Health Information and Quality Authority
Regulation Directorate

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

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

Centre name:	Clarey Lodge
Centre ID:	OSV-0003386
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Nua Healthcare Services Unlimited Company
Lead inspector:	Anna Doyle
Support inspector(s):	Jillian Connolly
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
19 October 2017 10:30	19 October 2017 19:30

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

Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection.
This unannounced inspection was the third inspection of this centre. The previous inspection conducted in May 2017 found significant failings under all of the outcomes inspected. The purpose of this inspection was to follow up on the actions identified from that inspection.

How we gathered our evidence.
The inspectors met all of the residents living in the centre. Inspectors found that weekly meetings were held with residents and their key workers to discuss issues. From a review of a sample of the records it was evident that residents were consulted on changes occurring in the centre such as changes to premises issues and staffing arrangements in the centre.

A number of the staff team were met which included, social care staff and the person in charge. In addition, some practices and interactions were observed in line with the residents needs in the centre. The inspectors also completed a walk through the centre's premises and reviewed documents pertaining to the actions from the last inspection.

Description of the service

The centre is located in a rural area close to a village. It consisted of a bungalow dwelling with gardens to the front and rear. The bungalow was subdivided into three separate areas, which included an apartment to the side of the house. There was capacity for five residents in the centre and at the time of inspection it was home to three gentlemen and two ladies.

Overall judgment of our findings
Inspectors found that since the last inspection improvements had been made under some of the outcomes inspected. Residents were observed to be relaxed and content in the centre and positive interactions were noted between staff and residents throughout the inspection. The premises were clean and decorated to a good standard.

However, two major non compliances were found under Outcome 5, social care and Outcome 8, safeguarding and safety. Inspectors found that the provider and the person in charge had taken responsive actions to allegations of abuse relating to behaviours of concern in the centre. However, improvements were required in the review of safeguarding measures and in the management of behaviours of concern in the centre.

Some residents had limited access to activities on a day to day basis and improvements were required in personal plans and the evaluation of the care being provided.

Three moderate non compliances were found under Outcome 6, safe and suitable premises; Outcome 11, healthcare needs and Outcome 14, governance and management.

One outcome was in substantial compliance with the regulations under Outcome 7, health and safety and two outcomes were found compliant.

The action plan at the end of this report outlines the improvements required.

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

Theme:
Effective Services

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

Findings:
Inspectors found that since the last inspection, the provider had amended and reviewed the admission and discharge policy for the centre. The amended policy had been discussed at a team meeting in the centre in June 2017. There had been no new admissions or discharges from the centre since the last inspection.

From a review of the policy, inspectors found that the policy clarified the admission and discharge process in the centre. The process included completing an assessment of need in consultation with allied health professionals, the person in charge and other concerned parties to ensure that appropriate supports were in place to meet residents' needs in the centre.

The policy also planned for possible risks associated with a resident moving into the centre and how to mitigate such risks, this included consideration of the possible impact a new admission may have on other residents in the centre.

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

Findings:
Inspectors found that improvements had been made in some areas since the last inspection. However, improvements were required in the assessment of need, some residents' access to social activities and the implementation of some interventions in place for residents.

From a sample of plans viewed, the assessment of need contained in one resident's personal plan did not contain all of the residents assessed needs and there was conflicting information included in the assessment in relation to their assessed needs. Each resident had a significant amount of folders in place to demonstrate how their needs should and were being met and while some of the records were very informative, a considerable amount of it was either duplicated or generic in nature.

From the sample of plans viewed an annual review had been completed for residents. Some interventions in place for residents were being reviewed more regularly, however recommendations from this review had not been fully implemented or conflicting information was recorded on different interventions in place. This is discussed throughout the body of this report.

Inspectors found that while some resident's access to social care activities in the centre was good, some was very limited. For example, one resident's time table of activities for the day consisted of two hours community access in the morning and a two hour drive in the afternoon. From a review of this residents plan for October 2017, inspectors found that while some positive goals had been achieved for the resident, there was limited access to activities for this resident on a day to day basis.

