Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Cork City North 14
Centre ID:	OSV-0003293
Centre county:	Cork
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	COPE Foundation
Provider Nominee:	John Buttimer
Lead inspector:	Geraldine Ryan
Support inspector(s):	Noelle Neville
Type of inspection	Unannounced
Number of residents on the date of inspection:	10
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
03 August 2016 08:00	03 August 2016 17:50

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to inspection:
A monitoring inspection took place the 8 July and 9 July 2015 the purpose of which was following notification of a significant incident. At that time, the centre consisted of eight houses with a maximum capacity for 41 residents. Following the inspection, a reconfiguration of the designated centre was undertaken which resulted in this centre being set up as a standalone designated centre. The provider submitted an application to register the designated centre on 4 February 2016. This inspection of 3 August 2016 was the second inspection undertaken by HIQA of this centre to follow up on actions generated by an unannounced inspection carried out on 8 July 2015.

How we gathered our evidence:
As part of the inspection, inspectors met with nine of the 11 residents accommodated in the designated centre. One resident chose not to speak with inspectors and one resident was on holiday. Residents voiced how happy they were in the centre, were complimentary of the staff and invited inspectors to see their bedrooms. Residents' permission was sought before their personal documentation

was reviewed.

Inspectors observed very positive and warm engagement between staff and residents. Even though the morning of the inspection was busy, residents appeared relaxed with staff throughout the inspectors' presence in the centre.

Inspectors met with the acting person in charge and the provider representative and staff. Resident and staff related documentation such as personal care plans, medical records, the complaints record, the risk register, policies, the health and safety statement, minutes of meetings and staff training records.

Description of service:
The provider's statement of purpose, as required by regulation, described the service provided. Inspectors found that the service was being provided as it was described in the centre's statement of purpose. The centre was located within a short distance to local amenities. Transport, provided by the centre, was available to the residents. Residents also availed of public transport.

The centre was part of a leased premises accommodating 11 residents in single, en-suite bedrooms over a three storey purpose built block providing secure access and parking. Each floor provided a communal sitting space and kitchen/dining rooms with a laundry room, a main kitchen/dining room, a living room and staff office on the ground floor.

The centre was well maintained, clean and warm and the décor was of a high standard.

Overall judgment of findings:
Overall, inspectors found that further measures were required in areas described in the body of this report with particular regard to the safe care and quality of the residents' lives. Inspectors were not satisfied that the provider had put systems in place to ensure that the regulations were being met. This resulted in poor experiences for residents, the details of which are described in the report.

Improvements were required in the following areas:
• complaints management (outcome 1)
• not all residents were supported in exercising their rights and this was compounded by an absence of information in relation to some residents (outcome 1)
• the centre's admission procedure (outcome 4)
• residents' personal care planning and goal setting (outcome 5)
• risk assessment required review to include recommendations from allied professionals (outcome 7)
• fire safety training for contract staff (outcome 7)
• residents' access to health care interventions to ensure assessed needs were fully met (outcome 11)
• documented terminology used by staff in relation to residents (outcome 8)
• the centre's policies (outcome 18).
The reasons for these findings are explained under each outcome in the report and the regulations which are not being met are included in the action plan at the end.

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:
Generally inspectors found that residents were consulted with and actively participated in the running of the centre. However, as noted in the most recent inspection of 8 July 2015, there was evidence to indicate that this was not the case for all residents. In accommodating residents with complex and competing needs together in one centre, the provider was failing to ensure that each resident's privacy and dignity was appropriately respected in relation to their personal living space, personal communications, relationships, professional consultations and personal information.

Residents had access to national advocacy services; internal advocacy meetings were facilitated by staff.

While there was documented evidence that residents were consulted and engaged in their person centred planning, this arrangement was not in place for all residents and there was robust evidence that not all residents were supported in exercising their rights and this was compounded by an absence of information in relation to some residents.

Most residents, spoken to by the inspectors, stated that they were consulted and involved in all aspects of the centre.

Staff were observed communicating effectively with the residents and were observed engaging with residents in a kind and respectful manner.

The centre had an up to date complaints policy. A complaints co-ordinator was identified and another identified person acted up in the event that the complaints co-ordinator was off. The complaints log was reviewed and it was evident that details of a complaint were recorded; the actions taken to resolve the complaint; the outcome and signatures of persons involved.

