<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St John of God Community Services Limited</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003988</td>
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<td>Centre county:</td>
<td>Louth</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>St John of God Community Services Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Clare Dempsey</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Sonia McCague</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Jillian Connolly</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>22</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</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 3 day(s).

The inspection took place over the following dates and times
From: 02 September 2015 09:30  To: 02 September 2015 18:00
From: 03 September 2015 09:30  To: 03 September 2015 17:30
From: 04 September 2015 09:30  To: 04 September 2015 15:00

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

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<thead>
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<td>Outcome 02: Communication</td>
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<td>Outcome 03: Family and personal relationships and links with the community</td>
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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 10: General Welfare and Development</td>
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<td>Outcome 11: Healthcare Needs</td>
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<td>Outcome 12: Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 16: Use of Resources</td>
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<td>Outcome 17: Workforce</td>
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<td>Outcome 18: Records and documentation</td>
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Summary of findings from this inspection
This was the third inspection of this centre by the Authority. The purpose of this inspection was to inform a decision of registration under the Health Act 2007 following an application to register the centre for 19 adults with a disability.

As part of the application for registration the provider nominee was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). The inspectors reviewed this documentation and found it to be incomplete in relation to a written declaration of planning compliance for the premise...
and documentation required for persons participating in the management of the centre. Since the submission of the application to register, the Authority was notified of a change in the provider nominee that took effect 31 July 2015.

The inspectors met with the recently appointed provider nominee and person in charge on arrival to outline the inspection process and methodology and provided feedback to the management team at the conclusion of the inspection.

The person in charge facilitated the inspection and received continuous feedback from inspectors in relation to findings throughout the inspection. Inspectors ascertained the views of residents, relatives, and staff members, observed practices, assessed the premises and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The centre was located within a campus comprising of five houses in two separate locations. Four houses were adjoining terraced houses and one was a detached bungalow located elsewhere on the campus.

The centre was providing facilities and services to 22 adult male residents with varying abilities and disabilities with a varied range of dependency levels and supports. A separate respite service was operational between two of the terraced houses.

A major concern identified by inspectors and subsequently addressed by the person in charge was that free access from the adult centre to an adjoining respite service where children were accommodated was available by interconnecting doors which were unlocked posing a risk to vulnerable persons accommodated.

Matters identified during the previous inspections carried out 18 September 2014 and on 8, 9 and April 2015 had been progressed in some parts, however, all actions were not satisfactorily implemented within the specified timeframes resulting in recurrent major non-compliances.

The inspectors met all of the residents currently being accommodated. The person in charge had received eight questionnaires completed by relatives of residents accommodated in three houses with feedback in relation to the service. Inspectors reviewed the feedback and found that in the main, feedback to the Authority was positive with many expressing satisfaction about the care and staff team, while acknowledging more staff, bigger bedrooms and funding was needed, and that the facilities and premises required upgrading to improve the quality of life for residents.

Residents had access to nursing, medical and allied healthcare professionals employed or contracted by the registered provider. However, there was no independent advocacy service or rights review committee operational within this centre to ensure the rights of residents and decisions made on their behalf by the organisation was justified.

There were measures in place to protect residents; however, they were inadequate to protect residents from being harmed or suffering abuse. Appropriate measures
were not taken and adequate safeguards had not been put in place to address or control risks associated with the high numbers of incidences of violence and aggression in highly populated houses. Instead, resident numbers had increased within the centre since previous inspections and had exceeded the maximum number identified to be accommodated within the application of registration.

A restraint reduction approach was reported, however, inspectors found that alternative measures in all instances had not been considered before a restrictive procedure was adopted or used as a last resort for the shortest duration.

The inspectors saw that support and care was provided as far as was practicable given the shortcomings in relation to staffing provision, training deficiencies and the premises. However, due to resource constraints person centred support and care was not consistently provided to ensure and assure residents of opportunities to participate in meaningful activities, appropriate to their interests and capacities.

The design and layout of the designated centre did not meet the individual or collective needs of all residents.

Operational policies and procedures were in place; however, all policies had not been reviewed and approved by the current management team.

The inspectors identified risks that affected the health and safety of residents which had not been identified or adequately assessed to control/minimise the risks.

From an examination of the staff duty rota, communication with/observation of residents, staff and feedback from relatives the inspectors found that the levels and skill mix of staff were insufficient to meet the number and assessed needs of residents to ensure safe and appropriate support and continuity of services.

While there was evidence that staff had access to information and training, not all staff had participated in training appropriate to their roles and responsibilities. Staff demonstrated that they had good knowledge of the residents and their needs and gave examples of improvements and developmental milestones achieved by residents with staff support. However, this inspection found that each resident was not sufficiently enabled to exercise choice and control over their lives in accordance with their preferences while maximising their independence.

Areas requiring improvement included providing safe and suitable premises, adequate resources to facilitate residents rights, risk management, safeguarding and safety, medication management and other matters outlined and included in 76 breaches in the legislation are outlined for response in the action plan at the end of this report.

The provider has 53 regulatory requirements to address and person in charge has 23 action requirements in order to ensure compliance with Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Quality Standards for Residential Services for Children and Adults with Disabilities.
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.

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<tr>
<td>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.</td>
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<tr>
<th>Theme:</th>
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<tr>
<td>Individualised Supports and Care</td>
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<tr>
<th>Outstanding requirement(s) from previous inspection(s):</th>
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<tbody>
<tr>
<td>Some action(s) required from the previous inspection were not satisfactorily implemented.</td>
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<th>Findings:</th>
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<tr>
<td>Suitable arrangements were not in place to promote and respect residents' privacy and dignity, including receiving visitors in private. Resident meetings were to form part of the arrangements for consultation and decision making processes, however, minutes to demonstrate this were not available.</td>
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</table>

The designated centre was not consistently operated in a manner that respected the rights of all residents. Residents with varying abilities, dependencies and support level requirements were living together in communal areas that had limited space or appropriate facilities. The living arrangements did not promote a culture of learning and problem solving that facilitated residents to develop and learn new skills in preparation for community based living.  

While staff supported residents to achieve activities of daily living and had described opportunities facilitated and provided to support residents to achieve goals, the goals were of a basic nature and not ambitious. A lack of resources in areas that included staffing (levels, skill mix and training) and individual transport negatively impacted on the rights of residents and did not promote engagement within the wider community. This is discussed further throughout the report.  

Inspectors found that the operation of the centre and support arrangements were
decided at an operation level and mainly to suit collective needs rather than on an individual basis. For example, the centre did not have dedicated transport hours or a transport budget or use of their own vehicle/s. Transport was mainly shared with other residents or other centres/services within the organisation. Transport that facilitated community engagement was operated centrally and not controlled by the person in charge, residents or staff directly involved in supporting residents within this centre. Daily decisions on where residents went on outings were not generally influenced by the residents of this centre and arrangements did not promote residents' freedom to exercise choice and control in their daily life.

Other rigid routines and arrangements were found that did not enable residents to be active participants in their daily lives, activities, routines or participate in the organisation of the centre. Residents had daily activities that were primarily influenced at an organisational level. For example, all residents generally returned to houses from activities by midday for lunch. Mealtimes and meal options were determined and ordered by staff on behalf of residents in advance from a planned menu that was communicated to a main kitchen on the campus where all meals were prepared and cooked. Meals were later delivered as ordered to the centre in heated food trollies. In one house inspectors saw residents’ meals being plated in the kitchen by the household staff member without any communication with residents who waited in the dining area to be distributed their meal by support staff who were also waiting.

In preparation for a lunch meal, inspectors observed residents being provided by staff with plastic aprons to wear while eating their meal. These aprons are generally used by hospital staff as an item of personal protective equipment (PPE). Staff were also seen wearing plastic aprons at this time.

While management and staff supported residents in relation to decisions about their care and welfare, these decisions were not subjected to external scrutiny or independent review. Despite an attempt by staff to link with an advocacy agency on the behalf of one resident over one year ago, residents did not have access to an independent advocate or advocacy service.

A rights review committee was not operational within the current systems in place to provide a forum for residents and their representatives. The person in charge confirmed to inspectors that a rights review meeting with internal or external parties or professionals had not taken place since his appointment in November 2014.

Overall, inspectors found that operational arrangements and practices, along with the layout and design in parts of the centre did not ensure that each resident’s privacy and dignity was respected in relation to, but not limited to, personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Communal living arrangements with nine and seven residents did not ensure that each resident’s right’s, privacy and dignity were respected. Inspectors observed, read in incident reports and confirmed with staff, that the behaviour of some residents negatively impacted on other residents they were accommodated with. A choice of alternative or more appropriate accommodation to residents was not available.
Operational needs and arrangements took priority over residents’ rights, privacy and dignity. The provider was seeking to accommodate additional residents in the centre and in houses where residents were living independently from others to mitigate risks previous identified following adverse incidents and assessments.

Inspectors were informed by management and staff that a lack of suitable accommodation in the community and lack of funding for necessary supports was the main barrier preventing resident transition to the community.

Inspectors were not assured that appropriate care and support was provided in accordance with evidence-based practice, having regard to the nature and extent of the resident’s disability and assessed needs or wishes. One resident’s treatment plan included having an antiseptic lotion, with a distinct and strong smell, applied to his skin which distinguished him from others. On enquiry, inspectors found that this practice was being used in the absence of an appropriate review.

Inspectors confirmed that all staff working for the organisation and who are not directly involved in or named as staff working in the centre had a master key that enabled unannounced entry into residents’ accommodation. Persons working in other parts of the centre and in other services were seen entering residents homes via a back and side door and did not announce themselves to residents on arrival. Rooms within the centre were being used by persons working in other services operated by the registered provider.

Inspectors were informed that a resident in one part of the centre required one to one supervision day and night which involved a member of staff sitting at the resident’s bedside during the night while the resident was asleep. On examination of the resident’s bedroom, inspectors found that the entire bedroom size measured 5.2m2 approximately with a single bed on one side, a wardrobe and locker on the other side and a small arm chair in-between. Inspectors confirmed the most distance from the bed to the chair was less than two feet (22 inches) in measurement which was not adequate or respectful of resident’s privacy and was not recognised as a rights restriction.

Many environmental factors compromised residents’ rights, privacy and dignity. Residents were accommodated in bedrooms that were less than 5.5m2 in size with limited availability for personal space or space for possessions, visitors or friends.

Some residents’ bedrooms were unable to facilitate personal furniture such as an arm chair, television/radio/DVD, dressing table, mirror, shelving or space for tactile items and items of interest or for distraction. The communal environment where up to seven and nine residents were accommodated was noisy and sometimes disruptive. Inspectors read in adverse incident reports that residents were often re-directed to their bedrooms when their behavior escalated as this was deemed a quiet area. As previously stated residents bedrooms in the main were small and had little tactile or sensory items to support residents’ needs.

Residents living in three of the five houses required wheelchair support to aid mobility and functioning. However, the size, layout and design had not been suitably adapted to
promote these resident’s to access all facilities independently and without being dependent on staff support to open and close doors or assist. The limited space in resident bedrooms did not allow them to manoeuvre independently to, from and within their home and the high location of windows in some bedrooms did not provide residents with a view outside from a seated position.

One resident who required assistance with mobility, continence management and activities of living had a bedroom measuring less than 6m2. A visitor’s room was not available and resident’s bedrooms were unable to comfortably accommodate visitors in private. Residents’ bedroom doors did not have suitable privacy locks available to them.

A lack of appropriate signage and signposting to promote resident autonomy accessing facilities in each house was found.

The location and access to the toilet and bathroom facilities from bedroom accommodation in terraced houses shared by others did not promote privacy and dignity as access was via an open plan dining/living area where other residents and or visitors/relatives may occupy. Inspectors read that a measure to de-escalate one resident’s behaviour while in the bathroom was that he was redirected by staff to go to his bedroom while dressed with a towel. This resident shared a house with six other residents.

The communal living arrangements and limited personal space for residents in parts of the centre did not reasonably or sufficiently enable residents to bring their own furniture and furnishings into the rooms they occupied. During the inspection inspectors observed residents clothes to be clean, age-appropriate and stored neatly within the wardrobes examined. However, as previously highlighted there was limited space within resident’s personal bedrooms and personal items of clothing such as winter coats/clothes were seen stored communally in a locked store room accessible to staff/key holders. This arrangement did not ensure each resident uses and retains control over his clothes or provide for adequate space to store and maintain his or her clothes and personal property and possessions.

Laundry areas available in parts of the centre were found to be in a poor state of repair, unhygienic with dust and cobwebs, small in size for use by residents requiring staff support. The current arrangements and facilities were not adequate to support residents to manage their own laundry.

Systems were in place to support residents to access and retain control of personal property and possessions and support was provided by staff to manage their financial affairs. However, inspectors found that the management of finances for one resident, who had no independent representative or next of kin, had not been managed appropriately and is discussed further in outcome 8.

Monetary transactions undertaken in relation to residents' personal property were reviewed. Systems were in place for the safe keeping and recording of money belonging to residents. Correlation between records maintained and money available was confirmed in the sample examined. However, as indicated previously money of one resident had been used inappropriately to purchase items that included cutlery, soft
furnishings and a fireplace which was in connection with the carrying on or management of the centre. Inspectors were informed during feedback that a review would be completed with a view to repaying the resident for items generally provided in connection with the carrying on and managing a centre.

Overall, inspectors found that access to facilities for occupation and recreation was restricted due to a lack of governance and appropriate funding for necessary resources.

Opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs were also limited as the environment and arrangements in place did not promote development of life skills for independent and community living.

