

**Health Information and Quality Authority
Regulation Directorate**

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



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|---|---------------------------------------|
| Centre name: | Crobally House |
| Centre ID: | OSV-0002120 |
| Centre county: | Cork |
| Type of centre: | Health Act 2004 Section 39 Assistance |
| Registered provider: | Cork Association For Autism |
| Provider Nominee: | Brigid Sinnot |
| Lead inspector: | Geraldine Ryan |
| Support inspector(s): | Julie Hennessy |
| Type of inspection | Unannounced |
| Number of residents on the date of inspection: | 6 |
| Number of vacancies on the date of inspection: | 1 |

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 following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 19 September 2016 08:00 To: 19 September 2016 17:30

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

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| Outcome 01: Residents Rights, Dignity and Consultation |
| Outcome 04: Admissions and Contract for the Provision of Services |
| Outcome 06: Safe and suitable premises |
| Outcome 07: Health and Safety and Risk Management |
| Outcome 08: Safeguarding and Safety |
| Outcome 09: Notification of Incidents |
| Outcome 11. Healthcare Needs |
| Outcome 12. Medication Management |
| Outcome 13: Statement of Purpose |
| Outcome 14: Governance and Management |
| Outcome 15: Absence of the person in charge |
| Outcome 16: Use of Resources |
| Outcome 17: Workforce |

Summary of findings from this inspection

Background to the inspection:

On the 13 May 2014 an unannounced inspection was undertaken in the houses comprising the designated centre. During the inspection, non compliance with the regulations was found in nine of the 10 outcomes inspected against:

- six outcomes were judged as moderate non-compliant
- three outcomes were judged as substantially compliant
- one outcome were judged as compliant.

A second announced registration inspection was carried out by the Authority on the 21 January 2015 and 22 January 2015. During the inspection, non compliance with the regulations was found in the 10 of the 18 outcomes inspected against:

- four outcomes were judged as major non-compliant
- four outcomes were judged as moderate non-compliant
- two outcomes were judged as substantially compliant
- eight outcomes were judged as compliant.

This third unannounced/triggered inspection, was undertaken on the 19 September 2016, on foot of unsolicited information received by the Authority. This information concerned deficits in the management of complaints, discharge processes, safeguarding and safety measures.

During the inspection, non compliance with the regulations was found in the 13 outcomes inspected against:

- seven outcomes were judged as major non-compliant
- five outcomes were judged as moderate non-compliant
- one outcome was judged as substantially compliant.

How we gathered our evidence:

On this inspection, inspectors reviewed a sample of files pertaining to residents with healthcare needs and supports, personal care plans, medication management records, risk assessments, accident/incident logs, the complaints log, fire safety records, the centre's policies/procedures and statement of purpose.

Practices and interactions between residents and staff were observed. Staff engaged with residents in a respectful manner. Inspectors met with three residents. Residents' permission was sought by inspectors to be in residents' homes and to access their documentation.

Inspectors met with staff on duty, the person in charge and the provider representative.

Description of the service:

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. Inspectors found that the service was being provided as it was described in that document.

The centre provides both respite and residential services for individuals with autism across the spectrum. The residents are facilitated to participate in all aspects of community living. Education, training and social activities are promoted where deemed appropriate. There is an onsite day service provided which supports for the resident and others.

The centre comprises two houses which are based on scenic and spacious ground in the outskirts of a village. There are day service buildings, a horticulture room and a maintenance room located on the campus. The centre can provide accommodation and support for seven residents (four respite residents; two full-time residents and one resident who resides three days each week.

Overall judgment of our findings:

Overall, inspectors found that the residents who availed of respite had a good quality of life; for example; the provider had provided a suitable premises; access to day services and social outings. Staff/resident interaction was observed as respectful and warm.

However, safeguarding, safety and quality of life issues for three residents accommodated in the centre were negatively impacted as a result of inappropriate placement. Effective management systems were not in place to support and promote the delivery of safe, quality care to residents. On this inspection, the following non-compliances were identified;

seven outcomes were judged as major non-compliant:

- admissions (outcome 4)
- safeguarding and safety (outcome 8)
- notification of incidents (outcome 9)
- medication management (outcome 12)
- governance and management (outcome 14)
- absence of the person in charge (outcome 15)
- workforce (outcome 17)

five outcomes were judged as moderate non-compliant:

- residents' rights dignity and consultation (outcome 1)
- safe and suitable premises (outcome 6)
- risk assessment and management (outcome 7)
- healthcare needs (outcome 11)
- use of resources (outcome 16)

one outcome was judged as substantially compliant:

- statement of purpose (outcome 13).

