<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>Camphill Ballymoney</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0003633</td>
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<tr>
<td><strong>Centre county:</strong></td>
<td>Wexford</td>
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<tr>
<td><strong>Type of centre:</strong></td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td><strong>Registered provider:</strong></td>
<td>Camphill Communities of Ireland</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>Noelene Dowling</td>
</tr>
<tr>
<td><strong>Support inspector(s):</strong></td>
<td>Paul Pearson</td>
</tr>
<tr>
<td><strong>Type of inspection</strong></td>
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</tr>
<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>5</td>
</tr>
<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
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About monitoring of compliance

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

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

The inspection took place over the following dates and times
From: 06 February 2018 09:00  To: 06 February 2018 17:45

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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</thead>
<tbody>
<tr>
<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 11. Healthcare Needs</td>
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<td>Outcome 12. Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<tr>
<td>Outcome 17: Workforce</td>
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</table>

Summary of findings from this inspection

Background to the inspection:
This was the third inspection of this centre which forms part of an organization which has a number of designated centres nationwide.

The centre was inspected in Mach 2016 for the purpose of registration. However, the governance and management arrangements at that time were not satisfactory to proceed to registration. Changes were made to the governance structures in October 2017 further to a series of concerns raised by HIQA. This inspection was announced at short notice and undertaken over two days to assess the effectiveness of the provider's changes to the governance arrangements and inform the registration decision.

How we gathered the evidence:
Inspectors met and spoke with four residents. They said they enjoyed their activities and their lives in the centre. They told of their recreational, social and work activities, which they chose themselves and said they really enjoyed. They said the staff and...
manger were available to them and looked after them very well. They liked the accommodation and saw them as their very personal space, which they decorated and looked after themselves with staff support. They said they felt safe but also had a lot of freedom.

Inspectors also reviewed the actions required from the previous inspection and in most instances they had been resolved.

Description of the Service:
This centre is designed to provide long-term care and support for up to 7 adult residents, both male and female, of low to moderate intellectual disability, those on the autism spectrum and some high dependency physical care needs. There were five residents living in the centre at the time of the inspection.

The findings of the inspection indicate that the service provided was congruent with the statement of purpose.

The centre is comprised of 3 individual houses in a rural coastal location, which also incorporates gardens, horticultural services, workshops and craft rooms. Two units contain individual self-contained apartments where residents can have supported independence but full access to the main areas of the units as they wish. The premises were suitable for purpose.

Overall judgment of our findings:

This inspection found that the provider was in substantial compliance with a number of regulations, which had positive outcomes for the residents. In the crucial areas of governance there was evidence of improved oversight and accountability to promote the safe and effective care for residents (outcome 14).

As part of the provider’s strategic change to the model of care additional employed and trained staff members were recruited in this centre and inspectors were advised that they were in the process of employing two others to provide care for residents. This was aimed at facilitating a more suitable role for the volunteers, which could enhance and support the qualified staff.

Good practice was again observed in the following areas;
• residents had good access to healthcare, multidisciplinary specialists and good personal planning systems were evident which supported their wellbeing and development (outcome 5)
• residents had meaningful occupation, recreation and social activities (outcome 5 &10)
• systems for consultation with and inclusion of residents in decision making were evident which promoted residents independence and choice (outcome 1)

Some improvements were required in the following areas:
• Implementation of satisfactory safeguarding and intimate care plans to protect residents (outcome 8)
• devising of additional risk management plans as needs changed or arose.
• consistent implementation of procedures to ensure that designated staff were responsible for the administering of medicines
• suitable procedures for the support of residents for whom there were no guardianship arrangements
• numbers and skill mix of staff were improving with further plans outlined that would provide supportive care for the residents and these improvements remained a requirement (outcome 17)
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

Theme:
Individualised Supports and Care

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

Findings:
The actions from the previous inspection had been satisfactorily resolved with an improvement in the management of complaints. From review of the complaints records available, there was evidence that the regional manager, on taking up post had overseen and satisfactorily resolved an issue raised by family members. This was managed in a transparent manner with a process for resolution and learning identified. The details were also recorded.

