

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Camphill Communities of Ireland
Centre ID:	OSV-0003607
Centre county:	Kilkenny
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Camphill Communities of Ireland
Provider Nominee:	Adrienne Smith
Lead inspector:	Noelene Dowling
Support inspector(s):	Conor Dennehy; Philip Daughen (Day 3 only)
Type of inspection	Announced
Number of residents on the date of inspection:	12
Number of vacancies on the date of inspection:	1

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:	To:
12 January 2016 10:00	12 January 2016 21:30
13 January 2016 08:30	13 January 2016 18:30
26 January 2016 09:00	26 January 2016 17:30

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

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

Summary of findings from this inspection

The purpose of this inspection was to inform the decision of the Authority in relation to the application by the provider to have the centre registered. All documentation required for the registration process was provided.

This was the second inspection of this centre which provides long term residential services to people with intellectual disability, people on the autism spectrum and physical and sensory disabilities. A variety of support levels are provided depending on the residents' assessed needs ranging from semi independent living with

intermittent staff support, to fulltime or one-to-one staff support. Service is provided to 13 residents in two residential units and 6 separate apartments in the community.

On the days of the inspection there were 12 residents living in the centre and the provider had applied for registration for a total of 13 residents. Inspectors met with residents and staff and observed practices.

Inspectors reviewed a number of questionnaires completed by residents or their representatives. The responses were very positive regarding the quality of their lives, their feeling of safety and how they were very much involved in making their own decisions. Residents with whom the inspectors spoke were also very complimentary regarding the care they received and the support the staff provided to them. Inspectors also reviewed documentation including policies and procedures, personnel files, health and safety documentation, residents' records and personal plans.

The actions required following the previous inspection which took place in August 2014 were reviewed. A total of 30 actions were required. Of this number eight had been satisfactorily addressed and the remainder had not. Significant actions not addressed satisfactorily were in relation to fire safety, risk management, the provision of a safe and suitable accommodation for one resident due to the failure to complete the agreed relocation of some residents from an unsuitable premises.

There was evidence that residents' social and health care needs were very well supported and promoted and routines were driven by their own preferences. They were actively involved in their personal planning and had choice and meaningful routines in their daily lives. There were sufficient staff available to offer good support including a high degree of one-to-one support for some residents.

However, the overall outcome of the inspection is significantly influenced by the finding that improvements are required in management structures, accountability and effective oversight of practices. At the previous monitoring inspection it was agreed that the part of the premises which was found to be unsuitable would be vacated following suitable transition arrangements for the residents by the end of May 2015. In the interim the provider was instructed to ensure fundamental fire safety systems were put in place and this had not been complied with. While the Authority was aware of some delay in the final move of the residents no agreement was reached that this unsuitable arrangement would continue for a further 14 Months.

A basic fire alarm had been installed in the part of the premises which was unsuitable. However, other necessary fire containment and alerting systems had not been provided.

Significant improvements were required in the following areas;

- safe guarding practices were not robust and not implemented;
- the accommodation in one of the units remained unsuitable for habitation
- fire safety management systems were not satisfactory.

In view of concerns the Authority's fire safety specialist inspector was requested to

undertake a review of fire safety in the premises.

The inspection was continued over a third day of inspection on 27 January 2016. The findings of this specialist review are included in Outcome 7 Health and Safety and Risk Management.

Other actions required included:

- risk management strategies
- complaint management
- access to advocacy or external supports for decision making
- timely referral to mental health review
- staff supervisory systems

These issues are covered in more detail in the body of the report.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres For Persons (Children and Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

In general residents' rights were protected and promoted while residents were actively consulted in the running of the centre. However, although the actions from the previous inspection in relation to complaints had been resolved the recording and monitoring of complaints management in practice required review.

It was evident that residents were facilitated to exercise choice and control in their daily lives. Residents told inspectors of engaging in various activities such as baking, gardening and drama. Resident meetings were held on a weekly basis. Inspectors reviewed minutes of these meetings and noted that items such as local events, staff changes and birthdays were discussed and residents' views elicited.

Policies were in place for managing residents' personal property and finances. Inspectors reviewed property lists which were kept up to date. Residents were encouraged and supported to remain in control of their own finances where this was deemed appropriate and transparent records of spending on behalf of residents were maintained.

Residents were facilitated to vote if they wished to do so and attended religious services in the local community as they wished. There was sufficient transport available and staff were consistently available to accompany residents to any events of their choosing.

Throughout the inspection staff members were seen engaging with residents in a respectful and caring manner. It was apparent that the privacy of residents was respected.

However, while a brochure on advocacy was available inspectors found that in some

instances significant decisions had been made internally without access to any external advocates, representatives or multidisciplinary input to represent and protect the resident views and needs. This included the spending of monies and the continued use of unsuitable living arrangements for residents.

The dignity of one resident was compromised due to the living conditions provided. This latter will be discussed and actioned in more detail under Outcome 6.

The actions from the previous inspection in relation to the complaints policy and accessibility to the residents had been addressed. The complaints procedure was on display within the designated centre and residents stated that they could contact any member of staff if they wished to make a complaint. Inspectors reviewed the complaints log and observed that a summary sheet for 2015 highlighted two complaints made. However, the log or other records did not contain any specific record of these complaints which showed the investigation conducted, the outcome, any action taken and the satisfaction level of the complainant as required by the Regulations.

The previous inspection of this centre in August 2014 had highlighted the absence of a second nominated person to monitor the complaints process and ensure complaints were appropriately recorded. A second complaints officer had been introduced and inspectors were informed by staff that this second complaints officer monitored the complaints process. However the role of this complaints officer was neither properly defined nor formalised in the policy. For example, the complaints policy in operation identified the two complaints officers but did not distinguish between their respective roles. This will be actioned under Outcome 18.

As evident by the absence of complaints records the effectiveness of the role of the overseeing complaints officer also required improvement. Inspectors spoke with this officer who said that she was kept informed of complaints in an informal way and would review the complaints log "a few times a year". In addition inspectors were concerned the person who was identified as the overseeing officer did not have the necessary authority to act in that role given that the primary complaints officer held a higher role in the centre's organisational structure.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that the diverse communication needs of the residents were supported by staff who were knowledgeable of their verbal and non verbal communication and able to communicate effectively with them. Residents personal plans held communication needs analysis and guidelines for staff in the use of visual aids.

