

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	DC5 St. John of God Kildare Services
Centre ID:	OSV-0003642
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Limited
Provider Nominee:	Philomena Gray
Lead inspector:	Conor Brady
Support inspector(s):	Emma Cooke, Michael Keating (Day 2 only)
Type of inspection	Announced
Number of residents on the date of inspection:	20
Number of vacancies on the date of inspection:	2

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 monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
12 July 2016 10:30	12 July 2016 19:30
19 July 2016 14:00	19 July 2016 20:30

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 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management

Summary of findings from this inspection

Background to the inspection

This announced inspection was carried out to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations (2013), (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations (2013) and the associated National Standards for Residential Services for Children and Adults with Disabilities (2013).

This was the third inspection of this designated centre since the commencement of the regulatory process in disability services in November 2013. Previous inspections of this centre highlighted major non-compliance in a number of core outcomes inspected. The previous inspections of this centre took place on 23 March 2015 and 1 October 2015.

On this inspection HIQA had to take the unusual step to suspend the registration inspection of the centre due to the safeguarding incidents and levels of risk to residents identified by inspectors in this centre. Inspectors required immediate actions to be taken by the provider to mitigate the risk to residents. Inspectors returned to the centre to complete this inspection one week later in order to seek reassurances that appropriate measures had been taken to safeguard residents.

How we gathered our evidence

As part of the inspection, the inspectors met with a number of residents who lived in this centre. The residents spoke to inspectors and some residents communicated on their own terms. Residents who were communicated with and were observed by the inspectors gave some good insights into what it was like to live in the centre.

The inspectors spoke with and observed the practice of the person in charge, clinical nurse manager, staff nurses, social care professionals and number of health care staff members. The inspectors reviewed documentation such as personal plans, medical/healthcare records, risk assessments, a risk register, rosters, complaints, incidents/accidents, safeguarding referrals, training records and policies and procedures.

Inspectors met the programme manager who outlined concerns regarding the resident mix in this centre (at the outset of this inspection) and indicated five residents who were identified to be transitioned out of this centre on a phased basis. Inspectors sought further detail of these transition plans in addition to multiple other documents be submitted to HIQA following this inspection.

Description of the service

The provider had a statement of purpose in place that outlined the service that they provided.

This designated centre was located on a campus based setting within walking distance of a large town. It is part of a congregated setting, with all of the buildings and housing located on the campus. The main part of this centre was a large, single storey, purpose-built residential setting divided into four houses. The unit was described as 'high support'. There was also an apartment located close by which was associated with the main centre. Both male and female residents over the age of eighteen years were accommodated in this designated centre.

This centre provided services to adults whose primary disability was intellectual disability. According to the centres statement of purpose, the resident profile in the centre was 'mild to moderate to severe intellectual disability and may have additional needs due to physical disability, sensory impairment, medical conditions and behaviours that challenge'. A number of residents in this centre were described as having 'a mental health diagnosis and may present with behaviours that challenge'. Inspectors found that while the service fit this description on the dates of inspection there were concerns as to how such complex behavioural needs were being met in this centre.

Overall judgment of our findings

Overall, the inspectors found that this centre was in major non-compliance with regulations and standards. Ultimately residents' safety was found to be compromised due to an inappropriate resident mix and inadequate control measures that did not protect residents living in this centre. Given this was the third inspection of this centre, inspectors were very concerned that in the key areas of residents rights, dignity, safety, risk management, healthcare and governance that major non compliance was found. Furthermore, it was very concerning that immediate action

had to be issued to safeguard residents on this inspection.

All findings are discussed in further detail within the inspection report and accompanying action plan.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Inspectors found that residents rights, dignity and privacy needs were highly compromised by the resident mix in this centre.

Some residents were found to be living in fear of other residents.

Inspectors found assessments and correspondence in the centre that highlighted that the placement of some residents in the centre was not suitable for these residents assessed needs.

