

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Beaufort Campus Units Area 2 - St. John of God Kerry Services
<b>Centre ID:</b>	OSV-0002905
<b>Centre county:</b>	Kerry
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St John of God Community Services Limited
<b>Provider Nominee:</b>	Claire O'Dwyer
<b>Lead inspector:</b>	Margaret O'Regan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	41
<b>Number of vacancies on the date of inspection:</b>	4

## 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 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
09 August 2016 11:45	09 August 2016 18:30
11 August 2016 10:00	11 August 2016 18:40

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce

**Summary of findings from this inspection**

**Background to the inspection**

This inspection was carried out to monitor compliance with the regulations and standards and follow up on actions from the previous inspection.

**How we gather our evidence:**

As part of the inspection, the inspector met with 25 of the 41 residents. Some of the residents were able to express their views verbally of the service and facilities provided to them. Others expressed their views non verbally, in the manner in which they reacted to staff, interacted with other residents, their facial expressions and their general demeanour. Overall, the inspector formed the view that the majority of residents were happy and comfortable in their homes.

The inspector noted that since the December 2015 inspection, a number of residents were provided with improved living arrangements. For example, one resident was in the process of transferring to a community house. This not only provided the resident with living arrangements that better suited their needs, it also provided a

less crowded environment in the house that the resident was vacating. Since the last inspection a resident was provided with a self contained apartment on campus. The resident was enjoying the independence such accommodation gave to them.

The inspector observed how staff interacted with residents, observed the general comfort of the environment and the atmosphere within the houses. Interactions were characterized by a relaxed approach from staff. Staff strived for this approach as they knew from experience this was the approach with greatest success. The atmosphere in all houses was good humoured, caring and flexible.

The inspector sought the views of staff in terms of what it was like to be a staff member in the service and how they viewed the quality of care provided. It was clear staff took pride in their work. They told the inspector they enjoyed their work and felt supported by their colleagues. The inspector met with members of the management team who were familiar with individual resident needs and the day to day aspects of running the service.

The inspector examined documentation such as resident care plans, policies and risk management assessments and procedures. Documentation was well organized, detailed and in an easy to read format.

Description of the service:

The provider must produce a document called the statement of purpose that explains the service they provide. The statement of purpose described the centre as one which endeavoured "to provide a homely environment for the residents", each house within the centre was homely and well maintained.

The centre is campus based comprising of 7 houses and 2 apartments based in a rural area, surrounded by landscaped gardens. Services provided include residential care for 41 fulltime residential adults, both male and female and a restricted respite service for 6 adults with a maximum of 3 adults at any given time.

The service supports individuals who have a range of moderate, severe and profound intellectual disability. This centre supports adults with an intellectual disability who may also display behaviours of concern and residents who have a dual diagnosis and high physical support needs.

A number of residents availed of day services which were available on site and others availed of day services in neighbouring towns.

Overall judgment of our findings:

The aims of the statement of purpose were to be achieved by linking "with resident directly when assessing their needs". The inspector was satisfied that staff and management were person centred in their approach to resident care. The inspector saw residents going on outings, being able to spend leisure time together and develop friendships. Residents were offered independence while safeguarding security.

Staff at all levels were aware of individual resident needs. However, some residents were not best served by virtue of their living arrangements. Not all residents were able to articulate the difficulties they faced in their home such as risk of peer to peer hostilities, inadequate personal space and provision of a more community orientated environment. Staff were acutely aware of these limitations and tentative plans were in place to address the issue. Financial resources appeared to be the primary reason for the matter not being adequately addressed thus far.

Improvements were identified as being required under Outcome 1 (Privacy and Dignity), Outcome 7 (Health and Safety), Outcome 8 (Safeguarding) and Outcome 16 (Resources).

The reasons for these findings are explained under each outcome in the report.

**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:**

Overall the inspector found that residents rights were respected and in so far as practicable they were consulted about how their homes were run. Feedback was sought which informed practice. For example, one resident was facilitated to live in a self contained apartment, outings were chosen according to residents interests and attendance at day services was at the discretion of the resident.