Resident's non verbal communication such as facial expression and gestures were also observed to be understood by staff. Pictorial activity cards and schedules were used to good effect where this was necessary. Some residents used assistive technology. There was evidence of referral to speech and language therapists for a resident to assist with communication.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that familial relationships were maintained and supported by consistent communication with family members, supports for visits home and to the centre. Although inspectors met with no relatives during the process other information received from relatives indicated that they were consulted, involved and informed of any incidents which occurred and personal planning and goal setting.

There was evidence that residents had opportunities to meet and engage with people in the local community via attendance at events and facilities, shopping, coffee shops and work. They told inspectors of attendance at local matches and were aware of local events and news. The location of the centre enhances this access.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

There was a suitable policy on the procedure for admission. The person in charge outlined the process being used to assess the suitability of a current referral for admission which considered the needs and safety of both the current and future residents. A comprehensive assessment was also being sought.

A contract for the provision of care and the services to be provided was issued to the resident or their representative for signing. While the contract identified the service to be provided and any additional charges to be levied it was not consistently signed by a representative on behalf of the resident where this was necessary.

There was detailed transfer information available should a resident require transfer to acute care services and transitions which had taken place, had been managed in a planned and person-centred manner. At the time of the inspection staff were made available to remain day and night with a resident who was in an acute care service.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

There were two actions required following the previous report in relation to the effectiveness of personal plans and the inclusion of key information. Inspectors found that these matters had been resolved.

Annual reviews had taken place for the residents and revised planning documentation entitled "personal support plan" were implemented. These plans identified the time scales and personnel involved in seeing that the outcomes were implemented. The plans

were comprehensive in that they informed all aspects of the resident's life and any changes were clearly identified in the plans and reviews undertaken.

From records available and from speaking with the residents it was apparent that they were fully included in the planning process. Where possible, relatives also attended the annual review meetings. There were assessments undertaken for daily living skills, behaviour supports, health care needs and moving and transporting requirements.

The interventions of allied specialists including physiotherapists, occupational therapists, opticians, dentitions and general practitioners (GPs) were seen to inform the personal plans and the annual reviews.

However, in two crucial aspects there were improvements required. Delays were noted in accessing either psychiatric or behavioural psychological support for some residents and timely reviews of previous psychological assessments undertaken. In one instance a referral to psychiatry or psychology was identified as necessary in March 2014 and was not made until January 2016.

A decision had been made by staff in the centre to maintain a resident in an unsuitable physical environment and there were no records of this having been discussed at the resident's review or any multidisciplinary meeting. The person in charge acknowledged that this had been an internal decision and not subject to review.

Residents' social care needs were very well supported with a significant number of activities and meaningful daily routines and occupation. They went on regular holidays including abroad, went horse riding, (while one resident cannot actually participate access was still arranged as this is therapeutic for him). Residents attended activities or events alone or with staff as their needs dictate. They took part in art and a resident had his own exhibition recently. They participated in the farm work, worked in the bike shop, did weaving and craft making.

The process of making the personal plans available in an accessible format had commenced for those who required this. Those seen in this format were person-centred and a resident outlined the details of his plan to the inspector.

Residents participated in the daily life of the houses, for example they helped with laundry, cooking and undertook general housekeeping or gardening chores to promote their independence, a sense of participation and inclusion in the life of the centre. They told inspectors this was important to them.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The designated centre consists of eight units comprised of one stand alone residential house, one residential unit located above a community centre and administration offices, 6 supported apartments with one located in a premises which dates back to the 19th Century. The condition of this latter unit remained unsuitable to meet the needs of the remaining resident who lived there.

Since the previous inspection remedial works had been carried out throughout the eight units to improve fire safety systems however further action was still required and will be discussed under Outcome 7.

In general the design and layout of seven of the centre's units were suitable to meet the needs of residents. These units were of sound construction, clean, spacious and decorated in a homely, warm manner. Residents spoken with indicated that they liked living in these units and had significant choice in the decor and how they furnished and maintained their rooms. They had significant amounts of personal possessions which gave these units a very homely feel.

In the shared units there was ample space for privacy or time alone apart from the resident individual bedrooms and the living areas were comfortable and spacious. Outside grounds and gardens were available. Toilets and showers were suitable for use by the current residents and a ceiling hoist had been installed for one resident.

Inspectors found these units to be suitable in terms of accessibility and general comfort. Suitable kitchen, laundry facilities were in place. Inspectors were informed that it was planned to relocate one resident to a ground floor room due to concerns regarding his mobility. The resident informed the inspector of this plan and was satisfied with this.

Some minor issues were identified in these units. It was noted that the ground floor bathroom in the residential house had an unpleasant smell. This had been identified on a provider visit carried out the week prior to inspection and staff told inspectors that this smell came from the underground pipes and was an ongoing issue. It was also noted that the courtyard surface separating some of the units was uneven and unfinished.

However, the remaining unit is located in a large building dating from the 19th Century. At the previous inspection three residents resided here and it was found this building was wholly unsuitable to meet residents' needs. A plan had been put in place and agreed by the Authority to move all residents from this building by May 2015. However, the provider had failed to implement this plan fully and at the time of inspection one resident continued to reside there.

The resident had his own basic living area on the first floor consisting of a bedroom, bathroom and kitchenette/living room but the resident also had access to the other areas of the building such as the larger kitchen and dining area on the ground floor.

Inspectors found that this building continued to be unsuitable for a resident to live in. It was clear that this building was not kept in a good state of repair or in a clean manner. A number of issues were identified including, exposed wiring and piping, chipped floors and walls, broken ceilings, paint discolouration , stains on the resident's bedroom ceiling and consistent dust. The doors and windows in some instances did not close properly and significant areas of draft were noted which made the premises cold despite the heating system. On the first day of inspection one of the radiators in the residents bedroom was cold and had no valve to turn the radiator on or off. This had been rectified on the third day of the inspection.

This building did not provide a homely environment and presented as semi-derelict without the possibility of adequately containing the residents living accommodation within it.

