<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St Peter’s Services 3</th>
</tr>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004904</td>
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<td>Centre county:</td>
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<tr>
<td>Provider Nominee:</td>
<td>Joseph Ruane</td>
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<tr>
<td>Lead inspector:</td>
<td>Louise Renwick</td>
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<tr>
<td>Support inspector(s):</td>
<td>Rachel McCarthy</td>
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<td>Type of inspection</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
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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: 05 July 2016 09:50  To: 05 July 2016 20:45

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

| Outcome 01: Residents Rights, Dignity and Consultation |
| Outcome 04: Admissions and Contract for the Provision of Services |
| Outcome 05: Social Care Needs |
| Outcome 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 |

Summary of findings from this inspection
Background to inspection:
This inspection was to monitor compliance against the Regulations as set out under the Health Act 2007. It had been 10 months since the previous inspection, where there had been 37 Regulations that had not been adequately met. The aim of this inspection was to determine if appropriate measures had been taken by the provider in addressing these issues to bring about compliance and improve the quality of life for residents.

How we gathered evidence:
Inspectors spoke with staff members and members of the wider management team and observed practice within the designated centre. Inspectors reviewed the provider’s published action plan response dated 20 November 2015 and reviewed any evidence available during the course of the day. Inspectors found that information was very difficult to obtain during the course of the inspection. This was due to the person in charge not being on duty and inadequate arrangements in her absence. Other persons participating in the management of the centre such as Assistant director of nursing (ADON) and clinical nurse managers (CNM) who were not able to discuss all aspects of care and support for residents in all units of the...
centre, or provide sufficient information to evidence that improvements had in fact taken place. Actions from the previous inspection report could not all be appropriately evidenced as being met.

Description of the service:
The statement of purpose dated April 2016 outlines that this designated centre provides residential support including nursing support to both male and female residents on a 24 hour, 7 day a week basis to individuals with an intellectual disability. The designated centre comprises of two bungalows and each house can accommodate five residents. It is operated and run by the Health Services Executive (HSE).

Overall judgment:
Inspectors found that of the 10 outcomes inspected against on this inspection, nine still required improvements. The failings in relation to the governance and management of the centre had resulted in:
- poor oversight of practice and insufficient monitoring of safety and quality of care
- inadequate arrangements for the absence of the appointed person in charge
- staffing issues not been fully addressed
- risks not being appropriately identified and managed.

Inspectors outlined their concerns at a feedback meeting at the end of the inspection. Inspectors were not satisfied that appropriate steps had been taken to address the high levels of non-compliance found at the inspection in September 2015, or that sufficient governance arrangements were in place to oversee all aspects of safety, care and support of residents living in the centre. This is outlined in detail in the body of the report and in the action plan at the end.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<tr>
<td>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.</td>
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| Theme: |
| Individualised Supports and Care |

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<tr>
<th>Outstanding requirement(s) from previous inspection(s):</th>
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</thead>
<tbody>
<tr>
<td>Some action(s) required from the previous inspection were not satisfactorily implemented.</td>
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| Findings: |
| Inspectors determined that while there had been some actions carried out from the previous inspections action plan, there had been insufficient improvements made by the provider and person in charge to find this outcome compliant. |

Inspectors found that residents were not living in an environment that was promoting their choice-making abilities or exerting control over their lives even in the most basic of ways. For example, a resident who requested a cup of tea was refused and told to wait 45 minutes for the night staff to get it. The layout and use of space in the building was not promoting residents' privacy and dignity. For example, the location of documentation and staff work spaces. This will be looked at under outcome 6 premises.

The designated centre was found to be resource led and lacked a person centred approach to care. For example, there were records of activities and outings not being carried out as planned for residents due to the absence of a wheelchair accessible vehicle.

Inspectors reviewed the complaints log and noted a number of records in relation to complaints raised by residents or a representative. For example, in relation to peer to peer abuse, residents not being able to attend outings due to transport and not wanting to live in the designated centre. While some records showed steps taken to address issues, there was an inconsistent approach to the management of complaints. For example, based on one complaint by a resident who was verbal an advocate had been sought and further meetings held with the resident. However, other complaints made on
behalf of non-verbal residents did not have the same follow up recorded. The recent unannounced provider audit which looked at complaints did not encompass all complaints in the log. It only recorded one written complaint made by a family member. Other complaints had not been included as part of this review.