Inspectors found residents who displayed a series of behaviours including sexualised behaviours, aggressive behaviours and acts of physical and verbal aggression towards other residents and the staff in this centre. This area will be discussed under Outcomes 7 and 8 respectively regarding resident health, safety and risk management and the safeguarding and protection of residents.

However these failings were having a direct and negative impact on residents everyday lived experiences and their rights and dignity in this centre.

Residents were subjected to witnessing significant events and behaviours on sustained basis including stripping, aggressive behaviour, assaults, property damage and sexualised behaviour. During the inspection many of these behaviours were also witnessed by inspectors.

On day one of this inspection the resident's mealtime experience and activities were observed to be severely compromised by the behaviours others.

Some residents were observed to scream and shout at regular intervals and at a high intensity in this centre. This was found to negatively impact on other residents who lived with these residents.

On day two of inspection some residents were observed to be watching television for long durations (2 – 4 hours) despite the fact it was 28 degrees outside. There was a large rear garden and no residents were observed as being offered to go outside to the garden.

The standard of some residents toilet facilities were found to be very poor. One resident had a stainless steel toilet with no toilet seat. This was highlighted on previous inspections and was observed as being removed on day two of this inspection following feedback on day one. Several toilets had tiles falling off the walls or missing completely.

One resident was observed to be in bed for eight hours on day one of inspection. On the second day of inspection this resident was in bed at 2 pm. Inspectors queried this with staff following which the resident was observed to be up and dressed by 2.30 pm. Engagement with this resident was observed to be minimal and inspectors had a number of concerns relating to this residents healthcare needs, mental health and stimulation within the centre. This will be discussed further under Outcome 11.

The inspectors found that some residents had signs on their bedroom doors requesting their doors were locked when they are not in the centre. This was not found to be the case on either day of inspection.

Inspectors found hourly checking system at night which required staff to access resident's bedrooms. This was not based on any assessment of need.

Inspectors found an institutional approach to care delivery in this centre whereby the focus was on the collective rather than the individual. This was compounded by the fact that 20 residents with complex needs were residing in the same designated centre.

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:

Inspectors found that residents living in this centre were not appropriately placed and had not been protected by admissions procedures to date. Inspectors found examples whereby residents were living in a centre that was not suitable, was unsafe and was not meeting their individual needs.

The provider and person in charge highlighted that they accepted that residents living together in this designated centre were not suitable to be living together and informed the inspectors they had plans to move residents out of this centre on a phased basis. The Programme Manager stated the centre was not taking any new admissions and stated the provider was working to transition residents out of this centre.

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:

Inspectors found that multiple risks were prevalent in this designated centre. While risks were found to be identified and assessed, inspectors found that the control measures in place to actually manage risks were not adequate and did not protect residents from harm.

The centres risk register identified a number of high (red rated risks) in accordance with the centres risk management policies and procedures. For example, unexpected absence of residents, peer to peer physical and emotional abuse, dysphasia and the use of psychotropic medications were all categorized as red rated risks in this centre.

In reviewing the accident and incident log inspectors were concerned at the volume and frequency of accidents and incidents. In reviewing an 11 month period (July 2015 to June 2016) there were 228 incidents and accidents in the centres incident log. Of these 74 were categorized as 'physical assault' and 57 were categorized as 'unknown injury'.

In examining a number of these incidents involving residents, inspectors found inconsistencies in the categorisation and severity rating of incidents. For example, 143

incidents were categorized as 'negligible'. These reports included incidents whereby residents were being struck, hit, kicked and punched. This did not demonstrate that risk management practices were accurate or robust.

Infection control practices were not found to be adequate in this centre. Two resident's toilets were found in need of cleaning on inspection and the laundry room whereby residents' clothes were being washed required a deep clean as it was visibly dirty.