This building also posed a number of health and safety concerns which will be detailed further under Outcome 7. This building was not maintained nor was it possible to maintain it in any hygienic manner despite the staffs best efforts. Therefore it was not suitable in terms of infection control. It was noted in the resident's bathroom that there was almost no flow of hot water in the sink and no hand sanitisers were present within the building.

The resident's toilet and shower was adjacent to the kitchen/living area. The shower had unclean grouting and the tray was fully discoloured. Inspectors were told and saw from records that pest control systems were required. The person in charge informed inspectors that the building had not been attended to by a pest control company as a preventative measure. The building is located amid fields and numerous outhouses which store materials which could attract pests. This is actioned under Outcome 7 Health and Safety. It was readily acknowledged by the provider and the Person in Charge that this building was unsuitable for the resident to continue to live in yet sufficient action had not been taken to address this.

A transition plan had been agreed in 2014 which involved the renovation of another building on the site to accommodate this resident. While this was delayed due to planning/ legal issues a decision was made not to move this resident to temporary accommodation in the interim.

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:

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

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

Findings:

There were three actions required following the previous inspection and two of these had not been addressed by the provider. The provider had failed to put sufficient steps in place to promote the health and safety of all residents.

The risk management policy had not been revised as required and the fire safety management systems remained of significant concern to the inspectors despite clear directions from the Authority in 2014. The risks from the stairs / banisters identified at the previous inspection had been reviewed with additional staff supervision for the residents implemented.

Inspectors found that there was a lack of oversight and attention to the dynamic process of managing risk. An emergency plan was in place which did not contain any reference to loss of heating. A number of notifications to the Authority indicated a breakdown in the heating system which had not been satisfactorily addressed.

There was a current and signed health and safety statement available. A health and safety audit had taken place in 2015. A review of this indicated that it was not comprehensive and did not take account of the risks evident. For example, there was no risk assessment on the continued use of the 19th century building to accommodate a resident or to make the accommodation safer in the interim.

While there was some evidence of review of individual incidents by the person in charge there was no evidence of learning review or root cause analysis from incidents. There were deficits in the identification and management of risk. This is evidenced by a number of findings including:

- the significant deficits in fire management systems in one of the houses
- the continued use of candles following an incident where a resident's clothing caught fire due to contact with the a lighted candle.
- the back door of one of the houses was left open late at night to facilitate some residents coming back from activities. This placed all other residents in the house at risk of unauthorised persons entering the premises.
- lack of adequate assessment of the safety of the use of bedrails and instructions for the use of a full body hoist.

Fire safety management systems had been identified as a major non compliance in the previous inspection. While remedial works had been commenced to improve fire safety within the designated centre generally further action was required to ensure that there were adequate precautions against fire and considerable risks were identified in the 19th century building.

Throughout the initial two days of inspection inspectors queried the status of work to

address the fire safety concerns however definite and reliable responses were not forthcoming and documentation was not made available. It was only at the feedback meeting that inspectors were informed that one of units had never had a fire safety assessment. Inspectors remained very concerned regarding the fire detection systems in place and the lack of action, urgency and clarity from the provider in addressing this. For this reason a specialist review was undertaken.

Inspectors were informed that fire safety training was to be provided once a year. Inspectors reviewed training records and found that some staff had not undergone training within the required timeframe.

Specialist review:

Building one :A two storey stone building. with a pitched roof. Located on its own grounds and accommodates one resident .

Building two: A three storey house of traditional masonry construction with a pitched roof. This accommodates three residents.

Building three: A three storey stone building with an apartment provided on each storey. It accommodates r three residents.

Building four : A first floor apartment provided within a two storey building of masonry construction and accommodates one resident.

Building five: A one bedroom house. It accommodates one resident.

Building six: an apartment located in larger building of masonry construction. It accommodates for three residents.

Day three of the inspection commenced within building one. The staff confirmed that the resident living there had no limitations relating to their mobility and was provided with one to one support at all times from one of the volunteers who also lived in the building. They stated that it was their intention that the resident would vacate this building once alternative accommodation on the site had been prepared and informed inspectors verbally that they expected this to happen in approximately six months. They also explained that their intention would be that the resident remains within building one until this occurs.

The inspector found generally that the fire precautions in place within this building were not adequate in many respects as described below. Furthermore, the inspector found that remedial action was required within this building in order to provide a satisfactory standard of fire safety until such time as the resident could be relocated.

The building was observed to be in poor condition generally. One area of the building was not occupied and was used solely for the storage of furniture and other materials. The construction of the building was not capable of containing a fire generally. There were no fire resistant doors, walls or floors where required in order to contain a fire and to protect the escape routes from the effects of heat and smoke should a fire occur. The lack of any such construction was noted as potentially preventing a timely escape of building occupants in the event of fire either through preventing escape or preventing staff from reaching the resident in order to provide assistance to the resident to escape. The building was provided with a fire detection and alarm system but the automatic fire

detectors in the system were only installed in part of the building. The system was not adequately capable of fulfilling its function of providing early warning in the event of a fire.

Inspectors also noted that some emergency lighting units had been installed but the installation was not adequate as it did not cover the areas of the building necessary to be considered as such.

There were fire extinguishers provided throughout the building. None of the escape routes were observed as being obstructed by inspectors but there was storage of materials that can burn such as files within some of the escape routes in certain locations. An example of this was the storage of files beneath a stairs.

Due to the age of the building, the electrical installation was of an age where signs of deterioration were evident. This was noted in particular within the unoccupied storage rooms where physical damage to the installation was observed. This was noted in conjunction with the fact that much of the material stored within this area was combustible in nature, consisting of wooden furniture, off cuts of wood and other materials. It was also noted that this area was not fitted with any fire detection equipment and that a fire in this area would not be contained due to the lack of fire resistant construction where required as previously mentioned. Therefore, a fire in this area would neither be detected in a timely fashion nor adequately contained. Once these findings were brought to the attention of the provider, they confirmed to inspectors that this area would be emptied of storage and would have the electrical installation disconnected immediately.

The provider also confirmed that they had employed the services of a chartered fire engineer and that they would take the necessary action in order to provide a satisfactory level of fire safety to the resident within this building until such time as they were relocated.

The inspector observed that building two was generally provided with all of the fire precautions and fire safety systems that would be required in order to provide a satisfactory level of fire safety for the residents living within it.