This was also observed on the day of the inspection as this resident did not leave the centre until 15.30 hours and had no other planned activities up to this time. Inspectors found that other residents were involved in meaningful activities which included horse riding, going out for coffee and attending day services.

Goals had been set out in residents' personal plans which had been broken down into short, medium and long term goals. Inspectors found that while some goals had been achieved for residents or were in progress, some had not.

For example, one resident's short term goal included going out on the bus more frequently yet there was no plan in place as to how this should be achieved. Staff said that the resident was asked on a daily basis and if they refused, this was recorded. However, the records did not demonstrate this and it was not clear what supports had been put in place to support this resident to access activities outside the centre. The

details are not contained in this report in order to protect the anonymity of the resident.

There were no new admissions to the centre since the last inspection.

Judgment:
Non Compliant - Major

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

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

Findings:
Overall improvements had been made to the premises since the last inspection. However, further improvements were required so as to ensure that all residents had access to cooking facilities in the centre and that appropriate equipment was available to meet resident's needs.

The centre is a detached bungalow divided into three separate areas. One area is a self contained apartment and the rest of the bungalow is divided into two units. Both units function separately and support two female residents on one side and two male residents on the other side.

The inspectors were informed that residents from the male side were restricted access to the female side and vice versa. However, while one area had cooking facilities in place, the other area did not. Inspectors found that this was not adequate as some residents could not access cooking facilities in their home, despite meal preparation being a goal for one of these residents.

Inspectors found that areas of concern highlighted at the last inspection had been addressed. In addition, the challenges identified at the last inspection in relation to the lay out and design of the premises not being in keeping with one residents needs had reduced since the last inspection.

Inspectors also found that the equipment available in one resident's bedroom to support personal care was inadequate on the day of the inspection and was not respecting the resident's right to dignity and respect or in line with standard infection control precautions.

Judgment:
Non Compliant - Moderate

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

Theme:
Effective Services

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

Findings:
Improvements had been made in the management of risk in the centre and fire safety since the last inspection. However, one area under risk assessments still required improvement.

Inspectors found that the number of incidents had reduced in the centre since the last inspection. Individual risk assessments were in place for each resident that had recently been reviewed by the person in charge. They included the control measures in place to minimise the potential of incidents occurring in the centre. However, improvements were still required to the centre specific risk assessments to ensure that risks identified included all control measures in place to mitigate risks. For example, the control measures in place at night to prevent a reoccurrence of an incident in the centre had not been outlined when staffing was reduced in the centre.

Incidents were reported to the person in charge and to the relevant allied health professionals. All incidents were discussed at staff meetings and highlighted at staff handover meetings.

A safety committee had also been formed in the wider organisation and the minutes from these meetings were available in the centre to inform learning.

Fire drills had taken place in the centre and residents had personal emergency evacuation plans in place that outlined the supports required. Learning from fire drills had been recorded and the person in charge had taken actions to address issues identified.

Fire equipment and vehicles were not inspected as part of this inspection as there was no issues identified at the last inspection in relation to these.

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

Findings:
Inspectors found that while some improvements were found in staff training since the last inspection and that arrangements were in place to protect residents from all forms of abuse, considerable improvements were still required in a number of areas.

A number of notifications submitted to HIQA regarding allegations of abuse were reviewed. All of the allegations related to the impact of behaviours of concern on specific residents in the centre. Inspectors found that the person in charge and the provider had taken a number of proactive measures to safeguard residents. Some of which included an increase in staffing levels, changes in routines for residents to minimise risks, referral to allied health professionals and staff were made aware of all safeguarding measures on a daily basis.

Safeguarding plans had been developed, however the inspectors found that given the layout of one of the units in the centre, that it would be difficult to implement some of the measures without compromising residents access to their living environment. It was also not clear how some safeguards could be implemented as the staffing levels identified were not always available in the centre.

