**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

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| **Centre name:** | Deise Residential Services |
| **Centre ID:** | OSV-0004962 |
| **Centre county:** | Waterford |
| **Type of centre:** | Health Act 2004 Section 38 Arrangement |
| **Registered provider:** | Carriglea Cairde Services |
| **Provider Nominee:** | Vincent O'Flynn |
| **Lead inspector:** | Noelene Dowling |
| **Support inspector(s):** | None |
| **Type of inspection** | Unannounced |
| **Number of residents on the date of inspection:** | 17 |
| **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 2 day(s).

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

| From: | To: |
|---|---|
| 04 April 2017 09:00 | 04 April 2017 18:30 |
| 05 April 2017 08:30 | 05 April 2017 12:30 |

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

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

**Summary of findings from this inspection**

Background to the inspection
This was the second inspection of this centre which forms part of a not for profit organisation which has a number of designated centres in the region.

The centre was granted registration in 2015 and this monitoring inspection was undertaken to ascertain if there was continued compliance with the regulations and standards. The three actions from the previous inspection were reviewed and two had been fully resolved with one substantially resolved.

How we gathered the evidence:
The inspector met with all residents and spoke with 7 residents. The residents told the inspector that they had choices in their routines and were involved in all decisions made regarding them. They said they were "definitely" safe in the centre, and had a lot of interesting things to do with their friends and with staff which they enjoyed. They liked their work or training and they said staff always helped them with their medicines and healthcare. They said the staff and the provider listened to them and all they had to do was call and staff were always there .The provider nominee often called to see them.

The inspector also met with staff members, the deputy person in charge and the designated safeguarding officer.

Description of the Service:
This centre is designed to provide long term care for 18 adult residents, male and female of mild to moderate intellectual disability, autism and challenging behaviours. To this end the findings indicate that the service provided is congruent with the statement of purpose and suitable to meet the needs of the residents. The centre is comprised of three very suitable and spacious individual houses located in a coastal town within circa five miles from each other. Residents had easy and frequent access to the local community and environs.

Overall judgement of our findings:
This inspection found that the provider was in substantial compliance with the regulations which had positive outcomes for the residents.

Good practice was observed in the following areas;
• governance systems were effective and robust which ensure safe care and forward planning for residents (outcome 14)
• residents had good access to healthcare and multidisciplinary specialists and good personal planning systems were evident (outcome 5)
• residents were consulted and involved in decisions and planning (outcome 1)
• risk management systems were effective and proportionate ( outcome 7)
• safeguarding system were proactive and effective which promoted residents safety and security (outcome 8)
• numbers and skill mix of staff were suitable (outcome 17) which provided continuity and suitable care for the residents.

Some minor improvements were required in:
• Oversight of medicines management systems (outcome 12)
• accommodation for residents at holiday times (outcome 1)
• documentation of evacuation plans for residents (outcome 70

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities)

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

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

**Theme:**
Individualised Supports and Care

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

**Findings:**
The non compliance at the previous inspection had been substantially addressed. This was the practice of closing a number of the community houses for two weeks in the summer and for short periods of time over Christmas and Easter. This necessitated a number of residents moving to another house for the duration of the time their house was closed.

This also meant that for residents who had gone home or holidays that their room was used by another resident for the duration of their own house closure. This practice had been substantially reduced and the inspector was informed that since the inspection one resident had moved for one short period in this way. This was undertaken in full consultation with the resident and family and the person whose room was used. Residents stated that they were glad it was no longer occurring as it used to but didn't mind their friends using their rooms. The provider informed the inspector that it was their intention, with resources, to eradicate this practice fully unless it was the residents choice to move in with their friends rather than be alone with staff in one unit at special times.

However, in all other respects the inspector found evidence that the rights of residents were actively promoted and supported via a number of mediums and in manner tailored to the resident's individual need for support. Weekly residents meetings were held where issues such as choosing what meals they wanted, when they wanted to eat out, what social activities or work experience they wished to take part in were discussed. Resident's rights, respecting each other's privacy and space were also discussed.

