

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Inbhear Na Mara
Centre ID:	OSV-0002496
Centre county:	Donegal
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Jacinta Lyons
Lead inspector:	Ivan Cormican
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	10
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
02 November 2017 09:00	02 November 2017 18:00
03 November 2017 09:00	03 November 2017 14:30

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 03: Family and personal relationships and links with the community
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 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This inspection was carried out by the Health Information and Quality Authority (HIQA) to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and also to inform a registration renewal decision. The previous inspection of this centre took place on 27 October 2015. Four actions were identified following the previous inspection, the inspector found that three of these actions had been implemented as described; however, one of these actions was not addressed and remained non-compliant on this inspection.

How we gathered our evidence:

As part of the inspection, the inspector met with 10 residents, who were observed to interact warmly with staff and appeared to enjoy their surroundings. Five of the residents could communicate verbally and five residents used augmented communication plans to support them to communicate. The inspector met with nine staff members, including senior staff on duty, care assistants, the person in charge, an area manager and the person representing the organisation. The inspector also met with one family member who voiced their satisfaction with the service. The inspector observed interactions between residents and staff. Documentation such as personal plans, risk assessments, medication records and emergency planning within the centre was also reviewed.

Description of the service:

The designated centre comprised a large single-storey purpose built home and accommodated up to 10 residents, who have an intellectual disability and high medical needs. The house was located within walking distance of a medium sized town and transport was provided to residents who wished to access the community. The centre was warm, clean and was appropriately equipped to meet the residents' needs. Some residents were supported to attend a nearby day service, while one resident was offered an individual programme from the designated centre if they so wished.

Overall judgment of our findings:

Overall, this inspection identified a good level of care and support was provided to residents. Five of the outcomes inspected such as family and personal relationships, admissions, notifications, absence of the person in charge and resources were deemed compliant. However, significant improvements required with regards to staff files.

The inspector found that outcomes such as residents' rights, communications, social care needs, premises, health and safety, safeguarding, general welfare, healthcare, medications, statement of purpose, governance and management and records required further improvements to bring them into compliance with the regulations.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end.

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):

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that the dignity of residents was promoted in the designated centre. The inspector also founds that residents were consulted on a daily basis with regards to the running of the designated centre; however, some improvements were required to residents' rights.

There was information readily available for residents and visitors in easy read format in regards to advocacy, rights and complaints. All received complaints were responded to in a prompt manner and feedback was given to the complainant with regards to the outcome of their complaint.

Each resident had an external door to access their apartment and the inspector found that all doors were secured on the day of inspection. Fire procedures indicated that all regular staff members, agency and student nurses should carry a master key to access these external doors; however, the provider did not have a system in place to ensure that all keys which were allocated to staff were accounted for and were returned at the end of each shift. The inspector found that this lack of oversight could potentially have an adverse effect on residents' rights to privacy and security.

Residents were supported to manage their finances and appropriate practices were in place for the recording of financial transactions completed on the behalf of residents.

Residents attended weekly house meetings where topics such as advocacy, meal choice, keeping safe, complaints and fire safety were discussed. The inspector also observed residents being consulted throughout the inspection in regards to a choice of activities.

Judgment: Non Compliant - Moderate

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):
No actions were required from the previous inspection.

Findings:
On the day of inspection, the inspector found that residents were supported to communicate in the designated centre; however, some improvements were required in regards to communication plans.

Some residents in the centre could communicate verbally and some residents communicated through the use of picture books, sign language, facial expressions and gestures. Staff on duty had a good understanding of the communication needs of each resident and were observed to communicate in manner which met their needs. Residents in turn were able to communicate their wants and needs to staff, who were familiar each resident's individuality.

Each resident had two communication plans in place; however, the inspector found that some of these plans had conflicting information in regards to how each resident communicates.

Judgment:
Substantially Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

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

Findings:

On the day of inspection, the inspector found that residents were supported to receive visitors in the designated centre.

The inspector met with one family member who said that they always felt welcome in the centre and visited their relative on a regular basis. The centre also maintained a visitor's book which indicated that residents were regularly visited by their families.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that residents had signed written agreements in place which outlined the fees that they would be charged and any additional charges which the resident may incur.

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):

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that each resident had a personal plan in place. However, some improvements were required in regards to residents' access to the community and to the review of personal plans.

