Health Information and Quality Authority
Regulation Directorate

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

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

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0003361
Centre county:	Kerry
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Ann Sheehan
Lead inspector:	Breeda Desmond
Support inspector(s):	Aoife Fleming;
Type of inspection	Unannounced
Number of residents on the date of inspection:	28
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 to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
19 March 2015 09:00	19 March 2015 19:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was a triggered single outcome inspection following the significant findings of the inspection on 26 February 2015 and it was the third inspection of the centre. The purpose of this inspection was to establish if improvements and appropriate action had been undertaken within the timeframes specified by the provider to ensure the safety and welfare of residents. While some improvements were noted on this inspection, overall, significant concerns remained about the safety and welfare of residents. To this end, a provider meeting was convened to discuss the inspection findings and to issue the provider with a 'Schedule to Improvement Notice', with timelines for completion set out by the office of the Chief Inspector. Improvement notice response from the provider was set by the Office of the Chief Inspector for 24 April 2015. Items included in the improvement notice were:

1) Appointment of a full-time person in charge with the appropriate qualifications, skills and experience necessary to manage the centre with responsibility and accountability for the service
2) Assurances that management systems were in place to ensure that the service is safe, appropriate to residents' needs, consistent and effectively monitored
3) To conduct unannounced visits of the centre as described in the Regulations
4) To undertake an annual review of the quality and safety of care and support in the centre as described in the Regulations

5) Submit a detailed viable plan with timelines to address the implementation and integration of personal support plans to enable transition of residents from a congregated setting to the community
6) Protect residents from all forms of abuse
7) Staff training regarding positive behavioural support
8) Staff knowledge regarding adult protection
9) Review of restrictive procedures
10) Parts of the premises did not meet the aims and objectives of the service
11) Admission policy and procedures was absent regarding admission of respite residents.

As part of the inspection process, inspectors met with residents, the person in charge, clinical nurse managers (CNM2) and members of staff. Inspectors observed practices and reviewed documentation such as care plans, medical records, staff training records, and policies and procedures.

Other areas for improvements to ensure compliance with Regulations included:

1) staff levels and skill mix
2) staff knowledge of the National Standards and Regulations
3) availability of information in an accessible format
4) risk management.

The action plan at the end of the report includes the immediate action plan issued to the provider and identifies additional actions 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 and the National Standards for Residential Services for Children and Adults with Disabilities 2013.

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):

Findings:
A residents' forum was in place with monthly meetings and a family forum had also been established. Minutes were available identifying issues discussed including plans for residents to move to a community setting; some residents were unhappy that other residents did not respect their privacy. Previously it was identified that residents' bedrooms were locked to prevent other residents entering their rooms and damaging their property. Thumb locks were to be fitted to bedroom doors to allow residents have privacy but would also facilitate staff to access the room from the outside in the event of an emergency, however, these had not been fitted. Inspectors observed staff members enter residents' bedrooms without knocking, a practice that did not respect the privacy and dignity of residents.

A residents' advocate had been appointed and she visited the centre on a number of days each week. The person in charge identified that advocacy training would be invaluable for both the advocate and residents and this had been arranged for the near future. While positive feedback was given about the advocacy service, there was no formal mechanism for issues raised by the advocate to be acted upon in a timely manner. This was highlighted on inspection. The advocate also facilitated activities for residents and inspectors were invited to attend the music and dance activities during the inspection. Residents were observed to enjoy and fully participate in the activity; all resident regardless of their ability were involved and encouraged to participate; some had their favourite pieces of music which they chose and danced along. There was also an external advocate who was the designated officer for overseeing allegations of abuse.

The acting clinical nurse manager reported to inspectors there were no complaints

logged in one unit. The complaints log reviewed in the second unit showed that complaints were recorded and acted upon in a timely manner. The complaints process was on display and was in an accessible format for residents living in the centre. The person in charge was responsible for overseeing complaints and all complaints were submitted to the complaints officer for review and analysis.

Judgment:
Substantially Compliant

Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

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:
The external disability provider demonstrated a sample of pictorial communication charts for one resident to assist him with enabling his socialisation skills and make choices about his daily life, however, these had not yet been integrated into daily activities in the centre.

Judgment:
Substantially Compliant

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

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

implemented.