Judgment:
Non Compliant - Moderate

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

**Theme:**
Effective Services

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

**Findings:**
Inspectors found that residents now had written agreements in place entitled "residential agreements". The sample reviewed had been signed by a family member and the person in charge. This had been acted upon since the previous inspection.

On review of these agreements, inspectors were concerned that they did not clearly demonstrate all fees to be charged and what these fees covered. For example, one written agreement outlined weekly fee of €70 HSE charges and €30 Housing association charge. Other documentation showed the residents paid a further €80 a week. One document said this charge was for a therapist and another named it as socialization expenses. Staff were not aware of any what the €80 charge was covering. On reviewing one resident's written agreement and financial assessment, inspectors determined that the resident had €5.25 left to spend each week after all outgoings. Inspectors determined that the fees associated with the service and facilities being provided were unclear.

Judgment:
Non Compliant - Moderate
**Outcome 05: Social Care Needs**

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

**Theme:**
Effective Services

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

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

**Findings:**

While inspectors were informed that some improvements had been put in place in relation to residents' social needs, further improvements were required to ensure that assessments and plans informed practice and the promotion of person-centred approach to social activation.

Inspectors found that the personal plan template had been updated since the last inspection, and documentation was clearer and easier to retrieve. However, information within the plans was not fully known to staff working with residents, or guiding person-centred practice. The provider's action plan response of 20 November 2015 outlined that a validated assessment tool for daily living would be carried out for all residents. Inspectors spoke with staff who were not aware of these assessments or their purpose. Inspectors confirmed with staff that no such assessment was leading the daily plans for residents.

Assessments from allied health care professionals did not consistently inform personal plans or bring about positive changes to meet residents' needs. For example, a comprehensive sensory assessment had been completed for a resident outlining recommendations which may assist the resident to engage more appropriately while in the community. Staff were unaware of this assessment, and the recommended equipment and techniques.

On the day of inspection, some residents were in day services or employment and others were at home. Inspectors observed some residents being assisted to go out for a drive or go for a coffee. Staff informed inspectors that the routine of the day is generally decided each day and can be dependent on the weather. As mentioned under outcome 1 inspectors determined that the centre was resource-led as opposed to person-centred. Staff confirmed that daily activation was led by transport available, staffing on duty and the medical appointments that needed to be attended to.
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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Overall, while the premises were comfortable and well located in the community inspectors found that the design and layout of the premises required improvements. Each resident had their own private accommodation with suitable storage space for personal belongings. Bedrooms were decorated individually and with personal items unique to each resident. For example, photographs of family and friends.

However, information on hand hygiene, procedures and information for staff was hung on walls and staff notice boards around the building, which did not promote a homely environment for residents. Large filing cabinets were located in the dining area of the kitchen reducing space.

There was inadequate communal space in the two units of the designated centre.

In one unit a resident liked to use the sitting room and when in use this was not available to the other four residents. The remaining communal space consisted of a kitchen cum dining room which had a small two-seater couch. There was no communal space for residents to meet visitors in private outside of their bedrooms. The sitting room contained a staff computer and work station, along with files and documentation. The outside garden space was not kept in a manner that would deem it appealing or fully accessible for residents use.

In the other unit there was a sitting room, kitchen / dining room and a sun room which was located at the back of the house behind the utility room. This sun room was an additional space available for residents. However, inspectors noted a staff computer and work station in the room. The outside space was not kept in a manner that would deem it appealing for residents use. For example, the lawns were in need of cutting and the ground was uneven.
The provider's published action plan response of 20 November 2016 stated that "a full OT assessment of clients' needs has been carried out to ensure that the facilities in the house appropriately meet their needs. Recommendations have been made to identify improvements required." This was not available to inspectors on the day of inspection and staff and management on duty could not confirm if this had taken place for all residents. Inspectors were not assured that a comprehensive assessment had been conducted in respect of all residents to ensure the premises were suitable to their current and future needs. Inspectors were informed that a radiator had been removed from the corridor area to make the space more accessible.

Inspectors were informed that two residents had been asked to swap bedrooms. The assistant director of nursing (ADON) and the acting CNM2 informed inspectors that approval had been granted for an en-suite bathroom to be amended and adapted to make it wheelchair accessible. This would alleviate the current issue with a resident needing to use a commode due to an inappropriate toilet being available in the centre. Inspectors were concerned that this was a reactive approach to decision making, and was not considerate of the needs of all residents living in the centre. Inspectors were also concerned that the risks associated with the evacuation of a non-ambulant resident from this bedroom had not been considered in the plan.

