterly to ensure that they are clear and that they outline outcomes to be achieved. The PIC/Acting PIC will monitor the care of the residents daily, to ensure that it reflects the care plans. The Provider will arrange Training on Person centred planning, both the practical and theory of Person Centred Planning.

**Proposed Timescale:** 30/11/2015  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Personal plans reviewed did not fully inform and guide staff in order for supports to be put in place to achieve each residents goals and outcomes.

6. **Action Required:**  
Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

**Please state the actions you have taken or are planning to take:**  
The Provider has arranged for Social Care Needs Assessments to be commenced on 17th October 2015. The Provider will ensure that Personal Care Plans are revised with the residents to fully inform and guide staff.

**Proposed Timescale:** 30/11/2015  
**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
Details and specifics written in personal plans did not adequately inform and guide staff in their practice and were not always robust in their content.

7. **Action Required:**  
Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

**Please state the actions you have taken or are planning to take:**  
The Person in Charge/Acting PIC will review personal plans quarterly to ensure that personal plans are clear and reflect comprehensively the needs and wishes of residents. The PIC/Acting PIC will monitor the care of the residents daily, to ensure that it reflects the PCP/Care plans.
Proposed Timescale: 30/11/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Accessibility of premises requires review for wheelchair users to allow for maximum independence.

8. 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 will arrange that the premises and each resident be assessed by an Occupational Therapist and an architect and a plan of work developed in response to the assessment.

Proposed Timescale: 30/01/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Areas of the centre require re-decoration including the empty bedroom, and the bathrooms and shower rooms require deep clean.

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

Please state the actions you have taken or are planning to take:
The Provider ensured that a Deep clean was completed on 12th and 14th August
The Provider will develop a Maintenance Work programme to redecorate required areas.

Proposed Timescale: 30/11/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in
the following respect:
Damp area in sitting room of the bungalow requires investigation, repair and re-decoration.

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 will ensure that the damp area is assessed and remedial work

Proposed Timescale: 30/10/2015
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Laundry rooms require completion to promote independence of residents.

11. 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 provider will ensure that the necessary work on the laundry room will be completed

Proposed Timescale: 30/12/2015
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Assistive hydrotherapy bath was out of order and requires repair.

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

Please state the actions you have taken or are planning to take:
The Provider has made urgent referral for repair.

Proposed Timescale: 05/10/2015
<table>
<thead>
<tr>
<th><strong>Outcome 07: Health and Safety and Risk Management</strong></th>
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<tr>
<td><strong>Theme:</strong> Effective Services</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
One resident did not have a moving and handling assessment to support care needs and to mitigate risk.

**13. Action Required:**
Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

**Please state the actions you have taken or are planning to take:**
The Provider will ensure that a Moving and Handling assessment is completed. The Provider will amend the Risk Management Policy to include the measures and actions in place to control accidental injury to residents, visitors and staff.

**Proposed Timescale:** 30/10/2015

<table>
<thead>
<tr>
<th><strong>Theme:</strong> Effective Services</th>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
All staff had not received appropriate training about securing wheelchairs in vehicles.

**14. Action Required:**
Under Regulation 26 (3) you are required to: Ensure that all vehicles used to transport residents, where these are provided by the registered provider, are roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained.

**Please state the actions you have taken or are planning to take:**
The Provider will ensure that all staff receive training in securing wheelchairs in vehicles.

**Proposed Timescale:** 16/10/2015

<table>
<thead>
<tr>
<th><strong>Theme:</strong> Effective Services</th>
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</table>

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The risk management policy did not contain information or guide staff through policy on missing residents.

**15. Action Required:**
Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

**Please state the actions you have taken or are planning to take:**
The Provider will amend the Risk Management to include the measures and actions in place to control the unexplained absence of a resident.

**Proposed Timescale:** 30/10/2015

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Adverse incidents not followed up to prevent recurrence and mitigate risks associated with challenging behaviours.

**16. 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 Provider will amend the Risk Management Policy to include arrangements for the identification, recording and investigation of, and learning from serious incidents or adverse events involving residents.

The Provider is monitoring all Accidents and Incidents on a daily basis, and instructing on changes in practices as required to prevent recurrence and to mitigate the risks associated with behaviour that challenges.

**Proposed Timescale:** 30/10/2015

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents bathrooms, shower rooms and laundry areas were not found to be hygienic and needed a deep clean.

**17. 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 Provider arranged that a deep clean of all premises be undertaken on 12 -14 August 2015

Proposed Timescale: 05/10/2015
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents personal evacuation plans were not all updated in line with changes in mobility.