To date, 10 complaints were recorded for 2016 and the following was noted:
• it was evident that three of the 10 complaints concerned missing personal items; the three were documented as being resolved. However, it was not clear if the complainant was satisfied with the outcome.
• seven of the 10 complaints were in relation to increased noise levels in the centre caused by residents vocalising in a loud manner. There was no evidence to indicate that these seven complaints were well-managed to bring about change and no evidence that the matters raised were addressed.

The complaints policy required updating to reflect senior management personnel.

Inspectors reviewed the records of eight residents' financial transactions and found that overall safe systems were in place. However, the following observations were noted:
• no outstanding balance was recorded for one resident's financial record
• three small discrepancies were noted on three residents' ledgers
• five resident ledgers had a record of two staff signatures only. While staff confirmed that most of the residents accommodated in the centre could co-sign a financial transaction, residents were not supported to co-sign their financial transactions.

Judgment:
Non Compliant - Major

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

Theme:
Effective Services

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

Findings:
Residents' admissions were not in line with the centre's statement of purpose. This was confirmed by the acting person in charge and the provider representative.

There was evidence that a resident admitted to the centre:
- did not have a contract of care
- the centre could not meet the needs of the resident.

Judgment:
Non Compliant - Major

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

Theme:
Effective Services

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

Findings:
On this inspection it was noted that not all residents had a personal care plan (PCP). A comprehensive assessment of the health, personal and social care and support needs of all residents had not been carried out.

While a number of residents had detailed PCPs, reviewed in consultation with the residents, not all residents were facilitated to do this.

On the day of the inspection there was evidence that not all residents:
• were actively involved in an assessment to identify their individual needs and choices
• had a written personal plan which detailed their individual needs and choices and which was prepared no later than 28 days after admission to the centre
• had a personal plan made available to the resident in an accessible format
•'had plans that were regularly reviewed to ensure it was being implemented and to improve the lives of residents.

The arrangements to meet all resident's assessed needs were not set out in a personal plan that reflected the resident needs, interests and capacities.

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:
Only actions generated from the inspection carried out on 8 July 2015 and pertinent to this centre, were followed up on this inspection.

Contract staff confirmed to inspectors that they had not attended site specific fire safety awareness training. This was actioned at the previous inspection and the provider's response indicated that this action would be completed by 18 October 2015. This non-compliance remains not addressed.

In addition, this centre's health and safety statement, dated May 2014, had not been reviewed or signed off by the provider.

The centre's risk register was reviewed and it captured the specific risks as outlined in Regulation 26.

Identified centre-specific risks, for example, epilepsy and choking (during mealtimes) were included in the risk register and the existing control measure included the use of oxygen. However, on the day of inspection it was noted that oxygen was not available in the centre. Staff confirmed that the centre was waiting on a piece of equipment for the oxygen cylinder.

Where the centre's internal lift had been decommissioned, residents had access to a lift located in the main reception foyer.

Judgment:
Non Compliant - Moderate

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

Theme:
Safe Services

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

Findings:
Only actions generated from the inspection carried out on the 8 July 2015 and pertinent to this centre, were followed up on this inspection.

The centre had an up to date policy (April 2014) on the use of restrictive procedures; physical, chemical and environmental restraint. The policy clearly outlined types of restrictive practices. While inspectors were informed that restrictive practices were not used in the centre, environmental restraint was in place in that the centre was accessed via fob/swipe access. Keypad locks were also in use (the staff office).

The acting person in charge gave an undertaking to include environmental restraint in the quarterly notification submitted to HIQA.

Observations of interactions between residents and staff clearly evidenced that most residents were supported in developing self awareness regarding their behaviour. However, the incompatibility and inappropriate placement of some residents in the centre resulted in an exacerbation of behaviours and there was evidence that this had a negative impact on the quality of life for all residents; noise from use of hairdryers; loud vocal interactions between residents; the volume of TVs or radio.

There was documented evidence of staff raising concerns in relation to the fact that not all residents were afforded safe quality care.

Not all residents at risk of harm/and or abuse had robust safeguarding plans in place to protect them from abuse. The detail of this specific matter was discussed at the feedback meeting held with the person in charge and the provider representative at the end of the inspection.

There was robust evidence that staff did not have up to date information pertaining to all residents. There was no information to guide and inform staff on how to respond to some residents exhibiting a behaviour that was challenging or to support residents to manage their behaviour.