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

Findings:
Risk:
Inspectors determined that the systems in place for identifying, assessing and managing risk were in need of address. There was a risk management policy in place to guide practice. Some staff from one unit had attended an information session on risk at the start of the year. However, during the inspection a number of risks were identified. Staff did not have appropriate space to store their belongings, and as such their handbags (including food and personal medication) was observed to be unsecured in the utility room. This posed a risk to residents. Staff told inspectors that they had requested lockable storage as they felt it was a risk to have medication accessible.

Inspectors also observed a resident with mobility issues sitting in an unsafe manner on a recliner chair. Staff informed inspectors that this resident can move herself from her
wheelchair to a recliner chair, and had done so unsupervised. However, this same resident had evacuation mats in place and required supports to transfer in the event of an evacuation or when being supported with personal care. Staff were not aware of any manual handling assessments which outlined how this resident should be supported. Inspectors read a report from a physiotherapist strongly recommending the use of a piece of equipment for manual handling purposes and to promote the resident's abilities. This report was dated February 2016, the clinical nurse manager had sought approval for the funding of this in May but it was still not in place at the time of the inspection. Staff were not aware of the assessment or the piece of equipment in question. Inspectors determined that there was an inconsistent approach to the assessment and management of risk. These failings could be linked to a lack of appropriate governance and oversight in the designated centre which will be discussed under outcome 14.

Fire:
While training had been offered to staff since the last inspection on fire safety and the use of particular equipment, there was new staff working in the centre, and inconsistencies remained across the staffing team due to vacancies and sick leave. Inspectors reviewed documentation and spoke with staff on duty and found that they had not participated in a fire drill since commencing work in the centre. Inspectors were also concerned that the two staff members working the night shift that night had also not been afforded the opportunity to take part in a drill.

Inspectors spoke with the staff nurse and health care assistants about the procedure to follow in the event of a fire. Staff told inspectors that they had been given training in fire safety and that they would do their best to get everyone out of the building if necessary. There was appropriate fire detection, alarm and fighting equipment in place along with signposted assembly points located in both units of the designated centre. Inspectors noted that there was now two health care assistants on waking night duty each night in one of the units, and a nurse and health care assistant in the other unit. One resident had a wall mounted evacuation pad for use in the event of an evacuation at night time. However, staff were unsure if they would use this piece of equipment or would try other methods of assisting a resident with mobility issues to evacuate. Inspectors also had concerns regarding the procedure to evacuate a resident whose bedroom was located behind the kitchen and utility room. This room had its own fire exit with break glass key in place. However, the resident did not have the ability to use a key and would need verbal prompting and support to evacuate safely. Staff informed inspectors that they were told that they should carry keys at all times which could unlock this resident's fire exit from the outside should the fire break out in the kitchen or utility room. Staff did not have these keys on them during the day of inspection.

Judgment:
Non Compliant - Moderate
## Outcome 08: Safeguarding and Safety

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

### Theme:
Safe Services

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

### Findings:
Based on the provider's action plan response and from speaking with staff inspectors noted some improvements under this outcome. For example, training and refresher training had been offered to staff in the protection of vulnerable adults and the management of actual and potential aggression (MAPA).

A number of notifications of abuse had been received into HIQA in the past six months relating to peer to peer incidents where one resident was targeting another. This was also noted within the complaints records and the adverse recording system.

Safeguarding plans were in the process of being finalised and a copy of this updated plan was sent to the inspector the day after the inspection. Inspectors spoke with staff and found that a health care assistant was nominated to work one to one each shift with the resident who displayed behaviours of concern as a short term measure. Discussions had begun around more suitable living arrangements which would benefit both residents involved. This was part of the safeguarding plan. Inspectors found that appropriate action had been taken to respond to the issue, with an effective short term plan in place to protect residents from harm.

The issues as mentioned with the premises and the lack of clarity around the criteria and process of admissions would need due consideration to ensuring the ongoing promotion of safety of residents living in a group home environment.

### 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:**
Inspectors found that residents were supported to attend medical or health appointments with a variety of allied health care professionals. For example, there was access to a general practitioner (GP), physiotherapy, occupational therapy and speech and language therapy to name a few. However, inspectors found that the advice of clinical assessments were not consistently incorporated into residents' personal plans or followed through in practice. This was in need of improvement to ensure residents' best possible health was promoted. For example, to promote sustained mobility.