Findings:
The first inspection (18 and 19 June 2014) identified that the centre was in the process of transition; no new admission were being accepted and plans were in place to support residents' transition to the community. However, on the day of inspection, a resident was admitted for respite care but there was no supporting documentation, as described in the Regulations, to ensure the care and welfare of this resident. A policy to ensure care and welfare of respite residents' was not in place to direct staff on the appropriate actions to be taken upon such an admission. An immediate action plan was issued to the provider regarding the admission protocol for residents admitted to the centre.

The findings of the inspection 26 February 2015 suggested that care continued to be provided to residents based on the medical model. Staff members from an external disability provider developed personal support plans (PSPs) to enable residents to make the transition from a congregated setting to independent community living. While the external disability provider visited the centre each day and facilitated training off-site for residents in life skills such as cooking and took residents on outings in the community for socialisation, these activities were still not integrated in the daily lives and routines of residents in the centre. Overall, inspectors were not satisfied that there was a robust integrated transitional process to support residents to maximise their independence.

The process of transition included the development of personal support plans by staff from an external disability provider organisation. There was evidence of consultation with residents and their families in the development of the plans, where relevant. However, there was little evidence to suggest that these support plans were integrated into residents' daily lives to support them to develop life skills or promote independence, for example, cooking, personal hygiene or socialisation. Additionally, evidence-based risk assessments (such as falls risk or skin integrity) were not in place to inform best practice regarding both clinical and non-clinical care and interventions.

Cognisant of the complex communication needs of residents, the design and layout of the centre would not meet the aims and objectives of the service and the number of residents; there was inadequate communal facilities and the confined nature of the premises had the potential to contribute to an escalation of behaviours that challenge.

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

Findings:
There was only one toilet for use by five residents in each of the units. Staff members spoken with by inspectors acknowledged that this was insufficient and residents frequently had to use the toilet in one of the other units. There were a number of twin bedrooms in the centre however, there was no screening to ensure the privacy and dignity of residents. Communal facilities comprised a sitting room and a dining room. Painting, decorating and maintenance throughout were in need of upgrading. The visitors' room in one wing was pleasantly decorated, accessible to residents and fit for purpose; however, the second visitors room was inaccessible to residents and appeared to function as an office with filing cabinets and an office table and chairs.

Judgment:
Non Compliant - Major

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:
There was a safety statement dated January 2015. A finding of previous inspections was the absence of a process of feedback to staff following accidents and incidents to minimise their reoccurrence. Incidents and accidents were recorded, reviewed by the person in charge and submitted to the quality risk management. However, the person in charge reported that a gap analysis had yet to be completed regarding quality risk assurance measures; following the analysis a strategy would be implemented which would include arrangements for learning from serious incidents.

Inspectors noted that incontinence wear, disposable gloves and aprons were inappropriately stored in bathrooms and on display in some residents' bedrooms which was not mindful of their dignity; it was also a potential risk cognisant of the complex needs of some residents. While laundry was segregated at source however, the laundry baskets containing unclean laundry remained in bathrooms throughout the day until they were collected in the evening. In addition, in one bathroom, there was a container with clean socks and underwear underneath a supply of laundry bags; this storage was not in keeping with infection prevention and control best practice guidelines.

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:
While some staff articulated appropriate responses regarding actions to be taken following reporting of an allegation of abuse, not all staff were familiar with actions or policies supporting protection of vulnerable adults including the Health Service Executive (HSE) policy 2014 'Safeguarding Vulnerable Persons at Risk of Abuse'. Some staff appeared unable to differentiate between what constituted abuse and what constituted a complaint. This was of significant concern to the Authority and formed part of the aforementioned improvement notice. Nonetheless, the flowchart displayed in the centre for response and reporting suspicions of neglect and abuse was confusing, it referenced HIQA complaints procedure; it did not reference the notification if the allegation was against a staff member (NF07). Overall, it did not clearly direct staff to comprehensively and safely respond to an allegation of abuse. Furthermore, inspectors concluded that staff required additional training to ensure that they would recognise what constituted abuse and respond appropriately should the occasion arise. Based on discussions with staff, not all were familiar with the Health Act 2007, Regulations or standards governing the provision of care to residents with an intellectual disability.

A sample of residents' financial records was reviewed by inspectors. Debit and credit

transactions were co-signed in line with best practice however, receipts were not signed by staff to safeguard both the resident and staff member involved in the financial transaction.