The reasons for these findings are explained under each outcome in the report and the regulations which are not being met are included in the action plan at the end. The provider was afforded two opportunities to submit a satisfactory response to the action plan. Both action plans submitted by the provider did not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish this action plan and is considering further regulatory action in relation to this issue.

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:

An action in relation to the management of complaints generated in the most recent inspection 21 January 2015. This was not addressed in a satisfactory manner. The management of complaints was reviewed on this triggered inspection as the issue of management of complaints was raised in a concern forwarded to the Authority. Inspectors were not satisfied that complaints made were managed appropriately and in a timely manner. The practice around the management of complaints was not consistent or well managed to bring about change. The centre had a policy on complaints and a version of this was displayed on the notice boards. An easy-to-read version for residents and their representatives was displayed. While the centre had a dedicated complaints officer, details of an independent nominated person was not available. Staff were aware of the complaints process. Complaints were documented in two documents; a red book and a complaints form. The form included a tick box to indicate if the complainant was satisfied/or not with the outcome of the complaint. However, there was no evidence noted of what happened if the complainant was not satisfied with the outcome or to whom the unresolved complaint was referred to. For example, one complaint in November 2015 noted that, due to staff shortages, a regular respite service for a resident was cancelled and at short notice. It was documented that this had occurred a number of times in the preceding months. The complainant noted that this caused upset to the resident and the family. While it was noted that extra days respite were offered, there was no contingency plan in place to mitigate against this reoccurring. The provider representative stated that the cancellations were as a result of staff shortages and that it was difficult to arrange staff

cover if staff reported off sick on short notice.

Another complaint concerned a resident's broken bed. While it was noted on the 2 March 2016, it was four weeks later before it was addressed.

Of particular note, the complaint noted in the concern submitted to the Authority was not logged in the centre's log of complaints.

This matter was discussed in detail with the provider representative and the person in charge. There was no documented evidence if

- the complaint was addressed and investigated
- the outcome of a complaint or any action taken on foot of the complaint
- whether or not the complainant was satisfied.

Learning from complaints was also not documented.

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:

This outcome was reviewed as information submitted to the Authority concerned a potential discharge of a resident. The centre's admissions policy was reviewed. It included the procedures for transfers, discharges and the temporary absence of residents. The policy referenced the need to protect residents from abuse from their peers, as outlined in the Regulations.

This content of the information submitted to the Authority was discussed with the provider representative and the person in charge where assurances were given and noted that any potential discharge was discussed and planned. There was evidence of this and evidence of collaboration with allied services to ensure that the service met the needs of the resident.

An action generated from the most recent inspection undertaken on the 21 January 2015 was in regard to the fact that residents did not have a written agreement of the terms on which they resided in the centre. The time submitted by the provider for the completion of this action was the 1 December 2015. This matter has not been

addressed.

The provider representative stated that a draft contract was with the board of directors for sign off and that residents had a draft of the contract of care.

As per the Regulations, the centre is required to set out in writing how the support, care and welfare of residents in the designated centre would be met and where appropriate, the fees to be charged including any additional fees which may have to be paid for other services. This action was reissued in the action plan at the end of this report.

Furthermore, the compatibility of the residents accommodated did not maximise the residents' capacity to exercise personal independence and choice. The inappropriate placement of a resident in one house negatively impacted on the safety of the residents accommodated there. Records of peer to peer incidents viewed corresponded with notifications submitted to the Authority of incidents occurring between two particular residents.

There no evidence that an assessment had been undertaken to ascertain:

- the suitability of the placement of the resident in this house
- if the placement suited the assessed needs of the resident
- the impact of this placement on the resident
- if the resident should have their own accommodation. It was evidenced on inspection that the introduction of new people escalated a resident's behaviours. Staff confirmed that the introduction of new staff/visitors or residents upset a resident.

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

The centre, consisting of two detached houses, was located in a country setting with scenic views of the surrounding countryside. There was a day care centre located within the campus and this service was shared with other residents from outside the centre. The gardens, paths and tree line driveways were well maintained. Residents had access to an external exercise area furnished with equipment.