Inspectors did not review food and nutrition as part of this inspection. However, inspectors noted a variety of fresh fruit and vegetables available in the centre, along with a photographic display of menu choices and meals. Inspectors heard residents being offered choice at tea time with regard to what they would like to eat.

**Judgment:**
Substantially Compliant

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Outcome 12. Medication Management
*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**
Health and Development

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

**Findings:**
Not all components of this outcome were reviewed on this inspection.

There were written guidelines dated December 2015 on the "ordering, receipt, transport, safe administration and secure storage of medication in HSE intellectual disability residential services". These had been updated since the previous inspection.
Inspectors were told that in general nursing staff administered all medicines in the designated centre. In one unit of the centre the night time staffing did not include nursing cover. Inspectors spoke with the staff nurse who confirmed that since the previous inspection healthcare assistant (HCA) staff had been given training in the administration of rescue medicine in the event of a resident having a seizure during the night. Inspectors were told that at least one of the two HCA’s working the night shift had to have completed this training, but usually both staff had. Apart from this rescue medicine, HCA’s were not given responsibility to administer any other medicine that may be required. Should a resident become unwell or require pain relief, they would need to call the on-call nurse or get assistance from the nurse in another location.

Inspectors were informed that new record sheets were in place since the previous inspection. Inspectors saw evidence that a system of daily stock check audits were carried out by the person in charge.

As part of the annual review process, inspectors saw an external documented audit completed in March 2016 which highlighted a number of areas in need of address within the medicines management cycle. There was no action plan available and inspectors could not verify if appropriate actions had been taken to address the issues raised.

**Judgment:**
Substantially Compliant

**Outcome 14: Governance and Management**

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

**Theme:**
Leadership, Governance and Management

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

**Findings:**
Inspectors were concerned that the provider had not put effective management systems in place to ensure the ongoing safety of residents and quality of care and support.

There was a named and appointed person in charge of the designated centre who met the regulatory requirements and was suitable qualified, skilled and experienced.
On the day of inspection the person in charge was not rostered to be on duty. The acting clinical nurse manager 2 (CNM2) had finished a night shift that morning and was also off duty. One nurse in the centre had just returned to work following a long period of leave and the second nurse was an agency staff member who had not worked in the centre for about 3 months.

Inspectors reviewed staff rosters over the week of the inspection date 3 July to 9 July and found that the appointed person in charge had worked 3 night duty shifts, and as such was not available in the centre during the week. The acting clinical nurse manager (CNM2) was scheduled to work 9-5pm Monday to Friday, however had been covering night duty shifts. The issues that will be highlighted under outcome 17 Workforce were having a negative impact on the management of the centre.

At 11.30am inspectors spoke to the newly appointed Assistant Director Of Nursing (ADON). However, given the recent appointment the ADON was not able to discuss in depth the needs of residents or provide evidence of improvements since the previous inspection in September 2015.

While a new management structure had been put in place since the previous inspection, lines of responsibility and accountability remained unclear on the day of inspection. Staff were unsure who to call upon as the manager in charge. The acting CNM2 could only discuss the residents and operation of one unit of the designated centre. Inspectors had difficulty in determining who held responsibility for the designated centre as a whole in the absence of the appointed person in charge. This was something that was outlined to inspectors as hopefully being addressed since the appointment of two assistant directors of nursing which the person in charge would directly report to. However, the benefits of this structure were not yet fully evident.

Inspectors noted the willingness of the CNM2 to assist with the inspection process, who had chosen to return to the centre outside of her working hours. However, this was not appropriate. The provider had failed to ensure adequate staffing arrangements were in place and this was negatively impacting on the overall management of the centre and the person in charge's ability to carry out her duties.

At the end of the inspection, inspectors were given the annual review for the designated centre in 2015. On review of this document, inspectors noted that unannounced visits by the provider had taken place, along with other external audits, resident questionnaires and internal reviews. Inspectors could not determine that positive changes had happened as a result of this review as action plans and time lines were not included in the report even when results showed areas in need of improvement.

Judgment:
Non Compliant - Major
### Outcome 17: Workforce

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

### Theme:
Responsive Workforce

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

### Findings:
Inspectors determined that some improvements had been made under this outcome. However, there was still evidence that the provision of consistent staffing was a challenge for the provider.