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:

The inspectors found that residents in this designated centre were not safe or appropriately protected from abuse and harm. The area of safeguarding residents was highlighted as a major non-compliance on two previous inspections of this designated centre. These previous inspections were conducted in March and October of 2015. Adequate improvements were not found on this inspection and residents were not safe.

A resident told the inspector they did not feel safe and were afraid living in this centre. This same resident was observed being assaulted by another resident approximately 25 minutes following disclosing this to the inspector. This resident was observed being slapped with formidable force across the head/face and spat at by another resident. This resident had chosen to move out of the main accommodation building and was sleeping in a former office space converted into a bedroom so they were closer to the front door. This resident was observed to be living in fear.

Another resident was observed chopping vegetables and attempting to prepare food in the kitchen with a staff member when they were assaulted (punched in the back) by another resident. Staff intervened quickly and the knife the resident was holding was placed down as an altercation ensued whereby the resident tried to retaliate to the resident who had hit them on two occasions. Staff intervened and separated the

residents.

Inspectors found the centre contained a completely inappropriate mix of residents who had complex needs, mental health support needs and some residents who displayed frequent physical, emotional and sexualised behaviours within the centre on a regular basis. Some residents had multi-disciplinary assessments stating that their environment was unsuitable to meet their needs.

One resident who had clear and apparent individualised support needs was openly and frequently targeting the other residents with aggression, violence and targeting female staff with overt sexualised behaviours. Other residents were clearly afraid of this resident.

An immediate action was issued regarding safeguarding issues and HIQA were informed a resident was transitioned out of this centre in the days following this inspection.

Inspectors found that restrictive practices operating in the centre such as locked doors (while reduced from the last inspection) were in place based on the assessed needs of some residents. However these restrictions were impacting on residents who did not need such measures in place.

In reviewing the relevant reporting documentation, inspectors found that the frequency and severity of incidents and safeguarding reports occurring in this centre indicated that peer to peer incidents were occurring to an unacceptable level.

The programme manager and person in charge indicated risks and safeguarding concerns pertaining to a number of residents in their risk register and stated at the outset of this inspection that they were very aware that a number of residents were inappropriately placed in this centre. It was indicated that additional funding had been requested by the provider to transition residents out of this centre and the plans for same were requested to be sent to HIQA.

Judgment:
Non Compliant - Major

Outcome 11. Healthcare Needs

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

Theme:
Health and Development

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

Findings:

Overall while there was some good evidence of healthcare provision in this centre, inspectors found areas whereby substantive improvements were required.

Inspectors were particularly concerned regarding a resident's mental health needs whereby this resident remained in bed for prolonged periods of time with inadequate evidence of appropriate stimulation or food and nutrition. For example, this resident had been in bed for 127 hours in a seven day period (168 hours). There was insufficient evidence that this residents nutritional and hydration needs were met throughout this period.

Inspectors found that residents had timely access to a medical practitioner. Residents had access to and were supported by a multidisciplinary team which included psychiatry, physiotherapy, speech and language therapy and dietician. Inspectors observed that overall recommendations for medical treatment were implemented and treatment was being facilitated by staff.

Inspectors reviewed interim healthcare plans documenting updates and communications for residents that required to be transferred outside the service for periods of time. Staff identified the systems in place to ensure the safe transfer of important information from one service to the next to provide continuity of care.

Personal plans were in place for every resident and gave an overview of their healthcare needs. However, some care plans had not been reviewed for over a year and it was unclear if they applied to a particular residents' plan as there was no name and was not signed or dated. Some care plans did not take into account changes in circumstances and new developments that impacted on the residents. For example, refusal of treatment by a resident was not documented in a care plan and the impact of refusing this treatment was not assessed. Personal plans contained a record of referrals that were sent for residents, however, some care plans did not make it clear if the required assessment had been carried out to determine if the residents' health need was being supported.

Inspectors found that some individual healthcare needs were not appropriately assessed and/or did not have correlating care plans in place. For example, personal care plans regarding the provision of epilepsy care, food and nutrition and skin integrity care planning.