Judgment:
Non Compliant - Major

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

Theme:
Leadership, Governance and Management

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

Findings:
The person in charge was not full-time in post as required by the Regulations. The person in post was part-time with other management commitments within the mental health services in the Kerry area. Inspectors concluded that due to the lack of an appropriate governance structure to ensure best practice, there was a dearth of accountability and responsibility for the transition programme for residents in the centre.

Unannounced visits to the designated centre as described in the Regulations had not occurred. An annual review of the quality and safety of care and support as described in the Regulations was not evident. Notifications were not submitted in accordance with regulatory requirements. Consequently, inspectors were not assured that management systems in place were adequate to ensure that the service was safe, appropriate to residents' needs, was consistent or effectively monitored.

Judgment:
Non Compliant - Major

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

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

Findings:
There were not sufficient numbers of staff at all times and the skill mix was not appropriate to the provision of care based on a social model. Staff reported to the inspectors that due to inadequate staff levels they were unable to take residents on outings.

Based on discussions with staff, not all were familiar with the Health Act 2007, regulations or standards governing the provision of care to residents with an intellectual disability. Many staff had not attended appropriate training to support them provide evidence-based care particularly in relation to communicating with residents with complex communication needs and in the management of behaviours that challenge. While positive feedback was given regarding the advocacy service, formal training for the advocate had not occurred.

Judgment:
Non Compliant - Moderate

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

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

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

Findings:
The risk management policy and emergency plan remained in draft format including the operational policy for the management of residents at risk of absconsion. There was no policy in place to support the admission of a resident for respite care.

Judgment:
Non Compliant - Moderate

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:

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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0003361
Date of Inspection:	19 March 2015
Date of response:	16 May 2015

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:
While positive feedback was given about the advocacy service, there was no formal mechanism for issues raised by the advocate to be acted upon in a timely manner.

Action Required:
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living

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

space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

- Staff have been reminded about respecting people's privacy by ensuring they knock when entering individuals bedrooms. This practice will be monitored to ensure compliance by all staff at all times.
- Thumb locks have been fitted to bedroom doors to give residents the opportunity for privacy in their own bedrooms.
- Where residents are sharing bedrooms, a discussion has been had with all residents sharing rooms to ascertain their wishes. These wishes are recorded and where change has been recognised, as soon as it is possible, we will work to facilitate their wishes. Screens are now in place for rooms that are being shared.
- Information on individual rights including voting are in readable format in the Residents Forum information file and will form part of monthly agenda.
- Mary Carroll, National Advocate will be coming to the unit to talk with the residents about their rights within the next week with a number of sessions to be put in place.
- A process will be put in place whereby any issues raised through an advocate will be brought to the attention of the CMN11/Action CMN11 on the day.
- The CMN11/Acting CMN11 in consultation with the Advocate will agree how the issue will be progessed. Options to be considered will be:

A) Ability to resolve the issue satisfactorily immediately.
B) Refer the matter to the residents Key Worker for inclusion in the residents Person Centred Plan.
C) Deal with the issue through a complaints process
D) Refer the matter to the Designated Officer in the event of the person being at risk of abuse
E) Refer the matter to the Restrictive Practice Committee
F) Refer the matter to the Person In Charge

- A log will be maintained by the CMN11/ACMN11 which will outline any issues, how it is being progressed and review date of same. The record will be closed when issue is resolved or no further action can be taken as agreed by the resident/ Advocate and CMN11.
- The Advocacy Log will be reviewed by the Multi-Disciplinary Transitionary Team.
- The PPPG on Intimate Care forms is part of the rollout of information sessions on all PPPG's currently in progress.
- Residents Intimate care needs are being identified in their Support plan. Work is on-going with staff to ensure the integration of Support Plans with nursing records demonstrating that staff are providing supports in line with the resident's identified support needs.

Proposed Timescale: 30/05/2015

Outcome 02: Communication

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The external disability provider demonstrated a sample of pictorial communication charts for one resident to assist him with enabling his socialisation skills and make choices about his daily life, but these had not yet been integrated into daily activities in the centre.

Action Required:
Under Regulation 10 (3) (c) you are required to: Ensure that where required residents are supported to use assistive technology and aids and appliances.