The building was provided with fire resistant construction where necessary to contain a fire and protect the escape routes from becoming impassable in the event of a fire.

The layout of the building afforded the occupants with adequate means of escape. The main stairway was protected with fire resistant construction, including doors equipped as fire resistant doors where necessary. The inspector noted that some of these doors were not provided with self closing devices where necessary in order for them to fulfil their function effectively. It was also noted that some doors had excessively large gaps beneath them.

This building was provided with a fire detection and alarm system and emergency lighting as well as fire extinguishers.

The staff informed the inspector that additional works would be completed in order to further improve the physical fire precautions in place within the building. This included the installation of a smoke vent at the top of the stairs, adjustments to some of the doors and also the making good of fire resistant construction in some areas where the construction is penetrated by services such as water pipes.

There was also an external escape route to the rear of the building accessed off the

main stairs. However it was observed that it was unsuitable for use, primarily due to the reliance on a ladder to get from first floor down to ground.

The inspector also observed that building three was generally provided with all of the fire precautions and fire safety systems that would be required in order to provide a satisfactory level of fire safety for the residents living within it although some areas were identified as requiring improvement.

This building was provided with fire resistant construction where necessary in order to contain a fire and protect the escape routes from becoming impassable in the event of a fire. Doors equipped as fire resistant doors were provided throughout where necessary although two of these doors were identified where they had not been provided with self closing devices.

The layout of the building provided the occupants with adequate means of escape generally but there were two locations where improvement was required. The first was one resident's bedroom where the means of escape was not adequate due to the escape route being provided through the kitchen which is a room that poses an elevated level of risk with respect to fire as opposed to the escape route being provided through a corridor, hall or other area relatively free of ignition sources and material that can burn. The second location was in one apartment where the same situation existed but in this case the bedroom was provided for a staff member.

The inspector reviewed documentation relating to buildings four and five. It was determined that in general, the buildings provided a satisfactory level of fire safety although improvements were identified as being required with respect to the fire detection and alarm systems. It was determined that in general, the buildings provided a satisfactory level of fire safety although improvements were identified as being required with respect to the fire detection and alarm systems provided and also the making good of fire resistant construction in some areas where the construction is penetrated by services such as water pipes. These improvements had been identified by way of a review commissioned within the service itself relating to these two buildings.

Building six was also noted by the inspector as being provided with all of the fire precautions and fire safety systems that would be required in order to provide a satisfactory level of fire safety for the residents living within it. It was provided with doors equipped as fire resistant doors where necessary throughout. It was also provided with a fire detection and alarm system, emergency lighting and fire extinguishers. One door was identified that had been recently re hung in a manner that prevented it from performing adequately as a fire resistant door.

The arrangements for maintenance of the fire precautions across the various buildings within the centre was observed as being of a good standard by inspectors except for the arrangements relating to building one. There was evidence made available following the first days of inspection and reviewed by the fire specialist inspector of regular maintenance of the fire safety systems in place by competent person where required. The service was also in the process of implementing a programme of periodic safety checks by staff which was indicative of good practice but required some modifications in order that the checks be site specific and relate to the systems in place within the particular buildings.

There was documentation viewed by inspectors to confirm that the electrical installations throughout the various buildings had been checked by an electrician which was good practice. However, there was no evidence to suggest that the recommendations arising from these checks had been carried out in some cases.

It was observed on inspection that all doors on escape routes across the centre generally were maintained in a manner such that they were capable of being opened in a timely fashion in the event of evacuation. Where locks were provided on doors, they were either not in use or were provided with a thumb turn device that ensured that a key was not required to exit the building.

It was found that the procedure within each building was for total evacuation in the event of a fire and that the needs of the residents in the event of an evacuation of the centre had been assessed where supports were necessary. There were records indicating regular fire drills were conducted throughout the centre. The inspector did however identify that in some cases, the fire drills being conducted did not accurately simulate night time conditions within the centre.

The inspector was provided with records indicating that staff were trained in relation to fire precautions. A member of staff confirmed verbally that the content of the training covered the areas set out in the regulations.

In summary, the inspector concluded that the centre was compliant in many areas with respect to fire precautions and that many of the areas identified as requiring improvement were already identified and were in the process of being addressed.

However, the inspector was particularly concerned in relation to the fire precautions in place within building one. While plans were described to the inspector for the relocation of the resident concerned, the inspector observed that the arrangements in place in the interim were not adequate in many respects as described above.

These findings resulted in the inspector deeming the centre as being majorly non compliant in relation to this outcome.

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:

Inspectors were not satisfied that resident's safety and welfare was prioritised and systems were not transparent, despite training, the availability of safeguarding officers, a national safeguarding team and policies. Staff and volunteers spoken with

demonstrated an understanding of their own responsibilities in relation to the protection of residents and signs and symptoms of abuse which would indicate concern. They also expressed their confidence in co-workers/staff and the person in charge to act on any concerns which may arise.

However, inspectors found evidence that in practice staff had failed to adhere to the policy as outlined for the management of an allegation of physical assault and or staff misconduct. The action of the staff in not doing so could have placed the resident at further risk or prevented any further disclosure of concern.

Following this allegation, the local management team failed to adhere to correct processes and review the allegation or make any enquiries of the resident concerned. The incident report and record of the allegation was only completed after the management team had discussed this matter, four days after the event. Inspectors were informed that this was on the instruction of the person in charge following the management meeting. The incident was re-defined as challenging behaviour on the part of the resident and the management meeting record seen by inspectors confirmed this. There was no evidence in any record seen by the inspectors of challenging behaviour on the day in question. The matter was not referred to the safeguarding officer, the senior manager nor was it notified to the Authority.

Following the inspection the Authority received the required notification and a report on the matter. The content of this report was also of concern and communication was initiated with the provider requesting a further review of the management of the incident.

The review was undertaken and duly forwarded to the Authority. The finding of this outcome relates specifically to the management of the allegation only.

The inspectors were informed prior to and during the inspection that no persons under eighteen were accommodated or lived in the centre. During the course of the inspection it emerged that there are regularly unaccompanied young people from abroad living and working in the centre during the summer months.

