

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Group F - St. Vincent's Residential Services
Centre ID:	OSV-0003929
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd
Provider Nominee:	Breda Noonan
Lead inspector:	Margaret O'Regan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	12
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
05 April 2016 15:00	05 April 2016 21:45
06 April 2016 09:15	06 April 2016 14:00

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

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

Summary of findings from this inspection

This report sets out the findings of an unannounced inspection of a Daughters of Charity, Limerick, Residential Service. In September 2015 an inspection of the centre found a number of non-compliances with regulations. The purpose of this inspection was to establish the level of progress with regards to how these non-compliances were addressed or being addressed.

This was the second inspection of the centre by the Health Information and Quality Authority (HIQA). The centre provided residential accommodation for adults with an intellectual disability. This Centre comprised of two bungalows which accommodated six residents in each bungalow. Residents were well cared for. Overall, residents appeared to be happy and comfortable in their homes. Families had indicated that they were happy with the service delivered, albeit one family indicated that, owing to

current issues between two residents in one of the bungalows, they would like their relative to be moved.

Improvements noted by the inspector since the previous inspection included:

- * a review of restrictive practices by the multidisciplinary (MDT) team including the restrictions on water
- * the documentation of a clear rationale for the use of restraint
- * a costing was undertaken to modify bathroom and shower facilities
- * a review of the use of viewing panels on bedrooms doors and a subsequent reduction in the frequency in which they were used
- * residents facilitated to have an increased involvement in the wider community, such as going to the shop, going home and going out for social evenings
- * the documenting in residents' contracts of the additional charges incurred
- * the provision of a suitable quiet room in each house
- * the setting of goals for social care needs in addition to healthcare needs
- * a review of the risk assessment process and a review of risk assessments
- * the maintenance of appropriate documentation in relation to the use of chemical restraint
- * the notification of the use of restriction on water in the quarterly returns submitted to HIQA
- * an occupational therapists assessment for a resident with reduced mobility
- * an improvement in the waiting time for the delivery of medication
- * the provision of counselling by a pharmacist to each resident with regards to their medication
- * the revision of the statement of purpose to ensure it was in line with regulations
- * the carrying out of an annual review which included consultation with residents and their representatives
- * the expansion of the provider's unannounced visits to include an assessment of the suitability of the centre for all residents
- * the implementation of the medicine policy
- * the updating of the admissions policy
- * the updating of the policy on education, training and development
- * an improvement in the consistency in which records were maintained, in particular those records relating to monitoring epileptic seizures.

The provider nominee was actively involved in the governance of the centre. There was a suitably qualified and experienced person in charge of the centre, who was supported by a clinical nurse manager (CNM). Both the person in charge and CNM1 demonstrated that they knew the residents well.

Staff interaction with residents was observed and the inspector noted staff promoted residents' dignity and maximised their independence, while also being respectful when providing assistance.

There were effective systems in place overall in relation to medication management, health and safety and risk management. However, four moderate non-compliances were identified at this inspection. Under Outcome 5, "social care needs", it was not demonstrated that the centre met the assessed needs of all residents, for example the mix of residents did not ensure residents were protected from peer-to-peer

abuse. Under Outcome 8, "safeguarding and safety", the provider had failed to act in a timely manner to ensure that residents were protected from peer-to-peer abuse. Under Outcome 11, "healthcare needs", a resident was waiting for eight months for an in-house speech and language assessment. Under Outcome 14, "governance and management", the inspector concluded there was insufficient progress with the plan to address the identified concerns regarding the standard of care and support. Apart from possible physical injuries resulting from conflict between two residents, fear was created by the hitting, kicking and shouting displayed. The atmosphere of fear was palpable in the house and was a cause for concern. Residents went to their bedroom or sought comfort in the staff office when tensions were high. Staff were on constant high alert when certain residents were in the house. The staff on duty in the centre at the time of the inspection sought to maintain a calm atmosphere. They achieved significant success at maintaining this. However, staff were keenly aware that they were working in a volatile situation which had the potential to compromise both their safety and the safety of residents. The volatility was apparent in the frequent verbal outbursts, the taunting type behaviour occurring between two residents and the numerous previous occasions when staff and residents were hit, including a kick to a staff member on the day of inspection.