Residents told the inspector that they were actively involved in these meetings and they were very helpful.

They were fully involved as they wished in their personal planning and some residents explained their personal plans to the inspector. These were in user friendly format in some instances. They had been supported to understand and manage their own health issues and used a system called "talk time" individually with staff which they said was also very helpful to them.
They were registered to vote and had access to independent advocates as needed. One of the residents is on the local advocacy group in the organisation. There was also evidence that parents or relatives were fully involved in decisions with consultation and support systems evident via the staff and social work service.

The complaint process was managed according to the policy and the records seen by the inspector showed that issues were recorded and addressed with oversight of the outcomes evident.
Residents all had their own bedrooms and en suite bathrooms which helped to maintain their privacy and dignity.
They managed their own possessions which were carefully documented. Bedrooms were much personalised with photos, pictures, jewellery, residents own televisions, music systems, DVD's and CD's.

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

**Findings:**
The inspector found that there were comprehensive assessments of residents health and psychosocial care and mental health needs undertaken.
There were also regular multidisciplinary meetings and internal reviews held as frequently as required and as needs changed.

From a review of a sample of 6 personal plans and related documentation, the inspector found that resident's needs were identified and plans were made to address these. Multidisciplinary reviews were held annually and these included the residents where they wished to attend, and their representative. These reviews were seen to be effective and responsive to the residents changing needs.

The personal plans reviewed demonstrated that there was a significant level of consultation with the residents and their representatives as required by their level of disability. Residents confirmed this to the inspector. The personal/support plans were very person-centred and demonstrated a good understanding of and support for the residents across a range of domains including health, self care, falls prevention and community access, work, behaviour and personal supports needed. The plans were very detailed as required by the resident's dependency levels.

The goals set were particular to the individual residents and it was evident that these were actively pursued on their behalf.

The inspector was satisfied that the assessed needs of the residents could be met within the centre and that decisions regarding admissions were being made according to clear criteria and in consultation with all persons.

The residents social care needs were very well supported with lifestyle plans made based on preferential assessment and the residents own choices. These were regularly reviewed with a lot of meaningful activities available to the residents.

They attended day services which provided support in music, computers, and physical activity such as horse grooming. They went swimming, to local matches or to concerts of their choosing. A number had paid supported employment in local services. Holidays to various locations were being planned by residents at the time of the inspection. They had access to computers, the internet (which was monitored, and their own preferred hobbies such as knitting.
They told the inspector of the various responsibilities they had for tasks within the units such as helping to set the table, tidy their own rooms or helping with cooking and shopping.

**Judgment:**
Compliant

**Outcome 07: Health and Safety and Risk Management**
*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**
Effective Services

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

No actions were required from the previous inspection.

**Findings:**
Systems for identifying and responding to risk were found to be proportionate and protective taking the dependency levels and behaviour support needs of the residents into account. Fire safety management systems were found to be satisfactory with equipment including the fire alarm, extinguishers and emergency lighting installed and serviced quarterly and annually as required. Self closing fire doors were evident in all units. Fire drills were held regularly including late night or early morning when staffing levels were lower.

While residents had individual personal evacuation plans available in easily accessible locations, two issues were identified. In one instance the instructions for staff were not clear as to how to quickly evacuate a resident who might not wish to leave and what staff were to do once they left the building.

Residents were able to tell the inspector about the drills and what they needed to do in such an event.

Records showed that all staff including newly recruited staff had undergone fire safety training and a number of newly recruited staff were undergoing this prior to commencing work. Staff were clear on how to respond to emergencies and backup supports were identified. Daily checks on the alarms and the exits were undertaken by staff.

Manual handling and infection control training was up to date for staff.

There was a signed and current health and safety statement available. A number of safety audits of the environment and work practices took place regularly with evidence of actions identified and being promptly rectified. These included maintenance requirements, issues with vehicles, staffing levels and lone working.

The risk management policy complied with the regulations including the process for learning from and review of untoward events. There were suitable controls in place to militate against risk identified and the inspector saw that all incidents were reviewed weekly and monthly by the risk manager and the local management team.