Please state the actions you have taken or are planning to take:
• Through PCP process, communication preferences will be identified and documented. The appropriate tools to support the identified communication requirements will be provided.
• All staff will be made aware of any specific communication tools.
• Where additional communication supports or communication devices are required, this will be accommodated.
• Where assistive technology and aids and appliances are required, following appropriate assessments, they will be provided. A budget has been made available for such items.
• The external provider and the Person in Charge have been made aware that funding is available to purchase assistive technology and aid and appliances as per assessed need.

Proposed Timescale: 16/05/2015

Outcome 05: Social Care Needs

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was little evidence to suggest that personal support plans were integrated into residents' daily lives to support them to develop life skills or promote independence, for example, cooking, personal hygiene or socialisation. Overall, inspectors were not satisfied that there was a robust integrated transitional process to support residents to maximise their independence.

Action Required:
Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

Please state the actions you have taken or are planning to take:
• A daily activities sheet has been put in place which will be updated by the Transition

team and the Residential staff. This will allow for the sharing of training programmes between both staff.
• Transition team and residential staff will jointly update the individuals PCP on a weekly basis with actions agreed jointly.
• The residential staff will work on the training plans developed by the transition team.

Proposed Timescale: 16/05/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Cognisant of the complex communication needs of residents, the design and layout of the centre would not meet the aims and objectives of the service and the number of residents; there was inadequate communal facilities and the confined nature of the premises had the potential to contribute to an escalation of behaviours that challenge.

Action Required:
Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

Please state the actions you have taken or are planning to take:
• There is a closure plan in place for the designated centre over the next 12 months so it is not anticipated that any remedial work will be done beyond ensuring the buildings meet Health and Safety standards.
• The first group of residents is scheduled to move out by the end of June with other moves planned for the remainder of the year. As more space becomes available, every effort will be made to ensure it is used for the comfort of the remaining residents.

Proposed Timescale: 30/06/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was only one toilet for use by five residents in each of the units. Staff members spoken with by inspectors acknowledged that this was insufficient and residents frequently had to use the toilet in one of the other units. There were a number of twin bedrooms in the centre and there was no screening to ensure the privacy and dignity of residents. Communal space was limited. The painting, decorating and maintenance throughout was in need of upgrading.

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

Please state the actions you have taken or are planning to take:
Sharing bedrooms:
• Where residents are sharing bedrooms: a discussion has been had with all residents sharing rooms to ascertain their wishes. These wishes are recorded and where a change has been requested, as soon as it is possible, we will work to facilitate their wishes. Screens are now in place for rooms that are being shared.
Cleaning of the centre:
• A schedule for cleaning has been developed and is being implemented to ensure the premises are clean.
• The Housekeeping supervisor will assess and monitor the effectiveness of the cleaning schedule on a monthly basis.
Communal Space:
• The Visitor's room in one bungalow has been opened up as a visitors room with the office equipment moved and a TV being purchased to make it fit for purpose.
• There is a closure plan in place for the designated centre over the next 12 months so it is not anticipated that any remedial work will be done beyond ensuring the buildings meet Health and Safety standards.
• The first group of residents is scheduled to move out by the end of June with other moves planned for the remainder of the year. As more space becomes available, every effort will be made to ensure it is used for the comfort of the remaining residents.
Painting/ Decorating / maintenance:
• As it is planned that the designated centre is closing down within the next 12 months, the Management Governance Group are committing to ensuring all essential maintenance work is completed and the centre is kept in a reasonable state of repair as the Management Governance Group are prioritising all available funding to assist with preparing people to transition out into the community as part of the Closure Plan.
• An Annual Review has been commissioned for the designated for June 19th 2015. The outcome of this will be submitted to the Management Governance Group who will review same and consider any additional work that may be required to ensure a safe environment for residents and staff.
• In the meantime, CMN11's on each unit will continue to identify and request maintenance work to be carried out.
• Essential maintenance will be carried out without delay.
• All other maintenance requests will be considered by the Management Governance Group as per the criteria agreed.

Proposed Timescale: 16/05/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was an absence of a feedback process to staff following accidents and incidents to learn from serious incidents and minimise reoccurances.

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

Please state the actions you have taken or are planning to take:
• A robust system of monitoring all incidents and adverse events has been put in place which includes monthly reporting of such events to the Management Governance Group and the Multi-Disciplinary Transition team.
• All serious incidents and adverse events will be reviewed and the learning and recommendations shared with all staff.
• An action plan will be developed to ensure recommendations are implemented.
• The PPPG on risk management will be revised to include this process and the new risk assessment process for individuals.