Inspectors found that the rational for the skill mix of staffing was not clear. The statement of purpose outlined that the centre "provides residential support including nursing support to both male and female residents on a 24 hour, 7 day a week basis.". However, one unit of the centre did not have nursing staff for 12 hours during the night. Arrangements were in place for staff to contact and access an on-call nurse or seek nursing assistance from another unit if necessary. However, this was not in line with the provider's statement of purpose.

Since the previous inspection, additional staff had been identified to work in the designated centre. There was currently no vacancies for healthcare assistants as these roles had all been filled. It was acknowledged that one additional nurse was appointed to work in the designated centre since the previous inspection. However, on review of the staffing roster for the week of the inspection, 340 hours were planned to be covered by agency staff. While some new staff had been taken on since the last inspection nursing vacancies remained and the provider was managing a high level of sick leave. For example, 4 health care assistant staff were on long term sick leave at the time of the inspection which was being covered by agency staff. Inspectors were informed that due to vacancies and sick leave, only 50% of the nursing team were actively working. The remaining 50% of shifts were covered by agency nursing staff. Inspectors noted that where possible there was an identified pool of agency staff on the staffing roster to attempt to offer continuity of care to residents.

As mentioned previously the person in charge and acting CNM2 were at times required to work night shifts or cover gaps in staffing. This was having a negative impact on the overall management of the centre, and the provider's ability to bring about improvements across all outcomes.

Inspectors found evidence that certain training had provided to staff since the last inspection in areas such as risk management, protection of vulnerable adults and fire
safety. Staff informed inspectors that they had been given training in the administration of rescue medicine in the event of a seizure, since the last inspection. However, inspectors found that staff changes had taken place over the past number of months. Without the person in charge present, it was difficult to ascertain what gaps were present in the training needs of staff across the designated centre as a whole. As mentioned previously in this report, the lack of appropriate oversight was not ensuring that training was applied and staff were competent to carry out their duties using the skills learned. For example, effectively managing risks.

Some improvements had been made in the formal supervision of staff in one unit of the designated centre. The acting CNM2 was responsible for the supervision of staff in her area and a system had been put in place. Inspectors could not verify that the other unit of the centre had similar systems in place at the time of inspection.

**Judgment:**
Non Compliant - Moderate

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**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:**

Louise Renwick  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

<table>
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<tr>
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<td>05 July 2016</td>
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<td>Date of response:</td>
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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:
Adequate arrangements to meet the basic needs or requests of residents were not always provided as evidenced within the body of this outcome.

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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 PIC and PPIM will ensure that each resident is supported to exercises choice and control in their daily life in accordance with their preferences
This will be done by the PIC with staff in the designated centre through regular supervision meetings
Resident’s exercising choice and control in their daily lives is now an agenda item at resident’s weekly house meetings. Ongoing monitoring of this will be carried out by the PIC: 31/10/16
The PIC and Designated Officer will carry out a Preliminary Screening of the Incident where the residents request was not met on the day of Inspection: Complete
The outcome of the Preliminary Screening will be communicated to the Safeguarding Team: Complete
The recommendations of the Preliminary Screening and the Safeguarding Team will be implemented in the designated centre.: Complete
The PIC will review and update the residents care plan and put an Interim Safeguarding plan in place to ensure that their basic needs are met: Complete
The PIC will meet with all staff working in the resident’s home to inform them of the updates to the residents Care Plan: 30-09-16
The centre has been provided with a wheelchair accessible vehicle: Complete
All staff in the centre will receive Training on Person Centred Planning and the PIC will discuss the Policy on Person centred Planning at the staff meeting. The PIC will put systems in place to ensure that the Policy is implemented in the centre: 30/11/16

Proposed Timescale: 30/11/2016
Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inconsistent approach to the management of complaints resulted in not all complaints being acted upon or measures taken to address them.

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

Please state the actions you have taken or are planning to take:
The PIC will ensure that all staff are made aware of the complaints procedure at the staff meeting. The PIC will ensure that all staff have read the Complaints Policy. This will be evidenced by staff signature on the Policy: Complete
The Unannounced Provider audit will be reviewed to include all complaints identified in the designated centre. An updated audit report will be provided in the centre. 30/09/2016
The PPIM will continue to review complaints with the PIC monthly to ensure that all complaints are acted upon in a consistent manner: Ongoing

**Proposed Timescale:** 30/09/2016

### 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:**
Fees being charged for services were unclear.

3. **Action Required:**
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

**Please state the actions you have taken or are planning to take:**
The PIC will update financial assessments for each resident to reflect and demonstrate fees for the provision of services charged to each individual in the designated centre.