Each resident had an up to date risk assessments pertinent to their individual needs with detailed support plans evident. These included falls risk, mobility, skin integrity and self harm. Strategies included such items as house alarms, secure storage of dangerous items such as cutlery, additional staff support and supervision, seizure and door censors.

The risk register was detailed and demonstrated a robust system for identifying and addressing any risks identified for the residents. They included environmental, clinical and behavioural issues.
The inspector found that the risk management policy was implemented in practice but without overly restricting resident's freedom and choice in their activities.
All the units had easy access and suitably assisted bathrooms for resident's safety.

**Judgment:**
Substantially Compliant

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

**Theme:**
Safe Services

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

**Findings:**
The inspector was satisfied based on this review that the protection and welfare of residents was prioritised with good multidisciplinary collaboration and review. The policies and procedures for the protection of vulnerable adults reflected the national requirements and staff spoken to familiar with reporting procedures. The provider had adhered to the policy and taken appropriate action where any incidents of alleged misconduct had taken place.
There was a dedicated social work service and a suitably experienced designated safeguarding officer appointed. Records demonstrated that all current staff in the centre had received up to date training in the prevention of and response to abuse.
The staff who spoke with the inspector articulated a good understanding of the types of behaviours which would be abusive and the reporting systems. The residents who could communicate with the inspector stated that they felt safe living in the centre and that the staff and person in charge acted to address any problems.

Where any incidents of potently abusive behaviours had occurred between residents the provider was seen to take prompt action, implement safeguarding plans, reviewed all incidents and ensured all support systems were implemented.

There was good access to mental health services and psychology services and effective behaviour support plans were implemented. Where necessary, following full multidisciplinary review and consultation residents were appropriately transferred to another centre within the organisation which could best meet their needs. A decrease in incidents was evident following this.
The process was supported by additional staff and consistent weekly review.
Residents were also supported with training in how to keep themselves safe and "stranger danger".
Appropriate intimate care plans were evident.

The training records available indicated that staff had training in challenging behaviours and there were detailed behaviour support plans in place which demonstrated understanding and support for the resident.

Minimal restrictive practices were used in a number of units. These included chimes on some resident's doors to alert staff to movement at night, censors on one exit door, limited access to sharps or implements where self harm or injury was likely.
The inspector reviewed the documentation and decision making process for these practices. They included assessment of need, rational for usage, consultation with all residents and relatives and review of the necessity for usage. The systems were implemented in a considered and thoughtful manner. They were in accordance with national policy, regularly reviewed and the least restrictive.

The action from the previous inspection had been addressed with greater evidence of residents or relatives signatures on monies withdrawn or purchases made for residents.

Residents were assessed for competency to manage their finances and in most instances could not do so without staff support. Staff maintained detailed records and receipts of all transactions and there was also an internal auditing system which the inspector saw was focussed on protecting resident finances.

Resident's monies were currently lodged in the residents name into a discreet account with the organisation. The provider was in the process of finalising arrangements with a financial institution to open individual accounts for each resident.
In this way they would have access to their own account numbers and only two persons would be authorised to support the resident to make any transactions .They would also receive quarterly statements as they do from the provider currently. There was evidence of a safe process for decision making and consent in regard to the spending of any monies on behalf of the residents.

A range of other systems were in place to protect the residents. These included a significant level of multidisciplinary involvement. There was regular access to managers for oversight of their care and safety, evidence of good communication with families, external advocates which had been sourced for residents and safe recruitment procedures.

**Judgment:**
Compliant

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

**Theme:**
Safe Services

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

**Findings:**
A review of the accident and incident logs, resident's records and notifications forwarded to the Authority, demonstrated that the person in charge was in compliance with requirement to forward the required notifications to the Authority. All incidents were found to be reviewed internally promptly and other statutory agencies were also notified where this was required.

**Judgment:**
Compliant

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

**Theme:**
Health and Development

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

**Findings:**
The residents had significant and changing health care needs. The inspector found evidence that they were very well supported. They good access to a practitioner (GP) service and could remain with their own GP. Records and interviews indicated that there was frequent, prompt and timely access to this service.