18. 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:
The Provider will ensure that Residents’ Personal Evacuation Plans will be updated to reflect changes in mobility.

Proposed Timescale: 30/09/2015

Outcome 08: Safeguarding and Safety
Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff were not clear on the actions to take and measures to mitigate risk when incidents took place.

19. Action Required:
Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

Please state the actions you have taken or are planning to take:
The Person in Charge and the Provider will ensure that staff receive training and support in responding to behaviour that is challenging and will receive training on risk management.
Accidents and Incidents are reviewed by the Provider on a weekly basis and will feature as standing agenda items at meetings and supervision sessions to further embed knowledge.
The provider will ensure that Supervision is occurring on a twice monthly basis to ensure assimilation of essential knowledge and skills
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:
Staff are not sufficiently trained in de-escalation techniques to practically address challenging behaviours and reassure all residents when incidents take place.

20. 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 Provider will ensure that staff will receive training in responding to behaviour that is challenging that includes de-escalation and intervention techniques, and will be informed by the positive behavioural support plan currently being developed by Behavioural support specialist
The Provider will ensure that the behavioural support plan is implemented, is reviewed weekly at team meetings and with the resident concerned.
The Provider will ensure that supervision is occurring on a minimum basis of twice a month to ensure that staff are sufficiently trained and coached in responded to behaviour that challenges and that have the necessary skills to reassure all residents when incidents take place.

Proposed Timescale: 30/11/2015
Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were no positive behavioural support plans in place for residents at the centre.

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

Please state the actions you have taken or are planning to take:
The Provider will ensure that Positive behavioural supports are in place for those residents who require them

Proposed Timescale: 30/10/2015
Theme: Safe Services
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Measures to mitigate and protect residents from verbal and psychological abuse were inadequate.

22. **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 Provider has implemented An interim behaviour support plan. This plan will be revised to reflect the behavioural assessment and clinical advice from the Behaviour support specialist who has undertaken assessment. The Provider will ensure that measures to mitigate and protect residents from verbal and psychological abuse are put in place. These measures will be monitored and supervised by the Provider on a weekly basis.

**Proposed Timescale:** 30/10/2015

**Theme:** Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Incidents of abuse were not recognised and investigated as required by legislation.

23. **Action Required:**
Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

Please state the actions you have taken or are planning to take:
The Person in Charge and the Provider will ensure that all instances of abuse will be investigated and follow up action outlined

**Proposed Timescale:** 23/09/2015

**Outcome 09: Notification of Incidents**

**Theme:** Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The provider did not notify allegations of abuse within three working days as required by legislation.

24. **Action Required:**
Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector
Please state the actions you have taken or are planning to take:
The Provider has submitted retrospective notifications. The notifications have been completed
The Person in Charge will ensure that Future notification will be submitted within the required time frame

Proposed Timescale: 05/10/2015

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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:
All residents did not have specific supports in place to achieve their educational and general welfare and development goals.

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

Please state the actions you have taken or are planning to take:
The Person in Charge will ensure that meetings with the residents and relevant personnel will take place to plan the specific supports the residents needs to achieve their goals. The resident PCP plans will include actions to be taken to enable the residents achieve their goals

Proposed Timescale: 20/12/2015

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Outcome 11. Healthcare Needs

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Health related evidence based risk assessments were not in place such as pressure ulcer risk and pain assessment tools to assess and evaluate care provided.

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

Please state the actions you have taken or are planning to take:
The Person in Charge and Provider will ensure that Health related evidence based risk assessments such as Waterlow, pain assessment, MUST have been implemented used

**Proposed Timescale:** 16/10/2015

### 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:**
Practice observed relating to the transcribing of medication were not described in the medication policy and did not take place in line with best practice.

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 Provider will ensure that transcribing will be done in line with An Bord Altranais guidelines.
The Provider has amended the medication policy to reflect practice.

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

### 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:**
Schedule 1 requirements relating to range of needs centre is designed to meet was not included and the name of the deputy manager was not clearly stated.

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 Provider will ensure that Schedule 1 will be changed to specify the range of needs centre is designed to meet;
The Provider will ensure that the name of the deputy manager will be clearly stated
### 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 provider notified that the person in charge was changing, and full information about the new post holder was not available at the time of the inspection.

**29. Action Required:**
Under Regulation 14 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge has the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.

Please state the actions you have taken or are planning to take:
The provider is actively recruiting a PIC and will give the inspector full details of the new post holder. There are interim management arrangements in place. The Provider is monitoring and supervising staff and practices to ensure the safety of residents.