The Children First guidelines were not available and inspectors were unable to ascertain what safeguarding measures were put in place in relation to these young people. The person in charge later stated that the safeguarding officer had undertaken Children First training but no evidence of this was available.

There was a policy on the provision of intimate care and support to residents. Details of these were available in the personal plans seen by inspectors. From speaking with staff and residents the inspectors were satisfied that the matters were considered in practice. Inspectors were informed that the provider was not acting as agent or guardian for any residents at the time of this inspection.

Residents who could communicate informed inspectors that they felt very safe and well cared for in the centre.

There was a policy on the management of challenging behaviours which was

satisfactory to guide practice and the guidelines available on the personal plans were detailed and constructive. However, the guidelines available for the use of restrictive practices were not comprehensive and in accordance with national guidelines. In practice restrictive procedures were not a significant feature of this service and there was evidence that medication was not used to manage behaviours.

However, the actions required from the previous inspection in relation to the assessment for the use of bedrails and listening devices had not been satisfactorily addressed. The assessment for the use of a bedrail was limited and took no account of alternatives or the safety of the bedrails themselves.

Listening devices remained in use for a number of residents bedrooms. These were not documented in any personal plans and the rational for their use was not robustly defined. Inspectors were given significantly different reasons for the use of these devices, such as: to alert staff to seizure activity or to monitor residents' moods. There was no adequate policy to guide practice and ensure residents privacy and personal space was respected.

Judgment:
Non Compliant - Major

Outcome 09: Notification of Incidents

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

Theme:
Safe Services

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

Findings:
Inspectors found that the person in charge had not complied with the responsibility to forward the required notifications to the Chief Inspector. Deficits included two notifications of abuse and a number of incidents of heating failures or accidental activating of the fire alarm which had not been notified in accordance with the requirements of the Regulations.

Judgment:
Non Compliant - Moderate

Outcome 10. General Welfare and Development

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

<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Residents' opportunities for new experiences, social participation, training and employment were facilitated and supported according to their needs and abilities and expressed wishes.</p> <p>There was a suitable policy in relation to education training and development was made available to inspectors. Inspectors observed that residents received practical training in horticulture, food preparation, self care, agriculture, mechanics and art. Inspectors did find that a formal assessment of residents' education, training and development needs was lacking. However inspectors were satisfied that the staff were very aware of the resident's capacity and interests and acted upon this.</p>
<p>Judgment: Compliant</p>

<p>Outcome 11. Healthcare Needs <i>Residents are supported on an individual basis to achieve and enjoy the best possible health.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The provider was compliant with this regulation. Residents' overall healthcare needs, including nutritional needs, were met and residents had access to appropriate medical and allied healthcare services. Resident's health care needs were reviewed at a minimum annually and as required. There was good access to GP services. Annual reviews of resident's health were undertaken and from a review of daily records, inspectors found that there was a prompt response by staff to changes in residents health.</p> <p>Where a specific care plan for health care needs was required it was available, detailed and staff were familiar with the protocols required. In line with their needs inspectors were satisfied that residents had ongoing access to allied healthcare professionals including speech and language therapists, dentists and chiropodists. Records of referrals and reports of these interventions were maintained in residents' files. A protocol was in place for the management of epilepsy and the use of emergency medication.</p>

There was evidence that where treatment was recommended and agreed by residents this treatment was facilitated. Residents' right to refuse medical treatment was also respected. Inspectors also saw evidence in documentation that residents and their representatives were consulted about and involved in the meeting of their own healthcare and medical needs.

As observed by inspectors and confirmed by the residents the food was nutritious, fresh, choices were accommodated and the mealtimes were social and inclusive occasions with staff and residents sharing all meals together. Residents helped to prepare the food with staff assistance where this was necessary and had full access to the kitchens and catering equipment in the houses and the apartments.

Where specific dietary needs or supports with eating and dining were identified by dieticians these were seen to be adhered to. Adapted crockery and utensils were available as needed to encourage independence. Inspectors observed that residents were encouraged and enabled to make healthy living choices in relation to exercise, vaccination and healthy eating habits

Inspectors saw that residents received support at times of illness and increased dependency. In response to changing needs additional staffing on a one-to-one basis was made available. Equipment such as pressure relieving mattresses and cushions and specialist chairs were sourced. Inspectors noted that the healthcare plan for residents with higher physical dependencies were especially detailed and their health carefully monitored.

A policy on end of life care was in place and the person in charge stated that they were in the process of devising a template to ensure that residents wishes were known and would be facilitated. No residents required such care at the time of this inspection. Inspectors were informed that despite the non nursing model of care every effort would be made including access to nursing support to ensure residents could remain in their home if that was their wish.

Judgment:
Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

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

Findings:

The action from the previous inspection had been satisfactorily addressed with assessment of capacity for residents who self-medicate in place and clarity of the prescriptions and administration records available. There was a system for reconciliation of medication taken by residents who self medicated.

Most medication was dispensed in blister packs to support the non nursing staff. There was identification of medication on each of the medication dispensing blister packs.

There was a centre-specific medication policy that detailed the procedures for safe ordering, prescribing, storing administration and disposal of medicines. Any medication to be administered in an altered format was correctly prescribed.

Staff/co-workers demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. Residents' medication was stored and secured in a locked cupboard in each premises and there was a robust key holding procedure. Inspectors saw and staff/co-workers confirmed that medicines requiring refrigeration or additional controls were not in use at the time of inspection.

Staff outlined the manner in which medications which are out of date or dispensed to a resident but are no longer needed were stored in a secure manner, segregated from other medicinal products and returned to the pharmacy for disposal.

Training had been provided to staff/co-workers on medication management. A number of medication audits on individual residents had taken place. These primarily dealt with administration practices but deficits identified or any medication errors were seen to be promptly addressed by the house coordinator.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The statement of purpose had been forwarded to the Authority as part of the application for registration. This required a significant number of changes and the person in charge agreed to forward this following the inspection. Admissions to the centre and care practices as seen were congruent with the statement of purpose.

Judgment: Compliant

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

Theme:
Leadership, Governance and Management

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

Findings:
Inspectors found that while there were governance structures in place and a range of governance meetings took place, improvements were required to ensure the systems were effective, with defined roles, responsibilities and accountability.