Supports to develop and maintain personal relationships and links with the wider community were facilitated but opportunities in accordance with residents goals and wishes to experience, adapt and learn new skills was limited within the current arrangements. Activities were mainly campus based; the service provision was influenced by a reactive model of care with limited scope for influencing a proactive model of support within institutional style accommodation, practices and dining arrangements.

A complaints procedure for residents was available and on display in an accessible format at the entrance areas. On examination of complaints records in one house, inspectors found two complaints logged, however, details of any investigation into the complaint, the outcome of the complaint, any action taken on foot of the complaint and whether or not the person was satisfied was not maintained as required.

The complaints officers named were not directly involved in the management structure for this centre and an appeals process was not evident.

Judgment:
Non Compliant - Major

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

Theme:
Individualised Supports and Care

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

Findings:
Inspectors found that staff were aware of individual communication supports required by each resident which was reflected in a personal plan.
While some residents had individual items that included a television or radio, others had the use of a communal television in the shared living/dining room which in parts of the centre was set on a radio channel during this inspection. Access to assistive technology and aids and appliances were not seen available to promote residents’ full capabilities and facilitate needs.

As previously reported, a timetable of activities which was displayed in each house within the designated centre was not in an appropriate format for all residents to understand.

The centre’s land-line telephone was available to residents with staff support.

Inspectors observed that some residents required greater support than others to communicate in accordance with their needs. Due to the high number of residents in some parts of the centre with varying communication needs, staff communication with residents was mainly functional and reactive in relation to daily activities ongoing.

The impact of the physical environment, noise, disruptions and activity levels and the importance of communication was under-emphasised. Inspectors found houses where up to seven and nine residents occupied to be noisy and unsettled at times. The environment was not suitably adapted to meet the needs of all residents including those who had sensory impairment. One resident who had good verbal communication was being accommodated with residents with no ability to communicate verbally.

Residents with different levels of communication ability, visual impairment and limited mobility were inappropriately living alongside others with high levels of behaviour that challenged within an environment that was not tailored to meet their individual or collective needs.

**Judgment:**
Non Compliant - Major

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**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:**
Based on the information available, inspectors were satisfied that family relationships were encouraged.
Eight completed questionnaires with feedback in relation to the service were received from the person in charge on inspection. Questionnaires had been completed by relatives of residents accommodated in three houses.

Inspectors reviewed the feedback and found that in the main, feedback was positive with many expressing satisfaction about the general care and staff team, while acknowledging more staff, bigger bedrooms and funding was needed, and that the facilities and premises required upgrading to improve the quality of life for residents.

Some relatives reported familiarity with the care planning process, however, others did not. One resident’s relative reported there was no choice in relation to their move from another centre to this centre, while another stated they had been involved in the transfer between centres and another resident’s relative expressed apprehensive regarding their potential relocation of to the community.

Inspectors were told by staff that residents were facilitated to attend family occasions and functions with staff support and gave examples. There was photographic evidence of residents, families and staff attending functions, a show and tourist attraction venues.

Information reviewed confirmed that families were encouraged to get involved in the lives of the residents and provided with up-to-date information in respect of the resident’s condition and invited to attend care planning reviews. However, inspectors were unable to determine if residents were free to receive visitors without restriction as during the course of the three day inspection there were no visitors observed or reported to be visiting residents within the centre.

While communal facilities were available to receive visitors, a suitable private area, which is not the resident’s bedroom, was not available to a resident in which to receive a visitor if required.

**Judgment:**
Non Compliant - Moderate

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**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:**
Admissions and transition procedures did not sufficiently consider the wishes, needs and safety of the individual and the safety of other residents living in shared accommodation in this service.

Policies and procedures that included criteria were described as in place in relation to an admission of a resident to the centre. The admission policy included a process of preliminary screening; however, the person in charge was not actively involved in the admission procedures and criteria described lacked transparency.

While the inspectors were told that no new residential admissions were being facilitated, the registered provider transitioned three residents from another centre on the campus to this centre since the last inspection which increased resident numbers from 19 to 22.

Inspectors found that the admission practices to date and proposal/application to seek to accommodate additional residents in the centre including with those living independently did not sufficiently take account of the need to protect residents from abuse by their peers.

An appropriate review of arrangements within the centre had not been taken to mitigate the actual and potential risk of abuse form peers prior to the transition of three additional residents into this centre.

The high number of adverse incidents involving residents with varying degrees of abilities and support needs living in communal environments was not suitable or sufficiently considered within the overall admission process.

While there was a policy in respect of transfer, discharge and temporary absence of residents, it had not been fully implemented, to support residents to be discharged and require appropriate alternative accommodation and care. Management told inspectors of communication with the commissioners of the service in relation to one resident, however, a response and outcome had not been received to date.

The majority of residents within this centre had lived within the service and accommodation provided on the campus for a number of years. However, a contract for the provision of services had not been agreed in writing or completed with each resident, or their representative in relation to the fees to be charged, terms on which that resident shall reside and conditions of services to be provided in the designated centre.

Judgment: Non Compliant - Major

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

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

Findings:
Each resident had an Individual Personal Plan (IPP) which showed assessments of residents’ needs including assessments and interventions/treatment plans to address those needs. The personal care plans addressed key aspects of the social, emotional, psychological and health care needs of the residents.

Residents’ goals were stated, and there was evidence that residents were supported in achieving some goals, which resulted in successful outcomes in some instances. However, plans were not ambitious and in part were ineffective as residents had not been able to achieve goals dependant on centrally allocated resources and policies that were not within the control of the person in charge.

The goals outlined for one resident included to go on the train trip, attend the zoo or theme park and attend a concert or show. Inspectors read resident records and found the supports outlined were dependant on the resource of a nurse and transport including having a one to one staff nurse present as the result of seizure activity. Records showed that emergency medication administration was required on two occasions during four seizure events in the past three months. Other residents within the centre also required emergency medication and treatment which was prescribed as required (PRN) with a supporting protocol. However, personal development, activation away from the centre and basic goals (rights) had not been facilitated or achieved by residents due to limited resources, poor management systems and restrictive operational policy and procedures that included medication management and appropriate staff training.

The inspectors saw that residents’ communication needs were identified in the residents’ personal care plan and pictorial aids were available to assist the residents to understand the care planning process.

Inspectors reviewed a sample of residents’ care plans and found that although management and staff were aware that residents needs could not be met by this service and this had been recently communicated to the commissioners of the service, the outcome for the resident was unsatisfactory as planned supports were not in place to assist the resident to move from the service.

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

**Findings:**
As previously reported, the inspectors found that the design and layout of most parts of the centre (terraced houses) were not suitable for its stated purpose and aims to enable residents to live an enriched life and to experience rewarding activities and social interaction that promoted skills teaching and independence.

The centre was located within a campus comprising of five houses in two separate locations. Four houses were adjoining terraced houses and one was a detached bungalow located elsewhere on the campus.

The centre was providing facilities and services for 22 adult male residents with varying abilities, ages (37-65 years) and dependency levels. The terrace houses were occupied as follows: one was accommodating seven residents, two houses had one resident in each and the final terraced house was accommodating nine residents. The detached house was accommodating four residents.

The detached bungalow in the main was suitably furnished and fitted for occupancy by four residents, however, its size, layout and design may not be suitable to enable wheelchair dependent residents due to its narrow hallway and limited floor space in two bedrooms.

The four adjoining terraced houses were dated buildings with high ceilings and windows that were old and that had window opening mechanisms that were out of reach in some rooms. While efforts to improve and personalise the general environment were made, the four terraced houses were institutional by design.

The terraced houses were not designed and laid out to meet the aims and objectives of the service and the number and needs of all residents. The premises had not been kept in a good state of repair throughout or maintained sufficiently and areas within were not clean or suitably decorated.

Residents sleeping accommodation was provided separately. Efforts were made to decorate, personalise and furnish each house’s living and bedroom accommodation. However, overall the terraced house premises did not have suitable and sufficient
facilities and assistive equipment and technology to support and promote the full capabilities, privacy and independence of residents as discussed in outcome 1.

Some outdoor recreational areas were provided which facilitated recreation (weather permitting) for a small number of residents. However, the centre did not have adequate social and recreational facilities for all residents and was mainly dependent on facilities external to and uncontrolled by the centre and based on the campus.

Equipment required for use by residents was seen to be serviced, however, the maintenance of some areas within the centre and required for use by residents and staff had not been maintained in a clean or good working order.

Requisitions records completed by staff to an external maintenance department operated by the registered provider dating back to 30 June 2015 had not been responded to appropriately or followed up. Operational equipment and fittings were not repaired or replaced and maintenance requests had not been carried out as quickly as possible so as to minimise disruption and inconvenience to residents. Maintenance requisitions in relation to lights not working, doors not closing, and leaks in toilets were among items outstanding from June 2015.

The centre was not sufficiently equipped, where required, such as kitchens, laundries, bathrooms and toilets with assistive equipment, aids and appliances to support and promote the full capabilities and independence of residents’ to develop and learn life skills in preparation for supported living within the community as outlined in the statement of purpose and function.

The registered provider had not completed an audit of maintenance outstanding to identify if the centre adhered to best practice in achieving and promoting accessibility.

The suitability and accessibility of all parts of the centre had not been reviewed with reference to the statement of purpose in order to carry out any required alterations to the premises of the centre to ensure it had suitable accessibility throughout to meet the needs of all residents including those with visual impairments, continence support and care needs, behaviour that challenged and limited mobility.

The overall environment and arrangements in place did not promote or achieve positive outcomes for residents to live a happy and fulfilled life and to experience rewarding activities and social interaction as outlined in their residents guide.

The shared communal environments with up to seven and nine residents were not suitable to residents with sensory sensitivity and difficulties regulating emotions where high levels of communal stimuli and noise was generated from groups of residents and staff teams.

Actions from a previous inspection carried out in 18 September 2014 and 8, 9 and 10 April 2014 had not been completed. Paint work on the walls in parts of the centre were flaked, damaged and chipped, a shower in a communal bathroom that included a toilet and wash hand basin used by residents was out of order and in the state of disrepair “for a long time” according to staff. While bedrooms for some residents contained
personalised photographs the environment was sparse and the communal living environments were not sufficiently tactile or sensory sensitive.

The premises were not designed and laid out to meet the aims and objectives of the service and the number and needs of all residents and little progress was made since the last inspection. The providers response within the previous inspection 8 April 2015 action plan stated "As part of the De-congregation Implementation Planning Committee which commenced on 28/05/2015, a transitional plan will be completed for each resident within this centre which is informed by the results of a Supports Intensity Scale Assessment carried out for each resident with regard to ensuring the most appropriate living environment within the community for each resident” by 30 August 2015 and “The De-congregation Plan will address the unsuitable living environments for residents on a longer term basis while identifying a more suitable living environments for residents within the campus based residential services on a shorter term basis should this option be available” with the time scale by 30 October 2015. Evidence of a transition plan or care pathway for each resident was not evident.

To date the registered provider had not ensured that all matters set out in Schedule 6 were provided to ensure compliance with Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Quality Standards for Residential Services for Children and Adults with Disabilities.

In summary, adequate private and communal accommodation was not available for residents social, recreational, dining and private needs; rooms to accommodate and support residents were not of a suitable size and layout; adequate space and suitable storage facilities was not sufficient for all residents; ventilation and lighting was not suitably maintained; a kitchen for use by residents with suitable and sufficient cooking facilities and kitchen equipment was not provided for; baths, showers and cubicle style toilets were not of a suitable standard to meet residents needs; rooms were unclean and in a poor state of repair; laundry facilities were not suitable, were unclean and in the poor state of decor and did not encourage use by residents to promote independent living.

Rooms used within residents' houses, such as staff offices, had greater space and better views than residents' bedroom accommodation.

Judgment:
Non Compliant - Major

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

Theme:
Effective Services

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

Findings:
A corporate risk management policy was available in the centre; however, it was not sufficiently implemented in practice to ensure:
(a) hazard identification and assessment of all risks were identified throughout the designated centre
(b) measures and actions were put in place to control the risks identified.

The person in charge had completed a hazard identification and risk assessment report dated 28 August 2015 for each house. However, this report failed to include risks identified by inspectors during this inspection that affected the health and safety of residents and vulnerable persons. For example, the risks associated with vacant staff posts and deficiencies in staff replacement, maintenance, the environment and limited resources had not been identified or assessed.

A major risk identified by inspectors and subsequently addressed by the person in charge on inspectors request was that free access from this adult centre to an adjoining respite service was available where children were being accommodated. Access between these separate designated centres was achievable by interconnecting unlocked doors posing a risk to vulnerable persons accommodated. This arrangement was seen and confirmed to facilitate the movement of staff and sharing equipment between the two services due to a lack of appropriate resources and arrangements.

A record in relation to a fire drill in one house stated that one resident had refused to leave as requested, however, the person in charge was not made aware and this risk had not been captured in the recent hazard identification and risk assessment report.

Of the risks identified such as staff training in positive behaviour support, a control timescale was by quarter two 2016. However, 44 of the 52 (85%) staff members named and included on the training matrix had not received training in positive behaviour support to date. The issue of inadequate staff training provision is further outlined in outcomes 8 and 17.

Eight residents in the centre were identified with dysphagia. The lack of staff training was identified as an associated risk with the control measure of training to be provided for all staff in dysphagia by the end of December 2015. However, this control did not sufficiently address present risks for vulnerable residents as 27 of the 52 (52%) staff members named on the training matrix and those supporting residents had not received this training.

Adverse incidents reports included physical assault, intimidation/threat, unexplained bruising, falls/slips/trips, self harm and abscission. Five incidents of abscission were recorded in a National Incident Management System (NIMS) document; however, a missing person drill had not been scheduled to date despite being identified as a risk.