Documented terminology used by staff did not promote the dignity of some residents; for example; phrases used to describe a resident/how a resident was communicated with were not respectful. This was discussed in detail with the person in charge and the provider representative where they were requested to review the terminology documented by staff when describing an incidence of a resident exhibiting a behaviour.

Judgment:
Non Compliant - Major

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

Theme:
Safe Services

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

Findings:
While quarterly notifications had been forwarded to the Chief Inspector, the use of environmental restraint had not been included.

Judgment:
Substantially Compliant

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

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

Findings:
Only actions generated from the inspection carried out on the 8 July 2015 and pertinent to this centre, were followed up on this inspection.

While there was evidence that most residents had timely access to allied professionals; general practitioner (GP), optical, chiropody, dental, audiology, specialist medical and surgical services; not all residents had been facilitated to access these services.

There was evidence that most residents' health plans reflected the real, assessed health needs of residents. However, there was robust evidence that this was not in place for all residents.

Not all residents' weight was recorded and on a regular basis.

While records of residents' food intake were maintained, it was not evident who reviewed the food records and whether or not any action was taken on foot of a review.

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

Findings:
Only actions generated from the inspection carried out on 8 July 2015 and pertinent to this centre, were followed up on this inspection.

Medication management documentation was reviewed and there was evidence that practices concurred with the "Nursing and Midwifery Board of Ireland (NMBI) guidance". The medication presses were secured in the keypad accessible staff office. All presses were maintained in a tidy and organised manner. Medications that require strict controls were not prescribed for any resident currently accommodated in the centre. Records reviewed evidenced that stocks of medication were regularly checked and signed. There was evidence of a transparent system in place for the return of out of date medications.

The practice of transcription of medication was not used in the centre.

One resident self-administered medication and a corresponding risk assessment in relation to this had been carried out in June 2015 and on 29 March 2016. This did not concur with the centre's policy where it was stated that a risk assessment was to be carried out on residents who self administered their medications, every six months.

While the assessment was signed by a staff nurse, it was not co-signed by the resident. Staff confirmed the resident's ability to sign such documentation.

The centre's medication policy, dated May 2014, was due review in June 2015. This review had not taken place.

Records were evidenced of a daily medication fridge temperature record. However, some gaps were noted in the recording of the daily temperature of the medication fridge.

Judgment:
Substantially Compliant

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

Theme:
Leadership, Governance and Management

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

Findings:
The statement of purpose required updating to reflect the current management team and the number of residents the centre accommodates.

Judgment:
Substantially Compliant

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

Theme:
Leadership, Governance and Management

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

Findings:
The action generated from the previous inspection in relation to appropriate management and staff resources to supervise and support staff was not completed in a satisfactory manner. Systems were not in place to support and promote the delivery of safe care to all residents.

While a management system was in place, it was not evident the management system was effective to ensure that the service provided was safe and appropriate to all residents accommodated in the centre. Based on the number of non compliances identified on this inspection it was not evident that the quality of care and experience of all residents was monitored and developed on an ongoing basis.

The person in charge was on leave however, the acting person in charge was full time and was responsible for two other centres as well as this centre. While the acting person in charge demonstrated sufficient knowledge concerning most residents, it is fair to state that the acting person in charge did not have access to, nor was provided with information pertinent to all residents. This concerning matter was discussed in detail with the provider representative and the acting person in charge at the feedback meeting convened at the end of this inspection.

The governance and management of the centre resulted in negative outcomes for the residents accommodated in the centre and the evidence to support this judgment are detailed under each outcome.

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:
Only actions generated from the inspection carried out on 8 July 2015 and pertinent to this centre, were followed up on this inspection.

As evidenced on this inspection, the provider did not ensure that where the needs of all residents were changing, particular in relation to a resident's care requirements, that:
• appropriate information was available to guide and inform staff
• nursing care provided was subject to the assessed needs of all residents
• training and professional development of staff was adequate to ensure these needs were appropriately met.

Judgment:
Non Compliant - Moderate

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

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

Findings:
Only actions generated from the inspection carried out on 8 July 2015 and pertinent to this centre, were followed up on this inspection.

The policies as outlined in Schedule 5 of the regulations were in place. However, as noted in the previous inspection carried out on 8 July 2015, a number of the policies were not centre specific; for example; policies on emergency planning, the risk management, the infection control captured detail relevant to the organisation and did not capture site-specific detail pertinent to the centre.

Records in relation to each resident as specified in Schedule 3 were not maintained.