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

Healthcare related treatments and interventions and plans were detailed and staff were aware of these. These included dietary supports, fluid monitoring, and skin integrity or pressure area risk. The inspector saw evidence of health promotion and monitoring with regular tests, vaccinations and interventions to manage both routine health issues and specific developing issues. The documentation indicated that all aspects of the resident's healthcare and complexity of need was monitored and reviewed. Staff were very knowledgeable on the residents and how to support them.

Where necessary detailed daily records of for example, dietary or fluid intake were maintained and reviewed. Daily records also showed that staff were vigilant to any changes or signs of illness and responded quickly. There was a detailed communication

system between the centre and any acute services used by residents.

Nutrition and weights were also monitored and they were encouraged with healthy eating plans and support from staff. Meals were prepared in each unit in a homely environment and as observed they were social with staff joining residents. The food was seen to be nutritious, varied and served in a dignified manner. The residents said they liked the food and had a lot of choices as to what was available.

There is a policy on end of life care which detailed symptom support such as pain management as well as spiritual and emotional care for residents. This was not required at the time o0f this inspection but there was additional nursing support within the organisation should it be necessary so that residents could remain in their own homes if they so wished.

**Judgment:**
Compliant

**Outcome 12. Medication Management**
*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**
Health and Development

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

**Findings:**
The policy on the management of medicines was centre-specific and in line with legislation and guidelines. Systems for the management, administration and storage of all medicines was found to be satisfactory. Most medicines were supplied in a monitored dosage system which prompted safe administration with references and resources available for staff to confirm prescribed medication with identifiable drug information.

However the inspector found that the systems for the regular accounting of specific medicines not included in the monitored systems were not robust. Also some PRN (administered as required) medicines were supplied in overly large amounts .These both created room for misadventure although no such incidents had occurred. This was discussed with the provider in terms of improving general monitoring practices.

The inspector saw that there were appropriate documented procedures for the handling, disposal of and the return of medicines.
Medicines were reviewed regularly by both the residents GP and the prescribing psychiatric service. Potential risks or side effects were carefully monitored and were known by staff. There was data provided to staff to ensure they were familiar with the nature and purpose of the medicines and any medicines required to be administered in

an altered format were adhered to.

Regular audits of medicines administration took place which detailed any discrepancies noted. A small number of errors had been identified and these were appropriately managed.
The non nursing staff had general training in medicines management and a number of staff also had specific training in the administration of emergency medicines. There were detailed protocols in place for the administration of this or sedative PRN medicines.

**Judgment:**
Substantially Compliant

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

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The inspector was satisfied that the governance arrangements were suitable, effective and accountable to ensure the safe effective delivery of care.
The management team operates under the board of directors with the chief executive officer the provider nominee.
The senior management team consists of the person in charge/clinical lead and administrator/quality and standards manager, a human resources manager, and a finance manager. There are social work and psychology services integral to the organisation.
The person in charge is a senior service manager and is a registered nurse intellectual disability. She had significant experience working in services for people with disabilities and in a management role. As she is responsible for three other centres she is supported by two other suitably qualified nurses in management roles in order to ensure there is no negative impact for residents' care.

Staff and the residents were very familiar with the management structure including the provider nominee and it was apparent from speaking with the residents and staff that they were actively engaged in their function.

The findings of the inspection indicate that all sections carry out their respective

functions satisfactorily in full knowledge of the regulatory requirements. They were found to be very familiar with the residents needs and proactive in planning, decision making and oversight of the service.

The reporting systems were clear and formal. This was demonstrated by the cohesive systems for quality improvement, health and safety reviews and reviews of accidents and incidents. The managers meetings record demonstrated evidence of good auditing and analysis of practices and remedial actions taken where necessary.

The provider had undertaken a number of unannounced visits since 2016 and 2017 and an annual report for the quality and safety of care for 2016 was available. This provided detailed analysis of financial systems, clinical governance arrangements, access to advocacy services, accident and incidents, service planning for individual resident's complaints and safeguarding issues.
There were systems in place to elicit the views of residents and relatives including a twice yearly forum for relatives and residents confirmed this and said it was effective. The inspector was satisfied with the systems and oversight processes.

