Health Information and Quality Authority
Regulation Directorate

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

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

Centre name:	Glen 2
Centre ID:	OSV-0001439
Centre county:	Dublin 20
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Provider Nominee:	Michael Stokes
Lead inspector:	Helen Thompson
Support inspector(s):	Conan O'Hara
Type of inspection	Unannounced
Number of residents on the date of inspection:	18
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
02 March 2017 09:40	02 March 2017 20:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection
This was an unannounced inspection that was conducted in line with HIQA's remit to monitor ongoing compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The required actions from the centre's registration inspection in June 2015 were also followed up as part of this inspection.

How we gathered our evidence
The inspectors met with a number of the staff team which included nursing staff, social care staff and household staff. Both the person in charge and provider nominee also made themselves available for consultation.
The inspectors also, on the day of inspection, got the opportunity to meet with a resident's representatives. In general, they expressed their satisfaction with the quality and safety of care afforded to their relative. However, they expressed concern with regard to the current staffing issues in the centre and the observed/potential impact of this for their relative's quality of life.

Additionally, in assessing the quality of care and support provided to residents, the inspectors spent time observing staff engagement and interactions with residents.

Overall, residents appeared to be happy and contented in their homes.

As part of the inspection process the inspectors spoke with the aforementioned staff and reviewed various sources of documentation which included the statement of purpose, residents' files, roster reviews and a number of the centre's policy documents. The inspectors also completed a walk through the centre's premises.

Description of the service
The centre was situated in a suburban campus setting, close to a large park with amenities and to a local village. The centre was comprised of three bungalows with each having the capacity to accommodate six residents. Each bungalow provided single room occupancy for residents. Garden areas were available for residents' usage. There was also a restaurant and day service facility on site.

The service provider had produced a statement of purpose which outlined the service provided within this centre. This stated that the centre provided 24 hour residential care for residents using a person centred approach in all aspects of their activities of daily living. Additionally, it aimed to provide an environment which supported, encouraged and valued each resident's participation, contribution to their overall health, well being, happiness and quality of life. Residents' support needs included their intellectual disability, epilepsy and challenging behaviour
There was capacity for 18 residents in the centre and on the day of inspection it was home to 18 female residents over 18 years of age.

Overall judgment of our findings
Nine outcomes were inspected against. One outcome was found to be of major non-compliance and five were found to be of moderate non-compliance.
Significant areas for improvement were identified in the core outcome of workforce which was observed to contribute to the moderate non-compliance with residents' social care needs. This workforce deficit was especially highlighted by residents' representatives and staff.
The inspectors found that, as per the previous inspection, the centre was insufficiently resourced from a staffing perspective, to ensure the effective delivery of care and support in accordance with the statement of purpose. Thus, this finding has been identified and subsumed under the centre's workforce.

Improvement was also required in safeguarding, particularly the facilitation of all residents' positive behaviour support needs and with the due process mechanism for restrictive practices. Under governance and management the provider needed to ensure that their unannounced visits were completed in line with the regulatory requirements. The provider also, under residents' rights, dignity and respect needed to explore and address some identified privacy and dignity issues with some residents.
The inspectors found compliance in the supporting of residents' healthcare and medication needs. Substantial compliance was found in health and safety and risk management.

These findings along with others are further detailed in the body of the report and the action plan at the end.

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

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

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

Findings:
Not all aspects of this outcome were reviewed on this inspection. Inspectors found there was some improvement required in ensuring that residents privacy and dignity was honoured.

Inspectors reviewed the complaints log for 2016 and the year-to-date and found that complaints were managed and that the satisfaction of the complainant was recorded.

Inspectors reviewed a sample of intimate care plans and found that the preferences of male or female staff assistance, where expressed by the family or the resident was not recorded appropriately. One file reviewed noted that a resident's parents only wanted female staff to provide personal intimate care for their daughter. The intimate care consent form now noted that familar staff were to provide initmate care. Inspectors found that this did not adequately guide staff and required review as it may lead to the resident's preferences not being met.

Inspectors observed a practice of bibs being used at mealtimes in one of the bungalows. The centre manager and provider nominee stated there was no clear rationale for this practice. Inspectors found this practice to be institutional in nature and required review to ensure that all residents' dignity was respected.

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):
No actions were required from the previous inspection.

Findings:
Overall, the inspectors found that the wellbeing and welfare of residents was supported with their needs outlined in their personal plans. However, improvement was required with the review and evaluation of these plans and additionally with the identification and assessment of residents' social care needs. The facilitation of residents' opportunities to engage in meaningful and community based activities needed to be increased and integrated into their support plans.
The inspectors observed that the residents and their representative were involved in the personal planning process and accessibility in the documentation was noted in files. Multidisciplinary (MDT) supports were available to residents.