The inspector reviewed a sample of personal plans which contained areas such as my history, my life, my week, my ambitions and my gifts and talents. These plans were also available in an accessible format for each resident and had been formulated as part of daily activity programme which was occurring on site.

Residents had attended a planning meeting with regards to their choice of personal goals, which were also attended by family members and relevant staff. An action plan was formulated as part of this process and progress had been made in supporting residents to achieve their chosen goals. However, the inspector found that not all aspects of some residents' personal plans had been reviewed on at least an annual basis.

Each resident had a weekly schedule in place which indicated their individual preferences in regards to activities in the community such as going dancing, attending mass and local restaurants; however, the inspector found that activity records in the centre did not indicate that these activities were occurring as scheduled.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

On the day of inspection, the inspector found that the premises was meeting the assessed needs of residents. However, some improvements were required in regards to residents' access to the laundry and the servicing of equipment. The actions were addressed since the previous inspection with laundry facilities ensuring the segregation of clean and soiled laundry. The privacy of residents had also been promoted with residents no longer sharing bedrooms.

The centre was warm and clean and there was adequate natural light and ventilation. The centre was a nurse lead service to facilitate care for residents with high medical needs and as such the environment was clinical in nature; however, each resident's bedroom warm, comfortably furnished and decorated with pictures of family and friends and areas of personal interest such as music posters.

The centre had a large central kitchen which the residents and staff were unable to access due to the food safety management systems which were in place. The kitchen had a full time chef who facilitated regular cookery classes with the residents in a communal area. Residents also had access to a small kitchen which was equipped with a microwave, fridge, kettle and toaster and could make light snacks and refreshments if they so wished.

The centre had a central laundry which was locked on the day of inspection; however, residents had not been asked if they wished to launder their own clothes and alternatives to locking the laundry had not been examined.

Staff were facilitated to request maintenance and the centre was found to be in a good state of repair. Equipment such as beds and hoists were regularly serviced; however, a bath used by residents in the centre was not serviced as required.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

On the day of inspection, the inspector found that the health and safety of residents, staff and visitors was promoted in the designated centre; however, significant improvements were required in regards to evacuation of residents in the event of a fire. Improvements were also required in regards to the review and response to adverse events. The action from the previous inspection was addressed, with all moving and handling assessments now reviewed as required.

The centre had fire precautions in place such as fire doors, fire alarm, fire extinguishers, smoke and heat detectors and emergency lighting. Staff were conducting regular checks of this equipment and were also carrying out regular fire drills. A review of these fire drills indicated that all residents could be evacuated from the centre in the event of a

fire in a timely manner, where full staff capacity was in place. However, the fire drill records did not indicate that residents could not be evacuated in a timely manner when minimum staffing was available in the centre. This was brought to the attention of the provider representative on the first day of inspection. Prior to the completion of the inspection the provider nominee formulated an action plan to address this area of concern within the centre.

Staff had a good understanding in regards to the fire arrangements and had received training in fire safety. Fire procedures were on display and staff were guided on the evacuation of residents by personal emergency evacuation plans (PEEPs) and a centre emergency plan. Fire equipment was also found to be serviced as required.

The centre had a system for the recording and review of adverse events. Staff had a good knowledge of this system and the inspector found that all adverse events were recorded as required. The person in charge reviewed all adverse events as they were submitted and met formally to review all events on a monthly basis. However, the inspector found that an adverse event involving a resident falling from their chair, did not have an appropriate response in place from the management of the centre.

The centre had systems in place for the management of risk in the centre. Each identified risk such as fire, safeguarding, falls and infection control was regularly reviewed, rated and had appropriate controls measures in place in response to the identified risk.

Infection control was also promoted in the centre with hand washing actively promoted and arrangements in place for the disposal of domestic and clinical waste.

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):

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that the centre had systems in place to

protect residents from potential abuse. However, some improvements were required in regards to the implementation of positive behavioural support plans and to the review of some restrictive practices in the centre.

Information on the reporting and responding to allegations of abuse was on display and staff had a good knowledge of these procedures. Although staff were found to have a good knowledge of identifying abuse and of the reporting procedures within the organisation, four staff members had not completed safeguarding training. The provider representative stated that these staff members would not work unsupervised with residents. Training records also indicated that these staff members would be participating in safeguarding training subsequent to the inspection.

Some residents had behavioural support plans in place and staff on duty had a good knowledge of these plans, which included the proactive and reactive strategies to support residents with behaviours of concern. However, the inspector reviewed documentation which indicated that a resident suffered an injury following a fall from their chair, as a behavioural support plan had not been implemented as documented.