From the information reviewed and in discussions with staff, inspectors established that up to 14 staff (26%) had not had training in management of aggression and violence.
(TMAV) and two staff involved in incidents of physical aggression and violence had not been included on the staff training record to evaluate their training provision. This deficiency in TMAV training identified as a risk was to be completed by October 2015. No interim control measures were considered such as the allocation of suitable trained staff specific to the assessed needs of residents. It was unclear how staff would manage in the event of an emergency.

Overall, the measures and timeframes specified did not sufficiently assess or control risks of adverse incidents given the high number of 73 reported incidents of abusive behaviour between residents and or resident to staff from 1 January 2015 in the NIMS record for this centre.

The majority of incidents of abuse were physical assaults and threatening behaviour which had occurred in parts of the centre that had greater numbers of residents. However, this factor did not feature in the hazard identification and risk assessment report completed and signed by the person in charge 28 August 2015.

Following a review of documentation pertaining to adverse incidents, inspectors found that all incidents had not been reviewed by or brought to the attention of the person in charge for consideration and response.

The registered provider had not sufficiently repaired and maintained the premises to ensure that residents who may be at risk of a healthcare associated infection were protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

A fire safety management system was in place. Records were available and maintained to confirm the testing and servicing of fire safety equipment and alarm systems by an external contractor.

During the course of inspection, fire exits and escape routes were unobstructed and emergency evacuation plans were in place and on display. Personal emergency evacuation plans were completed for residents and staff were familiar with response and evacuation plans. Fire safety training for staff was provided and evacuation drills were carried out in each house with records maintained to inform outcomes and learning.

Inspectors found that some doors within houses of the centre did not close completely and this arrangement may not adequately contain fires or protect against the risks associated with fire, such as the migration of smoke.

Judgment: Non Compliant - Major

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

**Theme:**  
Safe Services

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

**Findings:**  
Residents who did not present with behaviours that challenge were living with residents with behaviours that challenged and more complex needs. Residents with greater ability were subject to the same arrangements as their peers with more complex needs.

Of the restrictive interventions reported, two restrictive interventions reported were of a long duration, restricting freedom of movement to a significant degree. These interventions were carried out on a resident who was accommodated in the absence of an agreed written contract in relation to the terms and conditions of the service provision. Decisions to restrict resident rights were authorised by a restriction practice committee made up of persons employed or contracted by the registered provider and in the absence of independent or external scrutiny.

With the exception of one staff member, training records showed that all other staff had received training in relation to safeguarding residents. However, staff training in the management of behaviour that is challenging including de-escalation and intervention techniques and positive behavior support had not been provided to all staff.

A review of the training and information provided to inspectors showed that all staff had not received 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. Eight of the 52 (active) staff named on the training records had received positive behavior support training on one occasion/date.

Since 1 January 2015 a report made available from a national incident management system (NIMS) (related to the terraced houses) recorded 44 incidents of abuse/assaults between residents and up to 30 other incidents of abuse/assaults by residents on staff. However, staff training records maintained showed up to 14 of the 52 staff had not received training in the management of aggression and violence and others had not attended refresher training as required.

Staff confirmed and rosters showed that 22 residents accommodated in five locations were supported by one nurse and six assistants (referred to as RPA’s) at night. Three of the six assistants were core staff and three were required to provide one to one support to individual residents, two of whom lived in individual terraced houses and one resident in a house with six other residents. Residents living in the detached house were supported at night by an assistant (RPA) while a nurse and an assistant supported nine residents in another house. Following a review of the staff training records and staff roster, inspectors found that staff supporting residents at night had not completed relevant training for the assessed needs of residents. This is further detailed in outcome
17.

Staff training records reviewed in association with the roster that was confirmed with staff, showed that a nurse working and allocated on night duty did not have training in the management of behaviour that is challenging including de-escalation and intervention techniques. In addition, relief staff who were rostered and working at night with responsibility for a group of residents in the the centre were not included on the training records provided.

The registered provider had not ensured that interventions were implemented and appropriately reviewed as part of the personal planning process.

A reduction in the use of restraint was described by staff and reported by the person in charge. Following a review of reported restraints inspectors found that the use of restraint intervention implemented at night in relation to one resident who also had one to one staff support was not sufficiently reviewed as part of the personal planning process or applied in accordance with national policy and evidence based practice.

Inspectors were not assured that the person in charge had made every effort to identify and alleviate the cause of resident’s challenging behaviour or seek alternative measures before a restrictive procedure was used or applied. In a review of restraint records and notifications inspectors found that the least restrictive procedure, for the shortest duration necessary, had not been used on occasions relating to one resident.

As previously reported in September 2014, the interpretation of restraint/restriction was not always clear and consistent with appropriate supporting documentation. Inspectors were informed that staff sat in a resident’s bedroom whilst they slept as they required one to one supervision on a 24-hour basis due to potential risks. This practice had not been identified as a restriction on rights or invasion of privacy and had not prevented actual risks from occurring.

The registered provider had not put adequate arrangements and resources in place to ensure that each resident was assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection, as required.

The model of support was not person-centred and was primarily reactive in nature in response to adverse incidents or organizational matters arising within the broader campus community. As outlined in outcome 1, the centre was not managed in a way that maximised residents’ capacity to exercise personal independence and choice in their daily lives. Despite attempts to improve outcomes for some residents were made from previous inspections, overall routines, practices and facilities did not promote all residents’ independence and preferences.

Residents were not adequately safeguarded or facilitated to exercise their rights, choose who they were accommodated with and had limited autonomy and external support to make informed decisions and choices about the management of their care, treatment, routines, facilities and environment. As highlighted in outcome 1.

Residents relied on staff to achieve outcomes, safety and co-ordinate everyday
activities. However, the registered provider had not responded appropriately to safeguard and protect all residents or to mitigate the risks associated with high numbers of residents with varying levels of challenge and ability who were living in communal groups and environments with up to seven and nine residents.

The provider failed to protect residents from all forms of abuse as discussed in other outcomes 1, 7 and 17. Inspectors found a lack of an appropriate response to protect residents from abuse by their peers with 44 incidents of abuse between residents reported since January 2015 mainly in parts of the centre that were highly populated.

The use and management of one resident’s finances who had no independent representative or external next of kin, referred to in outcome 1, did not demonstrate appropriate protection and safeguarding practices were in place.

Policies and procedures were in place in relation to the management of any incident, allegation or suspicion of abuse which involved reporting all incidents to dedicated liaison persons employed by the registered provider. In a review of incidents since the last inspection, inspectors found that an allegation of abuse had not been investigated in line with the policy and procedures described by staff or notified to the authority as required.

Inspectors were informed by management that the safeguarding procedures had been recently revised to include reporting any incident, allegation or suspicion of abuse or neglect to the designated officer of the Health Service Executive dedicated person for safeguarding vulnerable persons in line with the national policy (December 2014) and relevant other statutory bodies when required. Prior to this inspection all allegations, incidents and suspicions of abuse had not been reported to other external statutory bodies.

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

**Findings:**
Notification of incidents were reported to the chief inspector, however, following a review of incidents and information, inspectors found that all allegations of abuse and restrictive practices had not been notified to the chief inspector as required.
### 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:**
Access for residents to facilities for occupation, education, training, employment and recreation was limited.

Opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs were limited and insufficient for residents within the existing arrangements. Residents were not sufficiently supported by proactive practices in the centre.

Inspectors reviewed activation levels at the centre and found that significant improvements were required to ensure residents had a meaningful day and access to a variety of activities which were not limited to the designated centre and surrounding grounds or dependant on staff supervision.

Inspectors acknowledged that staff had informed them of residents who had been supported by staff to go on an overnight stay in a hotel and visit tourist attraction sites and landmarks, which was a significant accomplishment for these residents.

**Judgment:**
Non Compliant - Major

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

**Findings:**
The inspectors found that arrangements were in place to ensure that residents' healthcare needs were regularly reviewed with input available from multidisciplinary professionals.

Arrangements were in place for residents having access to a local GP, doctor on call and a range of allied health care services on a referral basis by staff.

Health monitoring documents were available and maintained which included regular checks of clinical observations and treatment provided. Inspectors saw a seated weighing scale available in one house which staff said had been recently provided.

Core staff were knowledgeable of residents' individual dietary needs and preferences. Daily meal options were displayed in a format suitable for residents.

Inspectors found that while residents were provided with adequate quantities of food and a choice was available daily, they were not supported to buy, prepare and cook their own meals if they so wish.

A catering kitchen situated on the grounds where the centre is located provided all of the main meals daily to each house.

Inspectors were informed by staff that the right of residents to participate in everyday activities and the use of facilities within the house such as the kitchen to prepare and cook meals was restricted as a result of risks associated with food safety.

Decisions in relation to the dining experience in parts of the centre was found to be limited and arranged to meet collective needs within the resident group and house setting due to some residents with behaviours that challenged. Meals and dining arrangements were not delivered to provide social interaction and engagement that met individual resident abilities or needs.

Overall, inspectors found the dining experience to be rushed. In one house the lunch had been served, completed and was cleared away within a 20 minute timeframe.

An inspector observed one resident, who was assisted by a staff member, to complete their meal at lunchtime followed by a drink within a six minute period. These practices did not offer assistance in an appropriate manner in a service where eight residents were reported to have difficulties with swallowing and drinking (dysphagia) and who would require additional time and support than normal.

The review of documentation indicated that residents had access to nutritional Allied health professionals including speech and language therapists and a dietician.

Inspectors were informed that one resident who was unable to have food or liquid/drink by mouth, had an external tube to receive nutrition that was managed by nursing staff
up to four times daily (referred to as “bolus feeds”). Inspectors observed staff carrying out this procedure on two occasions in the communal day/dining room opposite the entrance in the home where up to seven residents live. This arrangement was not appropriate and alternative arrangements/choices for this individual at mealtimes had not been considered.

The inspectors saw a variety of foods in the cupboards of the kitchens in houses, for example, basic items such as choice of breakfast cereals, dry goods and some refrigerated foods. Residents had been prescribed additional supplements where there was a requirement and inspectors saw an ample supply available. However, inspectors observed that residents were not encouraged or supported to use the kitchen facility in units and refreshments, drinks, fruit and/or snacks were controlled and managed by staff. Therefore access to meals, refreshments and snacks was dependent on operational arrangements and staff availability and not determined by residents at all reasonable times as required.

**Judgment:**
Non Compliant - Major

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

**Theme:**
Health and Development

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

**Findings:**
Medication management policies and procedures were in place.

The management team confirmed that the centre’s policy included that qualified nursing staff were responsible for all practices relating to medication management and that none of the residents had responsibility for their own medication. However, during a discussion with non-nursing staff an inspector was informed that in the event of emergency prescription medication maybe administered by non-nursing staff if on the trip or outing with a resident and said they had received training to do so during their induction. However, this information was conflicting with information provided by nursing staff who informed an inspector that emergency (PRN) prescription medication was not provided for/to residents while out of the centre on outings or when supported by non-nursing staff in or out of the centre. Nursing staff stated that the procedure was to contact general emergency services (999) in an event of an emergency.

As discussed in other outcomes, nursing staff working in another centre administered night medication to residents in a house in this centre which was not appropriate and
who were not accountable to the person in charge for this centre. There was no training in medication administration for non-nursing staff confirmed and recorded. However, non-nursing staff had responsibility to support residents in four of the five houses on a nightly basis, yet, nursing support was required in many instances for residents to achieve goals and have new experiences by day due to potentially requiring emergency treatment and medication. Operational policies and procedures conflicted with practice and had restricted and hampered opportunities for residents to experience new opportunities in life.

In a review of notifications since the last inspection, inspectors read that a response measure taken by staff in relation to one resident who sustained an injury included the administration of “calpol” for pain relief. In discussion with nursing staff and on review of the resident’s medication prescription an inspector confirmed that calpol had been prescribed and administered as a pain relief measure. Medication such as calpol is used for children and its use had not respected resident adult hood. An alternative and appropriate pain relief commonly used by adults was subsequently prescribed.

While in the main all medication prescription and administration records were maintained in accordance with professional standards and legislation, an omission in an administration record at night was found relating to one resident.

Systems were described in relation to timely accessibility by a pharmacy provider contracted by the registered provider in relation to ordering and receipt of medication.

On arrival to the centre, an office with a fridge storing prescription medication was found unlocked, enabling access to prescriptive medication. This risk was addressed immediately. Fridges and offices storing medication remained locked during the remainder of this inspection.

Inspectors confirmed with staff that medication audits were not maintained to evaluate the management of medication to include- administration, discontinued and stock balance (reconciliation checks) of PRN medication.

**Judgment:**
Non Compliant - Moderate

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

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
Findings:
A statement of purpose had been prepared and submitted with the application for registration containing much of the information required 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.

A revised Statement of purpose was made available at this inspection. However, it did not reflect the services, resources and facilities found and provided in the centre or the aim to meet individual goals as a residential service that promoted autonomy, choice and personal development.

An application to register the centre for 19 residents was submitted, however, on inspection the occupancy in the centre was 22.

The floor plans submitted did not reflect the actual layout of parts of the centre occupied by and accommodating residents.

The number of staff outlined in the statement of purpose did not reflect the number of staff available.

The gender of residents to be accommodated was not specified, as required.

Judgment:
Non Compliant - Major

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:
The application for registration of this centre was incomplete. A declaration of planning compliance for the premise and documentation required for persons participating in the management of the centre remained outstanding.
The application submitted to register this centre included that a maximum of 19 residents were to be accommodated in the five locations that made up the centre. However, during this inspection 22 residents were being accommodated.

At the commencement of this inspection, in a meeting with the provider nominee and person in charge, inspectors' views in relation to accommodating up to 30 residents in the centre were sought. As discussions progressed during the introductory meeting and prior to the onsite inspection of each location it was apparent that staffing resources were not available to meet the current number and assessed needs of residents and actions form the previous inspection remained outstanding.

An effective governance and management structure was not evidenced.

A change in provider nominee had occurred 31 July 2015. The provider nominee was not based in close proximity to the centre and had responsibility for 26 centres located in the Dublin North East region.

The person in charge worked full time and was based on the campus. He shared one of the two offices located in a terraced house that was home to nine residents.

Based on the overall findings the governance and management arrangements found in place did not ensure that the service provided was safe, appropriate to residents’ needs, consistent and effectively monitored.

Suitable measures had not been taken or put in place to address or control risks identified and associated with the high numbers of incidences of violence and aggression among residents.

Effective monitoring and auditing systems were not in place to address negative outcomes that impacted on the safety and welfare of all residents.

The registered provider had not ensured there was a clearly defined management structure in the designated centre that identified the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

The person in charge did not have the necessary authority and autonomy to manage the service and was not sufficiently resourced to ensure the effective governance, operational management and administration of the centre or address deficiencies that negatively impacted on residents’ general welfare and development needs and aspirations.

While management systems were in place, the reporting structure and lines of authority and accountability were unclear and involved reporting to persons employed by the registered provider but not directly involved in the management and operation of this centre.

Adverse incidents were communicated to external personnel employed by the registered provider for monitoring at a national level. Management and staff working in the centre
with responsibility for the day to day running of the centre had limited input in the overall governance of the centre. As outlined throughout this report, inspectors found a lack of appropriate action and timely response to problems identified and risks evident within the service.

Systems for audit were described; however, the overall quality and safety of care for residents in the centre remained relatively unchanged. Reviews had not been sufficient or instrumental to promote the delivery of safe quality care and support to residents in the designated centre and that such care and support was in accordance with standards.

As a result of management decisions, many residents were living in a controlled environment that was often disruptive, distressing, threatening, abusive and unsafe due to poor management and governance within this service.

The effectiveness of services sourced externally for the centre was not monitored to assure safe standards.

Management were aware and had acknowledged limitations within the service. They informed inspectors of plans to de-congregate the service and source community accommodation for residents. However, residents were being maintained in the centre with no actual care pathway or plan confirmed at the time of this inspection. Inspectors read in resident records and confirmed with staff that the service was unable or inappropriate to meet their needs.

Based on the response to this action plan, a decision in relation to the registration application will be recommended and proposed.

A representative for the provider nominee, the person in charge and a person participating in the management of the centre attended feedback and told inspectors they were committed to address non-compliances identified on this inspection.

Interviews to determine their fitness in accordance with the Health Act 2007 will be carried out on receipt of the action plan response.

**Judgment:**
Non Compliant - Major

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**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:**
The registered provider was aware of the requirement to notify the Chief Inspector of any proposed absence by the person in charge. However, as outlined in outcome 14, documents required in relation to the person nominated to deputise in the absence of the person in charge were outstanding.

**Judgment:**
Compliant

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

**Theme:**
Use of Resources

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

**Findings:**
Inspectors found that the registered provider had not ensured that the designated centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

Based on the cumulative findings, resources were not adequate to ensure that the service provided was safe, appropriate to residents’ needs, consistent and effectively monitored.

Management systems in place did not ensure that the service provided was safe to consistently monitor and effectively meet residents’ needs.

Evidence of recurrent non compliances with the Health Act 2007 were found.

**Judgment:**
Non Compliant - Major

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

### Findings:  
The registered provider had not ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

Contingency measures to provide adequate and approved staffing levels and skill mix whereby replacing and providing for planned and unplanned leave, or acquiring appropriately skilled contracted staff to address deficiencies in all grades was not available or provided having a negative impact on residents care and welfare.

Inspectors were informed by staff and management of vacant posts that included a clinical nurse manager grade one and a staff nurse post that while approved had not been physically possible to ("fill") provide to date.

The staffing numbers and whole time equivalent (WTE) and skill mix outlined in the statement of purpose and function were not available or provided in practice.

Staffing provision within the centre was heavily reliant on a panel of on-call relief staff that was co-ordinated from a central allocations office which included staff members from other centres’ operated by the registered provider on the campus helping out and the use of agency personnel or contract workers.

There was evidence of negative outcomes for residents due to staff shortages which have been highlighted in other outcomes throughout his report.

Deficiencies in cleaning, housekeeping, maintenance, nursing and support care workers were found and reflected in poor practices found over the course of this inspection. Parts of the centre were unclean that included cleaning equipment, bathrooms, toilets and laundry facilities. Areas of the premises, furniture and fittings were in disrepair for lengthy durations and personal possessions, cleaning and surplus items were stored inappropriately in many areas throughout the centre. General housekeeping was of a poor standard.

One resident’s allocation of one to one staff support was depleted at intervals to assist with the needs of other residents in the house and a nurse from a separate service was responsible to administer medication to residents due to inadequate staffing levels in their house at night to meet the individual and collective support needs of residents within the group.

Inspectors were informed and read in residents’ records that they were unable to attend planned activities on the campus on a number of occasions due to staff shortages.
The registered provider had not ensured that where nursing care was required, subject to the statement of purpose and the assessed needs of residents, it was provided.

The person in charge and director of services informed inspectors of efforts to recruit a clinical nurse manager and nursing personnel, however, to date the allocation and provision of care required by nursing staff had not been appropriately provided.

Twenty two residents with high dependency support needs were accommodated in five areas that made up the designated centre with the provision of one (WTE) nurse at night. Residents within the centre and in each area had medical and mental health support needs who may require rapid response treatment as previously required in an event such as an epileptic seizure or during behaviours that challenged.

The policy and practice of administration of emergency prescription medication and oxygen was required to be administered by nursing staff as specific and appropriate training had not been provided to non-nursing staff to respond and support residents assessed needs. However, it was unclear as to what arrangements were in place at night to respond to emergencies.

The registered provider had not ensured that residents received continuity of care and support as a result of insufficient staffing numbers and skill mix. There was an arrangement whereby a nurse not rostered to work and not based in this centre held the keys that controlled access to residents medication stored in their home at night. Residents in this centre and in the other centre where the night nurse was based (that facilitated adults or children) were compromised as a result of this practice and arrangements.

Dedicated maintenance personnel or budget was not in place for this centre. Maintenance was controlled external to the centre by request and to be provided by the organization operated by the registered provider. However, this arrangement was inadequate. In a review of the maintenance requests for one of the five houses, inspectors found 24 requests since 30 June 2015 that included a high importance rating and matters outstanding. Staff also confirmed that maintenance requests prior to 30 June 2015 were outstanding. There was no evidence of maintenance follow-up or audit in the homes accommodation residents.

The person in charge had maintained a planned and actual roster, however, the roster provided did not show all staff on duty during the day and night.

The person in charge was supported by administration staff employed by the provider/organisation to obtain in respect of all staff the information and documents specified in Schedule 2. Inspectors reviewed a sample of rostered staff files and found that in the main documents required were sought and provided, however, gaps in staff employment history and training were found.

The person in charge had not ensured that all staff working in the centre had access to appropriate training, including refresher training, as part of a continuous professional development programme.
Inspectors were informed by management and staff that previously arranged training had been cancelled due to staff shortages and an inability to release and replaced staff to attend. While a training programme was planned and most staff had training in safeguarding, manual handling and fire safety, relevant training had not been provided to all staff to equip them for their roles and responsibilities required to adequately support residents. Training deficiencies were found in areas that included positive behaviour support, the management of aggression and violence, basic life support, first aid, food and hand hygiene, dysphagia and nutrition, infection control and identification, audit and management of risk. The training for relief staff and agency persons working in the centre was included on the training audit maintained.

Restrictive intervention used on a resident on two consecutive nights for lengthy durations did not demonstrate adequate supervision of staff supporting residents at night.

There were no volunteers in the centre.

**Judgment:**
Non Compliant - Major

### Outcome 18: Records and documentation

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

**Theme:**
Use of Information

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

**Findings:**
In the main, general records were maintained satisfactorily with the exception of those examined and identified in the main body of the report which were incomplete, and or not up-to-date such as complaints and medication records and rosters.

A directory of residents in the designated centre was maintained.

A resident’s guide was available in the centre, however, a summary of the services and facilities provided; the terms and conditions relating to residency; arrangements for
resident to access any inspection reports on the centre was not clear or included as required.

Records pertaining to residents were maintained in the centre and made available to inspectors.

Records of information and documentation in relation to staff were located on the campus and were made available and in the main complete. However, all information and documents in relation to staff specified in Schedule 2 was not available as outlined in outcome 17.

Records kept in accordance with Schedule 3 had transitioned with three residents who were previously accommodated in another centre on the campus. Therefore, their records had not been retained for a period of not less than 7 years after the resident has ceased to reside in the other designated centre.

A document confirming a contract of insurance for the named centre was provided.

Operational policies and procedures were in place; however, all policies required review and approval by the current person in charge and management team.

**Judgment:**
Substantially Compliant

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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:**

Sonia McCague
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
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:

The designated centre was not consistently operated in a manner that respected the rights of all residents.

Residents with varying abilities, dependencies and support level requirements were

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
living together in communal areas that had limited space or appropriate facilities.

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

Please state the actions you have taken or are planning to take:
1. The number of residents living in two locations within the centre will reduce three to alleviate overcrowding.
2. In one location (House 5), renovation works will be carried out which will provide two separate living accommodations for residents which will be determined by residents assessed abilities, dependencies and support needs. This will provide residential accommodation for four residents in each separate living area.

Proposed Timescale: 01/07/2016

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Decisions to restrict resident rights were authorised by a restriction practice committee made up of persons employed or contracted by the registered provider and in the absence of independent or external scrutiny.

A lack of resources negatively impacted on the rights of residents and decisions made on their behalf.

Support arrangements were decided at an operation level and mainly to suit collective needs rather than on an individual basis.

Rigid routines and arrangements found did not enable residents to be active participants in their daily lives and decisions about care and support.

2. Action Required:
Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support

Please state the actions you have taken or are planning to take:
1. Two whole equivalent staff nurses has been introduced to the roster for this Designated Centre to provide supports within the centre for night time staff nurse cover to support the assessed needs of residents.
2. One whole time equivalent house keeper has been introduce to the roster for this Designated Centre, House No1.
3. The Person in Charge has explored transport options to support resident’s activities &
4. Residents meetings are currently facilitated on a weekly basis within the centre to promote resident participation within the centre.
5. Circle of support review meetings with residents and their family/next of kin is in place and planned on an ongoing basis to include the resident and their natural support network to be involved in planning care and support for residents.
6. Access to National Advocacy Service (NAS) has been established and the NAS have visited the Centre to establish advocacy arrangements with the Designated Centre; residents with Rights Restrictions will be referred to NAS for input from an Independent Advocate.

Proposed Timescale:
1. 21/09/2015
2. 03/09/2015
3. 12/11/2015
4. Commenced 15/08/2015
5. Commenced 29/09/2015

Proposed Timescale: 12/11/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Rigid routines and arrangements found did not enable residents to be active participants in their daily lives, activities, routines or participate in the organisation of the centre.

Residents had daily activities that were primarily influenced and controlled at an organisational level.

3. Action Required:
Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

Please state the actions you have taken or are planning to take:
1. The Person in Charge has explored transport options to support resident’s activities & goals and a dedicated bus will be made available to this Designated Centre on a daily basis with additional options being progressed.

Proposed Timescale: 12/11/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents were not adequately facilitated to exercise their rights, choose who they were
accommodated with and had limited autonomy and external support to make informed decisions and choices about the management of their care, treatment, routines, facilities and environment.

Behaviour of some residents negatively impacted on other residents they were accommodated with.

A choice of alternative or more appropriate accommodation to residents was not available.

Management and staff made decisions in relation to care and welfare that were not subjected to external scrutiny or independent review.

A rights review committee was not operational within the current systems in place to provide a forum for residents and representatives.

4. Action Required:
Under Regulation 09 (2) (c) you are required to: Ensure that each resident can exercise his or her civil, political and legal rights.

Please state the actions you have taken or are planning to take:
1. Residents will be supported to advocate on their own behalf with regard to their rights and choices with the support of their key-worker and through the weekly residents meetings.
2. Training will be provided to staff in facilitating the resident’s meetings.
3. Access to National Advocacy Service (NAS) has been established and NAS have visited the Centre to establish advocacy arrangements with the Designated Centre.
4. Rights Review Committee will be re-established within the Service.
5. The number of residents living in two locations within the centre will reduce by three residents to alleviate overcrowding and to provide a more person centred living environment for all residents.
6. In one location renovation works will be carried out which will provide separate living accommodation for residents which will be determined by residents assessed abilities, dependencies and support needs.

Proposed Timescale:
1. 15/08/2015
2. 31/12/2015
3. 29/09/2015
4. 30/11/2015
5. 01/07/2016
6. 01/07/2016

Proposed Timescale: 01/07/2016
Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents did not have access to an independent advocate or advocacy service.

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

**Please state the actions you have taken or are planning to take:**
1. Prior to the Registration Inspection the Person in Charge had made contact with the National Advocacy Service (NAS) and on the 29/09/2015 and Independent Advocates from NAS have visited the Centre to establish advocacy arrangements with the Designated Centre.

**Proposed Timescale:** 29/09/2015
**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Residents had little influence over the organisation of the centre.