In the context of this triggered inspection this outcome was reviewed in terms that the

design and layout of one house accommodating residents did not currently meet the needs of one resident; a resident at significant risk of falls did not have access to a ground floor bedroom/shower room.

While this matter had been discussed with the resident's family, the current arrangement of accessing a shower room in different centre, located a distance away was not an acceptable solution of addressing this deficit. The current showering facilities available in the centre did not meet the needs of the resident.

Furthermore, this resident had been reviewed by a physiotherapist on the 27 June 2016. The findings of the report referenced:

- a history of falls in the preceding eight months due to seizures
- the fact that the resident's bedroom was located on the first floor; therefore posing a significant safety risk
- internal door lips to be levelled
- review progress in two months. There was no evidence of a review being undertaken to review progress of the actions generated.

On this inspection there was no evidence that that door saddle lips had been addressed and the resident, at risk of falls, remained accommodated on the first floor.

The provider representative stated that a meeting was to be convened between the resident's family and the physiotherapist. The provider representative stated that the resident used the stairs at home. In addition, it was confirmed to inspectors that the ground floor sensory room had been offered as a temporary bedroom and the resident chose not to use it. This solution is not acceptable as the sensory room would not be available to other residents.

The provider representative stated that consideration was being given to building a ground floor bedroom and/or installing a stair lift.

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):

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

Findings:

In the context of this triggered inspection this outcome was reviewed in the context of risk assessment and the management of risk in the centre particularly in relation to a resident with a tendency to abscond; peer to peer abuse and falls.

While the centre had a risk management policy in place it did not capture the controls in

place for the risks specified under Regulation 26. This was also noted in the previous inspection undertaken on the 21 January 2015.

The centre did not have a risk register identifying the risks in the centre. While residents had individual risk assessments, some were out of date. In addition, the following examples were noted:

- one resident, with a tendency to abscond, had two risk assessments; one was risk rated and one was not
- another resident had a history of absconsion (three episodes since June 2016) and was assessed as a low risk in May 2016. The risk assessment had not been updated post June 2016
- one resident at significant risk of falls had two risk assessments; one was risk rated and one was not
- an audit of the residents' care plan documentation indicated that the specific risk assessments were in place. As evidenced on inspection, this was not correct and brought to the attention of the provider representative and the person in charge.

Minutes of meetings were reviewed concerning another resident's episode of absconsion while attending the day service. There was evidence of a robust plan in place and evidence of how communication processes were augmented by appropriate documentation.

Records of fire drill were reviewed; for example; three fire drills were carried out at different times in July 2016. However, while it was noted that one resident declined to evacuate, there was no evidence that an appropriate evacuation plan was subsequently put in place.

The centre had an unsigned draft health and safety statement dated June 2016.

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:

The provider representative and the person in charge confirmed that, despite behavioural support strategies, that separation techniques that might incur the use of both physical restraint and single segregation were applied to ensure that two residents did not meet. For example, the residents travelled separately in vehicles, one resident availed of another spacious day room in another building while the other resident remained in the centre. One resident was accompanied by one staff member at all times and when the need arose, by two staff.

The resident had been reviewed by an external agency who specialises in assessing residents with dual diagnosis and behaviours that challenge. The subsequent report, dated July 2016, made available to inspectors, concluded with an action plan outlining a number of strategies;

- use of visual aids for communication. Visual aids were evident in the centre
- the use of objects of reference
- the introduction of a regular debriefing and supervision sessions; no evidence of sessions available.

The report also made reference to the poor relationship between two residents and recommended time away from one another. The use of a physical barrier (staff to sit/stand between the two residents) was also recommended; as was the review of the medication policy.

However, there was no evidence as to who was responsible for implementing the plan and it was not evident who tracked or monitored the progress of the plan. On inspection there was little evidence that the plan was effective:

- there was evidence that the inappropriate placement of residents continued to exacerbate behaviours that challenge between the residents
- no evidence of regular debriefing and supervision sessions
- evidence of an over reliance of single separation to prevent residents from engaging with one another in their home.

Staff were observed engaging with the residents in a warm and respectful manner and it was evident that residents responded in a positive manner to the staff. However, it was noted in the complaints log that a staff member was heard by a relative addressing/shouting at a resident in an inappropriate manner. While there was some evidence that this allegation was addressed with the staff member, the centre did not engage in their own policy and procedures of investigating an alleged incident of abuse. The matter had not been reported to the Authority as per the Regulations.