The centre had some restrictive practices in place such as the use of bed rails, lap belts and a locked laundry door. These restrictive practices were risk assessed; however, the practice of locking the laundry door had not been assessed in terms of the least restrictive practice for all residents. The inspector also found that the use of a lap belt was not subject to review as part of the resident's personal planning process.

Judgment:

Non Compliant - Moderate

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:

On the day of inspection, the inspector found the person in charge had a good knowledge of the required notifications under regulations and the timelines for their submission. The person in charge also maintained a record of all submitted notifications to the chief inspector.

Judgment:

Compliant

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Outcome 10. General Welfare and Development
Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

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

Findings:
On the day of inspection, the inspector found that residents were supported to complete a range of activities within the designated centre. However, improvements were required in regards to supporting residents to access further education and employment opportunities.

Residents were supported to engage in activities in the designated centre such as arts and crafts, cookery and music and one resident was supported to attend a day service three days per week. However, residents in the centre had not been assessed to determine their wishes in regards to education and employment opportunities.

Judgment:
Substantially 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:
On the day of inspection, the inspector found that the best possible health for residents was promoted in the designated centre; however, some improvements were required to interventions following a fall in the centre.

Each resident was supported to attend their general practitioner on at least an annual basis and during episodes of illness. Residents were also supported to attend appointments with specialists such as the mental health services, neurology, speech and

language and occupational health. The inspector found that all recommended interventions following these reviews were implemented as prescribed by staff on duty.

Residents who required supports with stoma care had appropriate support plans in place and a senior staff nurse within the centre was identified to undertake further training in wound care and tissue viability. Residents who required supports with their mobility were also assessed in terms of tissue viability and appropriate pressure relieving devices were in place.

Each resident had a detailed medical history and an associated plan of care in areas such as epilepsy, diabetes and colitis was formulated by nursing staff within the centre.

The inspector reviewed an adverse event which indicated that a resident had sustained a suspected head injury following a fall from a chair. Staff on duty had administered first aid to the resident subsequent to the fall; however, neurological observations were not conducted.

Records within the centre also indicated that residents had access to a varied diet which was prepared to meet their individual dietary needs.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

On the day of inspection, the inspector found the centre had procedures in place for the safe administration of medications; however, some improvements were required in regards to controlled medications and to rescue medication administration protocols.

Registered nurses had responsibility for the administration of medications in the centre. Accurate prescription sheets were maintained and a sample of medication recording sheets indicated that regular medications were administered as prescribed.

The inspector reviewed the register of controlled drugs within the centre, which indicated that staff were conducting daily checks of these drugs. However, an inaccurate record of a controlled drug in liquid form was maintained. Although the control drugs register stated when a controlled medication was administered to a resident, the inspector

observed a gap in the staff signature of administration for one controlled drug. These issues were brought to the attention of the person in charge on the day of inspection.

Staff on duty had a good understanding of the care requirements of residents who had epilepsy; however, the inspector reviewed a sample rescue medication administration protocols and found that one protocol was not in line with the associated prescription sheet.

A pharmacy technician was conducting a twice weekly stock take. Residents had also been assessed to self medicate but no residents were self medicating on the day of inspection.

Judgment:

Non Compliant - Moderate

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

On the day of inspection, the provider had produced a statement of purpose in relation the service provided in the designated centre; however, this document did not contain all aspects as stated in the regulations.

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):

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

Findings:

On the day of inspection, the inspector found that the provider had suitable governance and management arrangements in place. The action from the previous inspection was addressed, with six monthly announced provider audits now in place. However, some improvements were required to the annual review of the service.

The person in charge had a good understanding of the regulations and of the required notifications to be submitted to the chief inspector. The person in charge was also conducting regular audits in areas such as fire precautions, infection control, as required medications, health and safety and adverse events.

The provider had conducted six monthly audits and an annual review of the quality and safety of care as required. The person in charge had made good progress in addressing any identified areas for improvement; however, the inspector noted that not all residents had been consulted in regards to the annual review of the service.

Judgment:

Substantially Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that the provider was aware of the instances in which the chief inspector should be notified of the absence of the person in charge. The provider also had arrangements in place for when the person in charge was absent from the centre which included an emergency on call system and senior staff on duty at all times.

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):

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that the centre was resourced to meet the needs of residents.