**Proposed Timescale:** 30/09/2016

### Outcome 05: Social Care Needs

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Personal plans did not fully encompass residents' assessed needs.

4. **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:**
Personal Plans for each individual will be reviewed by the PIC and key worker for each resident to include their assessed needs: 30/10/2016
The PIC will inform all staff of the Social Assessment tool in use in the centre at the staff meeting: Complete
All Personal plans will be reviewed by the PIC and key worker to include the recommendations of Allied Health Professionals: 30/10/2016
All staff will receive Training on Person Centred Planning in the designated centre: 30/11/2016

**Proposed Timescale:** 30/11/2016
**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Social assessments were not completed as outlined in the previous provider action plan response.

5. **Action Required:**
Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

**Please state the actions you have taken or are planning to take:**
Social assessments for each individual will be completed and reviewed on an ongoing basis as needs arise with the key worker and the Person in Charge.

**Proposed Timescale:** 30/11/2016

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**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no assessment available to determine that the premises meet the assessed needs of residents, and promote accessibility.

6. **Action Required:**
Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

**Please state the actions you have taken or are planning to take:**
A full assessment will be completed by the Occupational Therapist to determine the premises meets the needs of each resident living in the designated centre.

**Proposed Timescale:** 30/11/2016

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**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Communal space for residents was inadequate. space available for the communal use of residents was imposed upon. For example - Staff work office was placed in the living room of one unit, conservatory of another. Filing cabinets, folders and information were located in the kitchen areas.
The height of the main bathroom toilet was not sufficient to ensure the current and future needs of residents could be accommodated. A commode needed to be used as the toilet was not at an appropriate height.

7. Action Required:
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

Please state the actions you have taken or are planning to take:
Staff information has been removed from the kitchen area in the centre: Complete

An office area has been sourced in an external building adjacent to the designated centre. The PIC has removed the office equipment from the living room to this area: Complete

In the house where the office equipment is in the conservatory, a review of the existing space to incorporate an office area will be undertaken by the PIC with the HSE Estates Department: 30/11/16

The PIC will review all information and equipment in each house to ensure that it does not infringe on the space of residents: 31/08/16

Computers in each house will be replaced by mobile laptops. 31/10/16

The filing cabinet and folders will be removed from the kitchen area. 31/11/16

There is a plan in place to convert the en suite bathroom into an accessible toilet which will be of a suitable height to meet the needs of one individual resident in the centre. Funding has been identified and the Tender process has commenced. This will involve 2 individuals changing bedrooms. Consultation has taken place with the 2 residents involved and their families in advance of this decision. The non ambulant resident will move into the bedroom with the accessible bathroom and the adjacent fire escape door will provide for safe evacuation: 16/12/2016

In one of the houses a plan is in place to provide an individualised service for one individual who has expressed a wish to live alone. An apartment has been sourced and a Transition Plan has been developed to support the resident to move to their new home. This will provide for additional space for a Visitors area for the remaining 4 residents: 28/02/17

Proposed Timescale: 28/02/2017
### 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:**
There was a lack of appropriate oversight to identify, assess and manage all risks in the designated centre.

**8. 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:**
- All Staff have a secure area to store their personal belongings and a risk assessment has been carried out in relation to staff belongings: Complete
- The ACNM2 will arrange a review by the Occupational Therapist and Physiotherapist of the mobility assessment for one individual in the centre who was observed to have difficulty transferring: 30/09/16
- All staff in the designated centre have carried out a fire drill inclusive of the use of the evacuation mat: Complete
- All staff in one of the houses where a risk was identified will carry keys on their person for the fire exits in case of an emergency: Complete
- The evacuation plan for the individual with mobility needs will be reviewed by the PIC and the keyworker: Complete

### Proposed Timescale: 30/09/2016

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
- Two staff on day duty had not taken part in a drill to determine the layout and escape routes of the building, and the evacuation procedures.
- Two staff coming on duty for night duty had not taken part in a drill to determine the layout and escape routes of the building, and the evacuation procedures.
- Staff were unclear on the use of a piece of equipment to assist in the evacuation of a resident.