The provider representative was requested to submit the appropriate notification as soon as possible capturing how this matter was being investigated. This has not been submitted to date.

While restrictive practices were used in the centre, these had not been reviewed by the restrictive intervention review committee, as required/or in accordance with the centre's own policy. It was not evident that a collective multi-disciplinary team input was sought when planning interventions for individual residents.

Staff training records were forwarded to the Authority on the day after inspection. The following was noted:

- of the eleven staff noted on the staff training matrix, seven of 11 staff had last

attended training of safeguarding vulnerable adult in December 2014

- five staff had last attended training of positive behaviour support in 2014 and two staff had not attended any training in this matter
- four staff had last attended training on MAPA in 2014; one staff had most recently attended in 2013
- some staff were missing from the staff training matrix (the person in charge, the provider representative and one other staff).

Judgment:
Non Compliant - Major

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

Findings:
Quarterly reports were submitted to the Authority. However the detail in relation to the use of chemical restraint (16 times) was not submitted.

An alleged allegation of abuse had not been notified to the Authority and within the stipulated timeframe.

Judgment:
Non Compliant - Major

Outcome 11. Healthcare Needs

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

Theme:
Health and Development

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

Findings:

As part of this triggered inspection, inspectors reviewed a sample of residents' health care plans. Information was difficult to retrieve; some documentation was not in date or updated; for example;

- one resident had a mental health check up in recent months but the most recent record available in the resident's chart was dated 2 December 2014
- the resident's health check assessment was undated and unsigned
- the resident's intimate care plan had no up to date information to guide staff.
- a resident with epilepsy had no care plan to guide and inform staff and had no care plan to support life skills and independence.

One resident was reviewed by an external specialist in reviewing and assessment of residents with dual diagnosis and who exhibit behaviours that challenge in July 2016. An inspector reviewed the report which contained a number of recommendations. There was no evidence that the recommendations were progressed and the resident's care plan had not been updated with the specialist's recommendations. This was discussed with the provider representative and the person in charge.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

Findings:

As part of this triggered inspection inspectors reviewed medication management practices and noted that an audit had been undertaken by the external pharmacy supplier in June 2016. However, there was no evidence that the recommendations from the audit were implemented.

The provider representative stated that medication errors were reviewed monthly. However, a review of medication errors recorded indicated that nine medication errors had occurred since April 2016; there was no evidence that the errors were reviewed, addressed and actioned.

While there was a protocol in place for medications administered as required (PRN), this was unsigned and undated. One resident's protocol for PRN medication had not been updated with recent changes. There was no evidence of a consistent robust system in place for reviewing and monitoring safe medication management practices.

Each resident had a large volume of documentation and forms in relation to medication management. Some forms were in different formats and some were duplicated. Some forms had no dates and medication lists were not up to date.

Judgment:

Non Compliant - Major

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The statement of purpose did not contain all of the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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:

Improvements were required to the arrangements in place to ensure the effective governance, operational management and administration of this designated centre.

While the person in charge currently oversaw this centre comprising of residents with a complexity of diverse needs and dual diagnoses and a busy respite service, the person in charge was also a social care support to another person in charge in another centre.

There was no local deputising arrangement in place for the person in charge when she was not in the centre either due to annual leave or working in the other centre. The person in charge and the provider representative confirmed that there was no formal deputising arrangement in place.

Staff were not able to identify the relevant individual responsible in the event the person in charge was on leave or working in the other centre.

While inspectors reviewed a copy of the annual report, the unannounced inspections had yet to be organised on a six monthly basis.

Judgment:

Non Compliant - Major

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There were no arrangements in place for the management of the designated centre during the absence of the person in charge.

Judgment:

Non Compliant - Major

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

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| Use of Resources |
| <p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The centre was located in a isolated/rural location without ready access to any public transport. Residents had access to one vehicle and the centre had to depend on accessing the day service vehicle when it was not in use. A second vehicle assigned to the centre was out of commission and due to cost, was not replaced. The reduced access to the second vehicle negatively impacted the lives of the residents who, due to safety reasons, could not travel together in the one vehicle. The residents availing of respite availed of the vehicle to go on social outings; this was limited do to the lack of access to a vehicle.</p> |
| <p>Judgment: Non Compliant - Moderate</p> |

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| <p>Outcome 17: Workforce <i>There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.</i></p> |
| <p>Theme: Responsive Workforce</p> |
| <p>Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p>Findings: Staff training was the only aspect of this outcome that was inspected in relation to this triggered inspection. A review of the staff training matrix reflected that some mandatory and general training for staff was outstanding or not provided; fire safety training: - one staff had last attended in 2012 - three staff last attended in 2013 food safety: - two staff had attended no training - one staff had attended in 2014</p> |

Five staff had not attended training on the prevention of infection.
Two staff had not attended training on autism.

medication management:

training for staff in this matter was last convened in 2014 (two staff); three staff last attended training in 2013; four staff in 2012 and two staff in 2011.