From a review of residents' files, the inspectors found that there was evidence of residents' needs being assessed with plans drafted in response to identified needs. However, there was a lack of evidence of systematic review and evaluation of outcomes for residents from the implementation of these plans.
Additionally, residents' social care needs were not found to be systematically identified, assessed nor to have any underpinning plans to guide staff supports.

On campus, there was a day activation centre for residents to access and the inspectors viewed the programme of activities that was available. One of the 18 residents attended a formal day service facility off the campus and others were observed to attend some activities, for example, aromatherapy and horticulture. Residents were also observed to be supported with table top activities in their homes and with going out for walks and shopping.
However, overall from observations during the day of inspection, residents were noted to have a lot of unstructured downtime. Staff availability for the supporting of non-functionally orientated needs of residents was observed to be an issue. Additionally, there was little evidence of meaningful community presence, participation and involvement for residents. These findings were endorsed by residents' representatives and staff members.

The inspectors did acknowledge that the management team were already aware of some of the inspection findings, and had initiated plans to address these deficits. This included the adoption and fostering of a social care model in this centre, the implementation of a new care planning template and the initiation of skills development with residents.

The inspectors observed evidence that residents and their representatives were involved in the assessment and planning of their needs and attended case conferences. This process was observed on the day of inspection.
MDT members conducted assessments and contributed to residents' plans as required.

Judgment:
Non Compliant - Moderate

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):
No actions were required from the previous inspection.

Findings:
Overall, the inspectors found that there were systems in place to promote the health and safety of residents, visitors and staff. However, the area of infection control required some improvement.

The centre had a health and safety statement in place however it was not up to date. Inspectors found that monthly Health and Safety walkabouts of the bungalows were completed to identify risks and issues. The centre had a policy in place relating to incidents where a resident goes missing.

Inspectors reviewed a sample of incidents and found that incidents were recorded, reviewed and actioned appropriately.

The centre had a risk management policy in place which contained the four risks specified in Regulation 26. The centre maintained a risk register which outlined a number of risks in each house and the controls in place to control the risk. The risks outlined in the risk register included behaviour, infection control and safety. The centre also had individual risk assessments in place which included manual handling, falls and behaviour.

There were arrangements in place for fire safety management. There was certification to show that the fire alarms, emergency lighting and fire equipment were serviced on a regular basis. The procedures to be followed in the event of fire were displayed in a

prominent place in the centre bungalows. The centre completed regular fire drills and inspectors reviewed the record of these drills. Personal Emergency Evacuation Plans (PEEPs) were in place for each resident which reflected the resident's mobility and cognitive understanding. Staff and residents spoken with were able to tell inspectors what to do in the event of a fire.

The centre had prevention and control of infection procedures in place and employed household staff. Inspectors found the premises to be clean and hygienic. Inspectors observed personal protective equipment and hand wash facilities located throughout the centre. However, inspectors found that on the day of inspection not all healthcare infections were risk assessed, nor had an interim health care plan in place to inform and guide staff practices.

Judgment:
Substantially Compliant

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

Theme:
Safe Services

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

Findings:
Overall, the inspectors found that there were measures in place in the centre to protect residents from being harmed or suffering abuse. There was a positive behaviour support approach evident for residents that engaged in behaviour that was challenging. However, improvement was required to ensure that all residents were afforded the benefits of this approach, and with staff training to support residents' behavioural support needs. The centre promoted a restrictive free environment for residents but some improvement was needed to meet all regulatory requirements.

The inspectors found that residents had access to specialist multidisciplinary team members for their positive behaviour support needs. This included a clinical nurse specialist and psychiatrist. From a review of files, the inspectors found that some residents had been referred and had comprehensive assessments completed to identify the underlying cause of their behaviour with subsequent plans to support them. However, there was a lack of evidence of implementation of these recommendations and supports with residents. Also, staff knowledge of residents' specialist behavioural

and autism needs also required improvement.
Additionally, the inspectors observed that some residents' positive behavioural support needs were not appropriately referred and followed up as identified, post a safeguarding incident.

There was restrictive practice usage observed for some residents in the centre. Though the practices were clearly recognised as restrictive, there was a lack of systematic due process to underpin their usage. This included a clear risk assessment process, evidence of systematic review, of consent and that all other interventions had been explored in an effort to alleviate/reduce their usage.