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

**Please state the actions you have taken or are planning to take:**
- All staff in the designated centre have carried out a fire drill inclusive of the use of the evacuation mat.
All staff are aware of the evacuation plan in the designated centre and are clear on the use of equipment used in the evacuation process. In the house where a risk was identified all staff carry keys for the fire exits on their person in case of an emergency.

**Proposed Timescale:** 19/08/2016

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
- additional control measures were not in place to assist in the evacuation of a resident whose bedroom was located the location behind the kitchen and utility room. i.e staff did not hold keys on their person to the external exit.

**10. Action Required:**
Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

**Please state the actions you have taken or are planning to take:**
In the house where a risk was identified all staff carry keys for the fire exits on their person in case of an emergency.

**Proposed Timescale:** 19/08/2016

**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:**
Treatment and interventions as recommended through professional assessments were not implemented.

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

**Please state the actions you have taken or are planning to take:**
The PIC and PPIM will ensure that all care plans are updated to incorporate recommendations from clinical assessments by health professionals for each resident in the designated centre.

**Proposed Timescale:** 31/10/2016
**Outcome 12. Medication Management**  
**Theme:** Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:  
Evidence was not available to show that all identified areas for improvement had been sufficiently addressed.

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

Please state the actions you have taken or are planning to take:  
A Quality Improvement Plan will be put in place by the PIC in conjunction with the PPIM to address the deficits outlined in the Medication Audit.

There is a plan in place to put a Staff Nurse on duty at night in one house in the centre to be available to administer PRN medication to residents when needed.

**Proposed Timescale:** 30/09/2016

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**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:  
While a newly designed management structure was recently in place, lines of accountability and responsibility were not clear.

13. **Action Required:**  
Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

Please state the actions you have taken or are planning to take:  
There is a PIC working on days to monitor the quality of care on an ongoing basis: Complete

The PIC will carry out regular audits annually on finances, care plans, medication management, Infection control, fire safety. Complete

The PIC will identify staff training and ensure staff receives adequate training to meet individual residents needs: Complete
The RDON and Manager have a schedule for carrying out unannounced biannual inspections in the designated centre to review the safety and quality of care: Complete

The RDON completes an Annual Review on the Safety and Quality of care on behalf of the Registered Provider: Complete

The PIC is supported in her role by a PPIM who is the Assistant Director of Nursing for the area: Complete

A dedicated PPIM will be identified for the centre to assume responsibility for the centre in the absence of the PIC: Complete

In the absence of the PIC there is a person nominated in each of the houses in the centre to assume responsibility, there is also a rotating person on call is in place which consists of Senior person participating in management: Complete

The RDON reports to a Service Manager who reports to the Provider Nominee: Complete

A Flow chart is in place in the designated centre which reflects the line of authority. Complete

**Proposed Timescale:** 19/08/2016

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was a lack of effective management systems in place to ensure monitoring of quality of care and safety of residents living in the centre on a daily basis.

14. **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:**
There is a person in charge identified on the roster on a daily basis to ensure monitoring of quality of care and safety of the residents living in the centre. The PIC has ceased working on the Night Duty Governance. Complete

A PPIM will be in place to support the PIC in the operation of one of the houses in the designated centre. The PPIM will submit this documentation to the authority. 30/09/2016

A dedicated PPIM will be identified for the other house in the centre to assume responsibility in the absence of the PIC. 30/12/16

**Proposed Timescale:** 30/12/2016
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<th><strong>Outcome 17: Workforce</strong></th>
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<td><strong>Theme:</strong> Responsive Workforce</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The mix of staff was not in line with the Statement of Purpose which outlines 24 hour nursing support.

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

**Please state the actions you have taken or are planning to take:**
The PIC will review the statement of purpose to reflect the skill mix currently in the centre.

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<th><strong>Proposed Timescale:</strong> 19/08/2016</th>
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**Theme:** Responsive Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was an over reliance upon the use of agency staff in the centre which was not ensuring providing continuity of care to residents.

**16. Action Required:**
Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

**Please state the actions you have taken or are planning to take:**
There is a plan in place to recruit Staff Nurses for the Centre. 1 WTE staff Nurse is in the process of being recruited for the centre through the National Recruitment Service: 30/10/16
There is a plan to further reduce agency staff and replace agency staff with appointed staff across the service. This process has commenced in collaboration with HR colleagues. 30/12/16
In the Interim the PIC will ensure that consistent Agency staff are employed in the centre to ensure continuity of care and support to residents. Complete

| **Proposed Timescale:** 30/12/2016 |