The record however of complaints and safeguarding incidents were filed together which did not demonstrate clarity of purpose and differentiate between these two matters. This was rectified at the time of the inspection.

One resident who required support did not have guardianship or assistance arrangements in place. There was no clarity as to who would, or did, provide decision-making support and/or ultimate consent for the resident if this was required. Significant plans were being made for the resident at the time of the inspection without this clarity of support and responsibility. This was discussed with the regional manager who undertook to address this situation and ensure appropriate arrangements were in place. The regional manager confirmed following the inspection that the advice of the organisations national safeguarding officer was sought in relation to this.

There was continuing evidence from speaking with residents and records that residents' own wishes and preferences directed their lives in the centre with supports and encouragement. Inspectors were told by residents that they were happy and supported in the centre.
Both self-contained units provided additional independence for some residents but also the support and company of staff other resident and friends.

Residents were assessed for competency to manage their finances and the supports available were proportionate to the assessed needs. Staff maintained detailed records and receipts of all financial transactions and there was an overarching internal auditing system. Privacy was respected and this was managed sensitively by staff where residents support with this.

**Judgment:**
Substantially Compliant

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**Outcome 04: Admissions and Contract for the Provision of Services**

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

**Theme:**
Effective Services

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

**Findings:**
The action from the previous inspection had been satisfactorily resolved. The admission policy had been amended to ensure admissions were congruent with the statement of purpose and compatibility and safeguarding were would be considered in decision-making.

The contract for services had been revised to include the details of the services to be provided and fees to be paid. This had been signed by either residents or relatives. It was in easy read format.

**Judgment:**
Compliant

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**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:**
Inspectors found that residents continued to have their range of needs assessed and supported. Residents had prompt access to multidisciplinary assessments and the interventions were available and implemented by staff. These included physiotherapy, occupational therapy, speech and language or dementia onset supports.

From a review of a sample of 4 personal plans and related documentation, inspectors found that resident’s needs were identified and personal plans were made to address these.

Annual or more frequent reviews were held as necessary and as needs changed and the personal plans were revised to reflect this. The review meetings were attended by the residents themselves where they wished to participate, their family members, and external clinicians. They were informed by the multidisciplinary assessments undertaken.

The details seen of the review meetings demonstrated that all aspects of the residents’ life and wellbeing were evaluated and the residents own wishes were clearly included in the process. They also had pictorial and easy read versions of their plans. The personal plans reviewed demonstrated that there was a significant level of consultation with the residents and their representatives as required by their needs.

The outcomes were incorporated into the resident’s daily care including strategies for choking risks, management of nutritional needs or decreased mobility. Very detailed support plans for personal care and day to day activities were also implemented based on each residents’ assessed needs.

The social care needs of the residents were prioritised and supported. Inspectors saw and were informed by residents that they attended a variety of social events locally including going dancing in adjacent centres, going out for meals, going on holidays, meeting with friends. They had a range of day-to-day activities which they confirmed they enjoyed. They went swimming and attended activities in the local towns and activity centres. They helped with cooking, shopping and worked on the horticulture as they wished.

Inspectors were satisfied that the assessed needs of the current residents could be met within the centre.

**Judgment:**
Compliant
**Outcome 07: Health and Safety and Risk Management**

The health and safety of residents, visitors and staff is promoted and protected.

**Theme:**
Effective Services

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

**Findings:**
The actions from the previous inspection had been resolved with amendments made to the risk register to identify and manage risks. There were appropriate actions taken to resolve the previously identified risks such as the use of lap belts on transport chairs, suitable ramps and access to each unit and remedial works completed.