These were matters which had been identified on the previous inspection. Addressing them was a protracted and slow process. These are discussed further in the report.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector saw that overall, practices within the centre endeavoured to respect residents' rights, privacy and dignity. On the previous inspection in September 2015, water in sanitary facilities was restricted. While this was a safeguarding measure to protect some residents from drinking the water, it restricted other resident's access to sanitary facilities. It was not apparent at the time of the last inspection that other alternatives had been examined. Since that inspection a review of water restrictions in the centre was carried out by the person in charge and it included the multidisciplinary team. On this inspection some restrictions to water remained but these are limited to the areas where the resident was most likely to drink. Other sanitary facilities in the centre were not restricted.

The shower room in one unit was limited in space. Plans were in place to increase the size of it to facilitate all residents to have adequate space to dress in the shower room. In the meantime, measures were in place to ensure residents using this shower were not compromised in their dignity when moving between their bedroom and the shower.

On the previous inspection viewing panels were observed to be fitted on all six bedrooms in one unit. On that inspection staff informed inspectors that the panels could be frosted from the outside by staff but not from the inside by residents. The person in charge outlined that the panels were used to check on vulnerable residents at 15-minute intervals throughout the night. While a rationale was provided for this practice, it was not demonstrated that the necessity and/or the frequency of the practice had been considered by the multidisciplinary team. Also, there was insufficient evidence that all other alternatives had been considered. Since the last inspection a multidisciplinary

meeting had taken place with regards to this matter. All but one of the viewing panels were closed on this inspection. The one in use was used when the resident received medication that required them to be monitored by staff. The viewing panel was used as an alternative to entering the room to check the resident, as entering the room had the effect of waking the resident unnecessarily.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

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

Findings:
Provision of support for residents to develop and maintain personal relationships and links with the wider community were found to have been limited on the September 2015 inspection. Since, much effort had been made to ensure opportunities for community engagement were seized. Two residents had begun staying at home with their families and staff reported residents were pleased with this development. The inspector saw residents visiting a local shop, buying provisions and engaging with shop staff. Residents frequently went out for meals, to the pub and to the cinema.

Judgment:
Compliant

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

Theme:
Effective Services

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

Findings:

Since the last inspection the admissions policy was amended to take into account the need to protect residents from abuse by their peers.

The inspector examined a random sample of contracts and saw they had been amended in the past few months to include the fees and additional charges.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

As found on the previous inspection, it was not demonstrated that the review of the personal plan was multidisciplinary. The inspector noted members of the multidisciplinary team were invited to care planning meeting, were given notice of these meetings but many sent apologies that they were not able to attend.

As in the previous inspection the tracking and review of residents goals was inconsistent, with some goals clearly tracked and others not. In some instances the goal had not been achieved and no update was provided as to the barriers for achieving the goal.

Some improvements took place since the last inspection to demonstrate that the centre met the assessed needs of residents. For example, as discussed under Outcome 3, each individual resident's needs for social and personal development had expanded. The centre made changes to ensure a suitable space was available for residents to go to be alone. In so far as possible, residents were enabled to live with the least possible environmental restrictions, including water restrictions. However, despite these improvements not all assessed needs were met. For example, the mix of residents in the centre did not ensure that residents were protected from peer-to-peer abuse. This is further discussed and actioned under Outcome 8, safeguarding.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

Following improvements made since the previous inspection, the centre met the requirements of Schedule 6 of the regulations. For example, an appropriate room was provided for extra communal space which provided a space for residents to go if they wished to be on their own. At the time of inspection consideration was also being given to organising further space for residents.