Training for staff on manual handling training was last convened in 2014 (9 staff). Two staff last attended training in 2013; one staff member last attended training in 2011.

There was evidence of negative outcomes for residents due to staff shortages; for example; respite stay for a resident was cancelled four times due to staff shortages.

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:

Geraldine Ryan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

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| Centre name: | A designated centre for people with disabilities operated by Cork Association For Autism |
| Centre ID: | OSV-0002120 |
| Date of Inspection: | 19 September 2016 |
| Date of response: | 23 November 2016 |

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Learning from complaints was also not documented.

Not ensuring that any measures required for improvement in response to a complaint are in place.

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 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:

Proposed Timescale:

Theme: Individualised Supports and Care

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

Not ensuring that the nominated person maintains:

- a record of all complaints including details of any investigation into a complaint
- the outcome of a complaint
- any action taken on foot of a complaint
- whether or not the complainant was satisfied.

2. Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

Proposed Timescale:

Theme: Individualised Supports and Care

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

Not ensuring that complainants are informed promptly of the outcome of their complaints and details of the appeals process.

3. Action Required:

Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed promptly of the outcome of their complaints and details of the appeals process.

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

Proposed Timescale:

Theme: Individualised Supports and Care

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

Not ensuring that all complaints are investigated promptly.

4. Action Required:

Under Regulation 34 (2) (b) you are required to: Ensure that all complaints are investigated promptly.

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

Proposed Timescale:

Theme: Individualised Supports and Care

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

Not ensuring that a person who is not involved in the matters the subject of a complaint is nominated to deal with complaints by or on behalf of residents.

5. Action Required:

Under Regulation 34 (2) (a) you are required to: Ensure that a person who is not involved in the matters the subject of a complaint is nominated to deal with complaints by or on behalf of residents.

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

Proposed Timescale:

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:

Not ensuring, on admission to the centre, that there is an agreement in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

6. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

Proposed Timescale:

Theme: Effective Services

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

The compatibility of the residents accommodated did not maximise the residents' capacity to exercise personal independence and choice. The inappropriate placement of a residents in one house negatively impacted on the safety of the residents accommodated there. Records of peer to peer incidents viewed corresponded with notifications submitted to the Authority of incidents occurring between two particular residents.

There no evidence that an assessment had been undertaken to ascertain:

- the suitability of the placement of the resident in this house
- if the placement suited the assessed needs of the resident
- the impact of this placement on the resident.

7. Action Required:

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

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

Proposed Timescale:

Theme: Effective Services

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

Not ensuring that 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.

8. 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:

Proposed Timescale:

Theme: Effective Services

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

Not ensuring that the agreement for the provision of services provides for, and is consistent with, the resident's assessed needs and the statement of purpose.

9. Action Required:

Under Regulation 24 (4) (b) you are required to: Ensure the agreement for the provision of services provides for, and is consistent with, the resident's assessed needs and the statement of purpose.

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

Proposed Timescale:

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Not ensuring that the designated centre adheres to best practice in achieving and promoting accessibility.

Not carrying out any required alterations to the premises of the designated centre to ensure it is accessible to all.

10. Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

Proposed Timescale:

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The risk management policy did not include the measures and actions in place to control accidental injury to residents, visitors or staff.

11. Action Required:

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

Proposed Timescale:

Theme: Effective Services

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

The risk management policy did not include the measures and actions in place to control aggression and violence.

12. Action Required:

Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

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

Proposed Timescale:

Theme: Effective Services

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

The risk management policy did not include the measures and actions in place to control self-harm.

13. Action Required:

Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

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

Proposed Timescale:

Theme: Effective Services

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

The centre did not have a robust system in place to update the risk register and to continually review and manage all risks in the centre.