Judgment:
Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	Cork City North 14
Centre ID:	OSV-0003293
Date of Inspection:	3 August 2016
Date of response:	24 October 2016

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some residents, in accordance with his or her wishes, age and the nature of his or her disability, were not supported to participate in and consent, with supports where necessary, to decisions about his or her care and support.

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

1. Action Required:
Under Regulation 09 (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:
Each resident is now supported to participate in decisions regarding their care and support by being included in the development a Person Centred Plan and Individual Care Plan.

Each resident is assigned a named Key Worker who will support each resident to communicate and express their views so as to better inform the delivery of care and support from staff and the organisation.

All relevant information pertaining to residents is now shared with staff so that they can support individual residents to better participate in the organisation of the designated centre.

Where meetings are held to discuss individual residents, that person's key worker or a member of staff is included so as to ensure effective communication and a shared understanding of needs.

Proposed Timescale: 24/10/2016

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some residents were not consulted with and participated in the organisation of the designated centre.

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

Please state the actions you have taken or are planning to take:
All residents are consulted and included in the organisation of the designated centre. This occurs through participation and inclusion in Resident Forum meetings, provision of a named Key Worker, development of a Person Centre Plan and Individual Care Plan for all residents. An agenda is available for each Resident Forum meeting. Attendance and minutes of these meetings are kept locally. Residents are also encouraged and facilitated to put items on the agenda for these meetings.

All relevant information pertaining to residents is now shared with staff in an appropriate manner so that they can support individual residents to better participate in the organisation of the designated centre. This information is shared mindful of the privacy and confidentiality which may apply in specific circumstances.

A protocol for informing residents of changes within the designated centre will be developed. This will include a protocol for introducing new residents and staff to the centre and informing the residents of change within the designated centre.

The organisation currently supports and facilitates the training and development of self-advocacy and supports a self-advocacy council as well as advertising for the position of an Advocacy Officer. Three residents from this centre have put themselves forward for consideration to the Advocacy Council and for self-advocacy training. Individuals are chosen by a panel which includes external representation to the organisation.

The organisation also includes an individual with disability on interview panels when an advocate is available and is currently supporting the training of more individuals to ensure that all interview panels have a person with disability on them.

Proposed Timescale: 24/10/2016

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some residents did not have the freedom to exercise choice and control in his or her daily life.

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

Please state the actions you have taken or are planning to take:
Each individual resident is included in the choices around their daily life. This is achieved through active participation in the development of an individual Person Centred Plan. Individuals are given choices with regard to their activities of daily living and work towards the achievement of personal goals and objective is recorded and reviewed on a regular basis with each resident.

Individuals are supported to communicate preference and wishes through their preferred communication strategy. Easy to read formats and pictures are used throughout the residential centre for individuals that require them.

The organisation's Advocacy Council will be asked to make recommendations for the amendment of the Admissions and Discharge Policy to include how the views residents.

Proposed Timescale: 01/12/2016

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
In accommodating residents with complex and competing needs together in one centre, the provider failed to ensure that each resident's privacy and dignity was appropriately respected in relation to their personal living space, personal communications, relationships, professional consultations and personal information.

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

Please state the actions you have taken or are planning to take:
The privacy and dignity of each resident is respected and accommodated by each resident now having a Personal Care Plan, Individual Care Plan and Intimate Care Plan. These have been developed on the basis of assessment and inclusion of the resident, their staff and families as appropriate.

All residents have a nominated key worker and all relevant information is shared with staff and is available on site.

Where Safeguarding issues have been identified a Safeguarding Plan has been put in place and this has been communicated with staff supporting each resident.

Safeguarding and trust in Care policies will be reviewed with staff at team meetings.

Proposed Timescale: 24/10/2016

Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
No outstanding balance was recorded for one resident' financial transactions.

Three small discrepancies were noted on three residents' record of financial transactions.

Residents who could co-sign a financial transaction were not supported to do so.

5. 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:
A review of the local policy for supporting residents' access to and control of their personal property and possessions has been undertaken.

Where individual residents wish to have either total control of their personal finances or possessions they will be asked to sign a form to indicate this.

Minor discrepancies identified in the inspection were reviewed and were attributed to a change in practice whereby shops and other places now round up or round down change. Where this occurs staff will note the discrepancy on the receipt when being signed.

All residents who can co-sign financial transactions will be supported to do so and this will be reflected in the local policy.

Proposed Timescale: 24/10/2016

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some residents were not provided with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.