Inspectors found residents with epilepsy were supported for periods of time by staff members who were not trained in the administration of emergency epilepsy medication.

Some staff interviewed demonstrated good knowledge of identifying and managing healthcare needs within the centre, however, not all staff were knowledgeable of the individual healthcare needs of residents. For example, some staff were not aware of all residents who had epilepsy, residents who were at risk of falls, choking and highlighted residents as having diabetes who did not have diabetes. This indicated that all staff were not aware of each residents healthcare needs.

Inspectors reviewed the management of nutrition and overall, improvements for residents had been noted in terms of choice and access to food. Residents were supported to cook their own meals if they wished. Inspectors observed laminated picture and descriptive menus displayed in the kitchen and staff highlighted this as a method of involving residents to choose their own meals.

Residents who did not wish to sit at the dining room table for meals were offered alternative places to have their meals. However, inspectors noted that meal times were not always an enjoyable experience as numerous incident reports documented disruptive behaviour from residents and peer on peer assault impacting on the quality of mealtimes for other residents. A chaotic meal time experience was observed on day one of this inspection whereby residents presented as afraid.

Inspectors observed a staff member preparing food for resident's in the kitchen. The staff member was unaware of existing policies around the chilling and reheating of food and could not locate them when asked. This area had been highlighted on a previous inspection and actions were issued regarding same. On the second day of this inspection, food was left out on the kitchen counter and was inadequately covered. As this was a particular hot day, staff had left the kitchen door entirely open for a prolonged period of time. Inspectors witnessed flies on the food left out. When asked about the intention of the leftover food, staff assured the inspector that this would be disposed of and not provided to residents as a result of what was witnessed. Some staff interviewed stated that they had completed food preparation and training and other staff were due to receive this training. However, inspectors were not assured that best practices around food safety training are implemented in practice.

Records showed some residents had been referred to a dietician and recommendations were in place. Documents provided evidence that these recommendations were used to inform specific care plans on nutrition. Inspectors did see that residents' weights were recorded on a regular basis. However, resident's food record charts kept in the kitchen were not accurately maintained and consistent gaps were noted in documentation regarding resident's nutritional intake.

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:

Inspectors found that each resident was protected by the designated centres' policies and procedures for medication management. Medication policies and protocols were in place and staff were knowledgeable about them. Overall, the inspector found staff knowledgeable and competent regarding the safe medication management practices within the designated centre.

Records of pharmacy related interventions and communications were kept in a safe and accessible place and staff interviewed were knowledgeable about out of hours systems in place for access to pharmacy.

Inspectors found that there were medication protocols in place regarding the prescription, administration and management of medication. The inspector reviewed a number of residents' prescriptions. The documentation reviewed by the inspector was clear and accurate in terms of the prescription, transcribing and administration of medications within the designated centre. Medications were administered only for those whom were prescribed for same. Administration records were signed by staff correctly and those reviewed correlated with the requirements of the residents' prescription. Medications which were to be crushed were individually prescribed as such.

Inspectors reviewed care plans and medication records of resident's requiring PRN (as required) psychotropic drugs. Practices and administration of such drugs corresponded with policies in place and medication records reflected this.

Inspectors reviewed a prescription that had numerous recent medication amendments. There was evidence of timely discontinuation in line with documented medical recommendations. Professional judgement and rationale for withholding medication was documented by nurses in resident's notes.

A secure fridge was provided for medications that required specific temperature control. Inspectors reviewed the temperature which was within acceptable limits at the time of inspection. Inspectors saw that the required daily monitoring of the temperature was consistently recorded with the exception of one night check on 18 July 2016. Inspectors observed medication normally stored in the fridge marked for disposal. From speaking with the nurse in charge on the morning of 19 July 2016, the nurse found the fridge temperature out of acceptable range. When asked about the management of this, it was clear that the nurse followed the protocol in place and records reflected the quick response, escalation and effective management of this situation.