There was evidence of systems used for the review of accidents or untoward events and audits undertaken of all incidents. Accidents and incidents were not a significant feature of the service. However, some improvements were required in implementing changes in risk management across the units. For example, a number of medicines errors had occurred and a resident had been involved in potentially harmful situation outside of the centre. While practices were changed to manage both incidents, actions taken had not been detailed in the updated risk assessments and the assignment of specific staff to manage medicines errors was not assimilated across all three units to prevent re-occurrences.

A revised and updated health and safety statement was implemented and the emergency plan and been reviewed following storms in 2017.

Good practice continued in fire safety management systems with suitable fire door and containment structures in all areas. Fire safety equipment was serviced at the required intervals. There were detailed personal evacuating plans available for each resident. Regular fire drills were held and residents told inspector about these. There was an evacuation procedure displayed in the houses.

Individual risks for residents continued to be well managed and balanced with the resident preferences for independence and support. Detailed risk assessments were in place for healthcare related, personal safety and environmental risks.

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

**Findings:**
Inspectors found that system to protect residents and act on any issues which arose had improved. Following the previous inspection, a review of previous incidents which had not been recognised as safeguarding issues had been undertaken. This was done in conjunction with the HSE safeguarding team. This resulted in number of retrospective notifications to HIQA and actions taken to safeguard residents.

In addition to this as part of the provider’s strategy for improvement a self-audit of safeguarding practices was being undertaken in conjunction with the HSE. This was notified by the provider to HIQA following concerns raised by HIQA with the provider at the national level.

Training for staff and key personnel in safeguarding of vulnerable adults and the functions of the designated officers in this process was also undertaken.

A further and more recent incident of risk to a resident and failure to report by staff had been dealt with additional supervision and disciplinary process initiated in order to ensure staff adhered to their professional responsibilities.

However, some improvements were required in the development of individual safeguarding plans where these were required to protect residents. In addition, the intimate care plans while very detailed in most respects did not detail the process for the appropriate use of for example, therapeutic oils and the protection of residents’ personal integrity in doing so. It is acknowledged that staff were able to detail the correct procedures in both instances however despite this.

As there are children of co-workers living in the units individual safeguarding plans were available. Staff also had training in the national policy - Children First.

The policy on vulnerable adults was accordance with the national guidelines. The children first policy required review to ensure it was in accordance with the most recent guidelines and included the role of nominated person, safety statements with regard to children and to ensure adherence to them. The provider nominee undertook to address this during the inspection.

There was an improved understanding among staff spoken with as to what constituted abusive interactions.
Significant levels of challenging behaviours were not a feature of this service and there were detailed behaviours support plans in place where needed. These were undertaken with oversight from appropriately qualified personal. A number of key staff also had additional training in the implementation of behaviour support plans. On this occasion, staff were found to be knowledgeable on the residents' behaviour support plans, their underlying mental health concerns and implementation of the plans.

Inspectors found that the care provided continued to focus on enabling residents to understand and manage their own behaviours with the support of staff. A resident explained his support plan to inspectors and they had guidance and support in training in how to keep themselves safe and with appropriate boundaries in social situations.

There was good access to psychiatry and psychology services which also informed the support plans. Restrictive interventions were minimal and the use of supportive devices such as lap belts and bedrails had been prescribed by appropriate clinicians and were used appropriately. No resident were prescribed sedative medicines to manage behaviours.

These behaviour support interventions were also supported by the low number of residents living in each unit, separate accommodation in some instances and the availability of one-to-one-staff. There was also evidence of improved oversight and support for the young volunteers in their daily work with the residents and they confirmed this to inspectors.

Judgment:
Substantially Compliant

### Outcome 09: Notification of Incidents

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

#### Theme:
Safe Services

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

#### Findings:
A review of the accident and incident logs, resident’s records and notifications forwarded to the Authority, demonstrated that the person in charge was now in compliance with the requirement to forward specific notifications to HIQA.

Judgment:
Compliant
### Outcome 11. Healthcare Needs
*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**
Health and Development

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

**Findings:**
There was evidence that the healthcare needs of residents continued to be very well supported and responded to. A local general practitioner (GP) was primarily responsible for the healthcare of residents.

