

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Carena Care Limited
Centre ID:	OSV-0004902
Centre county:	Cork
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Carena Care Limited
Provider Nominee:	Carole Francis Miller
Lead inspector:	Kieran Murphy
Support inspector(s):	Noelle Neville
Type of inspection	Unannounced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	4

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 1 day(s).

The inspection took place over the following dates and times

From: 17 April 2016 10:00 To: 17 April 2016 16:00

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

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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the first inspection of a centre that had made an application to register as a designated centre with HIQA. There were no residents living in this centre as it was not yet operational.

The centre was managed by Carena Care Limited which described itself as a company with "over 20 years experience in the healthcare sector, building, designing and running a flagship, 60 bed, dual registered Nursing and Residential home in the county of Worcestershire in the UK." The person in charge outlined that the model of care for the service was a shared living arrangement with people with disabilities, and those who assist them, living together as a community.

The findings of the inspection were based on reviewing the proposed documentation to be used such as care plans, policies and procedures. The inspectors also engaged with the provider and the person in charge throughout the inspection who outlined their vision for the service. As part of the application to register the centre with HIQA, Carena Care Limited had also submitted documentation as required under the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, as amended. This included the statement of purpose which was a document intended to describe the service and facilities

provided to residents, the management and staffing and the arrangements for residents' wellbeing and safety. An original statement of purpose had been submitted to HIQA as part of the application to register the centre. However, there was an updated statement of purpose on the date of inspection.

The centre was designed to accommodate four residents and the statement of purpose outlined that the centre had been established to "provide high quality care to adults with a range of complex needs". These needs included:

- "autism
- epilepsy
- auditory/visual/speech impairment
- respite care
- challenging behaviour."

The centre consisted of a large renovated two storey farm house and was located near a small town in mid-Cork. The house had been restored to a very high standard with original decorative fire places being a feature in most bedrooms and the lounge area. It was apparent that significant resources had been spent to upgrade fire safety in the house. The centre was on approximately four acres of land overlooking a lake. The farm area had chickens, roosters, dogs and two horses. The person in charge said that she would soon be qualified in "therapeutic horse riding for people with an intellectual disability".

The centre intended to employ an activities coordinator, initially on a part time basis. There was a designated "arts and crafts" room in the house. The centre had a seven seat car that would be used to facilitate activities in the community, like swimming or nature walks. There was also a horticultural area with a polytunnel for growing vegetables. The person in charge outlined that residents would be involved in the day to day activities around mealtimes like preparing the vegetables and helping to cook the dinner.

Of the nine outcomes inspected one outcome was compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations):

Outcome 5: Social Care Needs

The person in charge outlined that there would be a transition plan for any resident moving to the centre. A comprehensive assessment of the health, personal and social care and support needs of each resident would be carried out prior to admission. The resident would initially come for a weekend, and if they liked the centre they would trial a 12 week placement. At the end of that trial period a review would take place with the resident to assess if the service was suitable.

Five of the nine outcomes inspected were at the level of major non-compliance:

Outcome 7: Risk Management

The policy on "risk taking" did not include sufficient detail of the measures and actions in place to control the specified risks of unexpected absence of a resident, aggression and violence or accidental injury to residents, visitors or staff. In addition, risk assessments were not available for specific hazards in the centre, and for identified hazards adequate controls were not in place.

Outcome 12: Medication Management

There were no clear arrangements in place to ensure that a pharmacist was to be made available to residents. In addition, there were no clear arrangements to assess staff competence to ensure that all medicines would be administered as prescribed.

Outcome 14: Governance

Based on the information provided to HIQA the person in charge did not have the required qualifications, skills and experience necessary to manage the designated centre having regard to the statement of purpose and the number and needs of residents. When speaking with inspectors the provider nominee was not clear about the statutory responsibility for the care and welfare of residents under Section 23 (1) of the Regulations.