The inspector observed a system whereby medication stock was safely disposed of in the centre and new stock delivered. The storage of medication was found to be appropriate in terms of secure medication presses, medication refrigerator. Inspectors observed systems in place to encourage residents to take responsibility for their medication. Evidence of a recent risk assessment and assessment of capacity was recorded in a resident's care plan that was self medicating.

There were no medications which required special controls at the time of inspection. Medication audits had recently taken place and inspectors questioned how the results of these audits are disseminated amongst all staff in the centre. An email system was in

place to communicate the results of these audits via nurse's emails.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The governance and management systems in place did not demonstrate or ensure that the quality of safe care and experience of residents was effectively facilitated. This was evidenced across the findings of major non compliance in a number of core outcomes on this inspection. In addition, by the nature of the fact that the registration inspection of this centre had to be suspended (mid inspection) and immediate action issued on the grounds of resident safety did not assure HIQA that governance and management systems in place were effective.

A full-time person in charge was in place and this was an improvement since the previous inspection whereby the previous person in charge was managing multiple complex centres. The centre now had an allocated person in charge in its own right. The person in charge had been seconded from another designated centre and was in place as person in charge since 2015 following restructuring within management structures on this providers campus.

However, the person in charge highlighted concerns regarding crisis management and incident management being allocated the substantive part of their time. This was evidenced in examining the trends and pattern of incidents and safeguarding issues in the centre. The person in charge cited the transition of residents who required higher levels of support as necessary to improve quality of care delivery in this designated centre.

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:

Conor Brady
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	DC5 St. John of God Kildare Services
Centre ID:	OSV-0003642
Date of Inspection:	12 July 2016
Date of response:	16 July 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:

Residents did not have choice or control around where they lived, who they lived with and how their service was provided and were negatively impacted as a result of same.

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) (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:

The Registered Provider and Person in Charge (PIC) will ensure:

1) A review of day service will be facilitated for 8 residents ensuring they have choice and control over their daily life and 1 resident has been supported to return to Day Services. 16/08/2016

2) Residents will be supported through their transition plans to identify where and with whom they wish to live. Commenced February 2016 to 31/12/2016

3) Four properties have been sourced to support the transition of 9 residents to move to their own homes in the community.

One resident will be transitioned by 9/9/2016.

Four residents will be transitioned by 30/10/2016

The remaining residents will be transitioned by 30/10/2016

Application for registration of the relevant properties will be submitted to HIQA by 30/9/2016. Commenced February 2016 to 31/12/2016

4) Two residents have been identified to transfer to another service provider and are being referred to an alternative provider in conjunction with the Health Service Executive. 19/08/2016

5) Toilet facilities have been repaired and upgraded. 26/08/2016

6) Staff are encouraged and reminded to engage with residents within the Centre's policies and core values of the organisation at handovers, respecting the residents' dignity and privacy. 15/08/2016

7) A specific assessment for residents is scheduled to take place. 30/08/2016

Proposed Timescale: 31/12/2016

Theme: Individualised Supports and Care

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

Resident's privacy was compromised due to behaviours being displayed in a group setting.

2. 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 Registered Provider and PIC will ensure:

1) One resident with behaviours of concern has been relocated to alternative designated centre. 15/07/2016

2) Four properties have been sourced to support the transition of 9 residents to move

to their own homes in the community.
One resident will be transitioned by 9/9/2016.
Four residents will be transitioned by 30/10/2016
The remaining residents will be transitioned by 30/10/2016
Application for registration of the relevant properties will be submitted to HIQA by 30/9/2016. Commenced February 2016 to 31/12/2016
3) Two residents have been identified to transfer to another service provider and are being referred to an alternative provider in conjunction with the Health Service Executive. 19/08/2016
4) Where residents choose to lock their bedroom door when away from home their choice will be respected. 16/08/2016

Proposed Timescale: 31/12/2016

Theme: Individualised Supports and Care

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

Each resident was not being 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.