As discussed under Outcome 1, the shower room in one house was limited in space. However, appropriate measures were taken to maintain the privacy and dignity of residents who used this shower. In addition costing had been provided to renovate and increase the size of this room as part of an overall plan to also increase the available bedroom space for a resident.

Judgment:

Compliant

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):

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

Findings:

Since the previous inspection, a review of risks was completed by management staff. A risk assessment on the locking of bedroom windows from a fire safety perspective was

completed and controls were in place.

As noted on the last inspection, the risk rating of some risk assessments required review to more accurately reflect the residual risk outlined following implementation of control measures. For example, the residual risk to residents of peer to peer abuse following implementation of measures to minimise the risk was, in the inspector's opinion, underestimated.

Judgment:

Substantially Compliant

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:

It was identified in the September 2015 inspection, that while there was a clear rationale provided for all restrictive practices, it was not demonstrated that alternative measures had been considered in relation to how a restrictive practice was implemented. The water restriction in sanitary facilities as referenced under Outcome 1, was an example of this. This matter was addressed on this inspection.

There were organisational policies in place in relation to the protection of vulnerable adults, behaviour that challenges, restrictive practices and the provision of intimate care. However, as was the previous findings, the provider had not demonstrated that residents were protected from all forms of abuse. The inspector found that this situation had continued for an extended period of time. The impact it was having on residents was difficult to fully assess. However, it was clear that some residents were fearful due to the behaviour of others. For example, as stated at the outset of this report some residents went to their bedroom or took solace in the staff office when tensions were high in the house. It was also clear that some personalities living in the centre found it difficult to live in harmony with each other.

While staff demonstrated knowledge and good skills to respond to behaviour that challenged, the inspector concluded more specific and tailored behaviour support was

required in order to reduce the impact of the volatile situation between two residents. In addition, matters set out in one resident's care plan such as exploring support from mental health services, had not been followed up on.

Amendments had been made to the documentation around the use of chemical restraint. The documentation relating to this showed it was carefully monitored. A record of the administration of PRN ('as required') medicines was maintained with good commentary as regards its effectiveness.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

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

Findings:

A record of incidents occurring in the centre was maintained and where required, notified to the Chief Inspector. Quarterly reports had been amended since the previous inspection to include the restriction of water.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

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

Findings:

Residents' opportunities for new experiences, social participation, education, training and employment were facilitated and supported. Improvements had been made since the previous inspection. For example, a greater emphasis had been placed on community involvement and more consistency was provided in ensuring one resident had on site day services.

The policy on access to education, training and development was reviewed to ensure it addressed relevant regulatory requirements.

There was evidence of input from day services for some residents, which involved discussion of available options and trials of different options. Where residents refused to attend the day service provided, the resident's right to refuse was respected.

Judgment:

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:

The inspector noted that residents' healthcare needs were met through timely access to medical care. A medical officer was available to each resident and an "out of hours" service was available if required. The inspector saw that residents were reviewed by the medical practitioner regularly. Medical advice and consultation in the event of clinical deterioration was seen to be sought in a timely fashion. Where referrals were made to specialist services or consultants, the inspector saw that staff supported residents to attend appointments.

In line with their needs, residents had ongoing access to allied healthcare professionals including dental, psychiatry, speech and language, optical, chiropody, dietetics and physiotherapy. However, the inspector noted that a resident with a communication difficulty was on the waiting list for an assessment by the service's speech and language therapist for eight months and had not yet been assessed. There was a similar finding in relation to access to occupational therapy (OT) noted on the previous inspection. The particular OT matter from the previous inspection had been addressed.

Residents' weight was monitored on a monthly basis or more frequently in line with their needs. Referrals were made to the dietetics service and recommendations were implemented such as fortification of meals. Where residents required food of a modified consistency, this was communicated to the kitchen effectively.

The management of epilepsy was in line with evidence based practice. A comprehensive record of seizure including date, time, type of seizure, duration and recovery was maintained. A summary record of seizures was also maintained.