The inspector found that there were systems in operation for responding to incidents, allegations and suspicions of abuse and that these were being appropriately utilised to ensure that residents were protected. Staff member's knowledge of safeguarding matters was found to be good. Residents had personal hygiene and dressing plans to support their needs.

During the inspection process staff were observed to treat residents in a warm, respectful and person centred manner with the inspectors noting that residents appeared contented. Residents' representatives also commented that they did not have any safeguarding concerns for their relative and were always contacted if anything occurred.

The centre had the policies in place as required by regulation.

Judgment:
Non Compliant - Moderate

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

Theme:
Safe Services

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

Findings:
Inspectors found that the centre maintained a record of incidents and that the provider and person in charge were aware of the regulatory requirements to notify the Chief Inspector of incidents as appropriate.
However, inspectors found some incidents which were followed up internally but not appropriately notified to HIQA. This was discussed at the feedback meeting.

Judgment:
Non Compliant - Moderate

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):
No actions were required from the previous inspection.

Findings:
Overall, the inspectors found that residents in this centre were supported on an individual basis to achieve and enjoy the best possible health.

From a review of plans and observations, the inspectors found that residents' healthcare needs were being responded to in a timely manner, assessed, supported and reviewed. The inspectors observed that residents had access to a multidisciplinary team which included psychiatry, occupational therapy and physiotherapy. Residents also attended allied health care services which included dental services and ophthalmology.

The inspector observed that residents were well supported by their general practitioner who was available on the campus two days a week.

Residents' nutritional needs were assessed and documented in their care plans and the inspectors noted that a dietician was available to residents as required. Specialised diets were facilitated and residents' weights were monitored.
The inspectors found that residents' choice and preferences were acknowledged and supported. Drinks and snacks were observed to be freely available outside of residents' mealtimes. Both residents and their representatives reports that the food provided was good.

A mealtime experience was observed and found to be a relaxed and social event for residents. The inspectors noted that the table was appropriately prepared with a choice of drinks and condiments.

At the time of inspection, residents' main meals were observed to be supplied from a central kitchen on campus, with breakfast and other snack options facilitated in the houses. However, the inspectors were informed of, and observed the plans to commence the preparation and cooking of residents' meals in one of the centre's bungalows. This included structural changes to the kitchen and dining area to facilitate residents' involvement and opportunities for life skills teaching.

Judgment:

Compliant

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):
No actions were required from the previous inspection.

Findings:
Overall, the inspectors found that residents were protected by the centre's policies and procedures for medication management. There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Medicines in the centre were stored as required and residents' medication records were kept in a safe and accessible place.

A pharmacist was available to the residents and there was evidence of ongoing review of the residents' medical status and their medication. These reviews were completed by the residents' general practitioner and psychiatrist.

At present, medication in this centre was administered by registered nurses. The inspector observed the bank list of nursing staff signatures with their initials. However, the inspectors noted that the centre was in the process of training social care staff from one of the units in the safe administration of medication. Staff were due to complete their clinical competency assessments on the inspection day.

There was a system in place for reviewing and monitoring safe medication management practices. Residents' individual medication plans were being regularly audited. The inspectors observed that learning from medication events was identified and subsequently implemented.
No residents in this centre were responsible for the administration of their own medication.

Judgment:
Compliant

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

responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

Findings:
Overall, the inspectors found that the management systems in place in the centre ensured the delivery of safe and quality services. However, improvements were required to ensure that the service provided is effectively monitored as per regulatory requirements.

The inspectors found that there was a clearly defined management structure in place with clear lines of authority and accountability. The person in charge (PIC)/clinical nurse manager 2 has been in the role for a few years and was since January 2017 supported by a new service manager who is now solely responsible for the care and support provided to the residents of this campus. There was currently a vacant clinical nurse manager 1 post which was being actively recruited.
On arrival the inspectors had noted that the PIC from another campus centre covered the initial absence of the PIC from this centre. The inspectors were informed that on a daily basis one of the three campus based PICs provides cover and an on-call facility. At night, cover and support is available form the night managers in another of the service provider's campuses.

The inspectors found that there were revised meeting structures and systems in place to provide oversight and accountability for the safety and quality of the services provided to residents of the centre. The management team were noted to recognise their current deficits with the centre's workforce and residents' social care needs. Plans were observed to have been initiated to address same.

Some auditing, for example, infection control, had been completed with evidence noted of findings driving improvements. Also, an audit schedule was drafted for 2017 which included medication, care planning and mealtimes.