However, some residents' privacy and dignity was compromised by the living arrangements. For example, a resident who frequently undressed was accommodated in a mixed gender house. Some residents had difficulties expressing their needs while others in the same house forcefully expressed their needs either verbally or by their behaviours. This led to those who were most vocal getting the attention. In addition, a resident who was identified as needing a quiet environment lived with five other people who had complex needs.

Residents had access to advocacy services and information about their rights. For example, posters were displayed with the name of the advocate and how they could be contacted.

There were policies and procedures for the management of complaints. In so far as the inspector could ascertain, residents were aware of the complaints process and appeared confident that complaints would be listened to and addressed. The complaints process was displayed in the homes and was also discussed at house meetings. The inspector saw that the complaints policy had been updated since the previous inspection as per an action issued at the time of that inspection.

Staff members treated residents with dignity and respect in the manner in which they attended to personal care and in the manner in which they maintained written documentation. Residents had intimate care plans which staff were familiar with. Residents were encouraged to maintain their own privacy and dignity by being facilitated to lock their bedroom door, supported to close the toilet door when using it and helped to maintain their dignity if getting undressed in a communal area.

Residents were facilitated to have private contact with friends, family and significant others. This was documented in the care plans. Plans were in place for a relative's forum to commence in Autumn 2016.

Residents' personal communications were respected. For example, resident gestures were interpreted to good effect. Staff had received training in sign language. Staff recognised the importance of having consistent staff working with residents. This helped to ensure both staff and residents understood each other.

The centre was managed in a way that maximised residents' capacity to exercise personal autonomy and choice in their daily lives. For example, residents choose what time they got up and went to bed, where they went shopping and who they met.

Residents were facilitated to exercise their civil, political, religious rights and were enabled to make informed decisions about the management of their care. Residents attended Sunday mass.

Residents were enabled to take risks within their day to day lives. For example, go for walks, go on holidays and enjoy a social drink.

There was a policy on residents' personal property and possessions. Residents' personal property, including money, was kept safe through appropriate practices and record keeping. Residents retained control over their own possessions. Residents were facilitated to do their own laundry if they wished.

Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. For example, watching particular television shows, attending a day service or chatting with staff. The inspector noted the level and variety of activities had increased significantly since the previous inspection. Activities appeared to be an integral part of the daily routine, tailored to individual needs and flexible.

**Judgment:**

Non Compliant - Moderate

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

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

**Theme:**  
Effective Services

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

**Findings:**  
Amendments were made to the resident contracts of care since the last inspection. The fees to be charged were added to the contract as an appendix. The contracts seen by the inspector were signed and dated.

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

**Findings:**  
Residents or their representatives were actively involved in an assessment to identify residents' individual needs and choices. Assessments had multidisciplinary input. Care plans were implemented, regularly reviewed and resulted in improved outcomes for residents. For example, the goal for one resident was to avail of an outing on a weekly basis. The inspector saw this was achieved and the resident regularly went on two outings in a week. Support for the resident in this manner was key to their overall wellbeing.

Residents and their family members were consulted and involved in the review process. This was evident from the care plan documentation seen.

In so far as possible, residents were provided with a social model of care. They engaged in community activities such as going to the cinemas, to concerts and other events. The activities programme was flexible. On the days of inspection the inspector saw residents



going out to a fair in a local town, swimming, enjoying a foot massage, engaged in board games, going for walks, shopping, visiting the onsite church and visiting the onsite canteen.

When changes occurred staff engaged residents with "social stories" around the planned changes. In particular the inspector noted that staff managed to facilitate significant fire safety works in each houses very effectively. Residents were informed of the planned works, informed in a planned way of how and what changes would occur.

Apart from the satisfactory completion of the works, there were benefits to residents in learning new skills that were required as part of the facilitation of the safety works.

**Judgment:**  
Compliant

**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:**

Each house within the centre was homely and well maintained. Significant work had been undertaken and completed since the last inspection in ensuring fire safety arrangements were appropriate. For example, emergency lighting was installed, fire alarm panels upgraded, fire doors installed and houses compartmentalised.

Alternative accommodation was arranged for two residents since the last inspection which better met their needs. This facilitated extra communal space for the remaining residents. However, while these improvements were welcomed some residents continued to live in houses which did not meet their needs. For example, in one of the mixed gender houses, a resident frequently engaged in undressing when they were not occupied. In another house access to bedrooms was restricted due to the behaviour of one resident.