The inspector observed that residents were encouraged and enabled to make healthy living choices in relation to exercise, weight control and healthy eating. Healthy eating plans had been developed for residents to support them in achieving and maintaining a healthy weight. Residents were encouraged to be active through swimming and walking.

Staff reported and the inspector saw that ample quantities of food was delivered. There was adequate provision to store food in hygienic conditions. Residents were observed to be offered refreshments and healthy snacks outside set mealtimes.

Judgment:

Non Compliant - Moderate

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:

Improvements had been made since the previous inspection in the manner in which medication was managed. Appropriate arrangements were now in place to avoid any delays in receiving medications prescribed.

The policies in place were seen to be implemented. In particular, the inspector noted the management of transcription of medication charts was in line with policy. This had been an issue on a previous inspection.

Medicines for residents were supplied by a community pharmacy. Staff with whom the inspector spoke outlined that medicines were delivered on a daily basis and without delay. The regular pharmacy was over 100km from the centre; however, if required a local pharmacy was used to deliver medicines. This was arranged by the pharmacy who ordinarily supplied the medicines.

The person in charge stated that the pharmacy liaised with nursing staff. Since the last inspection the pharmacist also provided individual counselling to residents. This was in line with the, "Guidance on the supply by pharmacists in retail pharmacy businesses of medicines to patients in residential care settings", published by the Pharmaceutical Society of Ireland.

The inspector observed that compliance aids were used by nursing staff to administer medications to residents. References were available and compliance aids were clearly labelled to allow staff to identify individual medicines.

A sample of medication prescription and administration records was reviewed by the inspector. Medication administration sheets identified the medications on the prescription sheet and allowed space to record comments on withholding or refusing medicines.

Judgment:
Compliant

Outcome 13: Statement of Purpose

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

Theme:
Leadership, Governance and Management

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

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

Findings:

The statement of purpose was reviewed in February 2016. It was found to be in compliance with regulations.

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.

<p>Theme: Leadership, Governance and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: The actions identified on the last inspection under this outcome had been addressed. For example, consultation took place with residents and their representatives. This was incorporated into an audit that the provider undertook in February 2016 of the safety and quality of the service provided. This was an improvement on previous audits and reviews of the service carried out.</p> <p>The audit and subsequent report clearly identified the key issues of concerns including the suitability of the premises for all service users. However, there was insufficient progress with the plan to address the concerns regarding the standard of care and support.</p>
<p>Judgment: Non Compliant - Moderate</p>

<p>Outcome 17: Workforce <i>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.</i></p>
<p>Theme: Responsive Workforce</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: On last inspection an issue arose around incomplete documentation in a staff file. Since that inspection a random sample of staff files were examined and found to be in compliance with regulations.</p>
<p>Judgment: Compliant</p>

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):

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

Findings:

The issues arising on the previous inspection were addressed. The inspector noted that:

- * the medicines management policy was implemented in relation to transcription
- * the admissions policy took account of the need to protect residents from abuse by other residents.
- * the policy relating to access to education, training and development for residents was amended to consider the relevant regulations
- * improvements had taken place with regards to the maintenance of residents' records. For example, on this inspection records in relation to epileptic seizures were maintained.

Judgment:

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:

Margaret O'Regan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	Group F - St. Vincent's Residential Services
Centre ID:	OSV-0003929
Date of Inspection:	05 April 2016
Date of response:	04 May 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 05: Social Care Needs

Theme: Effective Services

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

It was not demonstrated the review of the personal plan was multidisciplinary.

1. Action Required:

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

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

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

A process has been agreed with the MDT to complete a review of all personal plans.

Proposed Timescale: 30/06/2016

Theme: Effective Services

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

As in the previous inspection the tracking and review of residents goals was inconsistent, with some goals clearly tracked and others not. In some instances the goal had not been achieved and no update was provided as to the barriers for achieving the goal.