There was evidence from documents, interviews and observation that a range of allied health services was available and accessed promptly in accordance with the residents’ needs. These included occupational therapy, physiotherapy, speech and language, neurology, psychiatric and psychological services. Chiropody, dentistry and opthalmatic reviews were also attended regularly.

Healthcare related treatments and interventions were detailed and staff were aware of how to implement these. These included dietary supports and physical therapy interventions. Suitable care plans were implemented for example, for increased dependency and falls.

Inspectors saw evidence of health promotion and monitoring with regular tests, vaccinations and interventions to manage both routine health issues and specific issues. Staff were very knowledgeable on the residents and how to support them.

Meals were prepared in the units each day by staff with help and support from residents. Inspectors found that the nutritional needs and preferences of the resident were known and catered for. Food was freshly prepared and in many instances grown in the gardens by the residents. They said they liked the food. At the weekends and for special occasions inspectors saw that they go for meals, do the shopping and regularly have meals in other units.

**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:**
The action from the previous inspection had been addressed. Improved systems for the storage of medicines and accounting for medicines when residents attended day services or went home had been implemented. There was also a revised system for managing situations where it was unclear if medicines had been administered or not.

Inspectors saw that there were appropriate documented procedures for the handling, disposal of and the return of medicines.

Inspectors saw evidence that medicines were reviewed regularly by both the resident’s GP and prescribing psychiatric service. There was data provided to staff to ensure they were familiar with the nature and purpose of the medicines. Staff explained the training and follow up competency assessment to the inspectors. Some residents were able to self administer medicines with staff supports.

Sealed systems for dispensing of most medication were used to support the non-nursing staff in administration and residents were supported by staff to take their own medicines. Complimentary medicines used were agreed by the residents GP

**Judgment:**
Compliant

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**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):**
No actions were required from the previous inspection.

**Findings:**
The revised statement of purpose was in accordance with the requirements of the regulations and outlined the care and services to be provided.
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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There was evidence from the findings of the inspection that the governance systems had been altered to improve oversight and adherence to safeguarding and regulatory requirements.

The revised governance structures included the post of regional manger and provider representative with responsibility for a smaller number of centres in the organisation.

A new and suitable qualified person in charge had also been appointed in October 2017. The post was shared with one other centre but in this instance inspectors found that this was satisfactory arrangement.

In addition to this qualified and experienced house, co-ordinators had been appointed with responsibility for direction of care programmes. At this time, roles and responsibilities were clearly defined.

Reporting structures were found to be in place with systems for weekly formal reporting and assessment of progress evident. The organisation had recently set up a quality and safety committee and this required more focused and prompt reporting and actions on incidents from the centre.

Supervision systems for all grades of staff were implemented and the content and focus was satisfactory.

Inspectors reviewed management and team meeting records, found that they were frequent on appropriate actions and outcomes with accountability for outcomes evident.

The provider had undertaken an unannounced visit in July 2017 and a detailed annual report had been prepared. Additional unannounced visits by the regional manger had
also been being undertaken. This assessed progress on the actions required from the previous HIQA report and on resident care progress. Residents and families views on the care had also been ascertained and these were positive.

Judgment:
Compliant

<table>
<thead>
<tr>
<th>Outcome 17: Workforce</th>
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</thead>
<tbody>
<tr>
<td>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.</td>
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| Theme: |
| Responsive Workforce |

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

Findings:
The staffing arrangements in the centre have traditionally been a mixture of short or long-term volunteers/co-workers. This had been altered to include a number of employed and qualified staff as house coordinators with crucial oversight responsibilities. Inspectors were advised that a further two such staff are currently been recruited. Long-term coordinators have stepped back and taken on the role of homemaker in each unit. Current arrangements, skill mix and numbers were satisfactory. The residents do not require nursing care.