14. 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:

Proposed Timescale:

Theme: Effective Services

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

The risk management policy did not hazard identification and assessment of the risks throughout the centre.

15. Action Required:

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

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

Proposed Timescale:

Theme: Effective Services

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

The risk management policy did not include the measures and actions in place to control the risks identified.

16. Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

Proposed Timescale:

Theme: Effective Services

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

The risk management policy did not include the measures and actions in place to control the unexplained absence of a resident.

17. Action Required:

Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

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

Proposed Timescale:

Theme: Effective Services

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

It was noted that one resident declined to evacuate, there was no evidence that an appropriate plan was subsequently put in place.

18. 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:

Proposed Timescale:

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

While restrictive practices were used in the centre, these had not been reviewed by the restrictive intervention review committee. It was not evident that multi-disciplinary team input was sought when planning interventions for individual residents.

19. 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:

Proposed Timescale:

Theme: Safe Services

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

Four staff had last attended training on MAPA in 2014; one staff had most recently attended in 2013.

20. Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

Proposed Timescale:

Theme: Safe Services

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

Five staff had last attended training of positive behaviour support in 2014 and one staff had not attended any training in this matter.

21. 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:

Proposed Timescale:

Theme: Safe Services

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

Not protecting resident from all forms of abuse.

22. Action Required:

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

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

Proposed Timescale:

Theme: Safe Services

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

Not investigating an allegation of abuse.

23. Action Required:

Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

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

Proposed Timescale:

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:

An alleged allegation of abuse had not been notified to the Authority and within the stipulated timeframe.

24. 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:

Proposed Timescale:

Theme: Safe Services

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

The detail in relation to the use of chemical restraint was not submitted in the quarterly return.

25. Action Required:

Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

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

Proposed Timescale:

Outcome 11. Healthcare Needs

Theme: Health and Development

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

A resident's intimate care plan had no up to date information to guide staff.

A resident with epilepsy had no care plan to guide and inform staff and had no care plan to support life skills and independence.

Recommendations from an external specialist were not progressed and the resident's care plan had not been updated with the specialist's recommendations.

26. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

Proposed Timescale:

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:

There was no evidence that the recommendations from the audit undertaken by the external pharmacy were implemented.

A review of medication errors recorded indicated that nine medication errors had occurred since April 2016; there was no evidence that the errors were reviewed, addressed and actioned.

While there was a protocol in place for medications administered as required (PRN), this was unsigned and undated. One resident's protocol for PRN medication had not been updated with recent changes.

There was no robust system in place for reviewing and monitoring safe medication management practices.

Each resident had a large volume of documentation and forms in relation to medication management. Some forms were in different formats and some were duplicated. Some forms had no dates and medication lists were not up to date.

27. Action Required:

Under Regulation 29 (2) you are required to: Facilitate a pharmacist in meeting his or her obligations to the resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland and provide appropriate support for the resident if required, in his/her dealings with the pharmacist.

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

Proposed Timescale:

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not contain all of the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

28. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

Proposed Timescale:

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:

There was not a clearly defined management structure in the designated centre that identified the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

29. 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:

Proposed Timescale:

Theme: Leadership, Governance and Management

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

There was no management system in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

30. 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:

Proposed Timescale:

Theme: Leadership, Governance and Management

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

The provider representative had not undertaken an unannounced visit to the designated

centre at least once every six months.

31. 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:

Proposed Timescale:

Outcome 15: Absence of the person in charge

Theme: Leadership, Governance and Management

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

There were no arrangements in place for the management of the designated centre during the absence of the person in charge

32. Action Required:

Under Regulation 33 (1) you are required to: Notify the chief inspector in writing of the procedures and arrangements that are or will be in place for the management of the designated centre during the absence of the person in charge.

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

Proposed Timescale:

Outcome 16: Use of Resources

Theme: Use of Resources

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

A second vehicle assigned to the centre was out of commission and due to cost, was not replaced. The reduced access to the second vehicle negatively impacted the lives of the residents who, due to safety reasons, could not travel together the one vehicle.

33. Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

Proposed Timescale:

Outcome 17: Workforce

Theme: Responsive Workforce

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

There was evidence of negative outcomes for residents due to staff shortages; for example; respite stay for a resident was cancelled four times due to staff shortages.

34. 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:

Proposed Timescale:

Theme: Responsive Workforce

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

Not ensuring that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

35. 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:

Proposed Timescale:

