

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0002471
Centre county:	Westmeath
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Joseph Ruane
Lead inspector:	Catherine Rose Connolly Gargan
Support inspector(s):	Philip Daughen
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

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

The inspection took place over the following dates and times

From:	To:
18 May 2015 10:30	18 May 2015 17:30
19 May 2015 09:00	19 May 2015 18:00

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

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

Summary of findings from this inspection

Inspectors undertook ten inspections in eight centres operated by the Health Service Executive (HSE) through St Peter's Services in Westmeath in 2015, four of which were announced and six unannounced.

These inspections found evidence of poor outcomes for residents and areas of risk to residents relating to safeguarding and health and safety. Poor managerial oversight and governance arrangements were also a recurrent finding in these designated centres. Due to the seriousness of the concerns, HIQA issued immediate actions and warning letters. Regulatory and escalation meetings were also held with the provider

and members of senior management of the Health Service Executive.

Due to the overall failure of the provider to implement effective improvements for residents identified throughout all inspections, a notice of proposal to refuse the registration of one of the centres was issued. Following on from this, the provider informed the Chief Inspector of their intention to cease the operation of four houses within the region. The purpose of this was to consolidate the staffing levels in the remaining twelve houses.

HIQA has been informed by the provider that the process for assuming operational and governance responsibility is now complete and the contract has been awarded to another service provider.

HIQA will continue to monitor these centres to ensure that the actions taken by the provider are sustained and result in continued improvements to the safety and quality of life of residents.

This inspection was the second inspection of the centre and was completed in response to an application by the registered provider to register the designated centre under the Health Act 2007. The application submitted to the Chief Inspector was to provide services for up to five residents in the designated centre which is a four bedded bungalow, located in Westmeath and operated by the Health Service Executive.

A monitoring inspection was completed in the designated centre in November 2014. At that time the centre was one of two community houses inspected as part of one designated centre. Since the inspection, the registered provider informed the Chief Inspector of intent to operate the community house as one designated centre. There were significant non-compliances with the regulations identified in November 2014 to which the provider undertook to address within specified timescales. As part of this inspection, inspectors followed up progress with addressing the matters arising from the inspection in November 2014. Inspectors' findings demonstrated that there was an inappropriate and disproportionate response to the significant non-compliances from the last inspection in November 2014 by the registered provider to ensure that the services provided were safe and effective.

Inspectors met with residents, relatives and staff on this inspection. Inspectors also observed practice and reviewed documentation as part of the methodology for gathering evidence. Inspectors found staff on duty to be caring towards residents. However, the findings of this inspection, demonstrated significant evidence of failure to recognise the rights of residents to have opportunity to maximize their personal development and quality of life. Some residents healthcare needs were not adequately met in terms of pain management and support with timely access to appropriate specialist care. This finding is discussed in outcome 11.

Provision of suitable supports such as day care provision required immediate action for improvement. There was also a failure to provide adequate leadership with the exception of the person re-deployed to temporarily oversee the management of the centre some weeks prior to this inspection. The findings confirmed that there is

limited recognition of the statutory requirement to come into compliance with the regulations and standards.

Due to on-going inadequate provision for deputising arrangements for permanent and full-time replacement for the person in charge role, there was evidence of inadequate staff supervision including management of performance and absenteeism. There was also evidence of inadequate deployment, supervision and assessment of the skill and competency of agency staff to meet the needs of residents.

Of the eighteen outcomes inspected, compliance was identified in one outcome - notification of incidents. Moderate non - compliance was identified in seven outcomes and Major non compliance was identified in the remaining ten outcomes. There were forty four breaches in the regulations identified, thirty one of which are the responsibility of the registered provider. Thirteen of the failings were the responsibility of the person in charge.

The findings evidencing actual and potential negative outcomes for residents in terms of their safety, care and quality of life are described in the inspection findings throughout this report.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

Inspectors' findings supported evidence that residents' rights and dignity needs were not being adequately met on this inspection. The designated centre has four bedrooms and is the home of one female and four male residents. Two male residents shared a twin bedroom facility. None of the bedrooms had en-suite toilet/washing facilities. Residents shared use of two communal toilet/shower rooms. As three of the residents had their own room, they were facilitated to undertake personal activities in private. However inspectors found that the layout of the twin bedroom negatively impacted on the privacy and dignity needs of the two residents residing there due to the absence of adequate personal private space. Neither resident mobilised independently and required assistive equipment to support their needs. Storage arrangements for this equipment required review. These findings are discussed further in outcome 6.

A complaints procedure was available in accessible format as part of residents' personal documentation in the sample reviewed by inspectors. However, findings did not confirm residents were supported to become familiar with its content. The complaints procedure was not displayed in the centre. The identity of the designated person with responsibility for complaints in the centre was unclear. Records of ongoing dissatisfaction with aspects of the service as expressed to service providers by a resident and families of other residents and communicated to inspectors were incomplete or not documented in the log. While there were some entries in the complaints log where staff had documented complaints on behalf of residents, the documentation as viewed by inspectors did not support adequate investigation of these complaints. There was no reference that complainants were informed of the outcome of investigations or that they were satisfied

with actions taken to effect resolution.

Advocacy services were available to support residents. Staff told inspectors that an advocate nominated to support residents attended the centre. However, there was no evidence that this service empowered residents to realise their wishes or make meaningful decisions to bring about changes to aspects of the service that negatively impacted on their quality of life. For example, choice of residency in the designated centre and choice of a shared or single bedroom. The designated advocate for the centre had changed and this information was not updated on the advocacy details as displayed.

A resident meeting forum was in place to empower residents to be involved in the planning and running of the centre. Inspectors reviewed the minutes of the last residents' forum meeting on 15 May 2015. These minutes supported findings that discussion was resident focussed and included discussion regarding residents' day-to-day lives and feedback on recent resident events/experiences. Residents' assessments recorded areas in their day to day lives in which they had some opportunity for choice, such as the time they went to bed, the time they got up and the clothes they wore. Staff in the centre were observed by inspectors on the days of inspection to encourage and respect residents' individual decisions and preferences about their daily routines.

The inspectors found, from discussion with residents and their families, that lines of accountability for services were unclear or unknown to them. Although significantly improved in recent weeks, inspectors' findings from discussion with residents' families and review of residents' documentation indicated that further improvements were required to ensure meaningful consultation. Information gleaned from speaking to residents and their families supported findings that they were not always appropriately consulted with or listened to. Inspectors confirmed that it was also not always routine practice to inform families about resident incidents or accidents, or to involve them in significant life events such as residents moving to another house.

Inspectors reviewed a sample of residents' weekly activity timetables and whilst improvements had been made to the opportunities available since the last inspection in November 2014, the choice was still limited and did not always reflect each resident's individual interests or capabilities. Residents' access to activities was generally limited to those activities that were available in the service, mostly in the absence of appropriate, personalised and meaningful assessment to ensure that activities scheduled for residents interested them. Inspectors observed that attendance at activities was also dependant on staffing arrangements and availability. Information on staffing schedules forwarded to HIQA as requested since 07 December 2014 referenced contracting of agency staff to replace high levels of permanent staff absenteeism. There were some weeks when up to eight agency staff were rostered as part of the staffing complement. This finding did not ensure consistency for residents and is discussed further in outcomes 5 and 17.