This was an identified care assistant to work with one individual resident with higher physical support needs. There is employed staff on site at weekends with oversight responsibilities.

While the application is for registration is for 7 residents inspectors were advised that furthers staffing arrangements and embedding of practice changes will take place before the centre will admit further residents.

The coordinator and the short-term volunteers live in the units with the residents. From an examination of the rosters, inspectors saw that responsibilities for individual residents and for overnight duty were clearly outlined.

A review of staff files and the training matrix showed that there was evidence of a commitment to mandatory training with all pertinent staff up to date in safeguarding, fire safety, manual handling and first aid.
The recruitment processes were satisfactory with the required references, Garda Síochána vetting, proof of identity and qualifications procured.

The systems for the recruitment of the volunteers was also satisfactory. All the required documents were available including police clearance from the relevant jurisdiction.

Inspectors found that the volunteers were familiar with the residents and also had good English so as to be able to communicate with the residents. They had been recruited in stages to lessen the impact of the changes on the residents. Long-term volunteers and the employed staff had been responsible for the induction of the volunteers. All staff and the volunteers met and spoken with had a good knowledge of the residents’ needs and their own roles and responsibilities. There were good systems for communication about residents with weekly focused team meeting and formal staff supervision systems evident.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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

<table>
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<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Camphill Communities of Ireland</th>
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<td>Centre ID:</td>
<td>OSV-0003633</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>06 February 2018</td>
</tr>
<tr>
<td>Date of response:</td>
<td>23 March 2018</td>
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Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

There was insufficient oversight and support for a resident who did not have next of kin or guardianship arrangements but who required decision making support or guidance.

1. Action Required:
   Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support

**Please state the actions you have taken or are planning to take:**
The PIC has engaged the CCOI Social Worker / National Safeguarding coordinator in taking a lead on addressing this need. History of family and other key historic advocate relationships established. An independent advocate identified and has had an initial meeting with service user. CCOI Social Worker has identified an appropriate family relation (cousin) with a professional social work background and an interest in a representation role with service user. The service user has been fully engaged in this process with appropriate supports. Regional Manager will be kept informed of progress.

**Proposed Timescale:** 27/02/2018

<table>
<thead>
<tr>
<th>Outcome 07: Health and Safety and Risk Management</th>
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<td><strong>Theme:</strong> Effective Services</td>
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**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Systems to respond to and manage identified risks were not consistently implemented and risk assessment and management plans were not updated to reflect these.

2. **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:**
The medication practice was changed following the inspection to a practice where there is an identified lead in each unit per day with responsibility for medication administration. There is a photo of the person displayed to provide clarity to the service users and other staff. In respect of the risk for a service user engaged in a social role in the community the risk arising from the incident has been reassessed. A ‘standard operating procedure’ has been introduced to enable him to continue to engage and to mitigate the identified risk. The actions taken have been shared and agreed in the safeguarding plan with the HSE safeguarding and protection team.

**Proposed Timescale:** 09/02/2018

<table>
<thead>
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<th>Outcome 08: Safeguarding and Safety</th>
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<tr>
<td><strong>Theme:</strong> Safe Services</td>
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</table>
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Intimate care plans, while very detailed in most respects, did not detail the process for the appropriate use of for example, therapeutic oils and the protection of residents' personal integrity in doing so.

3. Action Required:
Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

Please state the actions you have taken or are planning to take:
All care plans in relation to intimate care have been revised and updated. This revision has taken into account service users who use topical therapeutic oils and where assistance is needed in application of same. All staff introduced to revised intimate care plans and practice.

Proposed Timescale: 09/02/2018
Theme: Safe Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Safeguarding plans were not devised in all instances where they may have been required.

4. 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:
A safeguarding review of each service user has been conducted and each resident now has a specific safeguarding plan in place. All staff have been taken through the safeguarding plans. Plans will be revised and updated ongoing as required and at formal review occasions / quarterly and annual reviews.

Proposed Timescale: 09/02/2018