The organisation and operation of the centre and support arrangements provided were decided at an operation level and mainly to meet collective needs not individual needs.

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

**Please state the actions you have taken or are planning to take:**
1. Residents meetings are currently facilitated on a weekly basis within the centre to promote resident participation within the centre.
2. Circle of support review meetings with residents and their family/next of kin are taking place on an on-going basis to include the resident and their natural support network to be involved in planning care and support for residents.
3. Each resident has an Individual Personal Plan IPP which is developed based on the assessed needs of residents and Residents are encouraged to participate in the development of their IPP.
4. Residents will be supported to advocate on their own behalf with regard to their rights and choices with the support of their key-worker and through the weekly residents meetings.
5. Training will be provided to staff in facilitating the resident’s meetings.
6. Access to National Advocacy Service (NAS) has been established and NAS have visited the Centre to establish advocacy arrangements with the Designated Centre.
7. Rights Review Committee will be re-established within the Service.

**Proposed Timescale:**
1. Commenced 15/08/2015
2. Commenced 20/09/2015 completed 31/01/2016
3. Completed 31/12/2015
4. Commenced 15/08/2015
### Proposed Timescale: 31/01/2016

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Operational arrangements and practices, along with the layout and design in parts of the centre did not ensure that each resident’s privacy and dignity was respected in relation to, but not limited to, personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

### 7. Action Required:
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

#### Please state the actions you have taken or are planning to take:
1. Planned renovation works to the living environment will enhance resident’s privacy and dignity providing access to bathroom facilities directly from bedroom corridors.
2. Personal and living space will be enhanced with planned renovation works to include expansion of ten existing bedrooms to provide greater space within resident’s bedrooms.
3. The number of residents living in two locations within the centre will reduce by three residents to provide a more suitable living environment.
4. In one location, House No 5, renovation works will be carried out which will provide two separate living environments accommodating four residents in each location. This living environment will be determined by residents assessed abilities, dependencies and support needs.
5. Personal information is securely stored in locked store presses and/or within a locked staff office.

Proposed Timescale:
1. 01/07/2016
2. 01/07/2016
3. 01/07/2016
4. 01/07/2016
5. 02/09/2015

### Proposed Timescale: 01/07/2016

The Person in Charge (PIC) is failing to comply with a regulatory requirement
in the following respect:
The management of finances for one resident, who had no independent representative or next of kin, had not been managed appropriately.

Residents did not retain control over personal property and possessions.

8. Action Required:
Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

Please state the actions you have taken or are planning to take:
1. The Person in Charge has completed a review of this residents finance to ensure all transactions are in line with organisations policy requirements. In instances where the policy has not been correctly followed full recompense has been applied
2. An application has been made for an Independent Representation for this resident.
3. The Person in Charge has re-inducted all staff in this House, into the Saint John of God Service Users Finance Policy.
4. A full financial review by an Independent consultant will be carried on this residents finances and all other residents within this Designated Centre

Proposed Timescale:
1. 24/09/2015
2. 29/09/2015
3. 08/10/2015
4. 30/11/2015

Proposed Timescale: 30/11/2015
Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The communal living arrangements and limited personal space for residents in parts of the centre did not reasonably or sufficiently enable residents to bring their own furniture and furnishings into the rooms they occupied.

9. Action Required:
Under Regulation 12 (2) you are required to: Ensure that, as far as practicable, residents can bring their own furniture and furnishings into the rooms they occupy.

Please state the actions you have taken or are planning to take:
1. The Person in Charge has met with residents and staff to discuss the inclusion of personal furniture in the main communal areas in the five locations.
2. On completion of renovations within this Designated Centre residents will have more spacious bedrooms and have the opportunity to bring their own furniture into their bedrooms.
3. In the interim residents are encouraged and supported to choose and shop in order to personalise their own bedrooms and this is discussed at each weekly resident
meetings.
4. Planned renovations to the living environment includes ten bedrooms being extended to create greater space within each bedroom, this will allow residents to bring their own furniture and furnishings into their rooms.

Proposed Timescale:
1. 28/09/2015
2. 01/07/2016
3. 15/08/2015
4. 01/07/2016

**Proposed Timescale:** 01/07/2016

**Theme:** Individualised Supports and Care

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Limited space within resident’s personal bedrooms for personal items of clothing such as winter coats/clothes.

Residents' clothing was stored communally in a locked store room accessible to staff who were key holders. This arrangement did not ensure each resident uses and retains control over his clothes or provide for adequate space to store and maintain their clothes and personal property and possessions.

10. **Action Required:**
Under Regulation 12 (3) (a) you are required to: Ensure that each resident uses and retains control over his or her clothes.

**Please state the actions you have taken or are planning to take:**
1. The Person in Charge has moved all out of out of season clothes into a cloak room specifically for the storage of unused coats. This room is not locked and residents can access their belongings whenever they wish.
2. Each resident has at least one coat/jacket available to them within their bedroom

**Proposed Timescale:** 08/10/2015

**Theme:** Individualised Supports and Care

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Laundry areas available in parts of the centre were found to be in a poor state of repair, unhygienic with dust and cobwebs, small in size for use by residents requiring staff support.

The arrangements and facilities found were not adequate to support residents to manage their own laundry.
11. **Action Required:**
Under Regulation 12 (3) (b) you are required to: Ensure that each resident is supported to manage his or her laundry in accordance with his or her needs and wishes.

**Please state the actions you have taken or are planning to take:**
1. The existing laundry areas have been renovated.
2. Each area has been thoroughly cleaned.
3. A dedicated housekeeper has been included on the roster to provide an appropriate service for this Designated Centre

**Proposed Timescale:**
1. 08/10/2015
2. 02/10/2015
3. 03/09/2015

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**Proposed Timescale:** 08/10/2015

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Money belonging to one resident was used inappropriately to purchase items that included cutlery, soft furnishings and a fireplace which was in connection with the carrying on or management of the centre.

Inspectors were informed during feedback that a review would be completed with a view to repaying the resident for items generally provided in connection with the carrying on and managing of a centre.

12. **Action Required:**
Under Regulation 12 (4) (c) you are required to: Ensure that the registered provider or any member of staff, does not pay money belonging to any resident into an account held in a financial institution, unless the account is not used by the registered provider in connection with the carrying on or management of the designated centre.

**Please state the actions you have taken or are planning to take:**
1. The Person in Charge has completed a review of this residents finances to ensure all transactions are in line with organisations policy requirements. In instances where the policy has not been correctly followed full recompense has been applied
2. An application has been made for an Independent Representation for this resident.
3. The Person in Charge has re-inducted all staff in this House, into the Saint John of God Service Users Finance Policy.
4. A full financial review by an Independent consultant will be carried on this residents finances and all other residents within this Designated Centre

**Proposed Timescale:**
1. 24/09/2015
2. 29/09/2015
3. 08/10/2015
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The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Inspectors were not assured that appropriate care and support was provided in accordance with evidence-based practice, having regard to the nature and extent of the resident’s disability and assessed needs or wishes.

Operational needs and arrangements was prioritised over residents’ general welfare and development.

Nine and seven residents in communal living arrangements did not ensure that each resident’s care and support was provided in accordance with evidence-based practice, having regard to the nature and extent of the resident’s disability and assessed needs or wishes.

The behaviour of some residents negatively impacted on other residents they were accommodated with and a choice of alternative or more appropriate accommodation to residents was not made available.

The provider was seeking to accommodate additional residents in the centre and in houses where residents were living independently from others to mitigate risks previous identified following adverse incidents and assessments.

Inspectors were informed by management and staff that a lack of suitable accommodation in the community and lack of funding for necessary supports was the main barrier preventing residents transition to community.

Residents with varying abilities, dependencies and support requirements were living together in communal areas that had limited space or appropriate facilities.

The living arrangements did not regard the nature and extent of residents disabilities.

One resident’s treatment plan included having an antiseptic lotion, with a distinct and strong smell, applied to his skin which distinguished him from others. This practice was not evidence-based and was being used in the absence of an appropriate review.

13. **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:**
1. Residents currently living independently from others will continue to be
accommodated with this level of support and living arrangement and the Statement of Purpose will reflect this.

2. The treatment involving antiseptic lotion is prescribed by the residents General Practitioner following unsuccessful treatments with alternate antiseptic ointments. This treatment is reviewed with his General Practitioner on a regular basis and including on the 7/10/2015.

3. The number of residents living in two houses within the centre will reduce following on from planned renovations;
   A) House No 1 will reduce from seven residents to five residents
   B) House No 5 will reduce from nine residents to 8. Alongside this the communal living environment will be divided to create and two separate living environments which will accommodate four residents living within each area; this will allow residents with similar support needs and level of dependency to be more suitably accommodated.

Proposed Timescale:
1. On-going – no changes
2. 07/10/2015
3. 01/07/2016

**Proposed Timescale:** 01/07/2016

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Access to facilities for occupation and recreation was restricted due to a lack of governance and necessary resources.

14. **Action Required:**
Under Regulation 13 (2) (a) you are required to: Provide access for residents to facilities for occupation and recreation.

**Please state the actions you have taken or are planning to take:**
1. The Person in Charge has explored transport options to support resident’s activities & goals and a dedicated bus will be made available to this Designated Centre on a daily basis with additional options being progressed.

**Proposed Timescale:** 12/11/2015

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs were also limited by resources and the environment and arrangements in place which did not promote the development of life skills for independent or community living.
15. **Action Required:**
Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

**Please state the actions you have taken or are planning to take:**
1. Skills teaching programmes have commenced within the Designated Centre to develop resident’s daily living skills to enhance independence and participation.
2. The Person in Charge has explored transport options to support resident’s activities & goals and a dedicated bus will be made available to this Designated Centre on a daily basis with additional options being progressed.
3. Community based activities will be planned based on the residents expressed wishes and preferences which will be accommodated with access to dedicated transport and other arrangements

**Proposed Timescale:**
1. 08/10/2015
2. 12/11/2015
3. 12/11/2015

**Proposed Timescale:** 12/11/2015

**Theme:** Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents did not have access to an advocacy service for the purpose of making a complaint.

16. **Action Required:**
Under Regulation 34 (1) (c) you are required to: Ensure the resident has access to advocacy services for the purposes of making a complaint.

**Please state the actions you have taken or are planning to take:**
1. Prior to this inspection, the National Advocacy Service had been contacted requesting they visit this Designated Centre. The visit occurred on 29th September 2015 and the availability of an independent advocacy service is resolved.

**Proposed Timescale:**
Completed – confirmation email received from NAS re visit dated 14th September 2015

**Proposed Timescale:** 29/09/2015

**Theme:** Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Details of any investigation into complaints, the outcome of the complaint, any action taken on foot of the complaint and whether or not the person was satisfied was not
17. **Action Required:**
Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

**Please state the actions you have taken or are planning to take:**
1. The Person in Charge has completed the recording of all available information in relation to the complaint, including the actions taken to resolve the complaint. This complaint is now resolved and closed.
2. The Person in Charge has reinducted staff into the organisational complaints procedure at a staff meeting.
3. A new Complaint Log sheet is in place which requires staff to record all regulatory required information.

Proposed Timescale:
1. Complete as at 24/09/2015
2. Complete as at 24/09/2015
3. In place as at 24/09/2015

**Proposed Timescale:** 24/09/2015
**Theme:** Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
An appeals process was not in place or evident.

18. **Action Required:**
Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed promptly of the outcome of their complaints and details of the appeals process.

**Please state the actions you have taken or are planning to take:**
1. The Person in Charge is now the Designated Centres Complaints Officer.
2. The appeal process is facilitated by the Services Complaints Officers (X 3).
3. A new sign indicating the Person in Charge as the Designated Centre Complaints Officer is on display in all five locations.

Proposed Timescale:
1. 8/10/2015
2. 8/10/2015
3. 8/10/2015

**Proposed Timescale:** 08/10/2015

**Outcome 02: Communication**

**Theme:** Individualised Supports and Care
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The impact of the physical environment, noise, disruptions and activity levels and the importance of communication was under-emphasised. Inspectors found houses where up to seven and nine residents occupied to be noisy and unsettled at times.

The living arrangements and environment was not suitably adapted to meet the communication needs of all residents including those who had sensory impairment. One resident who had good verbal communication was being accommodated with residents with no ability to communicate verbally.

Residents with different levels of communication ability, visual impairment and limited mobility were inappropriately living alongside others with high levels of behaviour that challenged within an environment that was not tailored to meet their individual or collective needs.

A timetable of activities displayed in houses within the designated centre was not in an appropriate format for all residents to understand.

19. 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:
1. The number of residents living in two houses within the centre will reduce by three residents following renovation works to houses:
   A) One house with seven residents currently will reduce the number of residents to five.
   B) The house with nine residents currently will reduce number of residents by one. In addition, this house will be renovated and two separate living environments will be created with four residents living within each area; this will allow residents with similar support needs and level of dependency to be more suitably accommodated.
2. Timetable of planned activities available for residents is displayed in each location in the living room; this is displayed in accessible format with pictures of each activity.
3. Referral to National Council for the Blind in Ireland NCBI has been made on behalf of the resident with sensory impairment.

Proposed Timescale:
1. 01/07/2015
2. 08/10/2015
3. 08/10/2015

**Proposed Timescale:** 08/10/2015

**Theme:** Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Access to assistive technology and aids and appliances were not seen available to
promote residents’ full capabilities and facilitate needs.

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

**Please state the actions you have taken or are planning to take:**
1. Referral has been made to National Council for the Blind of Ireland for one resident who has sensory impairment.
2. A referral will be made to a Speech and Language Therapist for possibility of utilising assistive technology and communication aids to promote residents capabilities.

**Proposed Timescale:** 08/10/2015

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

#### Theme: Individualised Supports and Care

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
A suitable private area, which is not the resident’s bedroom, was not available to a resident in which to receive a visitor if required.

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

**Please state the actions you have taken or are planning to take:**
1. In each of the five locations in this Designated Centre, a conservatory area is available for a resident to meet privately.
2. There is a private meeting area available in the main canteen situated on campus which is open 7 days a week.
3. In the event the conservatory is being used by another resident, the staff office is available for use for a private meeting.
4. Renovation plans for the designated centre includes the conversion of one existing office into a visitor’s room for the designated centre. Access to this room will be provided to allow visitors to use the room without having to enter another resident’s home.

**Proposed Timescale:**
1. Complete 08/10/2015
2. Complete 08/10/2015
3. Complete 08/10/2015
4. 01/07/2016

**Proposed Timescale:** 01/07/2016
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A lack of resources in areas that included staffing (levels, skill mix and training) and individual transport negatively impacted on the rights of residents and did not promote engagement within the wider community.

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

Please state the actions you have taken or are planning to take:
1. Changes have been made to the roster for this Designated Centre resulting in greater continuity of regular, familiar and permanent staff.
2. The Person in Charge has explored transport options to support resident’s activities & goals and a dedicated bus will be made available to this Designated Centre on a daily basis with additional options being progressed.
3. Community based activities will be planned based on the residents expressed wishes and preferences which will be accommodated with access to dedicated transport and other arrangements.
4. An action plan will be developed to ensure more meaningful engagement community groups to facilitate resident’s relationships and links within the wider community.

Proposed Timescale:
1. 08/10/2015
2. 12/11/2015
3. 12/11/2015
4. 12/11/2015

Outcome 04: Admissions and Contract for the Provision of Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Admissions and transition procedures did not sufficiently consider the wishes, needs and safety of the individual and the safety of other residents living in shared accommodation in this service.

The person in charge was not actively involved in the admission procedures and criteria described in the policies and statement of purpose lacked transparency.

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

**Please state the actions you have taken or are planning to take:**
1. The Person in Charge is actively involved in the admission procedures as per Admission and transfers procedure and the statement of purpose is amended to reflect this.

**Proposed Timescale:** 08/10/2015

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The admission practices did not sufficiently take account of the need to protect residents’ from abuse by their peers.

An appropriate review of arrangements within the centre had not been taken to mitigate the actual and potential risk of abuse form peers prior to the transition of three additional residents into this centre.

The high number of 44 adverse incidents within an eight month period involving residents being abused by their peers was not sufficiently considered prior to the admission/transition of additional residents into this centre. Practices did not take account of the need to protect residents.

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

**Please state the actions you have taken or are planning to take:**
1. A review of incidents within the centre was conducted by the Person in Charge in conjunction with the Designated Liaison Person for the safeguarding of Vulnerable Adults and all actions are prioritised to mitigate against risk to residents and provide a more person centred and safer service to residents.
2. Three residents have been identified to transfer to another Designated Centre – once it is re-registered and this will address the incompatibility and mix dependency of residents.
3. Planned renovation to the living environment will facilitate the creation of accommodation within the centre with smaller number of residents living in each location and residents have more spacious bedrooms and living areas.
4. Three residents who recently moved into the centre moved into what was a vacant house and therefore did not increase or impact on the number of residents in any other location in the centre. The opening of this house facilitated the transitioning of one resident from this Designated Centre significantly reducing risk to that individual due to his vulnerability.

**Proposed Timescale:**
1. Complete 08/10/2015
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A contract for the provision of services had not been agreed in writing or completed with each resident, or their representative in relation to the terms on which that resident shall reside in the centre.

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

**Please state the actions you have taken or are planning to take:**
1. The process of reviewing residents long stay charges has commenced for all residents of this Designated Centre. This process will entail reviewing resident’s bank accounts and financial records.
2. A contract of Provision of Services will be established which will include the services provided in the Designated Centre and as appropriate the fees which will be charges.

**Proposed Timescale:**
1. 30/11/2015
2. 30/11/2015

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A written agreement with each resident, or their representative in relation to the conditions of services to be provided in the designated centre and fees to be charged was not maintained.

**26. 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:**
1. The process of reviewing residents long stay charges has commenced for all
residents of this Designated Centre. This process will entail reviewing resident’s bank accounts and financial records.

2. A Contract of Provision of Services will be established which will include the services provided in the Designated Centre and as appropriate the fees which will be charges.

Proposed Timescale:
1. 30/11/2015
2. 30/11/2015

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

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### Outcome 05: Social Care Needs

**Theme:** Effective Services

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

Social care plans were not ambitious and in part were ineffective as residents had not been able to achieve goals dependant on resources (centrally allocated) and as a result of policies that were not within the control of the person in charge.

27. **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:**
1. Each resident has a Social Goals Assessment completed; The Person in Charge will structure a review of each residents social Goals Assessment with the resident and his natural support network as appropriate, to determine social goals which are unique & aspirational for residents.
2. The Person in Charge has explored transport options to support resident’s activities & goals and a dedicated bus will be made available to this Designated Centre on a daily basis with additional options being progressed.

**Proposed Timescale:** 12/11/2015

**Theme:** Effective Services

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

The centre was not suitable to meet the assessed needs of each resident.

Although management and staff were aware that residents needs could not be met by this service which had been recently communicated to the commissioners of the service, the outcome for the resident was unsatisfactory as planned supports were not in place to assist the resident to move from the service.
28. **Action Required:**
Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

**Please state the actions you have taken or are planning to take:**
1. While this process is on-going, the Person in Charge will conduct a full review of this person's support needs, in conjunction with the Support Intensity Scale Report for this individual.
2. The Person in Charge will review the Business Plan submitted to the commissioners of this service to include more detail regarding the support needs of this resident.
3. This resident has a daily Behaviour Support Plan in place, referral for comprehensive Behavioural Assessment and Functional Analysis has been made to the Positive Behaviour Support Committee within the service.
4. On completion of planned renovations, this resident will transition to another location within the designated centre to live with other residents which are more compatible with the assessed abilities of this resident. This will allow the centre to accommodate the assessed needs of this resident.
5. Four residents have been identified from within the Designated Centre (including this resident) who will be prioritised for a four bedded house in community which would meet their assessed needs. A costed plan has been developed and submitted to the commissioners of the service.

**Proposed Timescale:**
1. 31/10/2015
2. 31/10/2015
3. Completed 08/10/2015
4. 01/07/2016
5. Completed 08/10/2015

**Proposed Timescale:** 01/07/2016

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Independent reviews of personal plans, practices, routines and restrictions had not been conducted in a manner to ensure positive outcomes for each resident was maximised.

Some relatives reported familiarity with the care planning process, however, others were not.

29. **Action Required:**
Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident’s wishes, age and the nature of his or her disability.
**Please state the actions you have taken or are planning to take:**

1. The Person in Charge, Clinical Nurse Manager and all key workers, will undertake a full review of all Personal Plans. The process will be completed in consultation with the resident & their representative, in a collaborative approach. Taking into account the resident's wishes, age and the nature of his disability, to ensure positive outcomes for each resident.

2. The process of Circle of Support Reviews has commenced and this will continue until all residents & representative have reviewed their Personal Plans.

**Proposed Timescale:**

1. 31/10/2015
2. 08/10/2015

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

**Theme:** Effective Services

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

One resident's relative reported there was no choice in relation to their move from another centre to this centre.

Another resident’s relative expressed apprehensive regarding their potential relocation of to the community.

**30. Action Required:**

Under Regulation 25 (3) (a) you are required to: Provide support for residents as they transition between residential services or leave residential services through the provision of information on the services and supports available.

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

1. When residents transition between Designated Centre or leave the Service, the Person in Charge will provide support through the provision of information on the services and supports available.

2. This will be achieved through: meetings with the resident & their representatives regarding any possible move and proposed location. Transition Plans, Circle of Support Meetings, visits to the new location will be supported.

3. The inclusion of the resident and their representatives throughout this process and the completion of the De-congregation Transition Workbook will be at the heart of the process.

**Proposed Timescale:**

1. 08/10/2015
2. 08/10/2015
3. 08/10/2015

**Proposed Timescale:** 08/10/2015

**Outcome 06: Safe and suitable premises**
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The design and layout of the centre was not suitable for its stated purpose and aim that was to enable residents’ to live an enriched life and to experience rewarding activities and social interaction that promoted skills teaching and independence.

31. 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:
1. Architectural plans have been developed by an architect for planned renovation works to the living environments which will enhance resident’s privacy and dignity providing access to bathroom facilities directly from bedroom corridors.
2. Architectural plans have been developed by an architect for personal and living space to be enhanced with renovation works to include expansion of the bedrooms to provide greater space within resident’s bedrooms.
3. The number of residents living in two locations within the centre will reduce to alleviate overcrowding.
4. In one location renovation works will be carried out which will provide two separate living accommodations for residents which will be determined by residents assessed abilities, dependencies and support needs.

Proposed Timescale:
1. 01/07/2016
2. 01/07/2016
3. 01/07/2016
4. 01/07/2016

Proposed Timescale: 01/07/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The premises had not been kept in a good state of repair throughout or maintained sufficiently.

32. 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:
1. Renovation works are planned to enhance the physical environment within the Designated Centre, included in these building works is the improvement of the general state of repair within the centre both externally and internally.
2. To ensure the buildings are maintained in a good state of repair on an on-going basis. The Person in Charge identified maintenance works into two categories 1) immediate actions to be completed & 2) Routine maintenance schedule. The Person in Charge will liaise with the Services Manager to agree the schedules for the same.

Proposed Timescale:
1. 01/07/2016
2. 08/10/2015

**Proposed Timescale: 01/07/2016**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Parts of the premises were not clean or suitably decorated.

**33. 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:**
1. Renovation works are planned to enhance the physical environment within the Designated Centre, included in these building works is the improvement of general state of repair within the centre both externally and internally.
2. All areas of the designated centre have been cleaned; Laundry rooms have been renovated and decorated accordingly.

Proposed Timescale:
1. 01/07/2016
2. 08/10/2015

**Proposed Timescale: 01/07/2016**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Maintenance and repairs had not been carried out as quickly as possible to minimise inconvenience to residents.

The maintenance of some areas within the centre and required for use by residents and staff had not been maintained in a clean or good working order.

**34. 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:
1. Renovation works are planned to enhance the physical environment within the Designated Centre, included in these building works is the improvement of the general state of repair within the centre both externally and internally.
2. To ensure the buildings are maintained in a good state of repair on an on-going basis. The Person in Charge identified maintenance works into two categories 1) immediate actions to be completed & 2) Routine maintenance schedule.
The Person in Charge will liaise with the Services Manager to agree the schedules for the same
Proposed Timescale:
1. 01/07/2016
2. 08/10/2015

Proposed Timescale: 01/07/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A lack of assistive technology and tactile or sensory sensitive equipment was evident.

The centre was not sufficiently equipped, where required, such as kitchens, laundries, bathrooms and toilets with assistive equipment, aids and appliances to support and promote the full capabilities and independence of residents’ to develop and learn life skills in preparation for supported living within the community as outlined in the statement of purpose and function.

35. Action Required:
Under Regulation 17 (5) you are required to: Equip the premises, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.

Please state the actions you have taken or are planning to take:
1. A referral has been made to Occupational Therapy for sensory programme and environmental assessment for residents.
2. A referral has been made to a Speech and Language Therapist for communication assessment to identify assistive technology, aids and devices to support resident’s skills for greater independence.
3. A referral has been made to National Council Blind of Ireland for support for residents who have sensory support needs.
4. Renovation works planned will include upgrade of toilet bathroom areas with redesign of toilets to remove toilet cubicles.
Proposed Timescale:
1. 08/10/2015
2. 08/10/2015
3. 08/10/2015
4. **01/07/2016**

**Proposed Timescale:** 01/07/2016  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The registered provider had not completed an audit of maintenance outstanding to identify if the centre adhered to best practice in achieving and promoting accessibility.

The suitability and accessibility of all parts of the centre had not been reviewed with reference to the statement of purpose in order to carry out any required alterations to the premises of the centre to ensure it had suitable accessibility throughout to meet the needs of all residents including those with visual impairments, continence support and care needs, behaviour that challenged and limited mobility.

The overall environment and arrangements in place did not promote or achieve positive outcomes for residents to live a happy and fulfilled life and to experience rewarding activities and social interaction as outlined in their residents guide.

**36. 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:**  
1. Planned renovation works to the living environment will enhance resident’s privacy and dignity; accessibility will be enhanced within the centre by providing access to bathroom facilities directly from bedroom corridors.

**Proposed Timescale:** 01/07/2016  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Adequate private and communal accommodation was not available for residents social, recreational, dining and private needs;

Bedrooms to accommodate and support residents were not of a suitable size and layout, many were less than 5.5m2 in size;

Adequate space and suitable storage facilities was not sufficient for all residents;

Ventilation and lighting was not suitably maintained;
A kitchen for use by residents with suitable and sufficient cooking facilities and kitchen equipment was not provided for;

Baths, showers and cubicle style toilets were not of a suitable standard to meet residents needs;

Rooms were unclean and in a poor state of repair;

Laundry facilities were not suitable, were unclean and in a poor state of decor and did not encourage use by residents to promote independent living;

Rooms used within residents houses as staff offices had greater space and better views than residents bedroom/accommodation.