The inspectors observed that the provider had, since the previous inspection, completed self-assessment and reviews of the care and support provided in the centre. Annual reviews were conducted for 2015 and 2016. At the time of inspection the 2016 report was not present as it was being drafted by the service's quality and risk officer.
The inspectors viewed the reports and action plans from the provider's six monthly unannounced visits. However, only one provider visit had been completed in both 2015 and 2016.

The PIC worked a four day week (Monday to Friday) on a supernumerary basis. She demonstrated knowledge of the legislation and her statutory responsibilities and was engaged in the governance and operational management of the centre. The PIC was known to residents, staff and family representatives.

Judgment:
Non Compliant - Moderate

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:
Overall, the inspectors found that at times there were insufficient staff available to meet the assessed needs of the residents. Adequate supervision arrangements were in place, but some improvements were required in the training for staff members.

The inspectors found that the staffing levels were not consistently sufficient to meet the residents' needs, for example, residents' social care needs were not always being supported and were sometimes cancelled. In addition, on some occasions, only one staff member instead of the required two staff, was available in the evening to support some residents' assessed needs and wishes. For example, the inspectors observed that one resident, as per a recent manual handling assessment required a minimal of two staff to support her mobility and personal care needs. However, on the week prior to this inspection, this staffing level was not consistently maintained in the evening time. Staff reported that when this occurred support would be available from another unit or from the duty manager.
Additionally, on several occasions during the inspection, members of the household staff were observed to be enaged in supervision and support of residents due to low staff numbers in the units. This observation was confirmed by a number of staff members. Staff also highlighted, that with the low staff complement it was difficult to get time to fully familiarise themselves with some residents' plans.
Residents' representatives expressed concern with regard to the current staffing issues in the centre and noted it's particular impact on residents' activity levels.
The provider nominee informed inspectors that there were vacancies in the staff complement and that the centre was in the process of addressing this. This finding was also identified in the previous inspection.

Inspectors reviewed the planned and actual rota for a sample of three weeks and found that there was regular reliance on agency staff. However, the centre did have a regular

panel in place to ensure consistency. Inspectors observed staff treating residents with dignity and respect.

Inspectors found that staff were supervised appropriately through regular visits by the person in charge and provider, regular staff meetings and a schedule of supervision was in place.

Inspectors reviewed staff training and found that not all mandatory training was up-to-date in manual handling and fire safety. The centre had identified this and was in the process of addressing this matter.

Inspectors reviewed a sample of staff files and found that they contained all of the information as required by Schedule 2 of the regulations. Volunteers were active within the centre and inspectors found that Garda Vetting and clear role descriptions were in place.

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:

Helen Thompson
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 report[1]

Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Company Limited by Guarantee
Centre ID:	OSV-0001439
Date of Inspection:	02 March 2017
Date of response:	13 April 2017

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some practices in place did not ensure that each resident's privacy and dignity is respected and required review as outlined in the report.

1. Action Required:

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

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

Please state the actions you have taken or are planning to take:
1:The provider nominee will ensure the PIC/ Key Worker will review the intimate care plan and that it will accurately reflect the intimate care consent form for the resident identified in the report.

2: The PIC will review the use of bibs for residents within the bungalow and discontinue for any resident who has no clear rational for this practice.

Proposed Timescale:
1: 31/03/17 (completed)
2: 30/04/17

Proposed Timescale: 30/04/2017

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:
Residents' care plans were not systematically reviewed and evaluated as required.

2. Action Required:
Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

Please state the actions you have taken or are planning to take:
The PIC will ensure that key workers review and evaluate care plans which will be signed and dated appropriately

•Yearly schedule completed for care plan audits
•Agenda item for discussion at monthly designated centre meeting
•Key workers to diary dates to flag when care plans are due to be reviewed
•Training scheduled for 18/05/17 to take place in one bungalow with regards to maintaining of documentation

Proposed Timescale: 18/05/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:
No comprehensive assessment by an appropriate health care professional was completed for residents' social care needs.

3. 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:
1: The Pic will ensure a full review of social care needs will be completed for resident

•The PIC with the Day Service Co-Ordinator on 29/03/17 reviewed the Quality of Life recording sheets establishing the current baseline for community presence and participation

•Yearly schedule completed for care plan audits to be carried out -04/09/17

•New care plan being rolled out in one of the bungalows that will focus on community integration and social opportunities for residents to be completed 09/05/17.