There were guidelines in place for the management of residents' personal belongings. However, inspectors were not assured that the procedures in place to safeguard and respect residents' personal possessions were robust and effective. A list of a resident's personal belongings was observed by inspectors to be inadequate as it was not dated and was incomplete. While there was personal assessment documentation for four

residents, this documentation was not available for one resident even though in control of their own personal money prior to coming to live in the centre. Inspectors found there was insufficient action taken to ensure accurate personal financial records were maintained and available for this resident. Staff told the inspectors they were not aware of the details of this resident's account and confirmed account statements were not forwarded to the designated centre on behalf of this resident or available for inspection.

Judgment:
Non Compliant - Major

Outcome 02: Communication

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

Theme:
Individualised Supports and Care

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

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

Findings:

There were organisational policies in place informing resident communication procedures. Residents had assessments completed of their communication needs by the speech and language therapy service. The speech and language therapist had recently introduced an accredited sensory based communication tool; however, due to work commitments elsewhere in the service was unable to support its full implementation. Four of the five residents in the centre had verbal communication deficits. There was an absence of reference documentation available to inform interpretation of their individual sounds and gestures as used by them to communicate their needs. Inspectors observed that staff who worked consistently in the centre were able to effectively interpret these various sounds and gestures. However, as this interpretation skill was dependent on familiarity, the frequent contracting of unfamiliar staff did not ensure residents' communication needs were met at all times in the centre.

While there were some documents available in accessible format, there was limited evidence of residents familiarisation with same. Pictures of menus and staff were in use to inform residents. While one resident had recently obtained an iPad, in general, there was an absence of assistive communication technology or aids to support residents with meaningful communication.

Judgment:
Non Compliant - Moderate

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

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents' relatives told inspectors on the days of inspection that they were made very welcome in the centre at all times. There were two sitting areas in addition to the kitchen for residents to meet their visitors in private outside their bedrooms if they wished.

There was a record maintained of all visitors to the designated centre. As discussed in Outcome 1, findings on this inspection did not confirm that there was adequate consultation with residents' families regarding significant events in the residents' lives such as transitioning to new accommodation within the service. However, in recent weeks, they have been involved in residents' annual reviews which they stated they wholly welcomed.

The inspectors observed from some residents' documentation that they were supported to visit friends in other designated centres within the service and some residents were supported to visit their families. There was evidence that residents went to parties and out for meals in local community amenities. However there was an absence of meaningful involvement in the local community outside of these activities.

A residents' guide document was in place. There was internet access available in the centre.

Judgment:

Non Compliant - Moderate

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

implemented.

Findings:

Residents did not have contracts in place as required by the legislation. An accessible format document was available to inform residents about the terms and conditions of their residency but it was not signed, dated or did not detail fees to be charged for accommodation or additional services. However, the provider advised inspectors during the inspection feedback meeting that contract documentation had been approved prior to the inspection and would be implemented.

Inspectors reviewed the policy in place for the admission and discharge of residents and found that it was inadequate as it did not inform practice. This policy outlined the procedure for admission and discharge from and to external providers; however, there was no specific procedure or guidance including the practical supports required for residents transitioning to designated centres which were operated by the same provider. A resident recently transferred to the designated centre from another centre in the service; this resident's documentation did not reference a robust plan to support their ongoing transition needs with settling into their new environment. This resident expressed their dissatisfaction and unhappiness with living in the designated centre to inspectors. While staff in the centre had escalated this resident's situation to management, inspectors were told by the provider at the feedback meeting that there was no alternative accommodation for this resident in the service. This finding is discussed further in Outcome 5.

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):

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

Findings:

Each resident has a personal plan in place referencing a system for assessing their needs and developing a plan to meet identified needs. The inspectors reviewed the

personal plans in place for a sample of residents. Findings confirmed that each personal resident's personal plan was recently reviewed. However, this documentation did not reference a reasonable level of involvement by residents in the review process. Residents' families confirmed to inspectors that their involvement had commenced in recent weeks and they expressed their satisfaction with being given the opportunity to be involved in residents' lives.

As found on the last inspection of the centre in November 2014 and repeated on this inspection, the assessment/planning process did not comprehensively inform residents' personal plans so as to adequately address safety and healthcare needs for some residents. For example, a risk assessment for challenging behaviour were not sufficient. Pain management arrangements were required and were not being implemented. In addition, there was an absence of an assessment of capacity to ensure refusal by a resident to undergo assessment was an informed decision.

Two of the five residents living in the centre were facilitated to attend a structured day service five days each week. There was also evidence that one of these two residents had commenced work experience one day each week. However, the assessment and provision of day services to meet the activation/developmental and lifelong learning needs of the other three residents in the centre had not been assessed or progressed since the last inspection in November 2014. Opportunities for residents to partake in activities were limited and were generally dependant on staff and activities available in the service. Inspectors observed a resident spending much of the first day of inspection alone with staff in the centre, with very little activities for the resident. A weekly schedule of sessional activities that each resident would attend on a daily basis within the service was documented for each resident. However, residents' access to these activities was generally limited to one activity per day. Due to the sessional nature of activities, they were convened for periods of less than one hour. Inspectors observed that staff recognised residents' needs and made efforts to provide activation by involving residents in the daily routine of the centre. However, much of this involvement as observed by inspectors was not resident focussed and entailed accompanying staff on general errands outside the centre. Therefore, the activation needs of three residents were not adequately met. Their rights to development of their strengths and individual abilities were also not met.

While multi disciplinary assessments had been completed, the recommendations derived from same were not consistently implemented in the residents' plans of care. For example, inspectors reviewed a report by the behavioural nurse specialist which clearly identified interventions to meet the needs of a resident with responsive behaviours. Reduction in the incidence/severity of the behaviours by 50% was envisaged by implementation of a list of objectives. However, there was an absence of information to indicate progress made with their implementation. An accredited sensory-based communication tool was introduced for residents by the speech and language therapist but inspectors observed that there was no evidence to determine if residents experienced positive outcomes from use. The inspectors were told by staff that further implementation of the tool would be carried out by the speech and language therapist. However, the intensive access required to effectively implement this tool including staff training was limited due to the specialist commitments by the speech and language therapist to other parts of the service.

Following assessment, each resident had a care plan in place to address their needs. However as discussed in Outcome 11, not all residents' needs were identified with as associated care plan in place. The inspectors also found that documented interventions did not adequately inform the actions to be taken to meet residents' assessed needs. Significant improvement was required in order to ensure that personal plans in place were meaningful, person-centred and effective to ensure positive outcomes for residents. For example, there were person centred plans in place which identified the likes and dislikes of residents. From this, goals had been set. However, inspectors found that in the main the goals were short term and did not promote opportunities for skill building and lifelong learning. Considering the age range of residents, this finding did not promote a culture of expectation for residents' ability and development. There was an absence of identification of meaningful individualised short and long-term goals by residents or identification of the necessary skills and supports required to attain proposed achievements. In addition, some activities identified as goals were part of the current routine for some residents or were not meaningful. For example, a goal for one resident was to go on an annual holiday. However, there was no evidence of any discussion involving this resident to identify a suitable location, a date for the holiday or assessment of the supports needed to assist this resident. This finding did not support progress with achieving personal goals.

Judgment:
Non Compliant - Major

Outcome 06: Safe and suitable premises

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

Theme:
Effective Services

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

Findings:
The designated centre is a bungalow located a short distance outside a village in a rural area. The house consists of one twin and three single bedrooms, none of which were fitted with en-suite toilet/washing facilities. Residents' accommodation facilities consists of two communal shower/toilet rooms, two sitting rooms, kitchen/dining area and utility room. Storage for residents' equipment and supplies was located in a facility annexed but exterior to the centre. External grounds consisted of a front and back garden. The back garden was secure. Inspectors observed that the house was decorated to reflect the individuals who resided there with photographs of residents, decorative ornaments

and posters. However, inspectors found evidence to support a review was required of the twin bedroom accommodation as the size and layout did not meet its stated purpose or provide for the matters as stated in Schedule 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

The kitchen/dining room area provided adequate seating and dining space for five residents and staff. The single occupancy rooms were of an adequate size and layout to meet the needs of residents residing in these rooms. While there was adequate and varied communal space for residents, a staff computer and desk was inappropriately located in one of the residents' sitting rooms. This finding required review to ensure space designated for residents' use was not compromised. The design and layout of the twin bedroom in the centre did not adequately meet the needs of the two residents residing in it and as such was not fit for purpose. In addition, both these residents required significant assistive equipment to support their needs, including assistive wheelchairs and a walking aid. Both residents required the assistance of a hoist to meet their manual handling requirements, which in the absence of alternative storage was stored in their bedroom. Assistive wheelchairs belonging to these residents were stored in a facility exterior to the centre which did not facilitate their easy access. The circulation areas in the centre were narrow in some areas and compromised the movement of residents using assistive wheelchairs. A corridor into the kitchen/dining area and a sitting room measured 750mm in width. Linen cupboards were also located in one of the walls in this corridor, the doors of which opened out into the corridor. This finding did not ensure residents safe mobility. Handrails were not fitted in circulation areas.

Judgment:
Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

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

Findings:

There were policies and procedures in place informing health and safety and risk management. There was a risk register in place; however, inspectors found that it did not adequately identify all hazards within the designated centre or specify concomitant controls to mitigate risks identified. Inspectors found that arrangements in place for a resident who engaged in smoking required review and risk assessment in the centre's risk register. The linen cupboard doors opening into the corridor or the absence of

handrails on the corridors were posed risks to residents' safety but were not identified as a risk in the centres' risk management documentation.

Risk posed to residents and staff using the centre's transport vehicle was not identified even though there had been an incident of driver assault while the vehicle was moving during an episode of responsive behaviour. Although not documented, staff told the inspectors that a control measure to mitigate this risk was that staff would not travel in the transport vehicle alone with the resident concerned. However, inspectors observed that this control was not fully implemented. This finding also demonstrated that there was inadequate learning from serious incidents in the centre.

The measures and actions in place to control the unexpected absence of a resident; accidental injury to residents, visitors and staff; aggression; violence and self-harm had not been documented as required by regulation 26 (1)(c). There was evidence that incidents were occurring in these areas. For example, some residents engaged in self-harm. Some residents were at risk of leaving the centre unaccompanied and had missing person profiles completed in their personal documentation.

Inspectors reviewed the systems in place for the management of infection control and found there was evidence of adequate infection prevention and control practices in the centre. There were cleaning schedules in place and inspectors observed the centre to be visibly clean. Risk of transmission of a communicable infection was a risk within the centre and although not identified in the centre's risk register or individual risk assessments, there was appropriate personal protective equipment available and used by staff in the centre. Laundering and waste management procedures were in line with best practice to prevent cross infection. Staff spoken with were knowledgeable regarding infection prevention and control practices.

Following on from the previous inspection, the registered provider had engaged the services of an external fire consultant to assess fire management systems and procedures. Fire safety procedures were in place and displayed. Personal evacuation risk assessments had been completed for residents to inform their safe evacuation needs. There was evidence of regular fire drills at night and during the day. All designated fire exits were observed to be free of obstruction on the days of inspection. Weekly fire prevention checking procedures were completed; however, there was missing entries in the records for daily checking procedures. Another community house was identified as a place of safety in event of an emergency. The fire equipment was serviced at regular intervals. All permanent staff with the exception of one staff member had completed fire training and participated in fire drills. However, there were inadequate arrangements in place to ensure agency staff were informed of fire procedures in the centre and the evacuation needs of residents. Fire safety arrangements were included as part of an induction procedure of non-permanent staff. However this was reliant on a permanent staff being on duty at all times. There was two occasions documented since December 2014 where there was no permanent staff on night duty supporting residents.

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:

On the last inspection in November 2014, inspectors found that whilst there were policies and procedures in place informing safeguarding vulnerable adults, incidents of unexplained bruising had not been investigated to ensure residents' safeguarding needs were being adequately met. In response the provider carried out an investigation; the findings of which substantiated inspectors' findings. Rationale for the bruising could not be definitely determined; however, numerous factors inclusive of absence of appropriate assessments and plans of care were contributing factors. The investigation further found that failure to adhere to policies and procedures did not ensure safeguarding measures had been implemented, such as comprehensive assessments and plans of care. Inspectors found that the recommendations from this investigation report were in progress; however, had not been completed. This included developing a meaningful day for residents; however, as evidenced in Outcomes 1 and 5, this had not yet been achieved for three residents. Review of information to inform management of unexplained bruising was included in the policy on protection of vulnerable adults as observed in the centre by inspectors on this inspection. However, there was an absence of evidence to show that all staff were familiar with the revised content in this policy as signatory evidence of having read the document was provided by only one staff member.

As stated in Outcome 1, the procedures in place to ensure one resident's finances were appropriately protected and managed were not adequate and lacked sufficient transparency on this inspection. Staff told inspectors they had recognised this issue and had commenced implementing procedures to ensure record keeping of transactions was robust in the future. Statement of account records were available for the other four residents' personal account transactions.

Garda vetting was completed for all staff and for an external therapist involved in facilitating an activity for residents on a one-to-one basis. There had been four breaches of regulation identified regarding the provision of positive behaviour support in November 2014. Inspectors observed that progress had been achieved towards compliance in this area. Staff had read the policy in relation to restrictive interventions as stated in the action plan response. Residents were referred and were being assessed

by the appropriate allied health professional services. A review had been conducted of medication prescribed to residents and medication prescribed for administration on an 'as required' basis for management of responsive behaviours had been reviewed and discontinued. However, the inspectors found that the one incident of administration of a psychotropic medication since the last inspection in November 2014 was during a period when the centre was staffed by employees with whom the resident concerned was unfamiliar. In addition, a nurse from another designated centre attended the centre to administer this medication.

While positive behavioural support plans were developed for residents exhibiting responsive behaviours and progress was documented as being reviewed monthly, there was limited evidence of a comprehensive review undertaken that included records of the times the behaviours were occurring, triggers and successful de-escalation techniques. There was limited evidence that consistent implementation of proactive and reactive strategies identified in positive behavioural support plans was in place especially at times when the centre was staffed by agency staff. For example, there were entries missing from some residents' documentation and residents could not engage in activities outside the centre when permanent staff were not on duty to drive the centre's transport vehicle.

Five staff had received training on management of actual or potential aggression and three staff had received training on positive behavioural support since the last inspection in November 2014. Further training on positive behavioural support is required to meet the needs of the residents.

Throughout the two days of this inspection inspectors observed staff engaging with residents and found that interactions were satisfactory.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

Findings:

Inspectors confirmed that a record of accident and incidents were maintained in the designated centre. Inspectors found that all notifiable events had been submitted to HIQA as required by Regulation 31 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

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

Findings:

The inspectors found that residents' access to opportunities for education, training and employment was not adequate. The provider responded to the action plan from the last inspection in November 2014 that each resident's need would be reviewed in respect to meeting their education, training, skill-building and employment needs and where identified, residents would be supported to access the required supports. This was to be achieved by December 2014. However, inspectors found on this inspection that this action was partially completed with two residents recently facilitated to attend an appropriate day programme. One of these residents had commenced a work placement on the days of inspection. The resident concerned expressed satisfaction with this development to the inspectors.

Improvements had also been achieved in respect of residents' participation in activities internally and externally to the designated centre. However, inspectors found that there was an absence of expectation for the three other residents' ability and potential for lifelong learning and as such this aspect of resident assessment, care and support was not adequate. A policy was not in place to inform residents' access to education, training and employment. However, due to the staffing arrangements whereby high levels of staff were unfamiliar with residents, and an absence of leadership by a full-time person in charge, assurances were not provided that access by residents to these activities and development programmes would be progressed and sustained.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

Inspectors found evidence that the healthcare needs of some residents were not being adequately met on this inspection. Findings on the last inspection of the centre in November 2014 also supported findings that residents healthcare needs were not being met. While inspectors found evidence to confirm that residents' access to allied health professional and specialist support had improved, overall findings on this inspection showed that timely access to appropriate healthcare was not adequate for some residents.

This finding was brought to the attention of the provider nominee at the inspection feedback meeting. Inspectors review of some residents' documentation records supported evidence of an absence of adequate assessment, care and support for residents with health conditions, resulting in increasing levels of pain, need for support and timely access to specialist medical care. Each resident had a care plan in place to address their needs developed following assessment. However, as previously stated, not all residents' needs were identified with a concomitant care plan in place. The inspectors also found that documented interventions did not adequately inform the actions to be taken to meet residents' assessed needs.

Inspectors observed a resident mealtime. The menu was displayed in written and pictorial format. The food provided was nutritious and the consistency was appropriately modified for two residents with swallowing deficits as recommended by the speech and language therapist. These residents also had their fluids thickened to the recommended consistency. Residents requiring assistance with eating received help from staff discretely and sensitively. Residents and staff were observed to interact positively during the meal. However, inspectors found that a record of the food prepared for residents' meals was not recorded to facilitate assessment. The provider advised inspectors that a dietician was scheduled to advise staff on nutritional assessment using an accredited tool, and on menu planning. The dietician would also assess the nutritional value of current menus to ensure residents are provided with a balanced diet. Residents' weights were recorded monthly and there was no evidence of unintentional weight loss. One resident had gained approximately 3kgs over one month. This resident's documentation referenced that they had used a treadmill to support them with exercising in their previous placement. However, this equipment did not transferred with this resident to the designated centre due to, as documented, a lack of adequate storage space. A recommendation by the behavioural specialist for this resident was that a treadmill would be purchased for the resident's use. A treadmill was not provided in the

designated centre on this inspection.

Judgment:
Non Compliant - Major

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):

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

Findings:

The centre had policies and procedures in place to inform medication management procedures. The medication management policy was dated 2010; staff told the inspectors that the policy was undergoing regional update. Inspectors reviewed a sample of resident's prescription and administration records and found all required prescribing and administration information was present. An inspector observed medication administration to a resident and found that it was completed in line with professional standards.

Medication was stored securely and there was a system in place for returning out-of-date or unused medications to the local pharmacy. The pharmacist was facilitated to meet their obligations. However, there was an absence of evidence of assessment to facilitate the pharmacist to engage with residents about their medications. One resident with a confirmed swallowing deficit was not receiving their medications in a form in line with the consistency recommendations made by the speech and language therapy services.

There was absence of appropriate assessment to ensure this method of administration did not compromise their health.

The centre had a policy in place in which stipulated that medication was only administered by a registered nurse. There was an arrangement in place whereby a nurse with a support role to a number of designated centres in the area or the nurse in charge of the designated centre next door administered night-time medications to residents. Findings supported that this arrangement did not ensure residents could receive their medication as required. The inspectors found two incidents where residents received their night medications up to 2hrs 45 minutes late. These incidents were not recognised as adverse medication incidents and were not appropriately risk assessed to ensure medication management arrangements were resident focussed. In addition, a resident with responsive behaviours was assessed as requiring a chemical restraint.

Administration of this medication was completed by the nurse in charge of the centre next door. As the nurse in charge of the designated centre was part of the staffing complement there, there was no assurances that the nurse in the designated centre next door would be available when required due to commitments to residents in his/her own workplace .

Judgment:

Non Compliant - Moderate

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The registered provider submitted a Statement of Purpose to the Chief Inspector as part of the application to register the designated centre under the Health Act 2007.

Inspectors reviewed the document and found that whilst it contained the items as stipulated by Schedule 1 of the regulations, the information contained was not accurate or reflective of practice. For example, the objective of the organisation 'to promote independence whilst enabling individuals to lead lifestyles of their choice promoting dignity, respect and community inclusion'. The findings of this inspection evidence that this does not occur in practice.

Examples of information requiring review included the governance and management arrangements in the centre to ensure the provider and person in charge roles were represented as key management roles and as such the persons occupying these positions were facilitated to fulfil their regulatory requirements. Some people included as being involved in the centre's management was not accurate as their input was not on a full-time basis but as part of a much broader remit. The staffing numbers and deputising arrangements for the person in charge were not accurate and required review to reference staff numbers in terms of whole-time equivalents resourcing the centre directly.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

Inspection findings indicated that governance and management arrangements in the designated centre required significant improvement. HIQA was advised that the person in charge was absent for more than 28 days from 21 April 2015. A person in charge from another centre in the service was requested to oversee the management of the designated centre two weeks prior to this inspection. While the designated centre was found to be in major non-compliance with the legislation in a number of areas as described in this report, there was also findings that reflected many recent improvements to enhance the quality of life of residents in this short time period. However, there was no confirmation that the centre would be resourced with a robust structure going forward. A staff nurse and carer spoken with on the days of inspection demonstrated their commitment to meeting residents' needs and supporting the person in charge to bring the centre into compliance with the legislation.

An adequate system was not in place to effectively and comprehensively monitor quality and safety, and quality of life of residents in the centre. While a staff nurse supported by the person in charge had completed a small number of audits, they had not been analysed and were not of sufficient detail to measure specific aspects of the areas reviewed and to capture deficits requiring improvement. On the days of inspection, there were four members of staff absent. There was limited evidence of action taken at a corporate level to address the high levels of unplanned persistent staff absenteeism to address any negative impact this had on residents' safety, care and quality of life. The provider advised the Authority of actions taken by her to stabilise the staffing team in the centre. This finding is discussed further in Outcomes 1, 5, 7, 11, 12 and 17.

There were a number of reporting levels of management between the person in charge and the provider nominee. The person in charge reports directly to the assistant director of nursing who in turn reports to the regional director of nursing. The regional director of nursing reports to the general manager. The general manager is the person nominated on behalf of the provider. This arrangement posed delayed actions and compromised the autonomy of the person in charge to provide adequate staffing resources and day service placements for residents, to ensure all areas of the premises was fit for purpose and residents living in the centre were in appropriate

accommodation. As a result, this finding resulted in negative outcomes for residents' care and their quality of life in the centre. This finding requires urgent review to ensure a comprehensive and responsive system of management is in place to meet the needs of residents in the designated centre.

There was significant evidence of a failure to recognise the rights of residents to have the opportunity to develop and have the necessary supports to maximize their personal development and quality of life. Provision of suitable supports such as day service placement opportunities required immediate action. There was also a failure to provide adequate leadership with the exception of the person re-deployed to temporarily oversee the management of the centre in the weeks prior to this inspection. The findings confirmed that there was limited recognition of the statutory requirement to come into compliance with the regulations and standards.

Due to the ongoing inadequate provision of deputising arrangements for permanent and full-time replacement for the person in charge role, there was evidence of inadequate staff supervision including management of performance and absenteeism. There was also evidence of inadequate deployment, supervision and assessment of the skill and competency of agency staff to meet the needs of residents.

The provider had commissioned an external investigation upon the request of HIQA into unexplained bruising on some residents' skin in the centre. However, the recommendations had not been satisfactorily implemented. There is a requirement to assign responsibility to named person/persons for the implementation of the recommendations of this report to learn from the findings and to recognise residents' right for protection.

The findings to support actual and potential negative outcomes for residents in terms of their safety, care and quality of life is described in the inspection findings throughout this report.

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 notification was received by HIQA to inform of the absence of the person in charge for more than 28 days prior to this inspection. A person in charge from another designated centre in the service was rostered three weeks prior to this inspection to also support staff in the designated centre as part of her role. The inspectors found that no adequate deputising arrangements had been established or put in place for the period of absence of the person in charge.

Inspectors were informed that the registered nurse on duty was responsible for the day-to-day operations in the centre; however, as the staff nurse on duty was regularly an agency nurse, this arrangement was not satisfactory.

Given the cumulative findings of this inspection there is a requirement for a permanent, full time person in charge to be assigned to this centre.

Judgment:

Non Compliant - Major

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

Inspectors found that staffing resources were not adequate to ensure the effective delivery of care and to support to residents in accordance with the centre's statement of purpose. This finding compromised residents' social care and access to scheduled activities as discussed in Outcome 5. In addition, there were times at night when the gender mix of residents was not reflected with appropriate deployment of staff to meet their personal care needs and as a result they were a dependency on staff being freed up in the designated centre next door to assist a resident with their personal care activities. This finding did not ensure residents had timely assistance to meet their needs.

There was an excessive dependence on the support of staff in the neighbouring designated centre to meet the needs of residents in this designated centre. A comprehensive review of staffing requirements was necessary to meet the needs of the resident population in the centre.

Residents did not have access to adequate developmental/educational and lifelong learning opportunities. Three residents did not have assessments completed or access to day programmes.

The centre was not a suitable living place for all residents and there was an absence of appropriate assessment and action plans to ensure all residents were appropriately accommodated.

Judgment:
Non Compliant - Major

Outcome 17: Workforce

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

Theme:
Responsive Workforce

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

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

Findings:

As discussed in previous outcomes in this report, the findings on this inspection did not ensure that staff numbers and skill mix were appropriate to meet the needs of residents. The staffing resource for the centre depended heavily on arrangements whereby permanent staff were replaced by staff contracted as required from an external provider and required skills were supported by staff from the designated centre next door supplementing the service. A staff nurse and two care staff were rostered on duty each day and two care staff were rostered on duty each night. Inspectors found from review of the duty rostering arrangements that there were incidents of inappropriate staff deployment to meet the personal care needs of residents in terms of gender. There were no effective contingency plans in place if there was unplanned staff leave. There was evidence of an incident whereby staff who worked at night were required to continue to work up to 12pm as scheduled day duty staff were on unplanned leave.

There was no evidence to support comprehensive management of staff absenteeism from a senior organisational level. There was an absence of staff supervision and competency assessment. There were adverse medication incidents whereby residents' medications were not administered as prescribed. The provider advised that adverse medication incidents were the subject of a desktop review, however this was not provided for review on inspection. There was no evidence of an appropriate investigation. Unexplained bruising to resident's skin was not investigated until required by HIQA.

Inspectors' findings during the last inspection of the centre in November 2014 evidenced a need for additional supports and training to ensure that residents' needs were appropriately met. Following the last inspection, the provider nominee committed to providing this training for staff. Training records confirmed staff had received training in the management of actual and potential aggression, infection Prevention/Control/Hygiene, management of epilepsy training, complaints management and documentation and record keeping.

The findings of this inspection indicated that staff required training and competency assessment in behavioural support, assessment and care planning, pain assessment, complaints management, protection and cardiopulmonary resuscitation as two residents had compromised swallowing reflexes. Staff required supervision to ensure that recommendations made by specialists such as speech and language were implemented in all aspects of resident intake.

Based on the deficits identified on this inspection, staff required additional support to ensure they had the skill set and competency to ensure positive outcomes for residents.

Judgment:
Non Compliant - Major

Outcome 18: Records and documentation

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

Theme:
Use of Information

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

Findings:
Inspectors reviewed a sample of the records maintained in respect of staff as required by Schedule 2 of the regulations and found them to be complete on this inspection.

There was a directory of residents maintained as required by Schedule 3; however, this record did not comply with the requirements of regulation 19, Schedule 3, paragraph 3.

Records of adverse medication incidents were not sufficiently recorded and used for learning.

Missing entries were found in records of resident information.

Some policies as described throughout this report required review and updating.

Records were not maintained of the food provided for residents in sufficient detail to determine adequacy and special diets prepared for residents.

Judgment:
Non Compliant - Major

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Catherine Rose Connolly Gargan
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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0002471
Date of Inspection:	18 May 2015
Date of response:	12 June 2015

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The operation of the centre did not meet the needs of one resident in the centre

1. Action Required:

Under Regulation 09 (1) you are required to: Ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability,

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

family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.

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

There is a review underway of the placement of an individual within the service with a view to sourcing more suitable living arrangements

A meeting will be held on 12.6.2015 with the individual and their family representatives to outline a plan

Proposed Timescale: 31/07/2015

Theme: Individualised Supports and Care

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

There was an absence of meaningful consultation with residents and their significant others.

2. Action Required:

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

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

All individuals and their family members are consulted with and supported to make decisions in relation to their care and support.

Proposed Timescale: 11/12/2015

Theme: Individualised Supports and Care

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

Advocacy services did not empower residents to realise their wishes or make meaningful decisions to bring about changes to aspects of the service that negatively impacted on their quality of life. For example, choice of residency in the designated centre and choice of shared or single bedroom.

The designated advocate for the centre had changed and this information was not updated on the advocacy details displayed.

3. 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:

A review of the use of the twin rooms with a view to single room occupancy has taken place followed by a Case Conference in relation to one Resident This resident is now on the Residential Housing list with a view to sourcing accommodation closer to her family In the meantime a tracking hoist is to be installed to facilitate easier access for one resident.

The advocacy officer identified on the accessible information leaflet is available in the service, and visited two residents on the 20th May 2015, one resident has joined an advocacy group and meets regularly.

Proposed Timescale: 30/06/2015

Theme: Individualised Supports and Care

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

Documentation was not available in respect of one resident's finances even though they were in control of their own money prior to coming to live in the centre. Inspectors found there were insufficient actions taken to ensure accurate personal financial records were maintained and available for this resident.

Records of residents' money, valuables or furniture are not kept up to date.

4. Action Required:

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

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

All staff will be made aware of the policy on residents' finances. The Person in Charge has contacted the bank and a new account is in the process of being established for the resident. A review of the resident's finances will take place and financial documentation will be maintained in the designated centre.

A list of residents' personal possessions will be reviewed.

Proposed Timescale: 30/06/2015

Theme: Individualised Supports and Care

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

Residents were not consistently facilitated to participate in activities in accordance with their interests, capacities and developmental needs.

5. Action Required:

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

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

A meeting has been scheduled with the Day Services Manager to progress day service provision for the residents who do not have a structured day programme in the designated centre. Three residents are being accessed by day service and will be attending on a seasonal basis. Three staff is assigned to the house and one of these staff will be facilitating day service.

Assessment of meaningful activities will be carried out in relation to each resident who are not in receipt of a structured day programme. This is taking place on 09-07-15

Consultation has commenced to source a day service venue.

Proposed Timescale: 31/07/2015**Theme:** Individualised Supports and Care**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

A copy of the complaints procedure was not displayed.

6. Action Required:

Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

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

The complaints, compliments and comments document will be displayed within the designated centre

Proposed Timescale: 25/06/2015**Theme:** Individualised Supports and Care**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There was no nominated person to deal with all complaints and not all complaints were recorded or fully and promptly investigated.

7. Action Required:

Under Regulation 34 (2) (b) you are required to: Ensure that all complaints are investigated promptly.

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

The complaints guidance document has been revised and a complaints, compliments and comments document developed. This document identifies a number of people that an individual can complain to within the service. Completed. Complaints Training for staff arranged for 21st July 2015.

The PIC will monitor all complaints, compliments and comments made in respect of the designated centre. These will be reviewed at the monthly staff meetings

Proposed Timescale: 21/07/2015

Outcome 02: Communication

Theme: Individualised Supports and Care

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

Residents' communication needs were not adequately assessed or met

There was no reference documentation available to inform interpretation of residents' individual sounds and gestures used by them to communicate their needs.

8. Action Required:

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

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

All staff will receive training in the Lamh language system.

Reference documentation was available on the day of inspection to inform interpretation of the sounds and gestures used by residents to communicate their needs.

A referral to the Speech and language therapist will be made in respect of individuals who present with communication challenges

Each individual's plan of care will be revised to reflect their communication requirements in a comprehensive manner

A speech and language therapist will review the communication of all residents and provide training for staff. This process is scheduled to commence week commencing 15.6.2015.

Proposed Timescale: 31/07/2015

Theme: Individualised Supports and Care

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

While there were some documents available in accessible format, there was limited evidence of residents' familiarisation with them.

There was an absence of assistive communication technology or aids to support residents.

9. Action Required:

Under Regulation 10 (3) (c) you are required to: Ensure that where required residents are supported to use assistive technology and aids and appliances.

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

4 individuals were supported to have an accessible Communication aid-Ipad.
All individuals have had assessments completed by the Speech and Language Therapist.

Proposed Timescale: 11/12/2015

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

Theme: Individualised Supports and Care

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

There was limited involvement in the local community outside of activities.

10. Action Required:

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

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

The person in charge will review links with the local community to increase relationships with the wider community.

The person in charge will link in with local community development groups.

Proposed Timescale: 31/07/2015

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:

Residents did not have contracts outlining the terms and conditions of their residency in place (as required by legislation) which were signed, dated and detailed fees to be charged for accommodation or additional services.

11. 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:

A contract of care has been devised for the designated centre

An assessment of individual's capacity to sign their contract of care will be completed with each individual

Following this assessment if required the contract will be forwarded to the individual's representative for signing

Assessment of individual's capacity to sign their contract of care will be completed with each individual.

Proposed Timescale: 19/06/2015

Outcome 05: Social Care Needs

Theme: Effective Services

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

Not all residents' needs were identified, nor was an associated care plan in place. Documented interventions did not adequately inform the actions to be taken to meet residents' assessed health needs.

12. 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:

All individuals have had an annual health review.

Each individual has had a review of their assessed needs and care plan. Interventions are reviewed regularly.

Proposed Timescale: 11/12/2015

Theme: Effective Services

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

Arrangements were not in place to meet the needs of each resident in terms of gender mix, staffing and access to appropriate healthcare.

13. Action Required:

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

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

The roster has been reviewed to reflect the needs of those residing within the service

Proposed Timescale: 10/07/2015

Theme: Effective Services

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

Findings did not confirm that personal plan reviews were conducted in a manner that ensured the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

14. Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

A Person Centre Planning review date for each individual has been identified

The PIC will review the PCP meeting process with key workers staff team in line with the organisation guideline on hosting a PCP Meeting/Gathering and Key Worker Guideline

The PIC will ensure that the individual's family are involved in the PCP meeting/gathering. PCP Meetings with Families and Key workers have taken place, goals have been set, and presently PCP folders are been updated.

Proposed Timescale: 30/07/2015

Theme: Effective Services

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

Significant improvement was required in order to ensure that the personal plans in place were meaningful, person centred and effective to ensure positive outcomes for residents.

There was an absence of identification of meaningful individualised short and long term goals by residents or identification of the necessary skills and supports required to attain proposed achievements.

15. Action Required:

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

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

A Person Centre Planning review date for each individual has been identified.

The PIC will review the PCP meeting process with key workers staff team in line with the organisation guideline on hosting a PCP Meeting/Gathering and Key Worker Guideline.

The PIC will ensure that the individual's family are involved in the PCP meeting/gathering

A pain management assessment has been completed on the individual with an orthopaedic condition.

A capacity assessment will be conducted to ascertain the resident's ability to make an informed decision.

The GP has conducted a review of the resident's pain relief medication. An X-Ray has been scheduled to inform the physical condition of the resident. This X-Ray appointment has been re-scheduled in order to support the resident's needs around accessing the procedure. There is a progressive plan in place to support the resident in accessing the services.

A Risk Assessment has been carried out in relation to the individual travelling in the service vehicle. Completed.

Consultation has taken place with the Day Service Manager to secure a Day Service for one of the individuals.

Consultation has commenced to secure a premises for Day Service Provision.

A quarterly report will be implemented with agreed timescales in relation to the resident who exhibited challenging behaviour in the Day Centre.

Three monthly evaluations of sensory based communication programme will be carried out. The speech and language therapist will carry out training for all staff in the designated centre.

Proposed Timescale: 31/07/2015

Theme: Effective Services

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

The documentation of a resident who recently transferred to the designated centre from another centre in the service did not reference a robust plan to support their ongoing transition needs as regards settling into their new environment.

16. Action Required:

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

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

A Local admission/transfer and discharge procedure to guide staff on the process to be followed when support individuals moving home has been developed. Completed

The PIC in conjunction with the management team for the service will monitor the implementation of this guideline. To be discussed sat the next staff meeting 17.6.2015

A meeting has been arranged for 12.6.2015 between the PIC and an individual's family to address the individual's living arrangements. Meeting with resident's family to be held on 12.6.2015

Proposed Timescale: 17/06/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The design and layout of the centre did not meet its stated purpose. A twin bedroom in the centre did not adequately meet the needs of two residents residing in it. Both of these residents required significant assistive equipment to meet their needs.

- A staff computer and desk was inappropriately located in one of the residents' sitting rooms.

- Assistive wheelchairs belonging to these residents were stored in an facility exterior to

the centre.

- The circulation areas in the centre were very narrow in some areas and compromised the movement of residents using assistive equipment.
- A corridor into the kitchen/dining area and a sitting room measured 750mm.
- Linen cupboards were also located in one of the walls of this corridor, the doors of which opened out into the corridor.
- Handrails were not fitting in circulation areas.

17. 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:

A staff computer has been replaced with a laptop. The computer desk has been removed. Completed.

The linen cupboard will be closed off and fire doors will be in place. Assessment has been carried out by maintenance, and will be completed by 30th September 2015. Review of sharing arrangements to afford individuals sharing more appropriate living space. A case review and referral for one resident to Residential Housing Committee has taken place.

An assessment of the living environment and the needs of those residing within the designated centre will be undertaken by the Occupational Therapy and Physiotherapy Services. Complete.

An assessment of each individual's mobility requirements within their home will be undertaken by the Occupational Therapy and Physiotherapy Services. Complete

An assessment for the need for handrails within the designated centre will be undertaken by the Occupational Therapy and Physiotherapist.- Complete.
Storage shed purchased to ease space pressure in house.-Complete

To address the storage requirements, there is a plan in place to move to alternative accommodation. 01.09.2016

Proposed Timescale: 30/09/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Not all hazards within the designated centre were assessed with concomitant controls to mitigate risks identified.

18. 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:

A review of risks, hazards and control measures within the designated centre will be undertaken.

A risk assessment has been completed in relation to the risk posed to residents and staff using the transport system.-Complete

Risk Management training will be provided for staff within the designated centre on 12.08.2015.

A review and subsequent updating of the risk management policy has taken place .- complete.

Proposed Timescale: 31/07/2015

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 the measures and actions in place to control the unexplained absence of a resident.

19. Action Required:

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

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

The Risk Management Policy has been updated to incorporate unexplained absence of a resident. - completed

A quarterly trial drill will be implemented on unexplained absence of a resident. The first drill will be completed by 30th July 2015.

Proposed Timescale: 30/07/2015

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 the measures and actions in place to control accidental injury to residents, visitors or staff.

20. Action Required:

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

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

The Risk Management Policy will be reviewed to incorporate accidental injury to resident, visitors and staff

Proposed Timescale: 26/06/2015

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 the measures and actions in place to control aggression and violence.

21. Action Required:

Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

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

The Risk Management Policy will be reviewed to incorporate measures and actions in place to control aggression and violence. Currently under review.

Proposed Timescale: 30/07/2015

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 the measures and actions in place to control self-harm.

22. Action Required:

Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

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

The Risk Management Policy will be reviewed to incorporate measures and actions in place to control self-harm. Staff training to take place 12/08/15

Proposed Timescale: 12/08/2015

Theme: Effective Services

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

There were inadequate arrangements in place to ensure agency staff were informed regarding fire procedures in the centre and the evacuation needs of residents.

23. Action Required:

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

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

The induction guideline will be revised to ensure that there is robust guidance in place for staff inducting agency staff in relation to fire precautions. This review will require signature of both service and agency staff to confirm receipt of induction.

All agency staff will complete Fire Safety Training and participate in Fire Drills.

The roster will be changed to ensure there is a permanent member of staff on duty at all times.

Proposed Timescale: 30/07/2015

Theme: Effective Services

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

One staff member did not have fire safety training.

24. Action Required:

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

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

All staff in the designated centre will receive Fire Safety Training. Training taking place 28th July 2015. Fire Drill and evacuation carried out in designated centre on 29th June 2015

Proposed Timescale: 28/07/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

There was limited evidence of a comprehensive review undertaken that addressed the records of the times the behaviours were occurring, triggers and successful de-escalation techniques.

25. Action Required:

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

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

A full review of individuals who present with behaviours of concern will be undertaken by Behaviour Support Team and systems and structures put in place to ensure appropriate plans, related record management and systems for review are in place.

A review will be conducted of the smoking protocol for the resident.

A review will be taken of the roster to ensure a regular staff member and a driver is on duty at all times.

A review will be carried out of the resident's finances to ensure that accurate financial records are available to the resident.

All staff will receive training in Positive Behaviour Support.

Proposed Timescale: 17/07/2015

Theme: Safe Services

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

Although planned, staff refresher training on the updated policy and procedures had not taken place on the days of inspection.

26. Action Required:

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

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

All staff in the designated centre will receive training in the protection of vulnerable adults. This training will be provided by an external provider by 6.7.2015.

The recommendations from the investigation report will be actioned by the Person in Charge.

All staff will read and sign the policy on protection of vulnerable adults.

Proposed Timescale: 31/07/2015

Outcome 10. General Welfare and Development

Theme: Health and Development

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

Three residents did not have access to opportunities for education, training and employment

27. Action Required:

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

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

Two residents are accessing Day Services by an external provider, one resident has commenced work experience, the other three residents commenced assessment for day services.

A policy will be developed in relation to opportunities for education, training and employment. – completed

Proposed Timescale: 31/07/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Inspectors found evidence that the healthcare needs of some residents were not adequately met on this inspection.

28. Action Required:

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

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

A pain management assessment has been completed on the individual with an orthopaedic condition. Completed.

A capacity assessment will be conducted to ascertain the resident's ability to make an informed decision.

The GP has conducted a review of the resident's pain relief medication. An X-Ray has been scheduled to inform the physical condition of the resident. A progression plan is in place to support the client to access the services.

An investigation will be carried out in relation to the transfer of a resident from another designated centre in relation to safeguarding.

Each resident's care plan will be reviewed to assess their needs and put a plan in place.

Records will be maintained of food prepared for residents.

A review of dietary requirements of residents will be completed by the dietician. Training will be provided for staff on the use of the MUST tool and evidence based evaluation of dietary needs.

Arrangements have been made for the resident to access the treadmill as part of the resident's Day Service programme.

Proposed Timescale: 31/07/2015

Theme: Health and Development

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

Residents' pain medication as prescribed was not informed by an accredited assessment and monitoring tool.

29. Action Required:

Under Regulation 06 (2) (b) you are required to: Facilitate the medical treatment that is recommended for each resident and agreed by him/her.

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

The Abbey Pain Scale and Dis dat tool is available within the designated centre. This will be used as part of an individual's care plan and its use monitored by the PIC in conjunction with staff. Completed

A review has been conducted of the resident's pain medication with the G.P. Completed
Review: Weekly

Proposed Timescale: 10/07/2015

Outcome 12. Medication Management

Theme: Health and Development

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

There was no assessment evidence to facilitate the pharmacist to engage with residents who wished to avail of information about their medications.

30. Action Required:

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

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

An assessment of individual's requirements in relation to self-medication.

The PIC will arrange a meeting with the local Pharmacist to seek additional support to provide information relating to medicines to residents and support the development of a relationship with their community pharmacist.

A risk assessment has been completed to ensure that medication management arrangements are resident focused. Incident reports have been completed retrospectively in relation to the incident highlighted by the report.

There is a plan in place to ensure that all staff are trained in medication management.

As there are a number of significant changes to current practise, this will be completed within a six month time frame. In the interim, a system is in place to ensure that medication will be administered within the required time frame.

Proposed Timescale: 31/07/2015

Theme: Health and Development

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

One resident with a confirmed swallowing deficit that posed a potential risk of aspiration/choking received their medications in whole tablet format in the absence of an appropriate assessment to ensure this method of administration did not compromise their health.

31. Action Required:

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

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

Referral to Speech and Language Therapy Department for a swallow assessment for an individual who presents with swallowing difficulties will be made.

A review of the individual's current medication will be undertaken in conjunction with the individual's GP and Pharmacist with a view to seeking a liquid alternative.

Proposed Timescale: 30/06/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

Information contained in the statement of purpose document was not accurate or reflective of all practices in the centre as required by schedule 1 of the regulations.

32. Action Required:

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

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

The Statement of Purpose for the designated centre will be revised to reflect the requirements outlined in Schedule 1 of the regulations.

Proposed Timescale: 30/06/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

There was no full-time person in charge of the centre.

33. Action Required:

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

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

A permanent full-time PIC has been appointed for the designated centre and information required submitted to the authority.

Proposed Timescale: 10/07/2015

Theme: Leadership, Governance and Management

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

A clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision was not in place.

34. 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:

An independent review of the governance structures within the designated centre is being undertaken.

A permanent person in charge has been appointed to the designated centre.-Complete

A process has commenced to appoint a deputy Person in Charge. Information will be submitted to HIQA by 17-07-2015

A Person in Charge is identified on the roster daily.

Proposed Timescale: 30/07/2015

Theme: Leadership, Governance and Management

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

An adequate system was not in place to effectively and comprehensively monitor quality and safety and quality of life of residents in the centre.

35. Action Required:

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

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

A review will be taken with the HR Manager of the actions at corporate level to address high levels of unplanned persistent staff absences

The Person in Charge will action the recommendations of the report and learning will be shared with staff in the designated centre.

A process has commenced to source suitable premises for day centre provision.

Proposed Timescale: 09/07/2015

Theme: Leadership, Governance and Management

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

There were no actions taken at an organisational level to address high levels of unplanned, persistent staff leave.

36. Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

10 business cases have been approved and submitted to the National Recruitment Service for Nursing

In the interim, two staff nurses have been recruited from the agency on long term contracts in the designated centre. Completed.

A review of the reporting levels of management is in process. The decision will be made within a two week timeframe.

Proposed Timescale: 30/09/2015

Outcome 15: Absence of the person in charge

Theme: Leadership, Governance and Management

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

There were no adequate deputising arrangements established and in place for the period of absence of the person in charge.

37. Action Required:

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

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

A deputy PIC has been identified for this designated centre. The information required is currently being prepared for submission to the Authority

Proposed Timescale: 17/07/2015

Outcome 16: Use of Resources

Theme: Use of Resources

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

The designated centre was not resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

38. Action Required:

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

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

10 business cases have been approved and submitted to the National Recruitment Service for Nursing.

In the interim, two staff nurses have been recruited from the agency on long term contracts in the designated centre. Completed.

Proposed Timescale: 30/09/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Findings on this inspection did not ensure that staff numbers and skill mix was appropriate to meet the needs of residents. The staffing resource for the centre depended heavily on arrangements whereby permanent staff were replaced by agency staff and required skills were supported by staff working in the designated centre next door.

39. Action Required:

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

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

A review has been conducted by two external persons on the dependency levels of the residents in the designated centre. Recommendations from the final report will be implemented.

Two staff nurses are commencing in the designated centre on Monday 15.6.2015.

Proposed Timescale: 31/07/2015

Theme: Responsive Workforce

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

Inspectors' findings evidenced a need for additional staff supports and training to ensure that residents' needs were appropriately met.

40. 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:

Training for staff to ensure they have the skill set and competency to ensure positive outcomes will be implemented and monitored by the Person in Charge in the designated centre. Ongoing.

Proposed Timescale: 31/08/2015

Theme: Responsive Workforce

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

There was an absence of staff supervision and competency assessment.

Based on the deficits identified on this inspection, staff required additional support to ensure they had the skill set and competency to ensure positive outcomes for residents.

41. 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:

A supervision policy for staff has been developed.

A PIC is appointed and a deputy PIC, based 39hours weekly in the designated centre to facilitate regular staff supervision

Proposed Timescale: 30/09/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

Some policies as described throughout this report required review and updating.

42. 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:

The risk management guideline will be reviewed in line with requirements

The induction guideline will be reviewed in line with requirements

A policy on education, training and employment will be developed in line with requirements.

Records of adverse medication incidents will be maintained in the designated centre.

Proposed Timescale: 31/07/2015

Theme: Use of Information

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

There was a directory of residents maintained as required by Schedule 3; however, this record did not comply with the requirements of regulation 19, Schedule 3, paragraph 3.

43. Action Required:

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

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

The directory of residents will be reviewed to ensure records are maintained in accordance with regulation 19, Schedule 3, paragraph 3.

Proposed Timescale: 30/06/2015

Theme: Use of Information

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

Records of adverse medication incidents were not sufficient.

Missing entries were found in records of resident information.

44. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

Records of adverse medication incidents will be maintained as required by Schedule 3, paragraph 3 (k)

Proposed Timescale: 30/06/2015

Theme: Use of Information

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

Records were not maintained of the food provided to residents in sufficient detail to determine adequacy and special diets prepared for residents as required by schedule 4, paragraph 5.

45. Action Required:

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

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

Records are being maintained of the food provided for residents in the designated centre.

Proposed Timescale: 10/07/2015