The person in charge was appointed to the post in 2011. She had experience in working with people with disabilities and had been in this post since 2011. She was fulltime in post. Residents and staff were very familiar with her.

Findings on safe guarding, risk management, fire safety, safe and suitable premises and notifications to the Authority indicate insufficient adherence to the regulatory requirements to ensure safe and effective service provision. The lack of available transparent information regarding the safeguarding practices and the fire safety systems was of significant concern. Discussion with staff and the findings of this inspection indicate that the reporting structures, lines of accountability and the function of the local management team were not clearly understood or adhered to.

In discussion with inspectors the provider nominee demonstrated her awareness of these factors and of her own responsibilities.

As required by the regulations the provider arranged one unannounced visit to the centre be undertaken on their behalf. This took place just prior to the inspection. A report was the findings were made available to the inspectors and this report primarily focused on the actions from the previous monitoring inspection. While some issues were identified for review it was not clear who was to take responsibility for addressing them.

The provider forwarded a copy of the overall annual report to the inspectors. The information included for this centre was primarily strategic and not focused on the quality and safety of the care as required by the Regulations.

A survey had been issued to residents and relatives just prior to the inspection but the findings had not been correlated. There were no satisfactory audits of practices or accidents or incidents undertaken which would inform practices and changes.

There were avenues including the residents meetings and day-to-day consultation to ensure resident's views were heard in relation to the service provided on a day-to-day basis.

Judgment:
Non Compliant - Major

Outcome 15: Absence of the person in charge

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

Theme:
Leadership, Governance and Management

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

Findings:
A suitably qualified person had been appointed and nominated to act in the absence of the person in charge. The required documentation had been forwarded to the Authority.

Judgment:
Compliant

Outcome 16: Use of Resources

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

Theme:
Use of Resources

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

Findings:
Sufficient resources were available and utilised . Staffing levels were satisfactory and there were a significant number of employed as opposed to volunteer staff in this centre. One-to-one supports were provided to residents where necessary. Vehicles and

equipment were readily available.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

The workforce in the centre was a combination of short term volunteers, house coordinators/ long term volunteers and paid members of staff in accordance with its function and model of care. The provider had in the preceding months increased the number of one to one supports for residents as their need required this. No medical staff were employed and given the residents profile the current arrangements including the numbers of staff and skill available were satisfactory.

Inspectors reviewed a sample of staff and volunteer files and found that all the required information such as evidence of Garda vetting was present.

Some of the volunteers resided in the designated centre with residents. This served to foster a homely environment and throughout inspection warm, respectful interactions were seen between residents, staff and volunteers. Staff were also found to be very knowledgeable on the needs and the aspirations of the residents.

The provision of training and staff supervision were areas which required improvement in terms of clarity of requirements.

As mentioned under Outcomes 7 and 8 there were gaps in knowledge and training with regard to fire safety and safeguarding. It was clear from talking to staff members and volunteers and the person in charge that there was no clarity as to the frequency of when refresher training in such areas was to be provided. As evidenced under Outcome 8 it was clear that the provision of training to staff and management was not sufficient in this regard.

Annual performance reviews of staff and volunteers took place. While the person in charge informed inspectors that short term employees were supervised by long term volunteers, staff members of the designated centre were supervised by individuals

external to the provider. This was described primarily as a supportive mechanism and there was no focus on line management supervision. Inspectors were not satisfied that this arrangement provided for effective supervision of staff and the delivery of care. It was also noted that the Person in Charge did not attend weekly staff meetings.

All long-term co-workers/staff had a range of suitable and diverse qualifications and the employees were social care workers. New staff were briefed in fire safety procedures and there was a detailed induction programme which included supernumerary time for staff. Inspectors saw a very detailed programme of induction for staff who were to work with high physical dependency needs.

Judgment:

Non Compliant - Moderate

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:

Records of personal belongings were maintained. Records required by Schedule 2 in relation to staff and residents were found to be complete.

A number of policies required amendment. This included the risk management policy, the safeguarding and complaints policy.

Documents such as the residents guide and directory of residents were available and up to date. The inspector saw that insurance was current.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Noelene Dowling
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Camphill Communities of Ireland
Centre ID:	OSV-0003607
Date of Inspection:	12 January 2016
Date of response:	01 March 2016

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:

Systems were not in place to ensure that decisions made regarding residents were made where necessary in consultation with representatives of the residents.

1. Action Required:

Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in

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

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:

Review decision about spending money with representatives of resident. Ensure all significant decisions are discussed with a representative of external advocate for all residents.

Proposed Timescale: 11/03/2016

Theme: Individualised Supports and Care

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

Access to advocacy services was not adequate.

2. Action Required:

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

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

Ensure all residents have a representative of external advocate. Invite independent advocate to represent resident at review.

Proposed Timescale: 31/03/2016

Theme: Individualised Supports and Care

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

Complaints were not recorded in detail and the outcome satisfactorily recorded.

3. 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:

Create and implement template and system for lodging and dealing with complaints, including details of any investigation, the outcome, any action taken and whether or not the resident was satisfied.

Proposed Timescale: 10/03/2016

Theme: Individualised Supports and Care

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

The role of the person nominated to oversee the management of complaints was not defined or effective.

4. Action Required:

Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

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

Define the role of the first and second complaints officer and describe their function and the procedures. Nominate new person nominated to oversee the management of complaints

Proposed Timescale: 10/03/2016

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The contract was not consistently signed by the representative of the resident where this was necessary.

5. 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:

Contracts will be signed by the representatives of the resident.

Proposed Timescale: 11/03/2016

Outcome 05: Social Care Needs

Theme: Effective Services

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

Re-assessments of psychological health were not facilitated in a timely manner where this was deemed necessary.

6. Action Required:

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

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

Referral is requested to HSE on the 8/01/2016 for one resident by email and on the 11/01/2016 it was confirmed that an appointment would be made. A reminder sent on 5/2/2016. Request for other resident was sent on 5/02/2016. Psychological re-assessments will be requested for all residents that have had one more than a year ago.

Proposed Timescale: 30/08/2016

Theme: Effective Services

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

Personal plans reviews were not multidisciplinary in some instances where crucial decisions such as accommodation were being made.