**Proposed Timescale:** 30/10/2015

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

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The provider nominee has notified that the person in charge will be absent from 11 September 2015 and a suitable deputy is not in place.

**30. Action Required:**
Under Regulation 33 (1) you are required to: Notify the chief inspector in writing of the procedures and arrangements that are or will be in place for the management of the designated centre during the absence of the person in charge.

Please state the actions you have taken or are planning to take:
The Provider has appointed a new deputy has been and the appropriate submissions will be made to HIQA by the Provider.

**Proposed Timescale:** 30/09/2015
**Outcome 16: Use of Resources**

**Theme:** Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider has not fully and effectively resourced the service to provide an appropriate level of staffing or services for the two units at the designated centre.

31. **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 provider is in active discussions with the HSE to source the appropriate funding. Part time staffing hours have been increased and the provider is actively recruiting further staff.

**Proposed Timescale:** 20/11/2015

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**Outcome 17: Workforce**

**Theme:** Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff rota did not fully document hours worked on a planned and actual basis for employees or volunteer assistants.

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

Please state the actions you have taken or are planning to take:
The Provider has implemented a new roster which shows hours worked on a planned and actual basis.

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

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**Theme:** Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was insufficient skilled staff to flexibly meet assessed needs of residents.

33. **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 provider is ensuring that medical and social care assessments of the residents are undertaken to inform the skills required of the staff and number of staff required. The provider is actively recruiting new staff in the interim to provide skilled staff to meet the needs of the residents. The Provider will ensure that the roster is planned in accordance with the needs of the residents and will monitor this on a daily basis.

**Proposed Timescale:** 20/12/2015  
**Theme:** Responsive Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Continuity of care not provided by staff employed on less than full time basis.

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

**Please state the actions you have taken or are planning to take:**
The provider will restructure available staffing hours and negotiate with the funders for additional staff.

**Proposed Timescale:** 20/12/2015  
**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
Staff knowledge and training for supporting residents with challenging behaviours was not effective.

**35. Action Required:**
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

**Please state the actions you have taken or are planning to take:**
The Provider will ensure that additional training in positive behaviour support will be provided. The PIC/Acting PIC will supervise staff at least twice a month to ensure embedding of
knowledge and skills.
The PIC/ Acting PIC will monitor all accidents and incidents on a weekly basis and advise and instruct staff as necessary.

**Proposed Timescale:** 30/11/2015  
**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Staff supervision not in place and training needs analysis not completed in line with residents' assessed needs.

36. **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 Provider will ensure that Support and supervision of all staff will take place on a twice monthly basis  
The PIC will supervise the management team as a group weekly.  
The Provider will complete a training needs analysis in response to the outcomes of the nursing and social care needs assessments

**Proposed Timescale:** 30/11/2015  
**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
Supervision and support was not found to be in place to fully inform and guide volunteer assistants.

37. **Action Required:**  
Under Regulation 30 (b) you are required to: Provide supervision and support for volunteers working in the designated centre.

Please state the actions you have taken or are planning to take:  
The PIC/Acting PIC will ensure that Support and supervision take place on, at a minimum a twice monthly basis. Other issues will be responded to at time of occurrence through daily coaching and monitoring by the Deputy Person in Charge

**Proposed Timescale:** 30/10/2015  

**Outcome 18: Records and documentation**
Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Policies not in place and required included:
Incidents when a resident goes missing
communication with residents
provision of information to residents
the creation of, access to, retention of, maintenance of and destruction of records
access to education, training and development

38. Action Required:
Under Regulation 04 (2) you are required to: Make the written policies and procedures as set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 available to staff.

Please state the actions you have taken or are planning to take:
The Provider will ensure the policies as outlined above are put in place and notify HIQA of same

Proposed Timescale: 30/11/2015

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Directory of residents not maintained by the provider at the time of the inspection, with details of residents on temporary leave.

39. Action Required:
Under Regulation 19 (2) you are required to: Make the directory of residents available to the chief inspector when requested.

Please state the actions you have taken or are planning to take:
The Provider will ensure that Directory of resident is maintained to reflect when residents are on temporary leave.

Proposed Timescale: 30/09/2015

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Records of Schedule 3 requirements were not fully maintained in relation to incidents and accidents and restrictive practices used to manage behaviours of concern.
40. **Action Required:**
Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

**Please state the actions you have taken or are planning to take:**
The Provider will ensure that Records of Schedule 3 will be fully maintained in relation to incidents and accidents and any restrictive practices used to manage behaviours of concern.
The Provider will ensure that Staff will receive further awareness and familiarisation training on restrictive practices through bi-monthly supervision as well as weekly monitoring at management meetings.

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