2. 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 goals will be reviewed by each resident's named nurse and all goals will tracked to monitor their implementation. Updates on the progress or barriers of the goals for the residents will be documented. The PIC will audit the tracking and documentation of goals for each resident.

Proposed Timescale: 17/06/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The residual risk to residents of peer to peer abuse following implementation of measures to minimise the risk was under estimated.

3. Action Required:

Under Regulation 26 (1) (e) you are required to: Ensure that the risk management policy includes arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

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

The residual risk rating to residents of peer to peer abuse following implementation of measures to minimise the risk will be reviewed by the PIC with the service health and safety officer.

Proposed Timescale: 04/05/2016

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:

While staff demonstrated knowledge and good skills to respond to behaviour that challenged, the inspector concluded a more specific and tailored input from a behaviour support specialist was needed to reduce the impact of the situation.

4. 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 service has sought the supports of a Clinical Nurse Specialist in Behaviour and is awaiting a date for him to review the behaviour management of individual residents to ensure that every effort to identify and alleviate the cause of resident's behaviour is being made.

Proposed Timescale: 31/05/2016

Theme: Safe Services

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

As was the previous findings, the provider had not demonstrated that residents were protected from all forms of abuse. The inspector found that this situation had continued for an extended period of time. The impact it was having on residents was difficult to fully assess. However, it was clear that some residents were fearful due to the behaviour of others. It was also clear that some personalities living in the centre found it difficult to live in harmony with each other.

5. 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:

An Assessment of Need process has commenced for residents who are causing concern in the centre. Safeguarding mechanisms are in place. There is a plan to transfer some residents from the centre but is dependent on funding support from the HSE. We have previously submitted detailed plans for additional funding to the HSE. We are again currently submitting further detailed and costed plan to HSE for supports. Indicators to date from the HSE are that it is unlikely that this additional support will be forthcoming in 2016. The Service will therefore make alternative arrangements to ensure risk of peer to peer abuse is minimised.

Action plan update July 2016

To date no resident has transferred from this centre. The provider continues in ongoing negotiations with the HSE re additional funding required to transfer residents from the centre. Additional safeguarding mechanisms have been put in place. Additional staffing hours have been deployed to both houses in the centre to support service users and ensure their safety since the last inspection. There have been no safeguarding incidents in one house since the last inspection. There have been three safeguarding incidents in the second house of the centre since inspection, the last on the 22/06/2016, staffing resources to this house increased week commencing 14/06/2016.

Three of the service users in Group F have received the support from a clinical nurse specialist in behaviour on the 12th and 17th of May. The Multi Element Intervention Plans in place were found to be detailed and informed staff on the appropriate and necessary supports for each individual in the centre who presents with behaviours that challenge. The clinical nurse specialist is also an instructor in the therapeutic management of aggression and violence.

Assessments of need have been completed on three of the resident in the centre.

Proposed Timescale: 30/04/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

The inspector noted that a resident with a communication difficulty was on the waiting list for an assessment by the service's speech and language therapist for eight months and had not yet been assessed.

6. Action Required:

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

The PIC has followed up with the Speech and Language and the Speech and Language Therapist has completed the assessment for the resident.

Proposed Timescale: 29/04/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

A written report on the safety and quality of care and support provided in the centre was prepared. However, there was insufficient progress with the plan to address the concerns regarding the standard of care and support.

7. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

The progress of the quality of care and support in the centre is contingent on funding from the HSE to move residents' who are causing concern from this centre. There is a plan to transfer some residents from the centre but is dependent on funding support from the HSE. We have previously submitted detailed plans for additional funding to the HSE. We are again currently submitting further detailed and costed plan to HSE for supports. Indicators to date from the HSE are that it is unlikely that this additional support will be forthcoming in 2016. The Service will therefore make alternative arrangements to ensure risk of peer to peer abuse is minimised.

Proposed Timescale: 30/04/2016