Proposed Timescale: 03/06/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
While laundry was segregated at source, the laundry baskets with unclean laundry remained in bathrooms throughout the day until they were collected in the evening; in one bathroom, there was a container with clean socks and under wear underneath a supply of laundry bags; this storage was not in keeping with infection prevention and control best practice guidelines.

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

Please state the actions you have taken or are planning to take:
• A comprehensive infection control manual is in place detailing best practice.
• Staff have been made aware of the breech in storage of laundry items and the practice has been stopped.
• The Infection control nurse will undertake an audit next week of Infection Control Practices within the designated centre.
• An action plan will be developed to ensure any issues identified will be resolved as

quickly as possible.

Proposed Timescale: 16/05/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some staff appeared unable to differentiate between what constitutes abuse and what constitutes a complaint. Inspectors concluded that staff required additional training to ensure that they would recognise what constituted abuse and respond appropriately should the occasion arise.

Action Required:
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

Please state the actions you have taken or are planning to take:
• 1 training sessions have been provided since the visit on Safeguarding Vulnerable Adults at Risk
• 2 further training sessions are planned over the next month.
• Further sessions will be provided as required.
• Comprehensive training records are being maintained on attendance at training and will be monitored by the Management Governance Group.
• All staff have been reminded of the importance of completing this training
• The PPPG on prevention, detection and response to allegations of abuse has been revised with clearer flow charts for display on the units.
• This PPPG has been prioritised for information sessions with staff.
• HSE National Policy on Safeguarding Vulnerable Adults is available on each unit and all staff have been made aware of it.

Proposed Timescale: 20/06/2015

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The flowchart displayed in the centre for response and reporting suspicions of neglect and abuse was confusing. Overall, it did not clearly direct staff to comprehensively and safely respond to an allegation of abuse.

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:
• 1 training sessions have been provided since the visit on Safeguarding Vulnerable Adults at Risk
• 2 further training sessions are planned over the next month.
• Further sessions will be provided as required.
• Comprehensive training records are being maintained on attendance at training and will be monitored by the Management Governance Group.
• All staff have been reminded of the importance of completing this training
• The PPPG on prevention, detection and response to allegations of abuse has been revised with clearer flow charts for display on the units.
• This PPPG has been prioritised for information sessions with staff.
• HSE National Policy on Safeguarding Vulnerable Adults is available on each unit and all staff have been made aware of it.

Proposed Timescale: 16/05/2015

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Debit and credit transactions were co-signed in line with best practice, however, receipts were not signed by staff to safeguard both the resident and staff member involved in the financial transaction.

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:
• Staff are now signing the receipts
• The PPPG on Residents Personal Property will be revised to include this requirement.

Proposed Timescale: 15/06/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The person in charge was not full-time in post as required by the Regulations.

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

Please state the actions you have taken or are planning to take:
Yvonne Mulvihill currently in the role as Person In Charge as part of her role within Kerry Mental Health Services has now been allocated on a full time basis to the designated centre. Therefore the Person In Charge will now be a full time post based in the designated centre.

Proposed Timescale: 16/05/2015

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The position of person in charge was not full-time. Inspectors were not assured that management systems in place were adequate to ensure that the service was safe, appropriate to the residents' needs, was consistent or effectively monitored. This was especially evident with the lack of implementation and integration of the residents' personal support plans.

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:
• The Terms of Reference and Membership of the Management Governance Group and the Multi-Disciplinary group were reviewed and revised to ensure good governance and clear responsibilities.
• Weekly meetings have been held of both groups to ensure all the immediate risks were resolved since the beginning of April 2015.
• Meetings will continue every 2 weeks to ensure strong governance and leadership remains in place until all the residents have successfully transitioned out into the community.
• A full time Person in Charge is now in place and working on site in the designated centre.

Proposed Timescale: 16/05/2015

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Unannounced visits as described in the Regulations to review quality and safety of care were not evidenced.

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:
• An unannounced monitoring visit took place on April 21st 2015 by the Provider Nominee and Director of Nursing. A report and Action plan has been compiled from that.
• A schedule of 2 more unannounced visits has been agreed by the Management Governance Group to the end of Dec 2015.