6. Action Required:
Under Regulation 13 (1) you are required to: Provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.

Please state the actions you have taken or are planning to take:
All residents now have an up to date Individual Care Plan based on an assessment of need. Where further information or assessment is required appropriate referrals have been made of medical professionals or to the relevant Member of the Multi Disciplinary Team. A system is in place locally to follow up on referrals.

Proposed Timescale: 24/10/2016

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not putting in place any measures required for improvement in response to a complaint.

7. Action Required:
Under Regulation 34 (2) (e) you are required to: Put in place any measures required for improvement in response to a complaint.

Please state the actions you have taken or are planning to take:
The local Complaints Policy has been changed to reflect changes to senior management personnel.

The Complaints Policy has been reviewed and implementation of the policy has been included in a staff meeting to ensure all staff are respond appropriately when complaints are made.

A local Complaints Officer is appointed within the designated centre to ensure that all staff and residents are aware of the local Complaints Policy and to ensure that the policy is implemented.

All complaints will be treated in accordance with the complaints policy and a new system for tracking satisfaction with the response will be included. An additional data point is now collected on the satisfaction of the resident with the resolution of the complaint. Where complaints cannot be resolved locally within the time period specified by the Complaints Policy they will be escalated appropriately to the organisation's Complaints Officer.

A quarterly audit of complaints will be undertaken locally.

Proposed Timescale: 24/10/2016

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
It was not clear if the complainant was satisfied with the outcome of the complaint.

Seven of the 10 complaints were in relation to behaviours exhibited by residents as a result of increased noise and residents vocalising in a loud manner. There was no evidence to indicate that these seven complaints were well-managed to bring about change and no evidence that the matter raised was addressed.

The complaints policy required updating to reflect senior management personnel.

8. Action Required:
Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:
All complaints will be treated in accordance with the complaints policy. A record of complaints is kept within the designated centre and all residents are informed of this policy in resident meetings and easy to read documentation.

A new system for tracking satisfaction with the response to and resolution of a complaint will be included.

Additional measures have been put in place to address the concerns regarding the seven complaints which were not resolved on the date of the inspection. This has included presenting residents with additional information, developing Positive Behaviour Support Plans and Mental Health Plans as appropriate, identifying antecedents to behaviours which challenge and putting preventative and reactive strategies in place. All complaints are now resolved. Residents are offered individual support during the investigation of a complaint process.

Proposed Timescale: 24/10/2016

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A resident living in the centre six months did not have a contract of care.

9. 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 is provided for all individuals within the centre and all care and support is provided on this basis. Signed contracts of care are available for ten of the eleven residents in the centre. One individual is unable to sign a contract of care. On occasions where, for legal or other reasons, it is not possible for an individual resident or their family to sign a contract of care, this will be documented and noted in documentation.

Each individual resident has access to an independent advocate. Independent advocates are informed where an individual is unable to sign a contract of care. For individuals who do not have a contract of care, Independent Advocates are invited to attend Person Centred Planning and to support the individual make decisions and choices as appropriate.

The Organisation's Admissions and Discharge Policy will be amended to include what process should be followed if an individual or their representative are unable to sign a contract of care.

Proposed Timescale: 01/12/2016

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not ensuring 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.

10. 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 residents now have a Person Centred Plan, Individual Care Plan and a Hospital Passport.

All residents are now involved in the identification of their needs and choices, as well as having an individual key worker appointed. All plans are available in an accessible format and are reviewed regularly to ensure that they are being implemented. Short and long-term goals are identified for all residents based on an assessment of their preferences, age and ability.

Proposed Timescale: 24/10/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not ensuring that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

11. Action Required:
Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

Please state the actions you have taken or are planning to take:
Each individual has an individual Person Centred Plan based on assessment of need, preferences and personal preferences. The local risk register has been amended to reflect the needs of each resident. Where appropriate each individual has an individualised Behaviour Support Plan and Mental Health Plan that outlines environmental and other antecedents of behaviours that challenge. The Positive Behaviour Support Plans outline reactive and preventative strategies to reduce and minimise occurrences of behaviours that challenge. Staff are supported in the implementation of these plans by a member of the Positive Behaviour Support

Department. Behaviour Support Plans are reviewed on an annual basis or earlier if required. Residents are also supported through regular review of mental health need by a Consultant Psychiatrist in Learning Disability.

Each person will be reviewed at an annual meeting of the MDT and this will also be used to determine the suitability of the centre to meet the needs of each resident.