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

**Please state the actions you have taken or are planning to take:**
1. Renovation works are planned to enhance the physical environment within the Designated Centre, included in these building works is the improvement of the general state of repair within the centre both externally and internally.
2. Planned renovation works to the living environment will enhance resident’s privacy and dignity providing access to bathroom facilities directly from bedroom corridors.
3. Personal and living space will be enhanced with planned renovation works to include expansion of the bedrooms to provide greater space within resident’s bedrooms.
4. Renovation works planned will include upgrade of toilet bathroom areas with redesign of toilets to remove toilet cubicles.
5. All areas of the designated centre have been cleaned; Laundry rooms have been renovated and decorated accordingly.

Proposed Timescale:
1. 01/07/2016
2. 01/07/2016
3. 01/07/2016
4. 01/07/2016
5. Completed 08/10/2015

**Proposed Timescale:** 01/07/2016

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

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The risk management policy was not sufficiently implemented in practice to ensure:
(a) hazard identification and assessment of risks were identified throughout the designated centre
(b) measures and actions were put in place to control the risks identified.

Incidents of physical assaults and threatening behaviour that had occurred in parts of the centre that had greater numbers of residents had not been identified in the hazard identification and risk assessment report completed and signed by the person in charge and dated 28 August 2015.

Risks associated with vacant staff posts and deficiencies in staff training and replacement had not been adequately assessed with control measures.

A lack of resources, maintenance, crowded environments and high number of adverse incidents had not been adequately assessed, managed or subject to ongoing review.

Measures and actions were not put in place to adequately assess, managed or review emergency procedures or systems for responding to emergencies.

Access between separate designated centres by interconnecting unlocked doors posed a risk to vulnerable persons accommodated to facilitate the movement of staff and sharing equipment between the two services due to a lack of appropriate resources and arrangements. This arrangement and the unsuitability of the service for individual residents had not been identified as risks.

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

**Please state the actions you have taken or are planning to take:**
1. The Risk Management Policy is up-dated by the Person in Charge and updated to include all risks identified as identified during the inspection visit.
2. The Risk Management Policy identified the hazard of aggression and violence within each location in the Designated Centre and control measures to manage risks associated with this, and the Person in Charge will has included premises and the number of residents in this Designated Centre.

**Proposed Timescale:**
1. 8/10/2015
2. 8/10/2015

**Proposed Timescale:** 08/10/2015

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The registered provider had not sufficiently repaired and maintained the premises to ensure that residents who may be at risk of a healthcare associated infection were
protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

**39. 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 practice of using PPE white plastic aprons as clothing protectors with residents during mealtimes has been discontinued. Appropriate clothing protectors have been sourced and will be used only as required on an individual basis.

**Proposed Timescale:** 08/10/2015

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Doors within houses of the centre did not close completely and this arrangement may not adequately contain fires or protect against the risks associated with fire, such as the migration of smoke.

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

**Please state the actions you have taken or are planning to take:**
1. The spring closing mechanisms have been adjusted and are in full working order.

**Proposed Timescale:** 05/09/2015

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
One resident refused to leave the house during a fire drill which the person in charge was not aware of and which had not been captured in the recent hazard identification and risk assessment report.

**41. Action Required:**
Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

**Please state the actions you have taken or are planning to take:**
1. A Fire Evacuation has since been carried out to ensure all residents are familiar with the process.
2. The resident in question was provided with additional verbal support in this area by his keyworker.
3. This resident’s personal evacuation plan has been updated

Proposed Timescale:
1. Complete 08/10/2015
2. Complete 08/10/2015
3. Complete 08/10/2015

Proposed Timescale: 08/10/2015

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:
Training in the management of behaviour that is challenging including positive behaviour support (PBS) had not been provided to all staff supporting residents.

Eight out of 52 staff had completed one dated in Positive Behaviour Support training.

42. 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:
1. All staff working in this Designated Centre who require Positive Behavioural Support training will have this completed by 31/10/2015
2. All staff working within this Designated Centre who require Therapeutic Management of Aggression and Violence Training Course will have this completed by 31/10/2015.

Proposed Timescale: 31/10/2015

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Training in the management of behaviour that is challenging including de-escalation and intervention techniques had not been provided to all staff supporting residents.

14 of the 52 staff had not received training in the management of aggression and violence and others had not attended refresher training as required.

43. 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:**
1. All staff working in this Designated Centre who require Positive Behavioural Support training will have this completed by 31/10/2015
2. All staff working within this Designated Centre who require Therapeutic Management of Aggression and Violence Training Course will have this completed by 31/10/2015.

**Proposed Timescale:** 31/10/2015  
**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The registered provider had not ensured that where required, therapeutic interventions were implemented with the informed consent of each resident, or his or her representative, and were reviewed as part of the personal planning process.

**44. 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:**
1. Required consent forms for therapeutic interventions shall be offered to the resident for consideration to signed. Where there are concerns in relation to the resident’s capacity to sign. The Person in Charge/ Clinical Nurse Manager or Key worker will schedule a meeting with the resident’s representative/ advocate to discuss same & agree a pathway regarding consent.

**Proposed Timescale:** 08/10/2015  
**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The use of restraint intervention implemented at night in relation to one resident who also had one to one staff support was not sufficiently reviewed as part of the personal planning process or applied in accordance with national policy and evidence based practice.

**45. Action Required:**  
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.
Please state the actions you have taken or are planning to take:
1. The Person in Charge reviews the use of these restrictive procedures on an on-going basis. The use of restrictive interventions in this Designated Centre is subject to oversight by the Governance of Restrictive Interventions Committee (GRIC). All interventions are authorised by the GRIC and are in place and reviewed in accordance with local and national policy and best practice. All restrictive interventions used in the Designated Centre are reported to HIQA on a quarterly basis in line with regulatory requirements.
2. Staff are trained in Therapeutic Management of Aggression and Violence which includes theory on legal, ethical and professional issues regarding restrictive interventions, the dangers of restrictive interventions, policy, procedures and reporting requirements in the Designated Centre regarding all restrictive interventions.

Proposed Timescale:
1. Complete 08/10/2015
2. 31/10/2015

Proposed Timescale: 31/10/2015

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
In a review of restraint records and notifications inspectors found that the least restrictive procedure, for the shortest duration necessary, had not been used on occasions relating to one resident.

The interpretation of restraint/restriction was not always clear and consistent with appropriate supporting documentation. One to one supervision on a 24 hour basis had not been identified as a restriction on rights or invasion of privacy.

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

Please state the actions you have taken or are planning to take:
1. The Person in Charge has put in place the following supports: Sensory Assessment for OT, referral to the Positive Behaviour Support Committee for a functional assessment and the development of a Positive Behaviour Support Plan. Upon review of this residents support needs, and while awaiting a Positive Behaviour Support Plan, there is one to one support provided for this resident. Recording of the frequency of the behaviours by this resident which may cause the resident harm will now be recorded on a tracking sheet which will be provided to the Positive Behaviour Support Committee to support their functional assessment.
2. As soon as the Positive Behaviour Support Plan is provided, this will be implemented and all required Periodic Service Reviews will take place.
3. When the Rights Review Committee is reconvened, this restriction, if still in place, will be referred as a priority.
4. The Person in Charge will link with National Advocacy Service in relation to these resident and current therapeutic restrictions in place.
5. The Person in Charge reiterated the requirements surrounding the implementation of therapeutic restrictions at staff meetings in each location within the Designated Centre.

Proposed Timescale:
1. 08/10/2015
2. 31/12/2015
3. 31/12/2015
4. 30/11/2015
5. 08/10/2015

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<th>Proposed Timescale: 31/12/2015</th>
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The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The registered provider had not put adequate arrangements and resources in place to ensure that each resident was assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection, as required.

The model of support was not person-centred and was primarily reactive in nature in response to adverse incidents or organizational matters arising within the broader campus community.

47. **Action Required:**
Under Regulation 08 (1) you are required to: Ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

**Please state the actions you have taken or are planning to take:**
1. Skills Teaching programmes within the Designated Centre to develop residents daily living skills to enhance independence and participation.
2. The Person in Charge has explored transport options to support resident’s activities & goals and a dedicated bus will be made available to this Designated Centre on a daily basis with additional options being progressed.
3. Residents participate in a Life Skills programme which is running in the activation centre on the campus.
4. Community based activities planned with the individual residents and based on the residents expressed wished and preferences.

**Proposed Timescale:**
1. 08/10/2015
2. 12/11/2015
3. Complete 08/10/2015
4. 30/11/2015
Proposed Timescale: 30/11/2015

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centre was not managed in a way that protected all residents from all forms of abuse.

Since January 2015 peer to peer abuse was reported on 44 occasions between residents living in the four terraced houses.

48. **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:
1. Review of incidents within the centre was conducted by the Person in Charge in conjunction with the Designated Liaison Person for the safeguarding of Vulnerable Adults.
2. HSE National Policy on safeguarding and protection of vulnerable adults is in practice within the centre.
3. All staff working within the centre have received training in safeguarding vulnerable adults and are aware of the various forms of abuse.
4. Reporting arrangements for the safeguarding of vulnerable adults is in operation which facilitates protected disclosure to maximise safety of residents and protection form abuse.
5. The Person in Charge has introduced a safeguarding template for monitoring and follow up on all safeguarding incidents.
6. Review of safeguarding incidents and causes are being discussed and reviewed through the staff team meetings and Designated Centre Forum.
7. Three residents who recently moved into the centre moved into what was a vacant house and therefore did not increase the number of residents in any other location in the centre. The opening of this house included one resident transitioning from another location within the centre effectively reducing the number of residents living in that house and significantly reducing risk to that individual due to his vulnerability.
8. Planned renovation to the living environment will facilitate the creation of accommodation within the centre with smaller number of residents living in each location.

Proposed Timescale:
1. Completed 31/10/2015
2. Completed 31/10/2015
3. 03/09/2015
4. 31/10/2015
5. Complete 08/10/2015
6. 31/10/2015
7. Complete
Proposed Timescale: 01/07/2016

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Despite the high number of adverse incidents (208) since January 2015, additional residents were admitted/transitioned into the centre.

An appropriate response to protect residents from abuse by their peers with 44 incidents of abuse between residents reported since January 2015 mainly in parts of the centre that was highly populated had not been taken.

An allegation of abuse had not been investigated in line with the policy and procedures or notified to the authority as required.

49. 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:
1. While three residents were admitted to this Designated Centre, a vacant four bedroom house which was already part of the Designated Centre was opened to facilitate these residents. This also provided for the transfer of one resident from another location in this Designated Centre therefore, reducing the number in the other location from eight to seven. The reduction of one resident from that location which was highly populated resulted in a direct reduction in peer to peer abuse for one resident.
2. The Safeguarding Screening DLP is also conducting a full review at the request of the Person in Charge, of all trends and correlations of incidences reported by the Person in Charge.
3. The incident of Suspected or Actual Abuse was subsequently reported to the Chief Inspector.

Proposed Timescale: 08/10/2015

Outcome 09: Notification of Incidents

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
All allegations of abuse had not been notified to the chief inspector as required.
50. **Action Required:**
Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

**Please state the actions you have taken or are planning to take:**
1. The Person In Charge followed up on the allegation of abuse as identified during the inspection visit and ensured the preliminary screening took place and this was notified to the Authority
2. The Person in Charge will ensure that all safeguarding incidents involving a resident within this Designated Centre will be notified to the Chief Inspector within three working days.

**Proposed Timescale:**
1. 08/10/2015
2. 08/10/2015

**Proposed Timescale:** 08/10/2015

**Theme:** Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
All incidents of restrictive practices had not been notified to the chief inspector as required.

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

**Please state the actions you have taken or are planning to take:**
1. The Person in Charge will provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

2. The rights restriction involving invasion of privacy with staff support 1:1 with a resident observing the resident in his bedroom at night will be referred to the rights review committee once it is re-established.

**Proposed Timescale:**
1. 08/10/2015
2. 30/11/2015

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

**Outcome 10. General Welfare and Development**

**Theme:** Health and Development
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Access for residents to facilities for occupation, education, training, employment and recreation was limited.

Opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs were limited and insufficient for residents within the existing arrangements.

52. 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:
1. Skills Teaching programmes within the Designated Centre to develop residents daily living skills to enhance independence and participation.
2. Residents participate in a Life Skills programme which is running in the activation centre on the campus.

Proposed Timescale: 08/10/2015

Outcome 11. Healthcare Needs
Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents were not supported to buy, prepare and cook their own meals if they so wish.

53. Action Required:
Under Regulation 18 (1) (a) you are required to: Support residents, so far as reasonable and practicable, to buy, prepare and cook their own meals if they so wish.

Please state the actions you have taken or are planning to take:
1. To support the implementation of this regulation, a skills teaching programme will be devised and implemented by the Person In Charge within this Designated Centre to support resident develop culinary skills and other related skills in keeping with the residents expressed wishes and preferences.
2. Residents participate in a Life Skills programme which is running in the activation centre on the campus.
Proposed Timescale:
1. 30th October 2015
2. 08/10/2015

Proposed Timescale: 30/10/2015
**Theme:** Health and Development

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

Decisions in relation to the dining experience in parts of the centre was found to be limited and arranged to meet collective needs within the resident group and house setting due to some residents with behaviours that challenge.

Meals and dining arrangements were not delivered to provide social interaction and engagement that met individual resident abilities or needs.

The dining experience was rushed and not adequately sensitive to the needs of all residents.

All staff had not received adequate training to support the needs of residents.

54. **Action Required:**

Under Regulation 18 (3) you are required to: Where residents require assistance with eating or drinking, ensure that there is a sufficient number of trained staff present when meals and refreshments are served to offer assistance in an appropriate manner.