An emergency multi disciplinary meeting had recently been held in response to specific safeguarding concerns where patterns of peer to peer incidents had been identified. The minutes did not demonstrate that current safeguarding measures had been fully reviewed. Inspectors also noted that consideration had been given to the inappropriate mix of residents in one unit. However, this was not fully explored and had been cited as a long term plan for the resident. Inspectors found that given the significance and impact of these behaviours that this review was not comprehensive.

A safeguarding register was maintained in the centre. However, on review of the incidents logged in the centre, inspectors found that some incidents which related to the impact of behaviours of concern on other residents in the centre had not been notified to HIQA

Residents had behaviour support plans in place to guide practice. However, conflicting information was recorded in a sample of plans viewed. For example, inspectors were informed that one resident was not considered a risk due to behaviours of concern and; as was the policy of the centre did not have an active multi element behaviour support plan in place. Instead the guidelines for support were outlined in the resident's personal plan. This was not reflective of the practice in the centre as this resident was still assessed as requiring two staff to support them in the community and during personal care due to behaviours of concern. Inspectors found that this was also potentially restricting the resident's access to community facilities and that the requirement to have two staff assisting with personal care was intrusive given that this resident was considered a low risk due to behaviours of concern.

Another resident's multi element support plan viewed outlined the strategies staff should follow when one behaviour of concern was displayed around intimate care. However, there was no clear strategy in place for staff to guide their practice on how to support this resident if they refused to engage in the interventions outlined, as was the case at the time of the inspection.

While staff spoken with were well intentioned and were doing their best to support this resident, inspectors were not satisfied that every effort had been made to try and support this resident, particularly as this behaviour was impacting on the residents healthcare needs.

Some recommendations made to support residents to potentially minimise behaviours of concern were not implemented. Examples included a weighted blanket and introducing a sensory board in one resident's room.

In addition, a referral had also been made to an occupational therapist for one resident in response to behaviours of concern. While the occupational therapist had visited the centre in February 2017, there was no report available that outlined their recommendations on the day of the inspection.

Since the last inspection there had been a reduction in the use of restrictive holds for residents. There was evidence that these restrictions were reviewed after their use. However, there was no rationale in place for other environmental restrictions in place in the centre. For example, in one unit exit doors were locked and window restrictors were in place. Staff informed inspectors that these restrictions were precautionary. Inspectors found that both resident's who lived in this unit, did not have any identified risks that would warrant this restriction.

Since the last inspection staff training had been provided in autism and all staff had completed training in MAPA.

Judgment:
Non Compliant - Major

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

Theme:
Health and Development

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

Findings:
The inspectors found that arrangements were in place to ensure that residents' healthcare needs were regularly reviewed and appropriate input from allied health care professionals was available as and when required. However, improvements were required to ensure that the recommendations from allied health professionals were fully implemented and reviewed and that interventions were in place to guide practice for all residents assessed needs.

The assessment of need in place identified residents' healthcare needs. However, detailed supporting interventions were not in place for some residents needs. For example, the management of constipation.

From a sample of plans viewed inspectors found that residents had access to a range of allied health professionals which included chiropody, dentist, optician, psychology, general practitioner and occupation therapist. However, inspectors found that recommendations from a physiotherapist, dietician and an occupational therapist had either not been implemented or were not consistently recorded on a daily basis in order to ensure that their recommendations were fully implemented.

This included recommendations regarding physiotherapy exercises and installing a red toilet seat for one resident.

In addition, interventions in place in respect of some residents nutritional needs did not include when staff should seek advice if the recommended levels were not achieved. Staff spoken to were not clear about this either.

The inspectors acknowledge that this resident's optimum weight was maintained at the time of the inspection, however the intervention required review based on the residents needs.