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):

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

Findings:

On the day of inspection, the inspector found that the allocation of staffing was meeting the assessed needs of residents. The action from the previous inspection was not addressed, as further improvements were still required in regards to staff files.

The person in charge maintained a staff rota which was found to be accurate on the day of inspection. Staff had received training in areas such as fire safety, responding to behaviours of concern and manual handling.

Staff were also attending regular team meetings; however, support and supervision was not occurring for all staff in the centre. The inspector also reviewed a sample of staff files and found that a vetting disclosure was not available in all files reviewed.

There were no volunteers in place on the day of inspection.

Judgment: Non Compliant - Major

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):
No actions were required from the previous inspection.

Findings:
On the day of inspection, the inspector found that documentation in the centre supported the delivery of care to residents.

All Schedule 5 documents were available for review in the centre. However policies on records management had not been reviewed as required.

The inspector also reviewed the directory of residents and found that it did not contain all aspects of Schedule 3 of the regulations.

Judgment:
Substantially 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:

Ivan Cormican
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0002496
Date of Inspection:	02 November 2017
Date of response:	4 December 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 failed to ensure that a system was in place to monitor the allocation and return of master keys to residents' apartments at the end of each working shift.

1. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

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

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:

1. The Person in Charge completed a review of the existing system of recording keys provided to staff members and return of keys at the end of shift. The system was found not to have been implemented effectively on all occasions.
2. The Person in Charge has arranged for new locks to be installed in each of the residents' apartments, the key for each apartment exit door to the exterior will be retained in the break glass container in each apartment beside the door rather than being retained by each staff member.

Proposed Timescale: 1. Completed 4.11.2017 2. December 8th 2017

Proposed Timescale: 08/12/2017

Outcome 02: Communication

Theme: Individualised Supports and Care

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

The person in charge failed to ensure that residents' communication plans provided consistent guidance to staff.

2. Action Required:

Under Regulation 10 (2) you are required to: Make staff aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.

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

1. Each Named Nurse and Keyworker will review communication plans for each resident to ensure there is one single comprehensive communication plan for each resident.
2. The Person in Charge will ensure that all staff working in the centre are communicated with in relation to the updated communication plans to ensure that all staff working in the centre are made aware of same.

Proposed Timescale: 1. December 8th 2017 2. December 15th 2017

Proposed Timescale: 15/12/2017

Outcome 05: Social Care Needs

Theme: Effective Services

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

The person in charge failed to ensure that all aspects of the resident's personal plans were reviewed on at least an annual basis.

3. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

The Person in Charge will ensure that each resident has an annual review which reviews the effectiveness of personal plans for each resident, in conjunction with the resident, their representative and appropriate multidisciplinary professionals.

The Person in Charge will arrange reviews more frequently when required if there is a change in the residents' needs or circumstances.

Proposed Timescale: 19/01/2017

Theme: Effective Services

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

The person in charge failed to ensure that residents' activity records demonstrated that residents accessed the community in line with their weekly schedule.

4. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

1. All Staff will record clearly episodes when the schedules were not adhered to and the reasons for same or alternatives that were provided instead.
2. Each Named Nurse and Keyworker will undertake a review of each residents' weekly schedule in conjunction with the resident and / or their representative to ensure that it is feasible that the full schedule will be undertaken each week.

Proposed Timescale: 1. November 28th 2017 2. December 18th 2017

Proposed Timescale: 18/12/2017

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 provider failed to ensure that all equipment was serviced as required.

5. Action Required:

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

1. The Person in Charge will ensure that the specialised bath is serviced.
2. The Person in Charge will review the system in place in the centre for tracking the maintenance and servicing of all aids and appliances to ensure all equipment in the centre is included.

Proposed Timescale: 1. Completed 10/11/2017 2. Completed 10/11/2017

Proposed Timescale: 10/11/2017

Theme: Effective Services

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

The provider failed to examine the accessibility of the laundry to all residents.

6. Action Required:

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

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

1. The Person in Charge will speak with each individual resident in the centre and record their wishes in relation to whether they wish to have access to the laundry facilities.
2. The Person in Charge will review arrangements in terms of accessibility to the laundry and implement the least restrictive option in relation to storage of laundry detergents.

Proposed Timescale: 1. 08/12/2017 2. 08/12/2017

Proposed Timescale: 08/12/2017

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 provider failed to ensure that an appropriate response was implemented following the review by management of an adverse event in the centre.