7. Action Required:

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

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

Ensure all residents have a representative of external advocate and they are attending annual personal plan reviews. Awaiting appointments.

Proposed Timescale: 31/03/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

One of the units being used for accommodation was not a suitable living environment for a resident.

8. 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:

Resident will move to suitable living environment by 15/07/2016. Agreed hand over date with architect in writing and date that he will move and forwarded to HIQA on 08/02/2016. Management review on 01/03/2016 if one unit (downstairs) within the same building can be made more suitable and safe and if the resident will move temporary to this unit (before moving to a new unit). Resident to move downstairs on or before 19/03/2016

Proposed Timescale: 15/07/2016

Theme: Effective Services

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

One of the units was not of sound construction or in good state of repair.

9. 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:

Resident will move to suitable living environment by 15/07/2016. Agreed hand over date with architect in writing and date that he will move and forwarded to HIQA on 08/02/2016. Management review on 01/03/2016 if one unit (downstairs) within the same building can be made more suitable and safe and if the resident will move temporary to this unit (before moving to a new unit). Resident to move downstairs on or before 19/03/2016

Proposed Timescale: 15/07/2016

Theme: Effective Services

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

One of the units could not be adequately cleaned or decorated.

10. 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:

Resident will move to suitable living environment by 15/07/2016. Agreed hand over date with architect in writing and date that he will move and forwarded to HIQA on 08/02/2016. Management review on 01/03/2016 if one unit (downstairs) within the same building can be made more suitable and safe and if the resident will move temporary to this unit (before moving to a new unit). Resident to move downstairs on or before 19/03/2016

Proposed Timescale: 15/07/2016

Theme: Effective Services

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

One of the units could not be adequately ventilated and heating was not satisfactory. Toilets and showers in one unit were not suitable for use.

11. 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:

Resident will move to suitable living environment by 15/07/2016. Agreed hand over date with architect in writing and date that he will move and forwarded to HIQA on 08/02/2016. Management review on 01/03/2016 if one unit (downstairs) within the same building can be made more suitable and safe and if the resident will move temporary to this unit (before moving to a new unit). Resident to move downstairs on or before 19/03/2016

Proposed Timescale: 15/07/2016

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 did not include systems for the practice of identification, assessment and management of risks with reference to but not exclusive to :

the unexplained absence of a resident

accidental injury to residents or staff

violence and aggression

self harm.

In practice systems were not satisfactory.

12. Action Required:

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

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

Adopt new Risk management Framework Policy and Procedure and to localise it. This include the practice of identification, assessment and management of risks in our risk management policy including (but not exclusively) the unexplained absence of a

resident, accidental injury to residents or staff, violence and aggression and self harm. All incidents involving the unexplained absence of a resident, the accidental injury of residents or staff, violence and aggression or self harm are quarterly audited, reviewed and ensured hazard controls are in place. Absence; audit on unexplained absence was done, one resident has an individualised risk assessment and measures and actions are in place to control the risks. Injury; possible hazards are identified and general risk assessments are in place for all residents, staff and visitors. Audit of injuries quarterly and in each residents' annual review or as required. Self harm; all staff has been supplied with the guidelines of Understanding, Prevention and Reaction to self injuring Behaviour. An audit is done on self harm and all residents at risks have a personal risk assessment and measures are in place to control the risks. Violence and aggression; all residents are risk assessed for violence and aggression and positive behaviour support plans are in place for relevant residents to control the risks. Quarterly review of all incident involving violence or aggression. Code of conduct signed by all staff.

Proposed Timescale: 31/03/2016

Theme: Effective Services

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

The emergency plan did not take account of the possibility of loss of heating.

A number of risks had not been assessed or identified. These included but were not limited to:

- the use of lighted candles
- safety of bed rails and hoists
- security of one of the premises at night.

13. 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:

Include possibility of loss of heating in the emergency plan. Assessment, management and ongoing review of lighted candles, safety of bedrails, hoist, security of premises at night.

Stopped with using candles on Christmas trees on 07/01/2016

Proposed Timescale: 18/03/2016

Theme: Effective Services

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

There was no effective system identified for learning and review of accident or incidents.

14. Action Required:

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

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

Quarterly audit on incidents and accidents to be reviewed by management and analyse ensure if measures in place are sufficient. National Audit tool (online accessible to Nominee Registered Provider) to be introduced 01/06/2016.

Proposed Timescale: Local audit on 12/04/2016 National on 01/06/2016

Proposed Timescale: 01/06/2016

Theme: Effective Services

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

Systems for the prevention of infection were not robust including:

unsuitable location and condition of the toilet and shower
insufficient hot water
blocked pipes
poor management of soiled clothing
poor pest control systems.

15. 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:

Drain specialist to assess blocked pipes and smell and to propose actions. Review before 11/03/2016 if resident will move to more suitable and safe unit temporary as discussed. Proper management of soiled clothing by 11/03/2016. Pest control in place by 04/03/2016.

Proposed Timescale: 31/03/2016

Theme: Effective Services

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

The arrangements in place for detecting and containing fire were not adequate in the following respects:

Building one was not constructed in a manner capable of containing a fire should one occur, nor was it equipped with any adequate fire detection and alarm system.

The fire detection and alarm system within building four was identified as requiring improvements in order to ensure a fire within any area of the building is detected in a timely fashion.

16. 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:

Instalment of certified fire alarm system (LD1 system) including emergency lighting, detecting and alarm system building one. Upgrade of fire alarm and detection system building four.

Proposed Timescale: 11/03/2016

Theme: Effective Services

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

The escape routes and means of escape generally within building one were not adequately protected with fire resistant construction.

The emergency lighting system within building one was not adequate.

The location of two bedrooms within building three did not afford the occupants with an adequate means of escape from same due to the necessity to pass through the kitchen and living areas within the apartment without an alternative route available.

17. Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

Upgrades of fire resistant construction and means of escape in building one including emergency lighting system, compartmentation, fire doors and self closing devices on doors. 17/04/2016 – see attachment schedule of work.

Resident in building three to move bedroom. Move bed in guest room in other apartment in building three.

Proposed Timescale: 31/03/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

Adequate arrangements were not in place for ongoing maintenance of the means of escape and building fabric within building one, particularly the unoccupied area as described within the findings.