There was adequate private and communal accommodation. There was a well equipped kitchen with sufficient cooking facilities and equipment. There were adequate toilets, bathrooms, showers which were adapted to meet the needs of residents.

Residents had access to appropriate equipment which promoted their independence and comfort such as beds which lowered to the ground, walking frames, wheelchair adapted transport. The equipment was fit for purpose and there was a process for ensuring that equipment was properly installed, used, maintained, tested, serviced and replaced. Staff were trained to use equipment and equipment was stored discreetly safely and securely.

There was a suitable outside areas for residents. Residents were seen to have easy access to these spacious grounds. Care was given to maintaining the grounds and gardens in an attractive state. Many houses had window boxes and summer bedding plants. Residents in the individual houses took responsibility for these summer plants.

**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:**

The centre had policies and procedures relating to health and safety. There was an up-to-date health and safety statement. Generally there were satisfactory procedures in place for the prevention and control of infection. However, the sluice area in a number of the houses was part of the shower room. Plans were in place to segregate these two areas.

The risk management policy was implemented and covered the identification and management of risks, the measures in place to control risks and arrangements for identification, recording, investigation and learning from serious incidents. However, there was an identified high risk of assault for staff, primarily due to the living arrangements.

It was identified that some residents were not suitable for communal living and would benefit from living alone or with one other person. While the solution to alleviating the risk, which had been rated high for a protracted period of time, had been identified, implementing the change was resource led and this posed challenges for the management team.

There were arrangements in place for responding to emergencies. Staff were trained in moving and handling of residents where required.

Suitable fire equipment was provided. There was adequate means of escape and fire exits were unobstructed. There was a prominently displayed procedure for the safe evacuation of residents and staff in the event of fire. The mobility and cognitive understanding of residents was accounted for in the evacuation procedure.

Staff were trained and knew what to do in the event of a fire. The fire alarm was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis. There were fire drills at regular intervals and fire records are kept which included details of fire drills, fire alarm tests and fire fighting equipment. Emergency lighting was in place as were fire doors, an upgraded panel alarm and compartmentalised doors.

**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:**

Staff members were seen to treat residents with respect and warmth. There was a policy on, and procedures in place for, the prevention, detection and response to abuse which staff were trained on. Staff knew what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to.

The provider and person in charge monitored the systems in place to protect residents and ensure that there were no barriers to staff or residents disclosing abuse. There was a designated person on the staff team who took responsibility for following up on allegations of abuse. Any incidents, allegations, suspicions of abuse had been recorded and these incidents were appropriately investigated and responded to in line with the centre's policy, national guidance and legislation.

However, repeated risk assessments identified that residents were at high risk of intimidation in their own home. This was due to the behaviours of fellow residents and the manner in which some residents dictated the routine in the house. Staff and management were aware of this. Staff took measures to minimise it, they risk assessed

it, had tentative medium term plans to implement a solution, but at the time of inspection this risk of intimidation remained high.

Efforts were made to identify and alleviate the underlying causes of behaviour that was challenging for each individual resident. Specialist interventions were implemented in consultation with the resident and their family through their personal plans. Interventions were regularly reviewed to assess their impact on improving challenging behaviour and improving the lives of the resident.

The rights of residents were protected in the use of restrictive procedures. Alternative measures were considered before a restrictive procedure was carried out. The use of restrictive procedures was carefully monitored to prevent its abuse or overuse. Family members were informed of the use of restrictive procedures.

The use of medication to manage behaviour that challenged was monitored. Staff were trained in the use and implications of restrictive procedures.

**Judgment:**

Non Compliant - Moderate

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

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

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

**Findings:**

Residents' health care needs were met through timely access to general practitioner (GP) services and appropriate treatment and therapies. Individual residents' health needs were appropriately assessed and met by the care provided in the centre. Residents had access to allied health care services which reflected their diverse care needs and access to psychiatry support.

The care delivered encouraged and enabled residents to make healthy living choices. Residents were actively encouraged to take responsibility for their own health and medical needs. End of life care was provided in a manner that met the needs of the resident and in line with best practice.