7. 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:

1. The Person in Charge will ensure that a post fall review is completed for all falls in the centre, which includes the completion and documentation of neurological observations and may involve an Occupational Therapy and Physiotherapy joint mobility assessment.
2. The Person in charge will ensure that a critical incident reflective exercise is implemented and recorded for each adverse incident in the centre.
3. The Person in Charge will discuss the effective completion of National Incident Management System Forms and Documentation at the next staff meeting.
4. The Person in Charge will issue communication to staff with regard to the effective completion of Incident reports and nursing reports for all staff who may not be in attendance at the Staff meeting to ensure all staff working in the centre are made aware of same.

Proposed Timescale: 1. Completed 03/11/2017 2. Completed 03/11/2017 3. 06/12/2017 4. 08/12/2017

Proposed Timescale: 08/12/2017

Theme: Effective Services

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

The provider failed to ensure that all residents could be evacuated from the designated centre in a prompt manner, when minimum staffing levels were in place.

8. 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:

1. Contact Donegal Fire Officer HSE to discuss Emergency Fire Procedures at the Centre.
2. Arrange Donegal Fire Officer HSE to visit the Centre to conduct an Evacuation of residents with minimal staffing. Mandatory Staff attendance is required with the exception of night staff or staff who have booked leave in advance.
3. The Fire Officer will produce a report on the evacuation and provide staff with recommendations and advice with regards to evacuation with minimum staffing levels.

4. Recommendations and advice are to be incorporated into the Centres Fire Policy, Emergency Evacuation Procedures and Individuals Personal Emergency Evacuation Plans.

5. The reviewed Centre Fire Policy, Emergency Evacuation Procedure and Individuals Personal Emergency Evacuation Plans are to be discussed at a Staff meeting to ensure staff are updated and are clear in their understanding of the actions that are required in the event of an Evacuation. Mandatory Staff attendance is required with the exception of night staff or staff who have booked leave in advance.

6. Staff in attendance at the local governance meeting will be required to sign off as having read and understood the Fire Policy, Emergency Evacuation Procedure and Individuals Personal Emergency Evacuation Plans.

7. Identify Staff who were unable to attend the meeting due to night duty or planned leave, arrange a further meeting with mandatory attendance to ensure all centre staff are updated and are clear in their understanding of the actions that are required in the event of an Evacuation.

Staff sign off will be required as above.

8. Conduct further evacuations with minimal staff to consolidate learning and practice at monthly intervals until all staff have been involved in an evacuation. Document fully all Drills using the IDS Template.

Proposed Timescale: 1. Completed 7.11.2017 2. 30/11/2017 3. 08/12/2017 4. 08/12/2017 5. 08/12/2017 6. 08/12/2017 7. 15/12/2017
8. Completed 24/11/2017

Proposed Timescale: 08/12/2017

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:

The provider failed to ensure that a resident's behavioural support plan and been implemented as documented.

9. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

1. The Person in Charge will discuss all behaviour support plans at the next staff meeting.
2. The Person in Charge will issue a communication to all staff with regard to the importance of adhering to behaviour support plans to ensure all staff working in the designated centre are aware of same and adhere to same.

Proposed Timescale: 1. 06/12/2017 2. 08/12/2017

Proposed Timescale: 08/12/2017

Theme: Safe Services

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

The provider failed to ensure that residents' restrictive practices were reviewed as part of the resident's personal planning process.

10. Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

The Person in Charge will ensure that residents restrictive practices are reviewed and documented as part of the annual review involving the resident, and /or their representative and appropriate multidisciplinary professionals.

Proposed Timescale: 19/01/2018

Theme: Safe Services

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

The provider failed to ensure that the practice of locking the laundry door was assessed in terms of being the least restrictive practice for all residents.

11. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

1. The Person in Charge will speak with each individual resident in the centre and record their wishes in relation to whether they wish to have access to the laundry facilities.
2. The Person in Charge will review arrangements in terms of accessibility to the laundry and implement the least restrictive option in relation to storage of laundry detergents.

Proposed Timescale: 1. 29/11/2017 2. 08/12/2017

Proposed Timescale: 08/12/2017

Outcome 10. General Welfare and Development

Theme: Health and Development

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

The person in charge failed to ensure that residents' wishes in terms of accessing further education and employment had been assessed.