Some doors were identified in various locations through the centre where a self closing device had not been provided where required and also doors were identified that were equipped as fire doors but with excessive gaps beneath them.

The arrangements in place for the maintenance of building fabric were not adequate in some areas of the centre where the making good of fire resistant construction was required in locations where the construction is penetrated by services such as water pipes as described within the findings.

While a system of regular fire safety checks were in place, the checks did not reflect site specific arrangements and equipment in all cases.

The recommendations of an electrician in relation to ongoing maintenance of the electrical installations had not been followed in some cases.

18. Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

Remove all (combustible) material from the unoccupied area in building one.28/01/2016.

Self closing devices installed in building two and three.30/03/2016.

Gaps doors checked and amended if needed in buildings.30/03/2016

Services pipes to seal between downstairs and upstairs building four.30/03/2016.

Ensure fire safety checks are site specific in arrangements and equipment 30/03/2016.

Proposed Timescale: 30/03/2016

Theme: Effective Services

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

While good practice was noted from examination of fire drill records generally, it was noted in some limited cases that the drills conducted did not accurately reflect real life scenarios such as a night time evacuation of the centre.

19. 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:

Night time evacuations on an annual basis to include all accommodation.

Proposed Timescale: 01/04/2016

Theme: Effective Services

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

Fire safety arrangements were not adequate with respect to ensuring a satisfactory standard of fire safety was maintained for the resident and occupants in building one until such time as they are relocated to another building.

20. Action Required:

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

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

Check all fire safety management systems in building one. Review before 11/03/2016 if resident will move to more suitable and safe unit temporary as discussed. Monthly fire drills in all residential buildings.

Proposed Timescale: 15/03/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The use of restrictive practices including listening devices and bed rails were not in accordance with national guidelines, there was no rational identified or safeguarding measures in place for such use.

21. 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:

Reviewed use of listening devices. Discontinued using listening devices by 19/02/2016. Ensure restrictive practices (specifically bedrails) are in line with national policy.

Proposed Timescale: 31/03/2016

Theme: Safe Services

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

The person in charge failed to take appropriate safeguarding actions or satisfactorily investigate an allegation of abuse.

22. 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:

Reviewed use of listening devices. Discontinued using listening devices by 19/02/2016. Ensure restrictive practices (specifically bedrails) are in line with national policy.

Proposed Timescale: 31/03/2016

Theme: Safe Services

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

There were no policies or procedures for the protection of children or young people.

23. Action Required:

Under Regulation 08 (8) you are required to: Ensure that where children are resident, staff receive training in relevant government guidance for the protection and welfare of children.

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

Adopt child protection policy. Ensure procedures reviewed and amended regarding protection of children. Under eighteen student so have buddy system specialised induction plan on safeguarding.

Proposed Timescale: 12/03/2016

Theme: Safe Services

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

Training in safeguarding and the frequency of this was not satisfactory.

24. Action Required:

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

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

Safeguarding Training on Safeguarding, Professional and personal boundaries and low arousal on 28/02/2016 for most staff. Assessment safeguarding knowledge of staff by 29/02/2016. New training plan implemented by 15/02/2016, safeguarding training refresher annually.

Proposed Timescale: 15/02/2016

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:

Two incidents of alleged abuse were not notified to the Chief Inspector.

25. 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:

Outstanding alleged abuse cases notified to the Chief inspector.

Proposed Timescale: 04/02/2016

Theme: Safe Services

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

Two unplanned evacuations were not notified to the Chief Inspector.

26. Action Required:

Under Regulation 31 (3) (b) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which the fire alarm equipment was operated other than for the purpose of fire practice, drill or test of equipment.

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

Unplanned evacuations notified.

Proposed Timescale: 11/03/2016

Theme: Safe Services

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

Restrictive practices were not notified to the Chief Inspector.

27. 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:

Restrictive practice notified quarterly.

Proposed Timescale: 30/04/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The management systems were not satisfactory to ensure the service was safe and effectively monitored.

28. 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:

Monthly reporting system in management on areas of H&S including fire safety and incidents & accidents, complaints & concerns, safeguarding, training, HR, finances, maintenance, HIQA compliance.

Proposed Timescale: 15/03/2016

Theme: Leadership, Governance and Management

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

Management roles were not defined or implemented effectively to ensure safe and effective delivery of care.

29. 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:

Statement of purpose organisation chart changed. Review of management structure on

or before 31/03/2016. Reporting structure and line-management structure for all staff in place by 31/03/2016. Review of effectiveness of new management structure with Registered Provider before 15/05/2016. A regional management post is being introduced by 01/06/2016. A national/local supervision policy and procedure is being reviewed to strengthen line management and supervision before 30/06/2016

Proposed Timescale: 31/03/2016

Theme: Leadership, Governance and Management

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

There was no satisfactory annual review of the quality and safety of care.

30. 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:

Annual review by Registered Provider.

Proposed Timescale: 30/06/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

The provision of and effectiveness of training required review. There were obvious gaps in staff knowledge and training with regard to fire safety and safeguarding. There was no system to define the frequency of refresher training or assess the effectiveness of the training provided.

31. 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:

New training plan 2016, including timescale of refreshers implemented 15/02/2016. Two house coordinator fire marshal training on 29/01/2016. Safeguarding training for most staff on the 28/01/2016. PIC safeguarding training on 02/02/2016. Safeguarding assessment all staff 29/02/2016. Fire safety assessment all staff 18/03/2016.

Proposed Timescale: 18/03/2016

Theme: Responsive Workforce

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

Supervision arrangements for staff were not adequate.

32. 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:

Reviewed line management supervision to be implemented. Person in Charge line manages Support coordinator, two house coordinators, persons responsible for H&S, Finance and admin.

The front line staff is divided in three groups relating to the residents they work with. One: Support coordinator line manages all staff working with four residents and one day placement, Two and Three; two house coordinators line manage all staff for the three residents in their house and one resident in the supported flats each. Meetings will be at least once every 6 weeks and a record will be kept. Implementing date 25/03/2016

Proposed Timescale: 25/03/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

The polices on risk management, complaints and staff training required review.

33. Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

Policies on Risk management, complaints and safeguarding will be reviewed.

Proposed Timescale: 31/03/2016