Food was nutritious, appetising and varied and available in sufficient quantities. It was available at times suitable to residents. Snacks were available throughout the day. Residents were offered support and enabled to eat and drink when necessary in a sensitive and appropriate manner.

Residents were supported to prepare their own meals as appropriate to their ability and preference. The advice of dieticians and other specialists was implemented in accordance with each residents personal plan. The inspector saw that meal times were positive social events.

**Judgment:**  
Compliant

### **Outcome 12. Medication Management**

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

**Theme:**  
Health and Development

**Findings:**

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Individual medication plans were appropriately implemented and reviewed as part of the individual personal plans. The processes in place for the handling of medicines were safe and in accordance with current guidelines and legislation. Staff adhered to appropriate medication management practices.

There were appropriate procedures for the handling and disposal for unused and out of date medicines. Residents were responsible for their own medication following an appropriate assessment. No resident was self medicating at the time of inspection.

A system was in place for reviewing and monitoring safe medication management practices.

**Judgment:**  
Compliant

### **Outcome 14: Governance and Management**

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

**Theme:**  
Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

Management systems were in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. There was an annual review of the quality and safety of care in the centre. Arrangements were in place to ensure staff exercised their personal and professional responsibility for the quality and safety of the services that they were delivering.

There was a clearly defined management structure which identified the lines of authority and accountability in the centre.

The person in charge could demonstrate sufficient knowledge of the legislation and her statutory responsibilities. The person in charge provided good leadership and was engaged in the governance, operational management and administration of the centre on a regular and consistent basis. She was committed to her own professional development. Residents could identify the person in charge. The person in charge was supported in her work by Clinical Nurse Managers. These managers took responsibility for the day to day operations in each house. The system was reported to be working well.

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

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

**Theme:**

Use of Resources

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

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

**Findings:**

There was transparency in the planning and deployment of resources in the centre. For example, staffing levels were adjusted as needs dictated, equipment was provided and regularly serviced, the premises were well maintained, the vehicles in use were in good working order.

However, the centre was inadequately resourced. Some residents lived in a house where they had been assessed as being at high risk of intimidation from fellow residents. The management team informed the inspector that constraints on resources were identified

as to the reason that alternative living arrangements had not been put in place.

There were insufficient resources to support residents achieving their individual personal plans. For example, one resident was assessed as requiring a quiet environment but was accommodated in a house with five others whose behaviours did not lead to a quiet environment. Up to eight residents lived in one house, four gentlemen shared twin rooms.

**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):**

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

**Findings:**

There were sufficient staff with the required skills, qualifications and experience to meet the assessed needs of residents at all times. Staffing levels took into account the statement of purpose and size and layout of the building. The number of staff employed increased since the previous inspection. Staff reported this increase had positive benefits in that it allowed more time for staff to engage in meaningful activities with residents.

There was a staff rota. It was displayed in the centre.

The inspector saw that residents received assistance, interventions and care in a respectful, timely and safe manner.

Education and training provided reflected the statement of purpose. For example, the statement of purpose stated care was delivered to residents with an intellectual disability. Staff were trained and qualified in intellectual disability. Staff were competent to deliver care and support to residents because their learning and development needs had been met.

Staff were aware of the policies and procedures related to the general welfare and protection of residents. Staff had a good awareness of the regulations and standards. A copy of the regulations and standards were available in the centre.

Staff were supervised appropriate to their role. There were effective recruitment procedures in place.

**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:***

Margaret O'Regan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority



## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Beaufort Campus Units Area 2 - St. John of God Kerry Services
<b>Centre ID:</b>	OSV-0002905
<b>Date of Inspection:</b>	09 August 2016
<b>Date of response:</b>	22 September 2016

### Requirements

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

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

### Outcome 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

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

Some residents' privacy and dignity was compromised by the living arrangements.

For example, a resident who frequently undressed was accommodated in a mixed gender house.

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

Some residents had difficulties expressing their needs while others in the same house forcefully expressed their needs either verbally or by their behaviours. This led to those who were most vocal getting the attention.

One resident was identified as needing a quiet environment but lives with five other people who have complex needs.

**1. 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 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:**

A.