For one resident, an individualised funding proposal has been developed and submitted to the funding body. A Project Manager has been assigned to the case to facilitate the development of a new residential service for this individual which is based on an assessment of need. A process of personal discovery and transition planning will be undertaken with the individual to ensure that any future transition is planned, individualised and person centred. The individual resident, Independent Advocate, staff and members of the MDT are involved in this process of supported transition.

Proposed Timescale: 01/03/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not preparing a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

12. Action Required:
Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

Please state the actions you have taken or are planning to take:
All residents now have a Personal Care Plan in place based on the assessed needs of the individual resident.

Proposed Timescale: 24/10/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not ensuring that all residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

13. Action Required:
Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

Please state the actions you have taken or are planning to take:
All residents now have a Person Centred Plan in an accessible available format. These plans are available to the Resident at all times and their representatives as appropriate.

Proposed Timescale: 24/10/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Oxygen was not available in the centre; the provision of oxygen was an identified intervention in the centre's risk register.

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

Please state the actions you have taken or are planning to take:
Oxygen is now available in the centre and a protocol for monitoring and ensuring the availability of oxygen will be developed.

Proposed Timescale: 24/10/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Contract staff had not had fire safety awareness training.

15. 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:
Induction for new staff to the designated centre includes fire awareness and safety which includes emergency procedures, building layout and escape routes as well as evacuation plans for the residents. Contract staff have been assigned to fire training in December 2016.

Proposed Timescale: 19/12/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff did not have up to date information pertaining to residents, in order to respond to behaviour that challenges and to support residents to manage their behaviour.

Inappropriate terminology documented by staff when describing an incidence of a resident exhibiting a behaviour required review to ensure the resident's rights were not impinged.

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

Please state the actions you have taken or are planning to take:
Up to date information pertaining to all residents is now available to staff with regard to behaviours that challenge.

A Positive Behaviour Support Plan is in place for all residents that require one and are developed and reviewed by a member of the Behaviour Support Team. These support plans are developed in consultation with the individual and their staff as well as input from the MDT as required. Mental Health need is reviewed on a regular basis by a Consultant in Psychiatry in Intellectual Disability.

Staff have been supported to review relevant policies on promoting and respecting the rights and dignity of residents. Support has been given to staff with regard to verbal and written communications to and about residents they support.

Proposed Timescale: 24/10/2016

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all residents at risk of harm/and or abuse had robust safeguarding plans in place to protect them from abuse.

17. Action Required:
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

Please state the actions you have taken or are planning to take:
All residents at risk of harm or abuse have a Safeguarding Plan in place which is shared with all staff.

Nominated keyworkers or a member of management from the designated centre attend all relevant safeguarding meetings to ensure that information is shared effectively between stakeholders and to ensure that the resident being supported is represented at these meetings. Keyworkers then share the information with centre management and update records and documentation as appropriate. Minutes and recommendations of meetings are kept locally.

Safeguarding and Trust in Care policies and documentation will be reviewed with staff at team meetings to ensure understanding and compliance.

Proposed Timescale: 24/10/2016

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all residents had safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

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

Please state the actions you have taken or are planning to take:
All residents have an individualised intimate care plan that is based on protecting and enhancing their dignity and privacy while also promoting independence. This plan is available to all staff supporting each resident and implementation of the plan is documented daily.

Proposed Timescale: 24/10/2016

Outcome 09: Notification of Incidents

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
While quarterly notifications had been forwarded to the Chief Inspector, the use of environmental restraint had not been included.

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

Please state the actions you have taken or are planning to take:
A review of environmental controls and restrictions has been undertaken within the designated centre. All residents have their own front door key, electric fob to the external electric gate with access to the community and the key to their own bedroom. Currently, environmental restraint, in the form of a lock, is used on the door to the staff office, medical and chemical product storage presses and one of three kitchens in the designated centre.

Review of the risk register has supported the continuing use of a lock on the office door and the storage presses for medicines and chemical products. The use of a lock on one of three kitchens will be further reviewed to determine if a less restrictive practice can be identified to ensure that each individual resident has personal freedom and autonomy within the centre consistent with their assessed needs and supports.

Where such practises are in use the organisational policy for use of an environmental restrictive practice will be applied for and will be included in quarterly notifications to the Chief Inspector in HIQA.

Proposed Timescale: 15/11/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not providing appropriate health care for each resident, having regard to each resident's personal plan.