12. Action Required:

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

1. The Person in Charge will contact the Vocational Educational Committee to explore the possibility and availability of further education training and employment opportunities.
2. The Person in Charge will ensure that appropriate formal assessments are completed for each resident in terms of their educational and training needs.
3. The Person in Charge will ensure that personal plans are put in place for each resident to address their educational and training needs.

Proposed Timescale: 1. Completed 2.11.2017 2. 22/12/2017
3. 19/01/2018

Proposed Timescale: 19/01/2018

Outcome 11. Healthcare Needs

Theme: Health and Development

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

The provider failed to ensure that neurological observations were conducted following a suspected head injury.

13. Action Required:

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

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

1. The Person in Charge will ensure that a post fall review is completed for all falls in the centre, which includes the completion and documentation of neurological observations and may involve an Occupational Therapy and Physiotherapy joint mobility assessment.

2. The Person in charge will ensure that a critical incident reflective exercise is implemented and recorded for each adverse incident in the centre.
3. The Person in Charge will discuss the effective completion of National Incident Management System Forms and Documentation at the next staff meeting.
4. The Person in Charge will issue communication to staff with regard to the effective completion of Incident reports and nursing reports for all staff who may not be in attendance at the Staff meeting to ensure all staff working in the centre are made aware of same.

Proposed Timescale: 1. Completed 03/11/2017 2. Completed 03/11/2017 3. 06/12/2017 4. 08/12/2017

Proposed Timescale: 08/12/2017

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:

The person in charge failed to ensure that rescue medication administration protocols were not in line with the associated prescription sheet.

14. Action Required:

Under Regulation 29 (4) (b) 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 medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

1. The Person in Charge will ensure that each named nurse completes a review of all rescue medication administration protocols to ensure that these protocols are in line with the associated prescription sheet.

2. The Person in Charge will request a review of the as required medication for one resident in terms of treatment for urinary tract infection.

Proposed Timescale: 1. Completed 07/11/2017 2. Completed 07/11/2017

Proposed Timescale: 07/11/2017

Theme: Health and Development

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

The person in charge failed to ensure that:
- an accurate controlled drugs record was maintained.

- each administration of controlled medication was appropriately signed by the administrating staff members

15. Action Required:

Under Regulation 29 (4) (d) 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 storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

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

1. The Person in Charge has engaged with Nurse Practice Development and Pharmacy Department in relation to accurate monitoring of controlled drugs in the centre.
2. Guidelines will be issued from Nurse Practice and disseminated to all Nursing Staff working in the Centre.
3. The Person in Charge will discuss the medication management policy at the next staff nurse meeting and issue a communication to staff who may not be able to attend this meeting with regard to the medication management policy and sign off of controlled medications in use in the centre.
4. A medication error form has been completed with regard to one controlled medication that was administered but not signed for to promote learning from the episode.

Proposed Timescale: 1. Completed 06/11/2017 2. 05/01/2018 3. 08/12/2017 4. Completed 03/11/2017

Proposed Timescale: 05/01/2018

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The provider failed to ensure that all requirements of the regulations were contained in the centre's statement of purpose.

16. Action Required:

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

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

The Person in Charge will ensure that all requirements of the regulations are contained in the centres statement of purpose and this will be resubmitted to the authority.

Proposed Timescale: 27/11/2017

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 provider failed to ensure that all residents had been consulted as part of the annual review of the service.

17. Action Required:

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

The Provider will ensure that all residents will be consulted as part of the annual review of the Service.

Proposed Timescale: 19/01/2018

Outcome 17: Workforce

Theme: Responsive Workforce

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

The provider failed to ensure that a vetting disclosure was available for all staff in the centre.

18. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

The Provider will ensure that vetting disclosures will be available for all staff in the centre.

Proposed Timescale: 31/01/2018

Theme: Responsive Workforce

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

The person in charge failed to ensure that staff received regular support and supervision.

19. Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

The person in Charge will ensure Personal Development Plans are completed for all staff on an annual basis.

Proposed Timescale: 15/12/2017

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 provider failed to ensure that all policies in the centre were reviewed as required.

20. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

The Person in Charge will ensure that the most up to date policies and procedures are in place in the centre.

Proposed Timescale: 06/11/2017

Theme: Use of Information

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

The provider failed to ensure that all aspects of Schedule 3 of the regulations was in place.

21. Action Required:

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 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:

The Person in Charge will ensure that the Directory of Residents contains all information required under schedule 3 of the regulations.

Proposed Timescale: 24/11/2017