3. Action Required:

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

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

The Registered Provider and PIC will ensure:

- 1) The nightly hourly checking system has been reviewed for each resident and will only be in operation for residents who have been assessed for this level of support and intervention. 19/08/2016
- 2) Personal directed planning training will be scheduled for the staff team in the DC to ensure individualised care and support is implemented. 30/09/2016

Proposed Timescale: 30/09/2016

Theme: Individualised Supports and Care

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

Adequate recreational activity was not offered to residents on the day of inspection.

4. 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:

The Registered Provider and PIC will ensure:

- 1) A review of day service will be facilitated for eight residents ensuring they have choice and control over their daily life. 16/08/2016
- 2) Each resident's social and recreational goals will be reviewed and updated to enhance preferred activities and meaningful day. 16/09/2016
- 3) A meaningful day activities recording sheet will be implemented in each house in the DC to monitor each resident's participation in activities. 19/08/2016

Proposed Timescale: 16/09/2016

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:

Residents were not adequately protected by admission policies and practices to date.

5. Action Required:

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

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

The Registered Provider and PIC will ensure:

- 1) No further admissions will be made to the DC. 15/07/2016
- 2) Four properties have been sourced to support the transition of nine residents to move to their own homes in the community.
One resident will be transitioned by 9/9/2016.
Four residents will be transitioned by 30/10/2016
The remaining residents will be transitioned by 30/10/2016
Application for registration of the relevant properties will be submitted to HIQA by 30/9/2016. A schedule of transfers will be developed when properties are registered as designated centres. Commenced February 2016 to 31/12/2016
- 3) Two residents have been identified to transfer to another service provider and are being referred to an alternative provider in conjunction with the Health Service Executive. 19/08/2016

Proposed Timescale: 31/12/2016

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:

While risks were identified and assessed within the designated centre the control measures in place were ineffective and did not adequately protect the residents from harm.

6. 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:

The Registered Provider and PIC will:

- 1) Risks have been mitigated by the transition of two residents to alternative locations. 15/07/2016
- 2) Risk ratings have been reduced on the Risk Register. 15/08/2016
- 3) There has been a significant reduction in the number of incidents in the DC. 15/08/2016
- 4) Review all existing control measures and implement additional control measures as required to ensure that controls protect residents from harm. 30/09/2016
- 5) Support the PIC to analyse incident data to inform the risk assessment process. 30/09/2016

Proposed Timescale: 30/09/2016

Theme: Effective Services

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

Infection control practices were not adequate with resident's toilets and laundry rooms found in an unhygienic state.

7. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

The Registered Provider and PIC will:

- 1) Ensure that cleaning schedules are in place and implemented and ensure that the roles and responsibilities of DC staff in the absence of general services staff are clearly specified to ensure required cleaning is carried out. 26/08/2016

- 2) Ensure that the laundry room is deep cleaned and re-organised to ensure appropriate segregation of clothing. 26/08/2016
- 3) Ensure the action plan from the Infection Control audit dated 8th July 2016 is fully implemented. 30/09/2016

Proposed Timescale: 30/09/2016

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:

All alternative measures were not considered before a restrictive procedure was used as residents were living in locked centres due to the behaviour of other residents.

8. 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:

The PIC will ensure in order to support the reduction of restrictive interventions for example locked door(s) the following will take place:

1) Four properties have been sourced to support the transition of nine residents to move to their own homes in the community.

One resident will be transitioned by 9/9/2016.