There was evidence that the provider was responsive to the changing needs of residents with planned transfer between service and additional staff resources provided to accommodate such changes.

**Judgment:**
Compliant

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

**Findings:**
The inspector found that the current and planned staffing arrangements were suitable both in skill mix and number to meet the needs of the residents. The residents are assessed as not requiring fulltime nursing care. However, in one unit a nurse is employed and further clinical oversight is provided via the management team. FETAC level five is the minimum requirement for staff but a significant number had qualifications in social care.

Deployment and ratios of staff were seen to reflect the different levels of supervision and support necessary in each unit. Some staff work alone during the day and there was one sleepover staff in each unit at night. The arrangements were satisfactory and staff confirmed that support is readily available to them. There is an on call nurse available in the organisation at all times.

A review of a sample of the personnel records showed evidence of good recruitment procedures with all the required documentation procured prior to taking up post. The inspector was informed that where taxi services were used for residents, these persons were regular and were also Garda Síochána vetted.

An induction programme and effective annual appraisal /supervision system was seen to be in place.
There was a commitment evident to ongoing mandatory training including manual handling, fire and safeguarding and all staff had training in challenging behaviours first aid and medicines administration. The provider had made a significant commitment to the provision of additional staff to provide one to one supports for residents where necessary. There was also a night duty manager on the campus.

There was evidence that there was regular communication and contact between the management team and the staff in the units and the day service.
Staff meetings took palace circa monthly and the record of these seen demonstrated that they focused on residents care, safeguarding, practice changes and development. In this way the care provided was consistent.
Residents were aware of who was on duty and when, which they said they found important.

**Judgment:**
Compliant

## Closing the Visit

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

**Acknowledgements**

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

***Report Compiled by:***

Noelene Dowling
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

**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 Carriglea Cairde Services |
| **Centre ID:** | OSV-0004962 |
| **Date of Inspection:** | 04 and 05 April 2017 |
| **Date of response:** | 05 May 2017 |

## Requirements

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

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

## Outcome 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The provider had not ensured that residents had choice in the arrangements made for them at holiday periods that are not based solely on resources.

**1. Action Required:**
Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the

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

freedom to exercise choice and control in his or her daily life.

**Please state the actions you have taken or are planning to take:**
The Services will ensure all houses remain open throughout the Easter & Summer holidays periods and subject to resident's wishes.

Consultation with residents regarding holiday periods over Christmas is on-going and resident's wishes will be accommodated. A further submission to the HSE will be advanced in relation to resources for the Christmas Holiday period

**Proposed Timescale:** 31/07/2017

**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 procedures for the evacuation of all residents were not clearly documented to guide staff.

**2. Action Required:**
Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

**Please state the actions you have taken or are planning to take:**
The Personal Emergency Evacuation Plans of all residents have been amended post inspection to reflect intervention and support requirements for residents once they had exited the building in an emergency situation.

In addition, the Personal Emergency Evacuation Plan of one resident was further updated to reflect in an emergency situation and in the event of the resident not wishing to leave the building then the staff member on duty will support resident through the use of a wheelchair to exit building. All staff members will be informed of the location of the wheelchair within the residential setting for use in such an emergency situation.

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

**Outcome 12. Medication Management**

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Systems for monitoring and receipt of some medicines required review.

**3. Action Required:**
Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

**Please state the actions you have taken or are planning to take:**
Excess P.R.N stock (paracetamol) was returned to the pharmacy and this will remain the practice going forward. In the case of P.R.N paracetamol the Services have liaised with the Pharamcist and the outcome of same is that smaller quantities of stock of will be held within the Designated Centre. All such stock will be stored and recorded for each resident.

Pertaining to other P.R.N. medication that would be required infrequently, (pre-procedure requirement), day before ordering will be initiated. In this instance unused P.R.N. medication will be returned and recorded as returned to pharmacy post procedure.

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