20. 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:
All residents now have a Person Centred Plan which outlines their medical and physical care needs. Appropriate health care is provided to each person having regard to these personal plans.

Where necessary referrals are made for additional medical or therapeutic services. A log of these referrals is kept locally and are followed up on a regular basis to ensure that residents have timely access to these services. Where services are not provided by the organisation public services will be applied for or privately if the resident agrees or is able to fund it.

All residents' weights are recorded on a regular basis and where this is not possible a reason for same will be recorded e.g. where a resident did not wish to have their weight taken.

the support of the Dietician healthy food options have always been offered to individual residents. Residents are supported to have a varied and healthy diet. Some individual residents present with features consistent with Autism Spectrum Disorder which can influence the choices made with respect to food. In such cases this is reflected in their Individual Care Plans. Food records will be reviewed by Staff Nurse assigned to the centre. Where trends or patterns of concern are observed, referral can be made to an appropriate member of the MDT for additional input or advice.

Proposed Timescale: 24/10/2016

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:
One resident self-administered medication and a corresponding risk assessment in relation to this had been carried out in June 2015 and on 29 March 2016. This did not concur with the centre's policy where it was stated that a risk assessment was to be carried out on residents who self administered their medications, every six months.

21. Action Required:
Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

Please state the actions you have taken or are planning to take:
The risk assessment for self-administered medication for one individual resident has been reviewed and updated.

The self-administration risk review is now scheduled to be completed in conjunction with the six monthly Medication Review to ensure full compliance with the centre's policy.

Proposed Timescale: 24/10/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose required updating to reflect the current management team and the number of residents the centre accommodates.

22. 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 and Function will be updated to reflect the changes in the current management team and to reflect the number of residents living in the centre.

Proposed Timescale: 31/12/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not having effective management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

23. 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:
Since the date of inspection the Person in Charge has returned to the centre from a period of leave and is supported by two CNM-I's who are both acting as PPIMs. This has strengthened and consolidated the immediate governance of the centre.

The Organisation is currently undertaking a review of the management and governance system and structure in place within the centre to ensure that the service provided is safe and appropriate to the needs of the resident.

Proposed Timescale: 31/12/2016

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The provider did not ensure that where the needs of all residents were changing, particular in relation to a resident's care requirements, that:
• appropriate information was available to guide and inform staff

• nursing care provided was subject to the assessed needs of all residents
• training and professional development of staff was adequate to ensure these needs were appropriately met.

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

Please state the actions you have taken or are planning to take:
The physical, care and support needs of residents are assessed on an annual basis or earlier if required. An annual review by the MDT will also be undertaken. Where issues of concern are identified plans are adapted so as to ensure that the full needs of the individual are met within the designated centre.

Identification of and responding to changing needs is the responsibility of all staff within the designated centre. Staff teams lead by Nurses use a battery of appropriate tools and assessment measures reflecting best practice to assist in the assessment of changing need within the centre. Specifically within the centre, one individual has been assessed as having increasing mobility issues and referral has been made to Physiotherapy for this individual. Two other individuals have had screening for dementia and an organisational working group currently undertaking work on Dementia screening are available to support staff within the centre and to provide guidance and direction with respect to relevant assessment tools and checklists.

Information has been sought from the MDT to guide and inform staff with regard to changing needs. This information will be available locally and will be discussed at team meetings.

Nursing care within the centre is provided on the basis of assessed need. All medical and care plans are reviewed on an annual basis or earlier if required and relevant medical referrals are made as required. All nurses are compliant with mandatory training and are facilitated with continuous professional development.

Mandatory training is available to all staff and a record of training is kept locally and with Human Resources. A training matrix will be maintained locally and staff will be facilitated to attend all relevant training.

Proposed Timescale: 24/10/2016

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A number of the policies were not centre specific; for example; policies on emergency planning, the risk management, the infection control captured detail relevant to the organisation and did not capture site-specific detail pertinent to the centre.

25. 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:
Organisational policies will reviewed locally so as to ensure that they are site specific and based on the best practice and the needs of residents. The local policies on Emergency Planning, Risk Management and Infection Control are currently being reviewed and will be updated.

Proposed Timescale: 01/12/2016

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Records in relation to each resident as specified in Schedule 3 were not maintained.

26. 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:
All records as specified in Schedule 3 are now updated and available for inspection.

Proposed Timescale: 24/10/2016