Outcome 17: Staffing

The person in charge was not clear on the ratio of staff that would be required as residents were admitted to the centre. There was no planned rota to identify staffing levels required either during the week, at night or at weekends. There was a policy on recruitment and Garda vetting. However, this referenced UK legislation like the Health and Social Care Act 2008 and the Police Act 1997. The person in charge outlined to inspectors that prior to commencing employment all staff would have appropriate Garda vetting in place. However, the centre policy on recruitment and Garda vetting of staff stated that "while employee's Garda vetting checks are in progress, the employee will be supervised at all times and will not have unsupervised access to service users."

Outcome 18: Records Management

Many of the policies required by regulation 4(1) of the Regulations were not centre specific and referenced UK legislation throughout.

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 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):

This was the centre's first inspection by the Authority.

Findings:

The person in charge showed inspectors two sets of records that would form the basis of a resident's personal plan. The first set of records was the support planning pack and this included:

- personal details
- health assessment
- skin marks/bruising record
- family connections
- assessment needs
- mental health assessment
- risk assessment

The second set of records was called the personal planning book. This was in draft format at the time of inspection and contained issues like:

- communication requirements
- important people
- circle of support
- my life now
- my life story
- health
- good things about me
- likes/dislikes
- goals/dreams
- action plan

The person in charge outlined that any recommendations from the multidisciplinary team will be implemented through the care planning process. The statement of purpose outlined that "monthly audits of personal and multi element plans will take place" and "all staff will be trained to work to guidelines set out by healthcare professionals in promoting the best possible health of service users".

The person in charge outlined that the service will be hiring an activities coordinator to provide a day service on site if required by residents. The centre was located on a large farm with two riding ponies. The person in charge said that she would soon be qualified on the use of therapeutic horse riding for people with an intellectual disability. The centre intended to employ an activities coordinator, initially on a part time basis. There was a designated "arts and crafts" room in the house. The centre had a seven seat car that would be used to facilitate activities in the community, like swimming or nature walks.

The person in charge outlined that there would be a transition plan for any resident moving to the centre. A comprehensive assessment of the health, personal and social care and support needs of each resident would be carried out prior to admission. The resident would initially come for a weekend, and if they liked the centre they would trial a 12 week placement. At the end of that trial period a review would take place with the resident to assess if the service was suitable.

Judgment:
Compliant

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):

This was the centre's first inspection by the Authority.

Findings:

The centre consisted of a large renovated two storey farm house and was located on four acres of farmland near a small town in mid-Cork.

The house could accommodate four residents, each having their own spacious bedroom on the first floor. All the bedrooms were fully furnished and tastefully decorated, with the person in charge outlining that they could be re-decorated according to an individual resident's personal choice and taste. There was adequate space for clothes and personal possessions in all bedrooms.

Two of the bedrooms had en suite facilities, including shower, toilet and wash hand basin. There was also a large bathroom upstairs with bath, separate shower, toilet and wash hand basin. There was also a bathroom downstairs with toilet and wash hand basin.

On the ground floor there was a large sitting room with a comfortable couch, armchairs and a piano. There was a separate office area at the back of the house. There was an "arts and crafts room" where residents could relax with an adjoining "quiet room" where residents could meet visitors. The quiet room had a computer which was connected to the internet. There was a large kitchen dining with an adjoining utility area. There was a communication board in the kitchen which was in accessible picture format so residents would know which staff were on duty and what was for dinner. There was a "boot room" where residents could put up their coats and put away wellington boots. This room also had horse riding equipment, mops, buckets and a chest freezer.

Staff cottages were in the courtyard area. The person in charge outlined that a fence was to be put in the courtyard area to prevent cars parking near the main house.

The farm had chickens, roosters, dogs and two horses. There was also a horticultural area with a polytunnel for growing vegetables. The person in charge outlined that more robust fencing was required to prevent unauthorised access to the paddock where the horses were kept.

Judgment:
Substantially 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):

This was the centre's first inspection by the Authority.

Findings:

Improvement was required in relation to how the centre proposed to manage risk.

There was policy on "risk taking" which outlined hazard identification and assessment of risks. However, it did not include sufficient detail of the measures and actions in place to control the specified risks of unexpected absence of a resident, aggression and violence or accidental injury to residents, visitors or staff which were a requirement of article 26(1) of the Regulations. There was also a policy on the reporting of accidents and incidents. However, it referenced UK legislation that did not apply in Ireland.

There was a health and safety policy. Risk assessments were available relating to 11 issues including moving and handling, fire, medication, water, electricity and animal handling. However, risk assessments were not available for specific hazards in the centre like:

- potential trip hazard between the “quiet room” and the “arts and crafts room” as the sliding patio door here was at a higher level than the floor
- potential burn hazard from radiators. In particular, inspectors observed that the radiator in the upstairs bathroom was on and, although temperature controlled, still felt hot to touch. This radiator was right next to the toilet with the potential for a burn
- potential hazard with upstairs windows not being restricted
- potential choking hazard with cords for window blinds not being secured.

The centre was on approximately four acres of farm land overlooking a lake. While access to the lake was restricted by hedging and a small fence, the person in charge outlined plans to provide safe access to the water with steps and clearing back the undergrowth. The person in charge outlined that more robust fencing was required to prevent unauthorised access to the water. However, an adequate risk assessment was not in place relating to the hazard of drowning in the lake as a life buoy/life preserver were not available on the water’s edge.

The person in charge outlined that significant resources had been spent to upgrade fire safety in the house. Inspectors saw evidence that suitable fire prevention equipment was provided throughout the centre and the equipment was adequately maintained by means of:

- servicing of fire alarm systems and alarm panels March 2016
- fire extinguisher servicing and inspection October 2015

Inspectors noted that emergency lighting was in place throughout. However, the person in charge outlined that a certificate of installation and maintenance was not available as the electrician had not yet completed installation. There was a template for each resident to have a personal emergency evacuation plan in place which indicated what supports, if any, residents needed to leave the building in the event of a fire. Evacuation plans were clearly displayed. The person in charge outlined that all staff would be trained in fire safety and evacuation by an approved external trainer.

The centre was visibly clean and the person in charge was knowledgeable about cleaning and control of infection. The laundry facilities were appropriately set up to facilitate residents in doing their own laundry if they wished.

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):

This was the centre's first inspection by the Authority.

Findings:

There was a policy on protection of vulnerable adults and the person in charge outlined that all staff would receive training on the prevention of abuse.

The provider nominee told inspectors that at recruitment stage she would "pick the correct staff, check references and trial for one month. If not happy with staff at that stage I will dismiss them".

The person in charge outlined that if there was an allegation of abuse she would "investigate, remove staff from the floor, check if the service user was ok, contact Gardai (if necessary) and notify HIQA. The person in charge outlined that if the allegation of abuse was in relation to the person in charge the provider nominee would take responsibility and engage an external person to conduct an investigation. However, the person in charge acknowledged that this was not specifically provided for the policy on protection of vulnerable adults.

The person in charge outlined that she was committed to a restraint free environment and that all alternative measures would be considered before a restrictive procedure would be used. There were policies on challenging behaviour and restrictive procedures.

Judgment:

Substantially Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

This was the centre's first inspection by the Authority.

Findings:

The statement of purpose did not specify the arrangements for residents to attend a general practitioner (GP) of their own choice. However, the person in charge outlined that residents would have the option of attending their own doctor. The person in charge also said that for residents who were from outside Cork the service had an agreement in place with a GP in a nearby town. However, a written agreement was not made available to inspectors.

In relation to allied health professionals the statement of purpose outlined that "recommendations from the multidisciplinary team are supported through the care plan. Help from Occupational Therapists, Speech and language therapists and other Psychotherapists to name but a few will be available." The service did not intend to employ their own allied health professionals but to access the multidisciplinary team as required through referral to the Health Service Executive (HSE). However, there was not a specific agreement in place between the service and the HSE in relation to multidisciplinary support. In addition, the person in charge could not articulate how referrals to the multidisciplinary support team would be made.

There were polytunnels in the garden area where the residents were going to plant their own vegetables and use them for meals. The person in charge outlined that residents would be involved in the day to day activities around mealtimes like preparing the vegetables and helping to cook the dinner.

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):

This was the centre's first inspection by the Authority.

Findings:

There were no clear arrangements in place to ensure that a pharmacist was to be made available to residents.

The person in charge outlined that she had met with the local pharmacist in the nearby town but no agreement had been reached with the pharmacist to dispense medication.

The inspectors were informed that all proposed staff, including the person in charge and the nominee on behalf of the provider, would be scheduled for a medication management training programme via an on-line training module. There were no clear arrangements to assess staff competence to ensure that all medicines would be administered as prescribed.

There was a policy on medication management. However, it contained references to UK legislation which was not applicable in Ireland. This is discussed in more detail in Outcome 18: records management.

Judgment:
Non Compliant - Major

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):

This was the centre's first inspection by the Authority.

Findings:

The person in charge outlined that her most recent relevant experience had been working as a healthcare assistant in a variety of healthcare settings in the UK from August 2012 to July 2014. She had previously been the office manager of the 60 bed dual registered nursing and residential home owned by the provider nominee from 2000 to 2003. The person in charge had a degree in journalism with a postgraduate diploma in bi-media.

The person in charge said that she was currently undertaking a certificate in nursing studies to Level 5 of the QQI framework with a graduation date of May 2016. She said she was also undertaking a diploma in autism studies to Level 6/7 of the QQI framework with a graduation date of May 2017. Inspectors asked for proof of qualifications to be submitted in accordance with Section 5(3)(b) of the Regulations.

The statement of purpose outlined that the centre had been established to "provide high quality care to adults with a range of complex needs". These needs included:

- "autism
- epilepsy
- auditory/visual/speech impairment

- respite care
- challenging behaviour.”

Based on the information provided to HIQA, the person in charge did not have the required qualifications, skills and experience necessary to manage the designated centre having regard to the statement of purpose and the number and needs of residents.

The centre was managed by Carena Care Limited which described itself as a company with “over 20 years experience in the healthcare sector, building, designing and running a flagship, 60 bed, dual registered Nursing and Residential home in the county of Worcestershire in the UK.” The nominee on behalf of Carena Care Limited said that she was currently undertaking a certificate in healthcare support to Level 5 of the Quality and Qualifications Ireland framework (QQI) with a graduation date of May 2016. Inspectors asked for proof of qualification to be submitted in accordance with Section 5(3)(a) of the Regulations.

When speaking with inspectors the provider nominee was not clear about the statutory responsibility for the care and welfare of residents under Section 23 (1) of the Regulations. In addition, there were other deficiencies identified on inspection which were within the remit of the provider nominee including:

- there were no clear arrangements in place to ensure that a pharmacist was to be made available to residents
- the risk management policy did not meet the requirements of the Regulations. In addition, risk assessments were not available for specific hazards in the centre
- many of the policies required by regulation 4(1) of the Regulations were not centre specific and referenced UK legislation throughout.

Judgment:

Non Compliant - Major

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

This was the centre’s first inspection by the Authority.

Findings:

The person in charge outlined that initially staffing would consist of both herself and the provider nominee, who was also identified as a person participating in the management

of the centre as required under the Registration Regulations. The centre also intended to employ an activities coordinator to provide a day service on site.

The person in charge was not clear on the ratio of staff that would be required as residents were admitted to the centre. There was no planned rota to identify staffing levels required either during the week, at night or at weekends.

There was policy and procedure on recruitment and Garda vetting. However, this referenced UK legislation like the Health and Social Care Act 2008 and the Police Act 1997. The person in charge outlined to inspectors that prior to commencing employment all staff would have appropriate Garda vetting in place. The statement of purpose also outlined that "all staff are Garda vetted without exception". However, the centre policy on recruitment and Garda vetting stated that "while employee's Garda vetting checks are in progress, the employee will be supervised at all times and will not have unsupervised access to service users."

In relation to staff training the person in charge outlined that she had sourced on line training for that all staff had to complete on:

- working with individuals with autism and aspergers
- working with individuals with epilepsy
- managing challenging behaviour
- person centred planning
- medication management

Judgment:

Non Compliant - Major

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

This was the centre's first inspection by the Authority.

Findings:

It is a requirement of regulation 4(1) of the Regulations that "the registered provider shall prepare in writing and adopt and implement policies and procedures" relevant to

the operation of the centre.

All of the policies available on the date of inspection were not centre specific and referenced UK legislation throughout. For example, the recruitment policy referenced the Employment Relations Act 1999 which is not applicable in Ireland. In addition, this policy did not reference the need for Garda vetting of new employees even though the provider nominee confirmed that all new employees would be vetted by the Gardai prior to starting work in the centre. The person in charge acknowledged that significant work had to be done to make the policies centre specific, based on Irish law and reflective of practices in the 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:

Kieran Murphy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Carena Care Limited
Centre ID:	OSV-0004902
Date of Inspection:	17 April 2016
Date of response:	25 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 06: Safe and suitable premises

Theme: Effective Services

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

The person in charge outlined that a fence was to be put in the courtyard area to prevent cars parking near the main house. The person in charge outlined that more robust fencing was required to prevent unauthorised access to the paddock where the horses were kept.

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 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

Parking to be reallocated away from the back of the house and premises. Stronger fence erected at front of the house.

Proposed Timescale: 30/06/2016

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:

26(1)(e) The centre was on approximately four acres of farm land overlooking a lake. While access to the lake was restricted by hedging and a small fence, the person in charge outlined plans to provide safe access to the water with steps and clearing back the undergrowth. The person in charge outlined that more robust fencing was required to prevent unauthorised access to the water. However, an adequate risk assessment was not in place relating to the hazard of drowning in the lake as a life buoy/life preserver were not available on the water's edge.

2. 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:

Robust risk assessments on the hazard that the lake represents and activated control measures in place, taking into account proportional risk to risks identified. Action plans in place to activate the risk assessments. Risk assessments constantly reviewed and update to ensure that best possible outcomes for the residents and as little restriction as possible is placed upon them and their environment.

There is a life buoy near to the waters edge available to the house but an extra one, more easily accessible has been requested from the ESB who maintain the river bank.

Proposed Timescale: 30/06/2016

Theme: Effective Services

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

26(2) Risk assessments were available relating to 11 issues including moving & handling, fire, medication, water, electricity and animal handling. However, risk assessments were not available for specific hazards in the centre like:

- potential trip hazard between the "quiet room" and the "arts and crafts room" as the

sliding patio door here was at a higher level than the floor

- potential burn hazard from radiators. In particular, inspectors observed that the radiator in the upstairs bathroom was on and, although temperature controlled, still felt hot to touch. This radiator was right next to the toilet with the potential for a burn
- potential hazard with upstairs windows not being restricted
- potential choking hazard with cords for window blinds not being secured

3. 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:

Robust Risk Assessment plan in place in line with Risk Management policy. Risk Assessments are now available on specific hazards and more detailed action plans in relation to control measures are in place.

Proposed Timescale: 25/05/2016

Theme: Effective Services

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

There was a policy on the reporting of accidents and incidents. However, it referenced UK legislation that does not apply in Ireland.

4. Action Required:

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

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

All policies are being modified to be centre specific and to adhere to Irish law.

Proposed Timescale: 30/05/2016

Theme: Effective Services

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

There was policy on "risk taking" which outlined hazard identification and assessment of risks. However, it did not include sufficient detail of the measures and actions in place to control the specified risks of unexpected absence of a resident, aggression and violence or accidental injury to residents, visitors or staff which were a requirement of article 26(1) of the Regulations.

5. Action Required:

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

centre.

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

The risk management policy is being up dated and separate policies on potential hazards posed to staff, visitors and service users are being drawn up and an action plan devised from the risk assessments. All policies are being modified to Irish law and to be more centre specific.

Proposed Timescale: 30/06/2016

Theme: Effective Services

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

Inspectors noted that emergency lighting was in place throughout. However, the person in charge outlined that a certificate of installation and maintenance was not available as the electrician had not yet completed installation.

6. Action Required:

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

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

Emergency light installation completed and certificate obtained.

Proposed Timescale: 25/05/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The person in charge outlined that if an allegation of abuse was in relation to the person in charge the provider nominee would take responsibility and engage an external person to conduct an investigation. However, the person in charge acknowledged that this was not specifically provided for the policy on protection of vulnerable adults.

7. Action Required:

Under Regulation 08 (4) you are required to: Where the person in charge is the subject of an incident, allegation or suspicion of abuse, investigate the matter or nominate a third party who is suitable to investigate the matter.

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

Policy has been updated to include information on an external person with which those using the service can contact if an allegation of abuse arose regarding those in management or governance.

Proposed Timescale: 25/05/2016

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 person in charge also said that for residents who were from outside Cork the service had an agreement in place with a GP in a nearby town. However, a written agreement was not made available to inspectors.

8. Action Required:

Under Regulation 06 (2) (a) you are required to: Ensure that a medical practitioner of the resident's choice or acceptable to the resident is made available.

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

A letter is available from the local GP to validate the arrangement the service has with him.

Proposed Timescale: 25/05/2016

Theme: Health and Development

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

There was not a specific agreement in place between the service and the HSE in relation to multidisciplinary support. In addition, the person in charge could not articulate how referrals to the multidisciplinary support team would be made.

9. 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:

A clear and concise pathway to quick and effective referral to the multidisciplinary support team is to be put in place and the service will obtain an agreement (as far as is possible without being open to residents) from local multidisciplinary team. Private healthcare professionals will also be available to service users through the company.

Proposed Timescale: 30/06/2016

Outcome 12. Medication Management

Theme: Health and Development

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

There were no clear arrangements in place to ensure that a pharmacist was to be made available to residents.

10. Action Required:

Under Regulation 29 (1) you are required to: Ensure that a pharmacist of the resident's choice or a pharmacist acceptable to the resident, is as far as is practicable, made available to each resident.

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

Arrangements made with local pharmacist if Service Users do not want to avail of their regular pharmacist or it is not possible to facilitate due to distance.

Proposed Timescale: 25/05/2016

Theme: Health and Development

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

There were no clear arrangements to assess staff competence to ensure that all medicines would be administered as prescribed.

11. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

A classroom based course is being sourced for support staff in relation to the administration of medicine. Staff will be assessed regularly on their competence on the Safe administration of Drugs through regular training, supervision and assessment.

Proposed Timescale: 30/06/2016

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:

Based on the information provided to HIQA the person in charge did not have the required qualifications, skills and experience necessary to manage the designated centre having regard to the statement of purpose and the number and needs of residents.

12. Action Required:

Under Regulation 14 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge has the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.

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

The company is appointing a Person in Charge with more suitable up to date experience and qualifications. The PIC at present will become the PPIM and provider nominee. The PPIM is currently looking to undertake a diploma in healthcare management and both PIC and PPIM will constantly update and further their training.

Proposed Timescale: 30/08/2016

Theme: Leadership, Governance and Management

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

When speaking with inspectors the provider nominee was not clear about the statutory responsibility for the care and welfare of residents under Section 23 (1) of the Regulations.

13. 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:

Current Provider nominee to step down. New provider nominee is aware of the statutory responsibility for the care and welfare of residents under Section 23(1) of the Health Act 2007

Proposed Timescale: 25/05/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

The person in charge was not clear on the ratio of staff that would be required as residents were admitted to the centre. There was no planned rota to identify staffing levels required either during the week, at night or at weekends.

14. Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

Example staffing rotas will be made available to inspectors.

Proposed Timescale: 30/06/2016

Theme: Responsive Workforce

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

There was policy and procedure on recruitment and Garda vetting. However, this referenced UK legislation like the Health and Social Care Act 2008 and the Police Act 1997. The person in charge outlined to inspectors that prior to commencing employment all staff would have appropriate Garda vetting in place. However, the centre policy on recruitment and Garda vetting of staff stated that "while employee's Garda vetting checks are in progress, the employee will be supervised at all times and will not have unsupervised access to service users."

15. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

All policies to be amended to Irish Law and be centre specific.

Proposed Timescale: 30/06/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

Many of the policies required by regulation 4(1) of the Regulations were not centre specific and referenced UK legislation throughout.

16. Action Required:

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

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

All policies to be amended, updated, be centre specific to adhere to Irish law.

Proposed Timescale: 30/06/2016