Judgment:
Non Compliant - Moderate

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the

delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

Findings:
Inspectors found that there were management systems in place that outlined clear lines of accountability in the centre. However, improvements were required in the providers requirements to carry out an unannounced quality and safety review of the centre and the annual review. In addition, given the failings identified at this inspection, inspectors found that the monitoring systems in place were not effectively ensuring that all residents were safe and that the quality of care provided was improving outcomes for residents.

The person in charge attended the centre on the day of the inspection. They were also responsible for another designated centre under this provider. There was also a team leader employed in the centre on supernumerary basis to support the localised governance arrangements. In addition, to this the provider had appointed deputy team leaders to supervise practices in the centre.

The person in charge reported to a regional manager, who in turn reported to the provider. The person in charge submitted weekly reports to their regional manager and the outcomes from this were reported to the board of management.

Regular staff meetings were held in the centre and from a sample of minutes viewed inspectors found that a wide range of topics were discussed including residents support needs, health and safety, safeguarding concerns and outcomes from audits.

An annual review had been completed, however it did not include the views of residents or their representatives as required under the regulations.

The last six monthly unannounced quality and safety review of the centre was not available in the centre on the day of the inspection and the person in charge could not clarify when the last one had been completed.

The person in charge showed inspectors a monthly audit that was completed in the centre that had been devised based on the 18 outcomes under which HIQA inspects. However, given the failings identified, inspectors were not satisfied that the monitoring systems in place were improving outcomes for all residents in the centre.

Judgment:
Non Compliant - Moderate

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:
Inspectors found that there was adequate staffing in place to meet the needs of the residents in the centre.

Since the last inspection training had been provided for staff to enable them to support residents in the centre. This was still in progress at the time of the inspection and the person in charge had a plan in place to ensure that this was completed. This included training in risk assessments, autism and skills teaching. Staff also informed inspectors that information sessions had been provided in relation to one resident's mental health diagnosis.

From a review of staff training records, inspectors found that staff had completed mandatory training. Two staff still required training in safeguarding, however the person in charge confirmed that training was scheduled within the next month.

There was a planned and actual rota in place. Contingencies were in place in the centre to cover staff leave which included employing regular relief staff from a panel specific to the centre.

A nurse was employed in the centre on a fulltime basis and there was access to an on call senior manager on a 24 hour basis for staff to seek advice and support.

The provider and the person in charge had reviewed the staffing arrangements in the centre in the last two months resulting in an increase in staff supports to ensure that resident's needs were being met.

The person in charge met with their staff team on a regular basis in order to support them in their roles. Staff informed inspectors that they had supervision on a regular basis in the centre, where they were able to raise concerns with the person in charge around issues concerning their practice and training needs.

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:

Anna Doyle
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 Nua Healthcare Services Unlimited Company
Centre ID:	OSV-0003386
Date of Inspection:	19 October 2017
Date of response:	18 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 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
From a sample of plans viewed, the assessment of need contained in one resident's personal plan did not contain all of the residents assessed needs and there was conflicting information included in the assessment in relation to their assessed needs.

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

1. Action Required:
Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

Please state the actions you have taken or are planning to take:
1. The PIC will review all resident's Personal Plans in full to ensure all assessed needs are reflected in their individual personal plan document.
2. All changes to Personal Plans are to be discussed at daily handovers to ensure all staff are made aware of any changes.
3. The reviewed Personal Plans are to be discussed at the team meeting in January and February 2018.

Proposed Timescale: 28/02/2018

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Recommendations from a review of residents' interventions had not been fully implemented.

Conflicting information was recorded on different interventions in place for residents which did not guide practice.

Some goals outlined in residents personal plans had not progressed.

2. Action Required:
Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

Please state the actions you have taken or are planning to take:
1. The effectiveness of interventions in place are to be reviewed by the PIC with support from resident's keyworkers.
2. Interventions in place for residents are to be reviewed with input from each clinician involved to ensure that all interventions are effectively acting together with outcomes for residents at the forefront.
3.Resident's individual goals are to be reviewed in full by the resident's key workers and overseen by the PIC.
4.Activity planners for residents are to be reviewed to ensure that Goals are being met as per the identified timeframe.
5. All the above points are to be discussed at the team meetings scheduled for December 2017 and January 2018.