Four residents will be transitioned by 30/10/2016

The remaining residents will be transitioned by 30/10/2016

Application for registration of the relevant properties will be submitted to HIQA by 30/9/2016. Commenced February 2016 to 31/12/2016

2) Two residents have been identified to transfer to another service provider and are being referred to an alternative provider in conjunction with the Health Service Executive. 19/08/2016

3) Review risk assessments relating to residents restrictive practice(s) in conjunction with members of the staff team ensuring that the least restrictive practice for the shortest duration is used. 30/08/2016

4) Behaviour Support Plans will be reviewed and amended in line with the revised format and on a prioritised basis. 30/10/2016

5) There has been a reduction of 55% in incidents of safeguarding in the past 28 days following the transfer of a resident. 15/07/2016

Proposed Timescale: 30/10/2016

Theme: Safe Services

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

Residents were not appropriately protected from all forms of abuse.

9. Action Required:

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

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

The Registered Provider and PIC will ensure:

1) There has been a reduction of 55% in incidents of safeguarding in the past 28 days following the transfer of a resident. 15/07/2016

2) Four properties have been sourced to support the transition of nine residents to move to their own homes in the community.

One resident will be transitioned by 9/9/2016.

Four residents will be transitioned by 30/10/2016

The remaining residents will be transitioned by 30/10/2016

Application for registration of the relevant properties will be submitted to HIQA by 30/9/2016. Commenced February 2016 to 31/12/2016

3) Two residents have been identified to transfer to another service provider and are being referred to an alternative provider in conjunction with the Health Service Executive. 19/08/2016

4) Review all existing control measures on the risk register and implement additional control measures where required to ensure that controls protect residents from harm. 30/08/2016

Proposed Timescale: 31/12/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Appropriate health care for each resident was not evidenced having regard to each resident's personal plan. Personal plans needed to be updated in some cases and some staff were not aware of residents healthcare needs.

10. 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:

The Registered Provider and PIC will ensure:

1) A comprehensive assessment of healthcare needs is carried out including epilepsy,

food and nutrition etc. and re-assessments are carried out on a regular basis to reflect changing needs. 30/08/2016

2) Each resident's care plan is reviewed and updated at least every four months and as needed and circumstances change. 31/12/2016

3) That the staff team and agency staff read and are aware of care and support needs as outlined in each resident's critical information document. 30/08/2016

Proposed Timescale: 31/12/2016

Theme: Health and Development

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

Provision of food to residents who were in bed for prolonged periods was not evident. In addition, practices regarding food hygiene and safety were not adequate.

11. Action Required:

Under Regulation 18 (2) (a) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

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

The PIC will ensure:

- 1) Where a resident is in bed for a prolonged period of time, all nutritional intake will be recorded including refusal. 15/07/2016
- 2) That Basic Food Hygiene guidelines are available and easily accessible in the DC. 26/08/2016
- 3) Staff complete Food Safety training as scheduled and all staff will implement the guidelines and protocols in line with best practice. 26/08/2016
- 4) All staff will record residents nutritional intake as per recommendations. 19/08/2016

Proposed Timescale: 26/08/2016

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:

Management systems in place in the designated centre were not ensuring the effective and safe delivery of services to residents in accordance with regulations and standards.

12. 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:

The Registered Provider and PIC will ensure:

- 1) The reduction in the number of residents residing in the DC. 15/07/2016
- 2) Residents are being transitioned to their own homes in the community. February 2016 to 31/12/2016
- 3) Two residents are been referred to an appropriate service provider. 19/08/2016
- 4) The Risk Register has been revised. 19/08/2016
- 5) There has been a 55% reduction in safeguarding referrals as a result of the transition of a resident. 15/07/2016
- 6) Regular and documented environmental walk arounds will take place in the DC to ensure effective monitoring of agreed controls regarding residents safety. Commenced 15/08/2016
- 7) The registered provider will attend the DC meeting on a monthly basis. 31/08/2016
- 8) The registered provider is reviewing and amending the governance structure to strengthen the overall governance of the DC. 31/08/2016
- 9) Unannounced inspection visits on behalf of the provider will be conducted every six months and any concerns will be addressed with an action plan developed to address any concerns identified. 30/10/2016

Proposed Timescale: 31/12/2016