Proposed Timescale: 16/05/2015

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
An annual review of the quality and safety of care and support as described in the Regulations was not evidenced.

Action Required:
Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

Please state the actions you have taken or are planning to take:
• The Management Governance Group has commissioned Joe Wolfe to conduct an Annual Review of the centre.

Proposed Timescale: 19/06/2015

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were not sufficient numbers of staff at all times and the skill mix was not appropriate to the provision of care based on a social model.

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:

• Due to the historical nature of this service and the agreed closure plan for the designated centre, it is not anticipated that skill mix will be changed.
• However, all staff are being offered and provided with training programmes specifically designed to meet the needs of people with intellectual disabilities.
• To support the development of Support plans and PCPs, a Person Centred Planning facilitator has been engaged to complete same and work with staff to develop their understanding of processes.
• A transition team of suitably experienced staff with Intellectual Disability experience has been contracted to develop transition plans and plan for future services in the community where the assessed needs of the individuals will dictate the skill mix required in the various houses.
• Through PCP's where additional one to one supports are required to support people to engage in social activities, this will be provided.

Proposed Timescale: 16/05/2015

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Many staff had not attended appropriate training to support them provide evidence-based care particularly in relation to communicating with residents with complex communication needs and in the management of behaviours that challenge.

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:
• A training plan is being rolled out to ensure that all mandatory training is being offered on a regular basis including the management of behaviours that challenge and communication.
• It continues to be a challenge to ensure all staff receive training as they are working over a 24 hour roster and it can be difficult to replace staff for training due to the complexity of needs of the client group.
• Comprehensive training records are being maintained which will be reviewed by the Management Governance Group as we work towards ensuring all staff receive the appropriate training.

Ongoing.

Proposed Timescale: 16/05/2015

Theme: Responsive Workforce

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

in the following respect:
Based on discussions with staff, not all were familiar with the Health Act 2007, regulations or standards governing the provision of care to residents with an intellectual disability.

Action Required:
Under Regulation 16 (1) (c) you are required to: Ensure staff are informed of the Act and any regulations and standards made under it.

Please state the actions you have taken or are planning to take:
• Information sessions on the Health Act 2007 have been provided in both units as part of the rollout of information sessions on PPPG's
• Copies of the Health Act 2007 have been provided to both units
• Staff have been advised on how to access the Act on line and reminded of the importance of being familiar with it.

Ongoing.

Proposed Timescale: 16/05/2015

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
While positive feedback was given regarding the advocacy service, formal training for the advocate had not occurred.

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:
• It continues to be a challenge to ensure all staff receive training as they are working over a 24 hour roster and it can be difficult to replace staff for training due to the complexity of needs of the client group.
• However, a training plan is being rolled out to ensure that mandatory training is being offered on a regular basis and staff have been reminded of their obligations to attend mandatory training under their own Regulatory Body. professional development
• Comprehensive training records are being maintained which will be reviewed by the Management Governance Group as we work towards ensuring all staff receive the appropriate training.

Ongoing.

Proposed Timescale: 16/05/2015

Outcome 18: Records and documentation
Theme: Use of Information **The Registered Provider is failing to comply with a regulatory requirement in the following respect:** The risk management policy and emergency plan remained in draft format including the operational policy for the management of residents at risk of absconsion. **Action Required:** Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. **Please state the actions you have taken or are planning to take:** • All the mandatory Policies and Procedures have now been signed off and are in place. • A plan is being rolled out whereby the Nurse Practice Development Coordinator carries out a weekly information session with staff on each policy. • The CMN11's hold weekly meetings with staff to review a policy every week. • A policy and procedure group was in place to finalise the PPPG's. This group will remain in place to assist with any revisions of PPPG's as they are operationalised
Proposed Timescale: 16/05/2015
Theme: Use of Information **The Registered Provider is failing to comply with a regulatory requirement in the following respect:** There was no policy in place to support the admission of a resident for respite care. **Action Required:** Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. **Please state the actions you have taken or are planning to take:** • All the mandatory Policies and Procedures have now been signed off and are in place. • A plan is being rolled out whereby the Nurse Practice Development Coordinator carries out a weekly information session with staff on each policy. • The CMN11's hold weekly meetings with staff to review a policy every week. • A policy and procedure group was in place to finalise the PPPG's. This group will remain in place to assist with any revisions of PPPG's as they are operationalised
Proposed Timescale: 16/05/2015