•Commencement of staff training (The Good Life) with regards to Personal Directed Planning and Social Role Valorisation . Training took place 29/03/17,05/04/17 & one further date scheduled 19/04/17

•New template of a monthly data report will inform the PIC the status of goals for residents, commenced March 2017

2: The PIC with the Day Service Co-ordinator will ensure that social care needs are assessed using a Quality of Life assessment tool. Goals to address social care needs will be developed based on assessment findings and in collaboration with residents these will be outcome focused in a SMART format.

•The PIC will ensure that the key worker, day service co-ordinator & resident representatives evaluate these goals on a periodic basis

Proposed Timescale: 1: 09/05/17
2: 31/05/17

Proposed Timescale: 31/05/2017

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:
Not all healthcare infections were risk assessed, nor had an interim health care plan in place to inform and guide staff practices.

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

Please state the actions you have taken or are planning to take:
The PIC will ensure that all healthcare infections are risk assessed and a supporting interim health care plan in place to guide staff

Proposed Timescale: 31/03/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
As outlined in the body of the report the usage of some restrictive procedures was not in keeping with best practice.

5. Action Required:
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

Please state the actions you have taken or are planning to take:
1.The Provider Nominee will ensure the PIC will refer all restrictive practices to be reviewed on a quarterly basis or sooner if required with the relevant MDT members for any on going restrictions.

2: Ongoing Monthly data recording sheets commenced February 2017 & quarterly HIQA returns will inform the PIC of current restrictive practices within the designated centre.

3:The PIC will ensure key workers will complete a Rights Awareness checklist and any restrictive procedures, will be brought to the restrictive practice review committee.

Proposed Timescale: 1: 07/03/17-completed
2: 30/04/17
3: 30/04/17

Proposed Timescale: 30/04/2017

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff members did not have the required knowledge and competencies to support residents' specilaist support needs.

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

Please state the actions you have taken or are planning to take:
•The PIC will ensure support plans are in place and current to guide staff in supporting residents who have behaviours of concern.

•The C.N.S will provide input to frontline staff where required

Proposed Timescale: 30/04/2017

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
All efforts were not made to identify and alleviate the cause/function of some residents' challenging behaviour.

7. Action Required:
Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

Please state the actions you have taken or are planning to take:
1.The PIC will ensure that staff will refer any resident who requires additional MDT supports to Psychology or CNS to identify possible cause/function and alleviate causes of residents behaviours

2.The on going monthly data recording will inform the PIC of any area of concerns with regards to incidents of Behaviours of concern

Proposed Timescale:
1. 16-03-2017
2. 31-03-2017

Proposed Timescale: 31/03/2017

Outcome 09: Notification of Incidents

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The inspectors found some incidents which were not appropriately notified to HIQA.

8. Action Required:
Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

Please state the actions you have taken or are planning to take:
The PIC will ensure that notice is provided to HIQA of any allegation, suspected or confirmed, abuse of any resident as per regulation

Proposed Timescale: 03/03/2017

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:
The provider's unannounced visits were not completed within the required six monthly regulatory timeframe.

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

Please state the actions you have taken or are planning to take:
The provider nominee will ensure that one of the six monthly provider unannounced visits will take place within the designated centre

Proposed Timescale: 30/06/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
At times there were insufficient staff available to meet the assessed needs of the residents.

10. 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:
1:The Provider Nominee together with the Human Resource Department are working together to ensure staff vacancies are filled, on-going recruitment for the centre is continuing; Interviews for care assistants took place 14/02/17, 24/03/17 & 27/03/17, CNM1 interviews 22/03/17, staff nurse interview 21/03/17. Recruitment drive for nurses (intern student nurses) took place 22/03/17 & interviews will take place 03/05/17.

2:Provider Nominee & PIC carried out a skill mix review 13/02/17. Sample rosters to ensure sufficient staff are available to meet residents assessed needs were submitted to HR 16/02/17.

3:Within the designated centre PIC has formed a working group (due to meet 04/04/17) with staff to look at ensuring resident assessed needs are met through effective rostering and plan to roll out new rosters to meet these needs

Proposed Timescale:
1: 31/05/17
2: Completed
3: 30/04/17

Proposed Timescale: 31/05/2017

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all staff had up-to-date training in manual handling and fire safety.

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

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

1:PIC will ensure appropriate training for staff, review of staff training records carried out 27/02/17 and submitted to Provider Nominee and Education and Training co-ordinator flagging staff who's training was not up- to date. By November 24th 2017 the 3 year period for manual handling training will have lapsed for all staff on the priority list. 2: PIC will ensure prioritising of these staff for training when advised of training dates by education department. Staff currently scheduled for fire safety training 25/05/17 and manual handling 18/05/17 and awaiting further dates for training in 2017
Proposed Timescale: 24/11/2017