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

1. The PERSON IN CHARGE has carried out a review of the mealtime experience in each location in the designated centre. As a result of this a revised plan has been devised to support resident’s mealtime experience.
   a. Resident’s choice in relation to the menu options is promoted.
   b. The level of activity during the mealtime has been reduced to create more relaxed atmosphere.
   c. Whilst respecting individual resident’s preference greater structure has been created regarding serving of courses which has led to the mealtime being less rushed.
   d. Plastic aprons have been replaced with more appropriate clothing protectors for residents as required.
   e. Protected mealtimes are in operation; protected mealtime to be more tightly enforced to ensure low level of activity and distraction during meals.

2. Number of residents living in each location is being reviewed with goal of reducing number of residents, and in one location creating two separate living environments will reduce the level of activity and promote a positive mealtime experience for residents – subject to completion of renovation works outlined.

3. Resident receiving enteral nutrition has been reviewed by the Dietician and alternative more discrete methods of providing enteral nutrition have been recommended for trial; alternative methods are now being implemented to determine appropriateness for this resident’s needs.

**Proposed Timescale:**

1. Commenced 08/10/2015
2. 01/07/2016
3. Commenced 08/10/2015
Proposed Timescale: 01/07/2016

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents were not encouraged to access the kitchen area.

Access to meals, refreshments and snacks was restricted and was dependent on operational arrangements and staff availability and not determined by residents at all reasonable times as required.

55. **Action Required:**
Under Regulation 18 (4) you are required to: Ensure that residents have access to meals, refreshments and snacks at all reasonable times as required.

Please state the actions you have taken or are planning to take:
Residents in each location within the Designated Centre have access to the kitchen in each house. A choice of meals and snacks is available to residents within each location of the designated centre.

1. Skills teaching programmes will be developed to support residents to access the kitchen areas and to prepare various refreshments and snacks as appropriate with the resident’s preferences and assessed needs.

Proposed Timescale: 31/10/2015

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Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents were not adequately protected and supported by the medication management policies, procedures and practices found in place.

56. **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:
1. PIC will liaise with pharmacy supplier to devise a PRN stock control sheet.
2. Stock count of PRN medications will be maintained for each resident in the Designated Centre who has PRN medications prescribed.

   Proposed Timescale:
   1. Completed 08/10/15
   2. 31/10/2015
Proposed Timescale: 31/10/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose did not reflect the services, resources and facilities found and provided in the centre or the aim to meet individual goals as a residential service that promoted autonomy, choice and personal development.

An application to register the centre for 19 residents was submitted, however, on inspection the occupancy in the centre was 22.

The floor plans submitted did not reflect the actual layout of parts of the centre occupied by and accommodating residents.

The number of staff outlined in the statement of purpose did not reflect the number of staff available.

The gender of residents to be accommodated was not specified, as required.

57. 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 Statement of Purpose has been amended as follows:

1. The correct number of residents is now listed in this document.
2. Accurate floor plans have been sourced and have now been inserted in this document.
3. The staff compliment is now accurate.
4. The gender of all resident has now been included in this document.

Proposed Timescale: 08/10/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in
The application for registration of this centre was incomplete.

A declaration of planning compliance for the premise and documentation required for persons participating in the management of the centre remained outstanding.

The application submitted to register this centre included that a maximum of 19 residents were to be accommodated in the five locations that made up the centre. However, during this inspection 22 residents were accommodated.

The statement of purpose was not reflected in practice or complete.

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

**Please state the actions you have taken or are planning to take:**
1. Documentation for persons participating in the management of the centre has been submitted to the Authority.
2. A declaration of planning compliance will be submitted to the Authority.
3. Statement of purpose for this designated centre has been updated to reflect the number of residents and staff number and skill mix.

**Proposed Timescale:**
1. Complete 08/10/2015
2. 31/10/2015
3. Complete 08/10/2015

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

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The person in charge did not have the necessary authority and autonomy to manage the service and was not sufficiently resourced to ensure the effective governance, operational management and administration of the centres or address deficiencies that negatively impacted on residents’ general welfare and development needs and aspirations.

59. **Action Required:**
Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.
Please state the actions you have taken or are planning to take:
1. The Person in Charge has explored transport options to support resident’s activities & goals and a dedicated bus will be made available to this Designated Centre on a daily basis with additional options being progressed.
2. To ensure the buildings are maintained in a good state of repair on an on-going basis. The Person in Charge identified maintenance works into two categories 1) immediate actions to be completed & 2) Routine maintenance schedule. The Person in Charge will liaise with the Services Manager to agree the schedules for the same

Proposed Timescale:
1. 12/11/2015
2. 08/10/2015

Proposed Timescale: 12/11/2015

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A clearly defined management structure was not in place in the designated centre that identified the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

Please state the actions you have taken or are planning to take:
There is now a Designated Centre specific organisation structure which identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

Proposed Timescale: 08/10/2015

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The reporting structure and lines of authority and accountability were unclear and involved reporting to persons employed by the provider but not directly involved in the management and operation of this centre.

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

Please state the actions you have taken or are planning to take:
There is now a Designated Centre specific organisation structure which identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

Proposed Timescale: 08/10/2015
Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Quality reviews had not been sufficient or instrumental to promote the delivery of safe quality care and support to residents in the designated centre and that such care and support is in accordance with standards.

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

Please state the actions you have taken or are planning to take:
1. There is a planned annual review of the quality and safety of care and support in the designated centre to ensure that such care and support is in accordance with standards
2. There is a weekly designated centre meeting held with the Person in Charge, Director of Care and Support, Clinical Nurse manager and other staff as required, to review the implementation of the Quality Enhancement Plan, and to identify and overcome barriers to achieving outcomes.

Proposed Timescale:
1. 31/12/2015
2. Commenced May 2015

Proposed Timescale: 31/12/2015
Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A review of the quality and safety of care and support in the designated centre had not been provided for consultation with residents and their representatives.

63. Action Required:
Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for
consultation with residents and their representatives.

Please state the actions you have taken or are planning to take:
1. Circle of support review meetings with residents and their family/next of kin have taken place with some residents and are planned for the others; this annual review will then occur on an ongoing basis to include the resident and their natural support network to be involved in planning care and support for residents.
2. There is a planned annual review of the quality and safety of care and support in the designated centre to ensure that such care and support is in accordance with standards which will include participation of residents and their representatives.
3. There is a weekly designated centre meeting held with the Person in Charge, Director of Care and Support, Clinical Nurse manager and other staff as required, to review the implementation of the Quality Enhancement Plan, and to identify and overcome barriers to achieving outcomes.
4. An update of the quality and safety of care will be provided to residents and their representative in an accessible format. This will be conveyed through the resident’s weekly meeting.

Proposed Timescale:
1. Commenced
2. 31/12/2015
3. Commenced May 2015
4. Completed 21/03/2016

Proposed Timescale: 21/03/2016

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A written report on the safety and quality of care and support provided in the centre and a plan in place to address any concerns regarding the standard of care and support was not evident or made available.

64. Action Required:
Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

Please state the actions you have taken or are planning to take:
1. There is a planned annual review of the quality and safety of care and support in the designated centre to ensure that such care and support is in accordance with standards which will include participation of residents and their representatives.
2. A copy of the written report of the annual review on the safety and quality of care and support will be made available within the centre and if requested to the Chief Inspector.

Proposed Timescale:
1. 31/12/2015
2. 31/12/2015
Outcome 16: Use of Resources

Theme: Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inspectors found that the registered provider had not ensured that the designated centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

Based on the cumulative findings and lack of significant and appropriate action at the time of this inspection resources were not adequate to ensure that the service provided was safe, appropriate to residents’ needs, consistent and effectively monitored.

65. **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:**
1. The Person in Charge has explored transport options to support resident's activities & goals and a dedicated bus will be made available to this Designated Centre on a daily basis with additional options being progressed.
2. To ensure the buildings are maintained in a good state of repair on an on-going basis. The Person in Charge identified maintenance works into two categories 1) immediate actions to be completed & 2) Routine maintenance schedule. The Person in Charge will liaise with the Services Manager to agree the schedules for the same.
3. Two whole equivalent staff nurses has been introduced to the roster for this Designated Centre to provide supports within the centre for night time staff nurse cover to support the assessed needs of residents. One whole time equivalent house keeper has been introduce to the roster for this Designated Centre, House No1.

Proposed Timescale:

1. 12/11/2015
2. 08/10/2015
3. Commenced

Outcome 17: Workforce

Theme: Responsive Workforce
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The number, qualifications and skill mix of staff was not appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

66. **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:**
1. Two whole equivalent staff nurses has been introduced to the roster for this Designated Centre to provide supports within the centre for night time staff nurse cover to support the assessed needs of residents. One whole time equivalent house keeper has been introduce to the roster for this Designated Centre.

**Proposed Timescale:** 08/10/2015
**Theme:** Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Vacant and approved nurse posts that included a clinical nurse manager grade one and a staff nurse post had not been provided where required.

The staffing numbers and whole time equivalent (WTE) and skill mix/grades outlined in the statement of purpose and function were not available or provided in practice.

67. **Action Required:**
Under Regulation 15 (2) you are required to: Ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.

**Please state the actions you have taken or are planning to take:**
1. Staffing resources have been deployed to provide supports within the centre for the assessed needs of residents.
2. Skill mix of staff deployed in each location has been reviewed and a second qualified nursing staff is now on duty each night in the Designated Centre.
3. Interviews have been completed for the recruitment of an additional Clinical Nurse Manager for the Designated Centre has been appointed

**Proposed Timescale:** 08/10/2015
**Theme:** Responsive Workforce
### 68. 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:**
1. Staffing resources have been deployed to provide supports within the centre for the assessed needs of residents.
2. Skill mix of staff deployed in each location has been reviewed and a second qualified nursing staff is now on duty each night in the DESIGNATED CENTRE.

### Proposed Timescale: 08/10/2015
**Theme:** Responsive Workforce

### The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
All staff working in the centre were not included on the roster.

A nurse based in another centre administered and controlled residents medication and was not included on the roster to work in this centre.

### 69. 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:**
1. This Designated Centre has its own allocated staff night nurse and no longer utilises a nurse from a neighbouring Designated Centre.
2. All staff are on the roster for this Designated Centre.

### Proposed Timescale: 24/09/2015
**Theme:** Responsive Workforce

### The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Gaps in staff employment history and training were found.

### 70. Action Required:
Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.
Please state the actions you have taken or are planning to take:
1. The Person in Charge has linked with Human Resources and all gaps have now been validated.
2. There is a training scheduled in place which was forwarded to the Authority for the remainder of the year.
3. The Person in Charge has requested a review of all staff records for staff working in the Designated Centre by Human Resources to ensure regulatory compliance.

Proposed Timescale:
1. Completed
2. Completed
3. Commenced

Proposed Timescale: 08/10/2015

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Training had been cancelled due to staff shortages and an inability to release and replace staff to attend.

All staff had not received training in safeguarding, and training relevant to their roles and responsibilities to adequately support residents.

Training deficiencies were found in areas that included positive behavior support, the management of aggression and violence, basic life support, first aid, food and hand hygiene, dysphagia and nutrition, infection control and identification, audit and management of risk.

The training for relief staff or agency persons working in the centre was included not on the training record maintained.

71. 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:
1. All staff have now received training in Safeguarding.
2. Training schedule is now in place and all staff including on call relief requiring training will be facilitated through this programme.
3. External agency staff are required to submit compliance with core training modules to Human resource Department prior to commencing employment.

Proposed Timescale:
1. Complete as at 24/09/2015
2. All training to be provided by 31st Dec 2015.
3. All on call relief staff in this Designated Centre have training records maintained by
the Person in Charge.

**Proposed Timescale:** 31/12/2015  
**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
Restrictive intervention used on a resident on two consecutive nights for lengthy durations did not demonstrate adequate supervision of staff supporting residents at night.

Conflicting information and practices in relation to the management of medication did not demonstrate staff and practices were appropriately supervised.

**72. 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:**  
There is now a staff nurse on night duty to support residents in this location and to provide adequate supervision of staff.

**Proposed Timescale:** 21/09/2015

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

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Operational policies had not been reviewed or approved by the current person in charge and management team.

**73. Action Required:**  
Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

**Please state the actions you have taken or are planning to take:**  
The Person In Charge has commenced review of all Local Operational Procedures for this Designated Centre with a view to ensuring they are Designated Centre specific. Person in Charge and management of the Designated Centre will sign off all Local Operational Policies.
| **Proposed Timescale:** 31/10/2015 |
| **Theme:** Use of Information |

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The terms and conditions relating to residency was not included in the resident’s guide as required.

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

**Please state the actions you have taken or are planning to take:**
Terms and Conditions have now been inserted into the Residents Guide.

| **Proposed Timescale:** 25/09/2015 |
| **Theme:** Use of Information |

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
How to access any inspection reports on the centre was not clearly communicated in the residents guide.

**75. Action Required:**
Under Regulation 20 (2) (d) you are required to: Ensure that the guide prepared in respect of the designated centre includes how to access any inspection reports on the centre.

**Please state the actions you have taken or are planning to take:**
This has now been included in the Residents Guide.

| **Proposed Timescale:** 24/09/2015 |
| **Theme:** Use of Information |

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Records kept in accordance with Schedule 3 had transitioned with three residents who were previously accommodated in another centre on the campus. Therefore, their records had not been retained for a period of not less than 7 years after the resident had ceased to reside in the other designated centre.

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

**Please state the actions you have taken or are planning to take:**
All records are now maintained in accordance with schedule 3 and records will be retained within the Designated Centre for a period of not less than 7 years.

**Proposed Timescale:** 02/09/2015