1. Community Living Transition Plans, completed for residents in line with National policies, "Time to move on from Congregated Settings- a strategy for Community Inclusion." And "New Directions- Person Centred Models of Support Services."

2. Proposal submitted to the H.S.E.

3. Property identified for purchase - suitable to meet the needs of the residents highlighted

4. Liason with vendor re. adaptation's and specification required following consultation with M.D.T and Architect, completed.

5. Emergency application for additional revenue submitted to the Local H.S.E. who are supportive of proposal. Approval of specific budget has been escalated to National H.S.E. for sanction.

B.

1. Local Positive Behaviour Support team in consultation with An Cuan, (COPE Foundation) formulating strategy to address the support requirements of all residents, and in particular the support needs of "the resident who frequently undresses".

2. The CNM2 will oversee and evaluate the implementation of the recommendations.

3. Review on a monthly basis with the P.I.C.

**Proposed Timescale: 27/02/2016**

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

The premises were not designed and laid out to meet the aims and objectives of the service and the number and needs of residents, due to:

- the number of residents with complex behavioural needs in each of the units
- some residents did not have access to their bedrooms without the assistance of staff.

**2. Action Required:**

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

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

1. Local Positive Behaviour Support team will review Positive behaviour support strategies/protocols in place to address the support requirements of all residents.

2. The CNM2 will oversee and evaluate the implementation of the recommendations. Review on a monthly basis with the P.I.C.

3. Following re-evaluation of revised FOB system by the M.D.T. Occupational Therapist will engage with external consultant to explore further assistive technologies available to allow residents free access to rooms unaided by staff.

**Proposed Timescale:** 30/01/2017

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

**Theme:** Effective Services

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

The risk management policy did not include arrangements to ensure that risk control measures were proportional to the risk identified, i.e. implementing appropriate living arrangements for residents who were at high risk of assaulting staff.

**3. Action Required:**

Under Regulation 26 (1) (e) you are required to: Ensure that the risk management policy includes arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

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

1. All staff have completed CPI/MAPPA training and in receipt of refresher as appropriate.

2. Protocols in place for the management high risk of assault.

3. All staff conduct debrief at team meetings and handover following incidents of assault.

4. All employees aware of and encouraged to utilise the services of the Employee Assistance Program.

5. Monthly Risk Review Forum.

6. Quarterly review with the CNM2 to commence re. incidence's of assault on staff.

**Proposed Timescale:** 31/12/2016

**Theme:** Effective Services

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

There were inadequate arrangements in place to segregate sluice areas from bathroom areas.

**4. Action Required:**

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

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

1. Consultation with the I.P.C (HSE), resulting in proposal to remove the sluice unit from existing area.
2. We are currently finalising the procurement process and works to commence within six weeks.

**Proposed Timescale:** 31/12/2016

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

The living arrangements for some residents were such that they were at a high risk of intimidation in their own home.

**5. 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.

1. Community Living Transition Plans, completed for residents in line with National policies, "Time to move on from Congregated Settings- a strategy for Community Inclusion." And "New Directions- Person Centred Models of Support Services."
2. Proposal submitted to the H.S.E.
3. Property identified for purchase - suitable to meet the needs of the residents highlighted ,
4. Liason with vendor re. adaptation's and specification required following consultation with M.D.T and Architect, completed.
5. Emergency application for additional revenue submitted to the Local H.S.E. who are supportive of proposal. Approval of specific budget has been escalated to National H.S.E. for sanction.

B.

1.Safeguarding committee to address all incidence's of actual/potential abuse in place.

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

### **Outcome 16: Use of Resources**

**Theme:** Use of Resources

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

There were insufficient resources to support residents achieving their individual personal plans. For example, one resident was assessed as requiring a quiet environment but was accommodated in a house with five others whose behaviours did not lead to a quiet environment. Up to eight residents lived in one house, four of whom shared a bedroom.

**6. Action Required:**

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

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

1.Community Living Transition Plans, will be completed for residents in line with National policies, "Time to move on from Congregated Settings- a strategy for Community Inclusion." And "New Directions- Person Centred Models of Support Services."

2.Through consultation and partnership with the HSE the registered provider has identified and submitted proposals for requirement of additional revenue to the H.S.E

**Proposed Timescale:** 30/04/2017