Proposed Timescale: 21/01/2018

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Some residents had limited access to meaningful activities on a day to day basis in the centre.

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

Please state the actions you have taken or are planning to take:
1. Resident's activity planners are to be reviewed to ensure that meaningful in-house activities are increased and taking place on a daily basis should the resident decline to engage in community based activities.
2. Resident is to be regularly engaged in new activities based on individual likes. These activities will be in line with resident's individual goals.
3. All above points are to be discussed at the team meetings scheduled for December 2017 and January 2018.

Proposed Timescale: 21/01/2018

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Cooking facilities were not available to all residents in the centre.

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

Please state the actions you have taken or are planning to take:
1. Additional cooking facilities will be placed in the male side of the Centre to ensure that all residents have access to cooking facilities.

Proposed Timescale: 31/01/2018

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The equipment available in one resident's bedroom to support personal care was

inadequate on the day of the inspection and was not respecting the resident's right to dignity and respect or in line with standard infection control precautions.

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. A new changing table to be sourced on the male side in order to facilitate the residents intimate care needs.
2. A storage cabinet for all personal care equipment will be installed in the bathroom.
3. Standard infection control procedures to be reviewed to ensure that they are adequate to meet the resident's needs.
4. Any servicing, maintenance and repairs of personal care facilities and equipment is carried out by the maintenance department.

Proposed Timescale: 21/12/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
There were no risk assessments in place that outlined the control measures in place to ensure that adequate staffing was in place at night to prevent a reoccurrence of incidents in the centre.

6. Action Required:
Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
1. A new Centre specific risk register has been compiled on the 14th of November 2017 to address all Centre specific risks.
2. A risk assessment on night time staffing levels has been completed identifying existing control measures and additional controls required.
3. All the above points are to be discussed at the team meetings scheduled for December 2017 and January 2018.

Proposed Timescale: 21/01/2018

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:
Information contained in some residents' behaviour support plans was conflicting and were not reflective of the actual practices in the centre. The details of which are outlined in the report.

7. 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. A functional assessment linked to the behaviour of the resident will be undertaken by the behavioural specialist with the view of identifying if a MEBSP is required.
2. The specific resident the inspector noted during the inspection is to be reviewed in full by the Director of Services, PIC and Behavioural Specialist with the view of implementing any immediate interim plans.
3. All the above points are to be discussed at the team meetings scheduled for December 2017 and January 2018.

Proposed Timescale: 21/01/2018

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no clear strategy in place for staff to guide their practice on how to support one resident if they refused to engage in the interventions outlined to support them with personal care.

Some recommendations made to support residents to potentially minimise behaviours of concern were not implemented. Examples included a weighted blanket and introducing a sensory board in one resident's room.

There was no occupational therapy report for one resident in response to a review they had completed around behaviours of concern in February 2017.

8. 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. A Team meeting is to take place on the 21st of December 2017.
2. The behavioural specialist appointed to the Centre will attend this meeting and

review with staff the interventions in regards to resident's personal care and alternatives should the resident decline to engage in personal care.
3. Following the meeting the behavioural specialist will incorporate the feedback from the staff team into the resident's MEBSP.

Proposed Timescale: 21/01/2018

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no rationale in place for some environmental restrictions in place in the centre which included exit doors locked and window restrictors.

9. 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. Rationale for environmental restrictions if required are to be outlined comprehensively in the individual risk management plans for residents.
2. The PIC will conduct a review of all restrictions in place in the Centre.
3. The PIC will review risk assessments on a monthly basis through the restrictive practices summary document for all residents to ensure restrictions are least restrictive in the Centre.

Proposed Timescale: 21/12/2017

Theme: Safe Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Safeguarding plans developed were not being effectively reviewed in the centre.

10. Action Required:
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

Please state the actions you have taken or are planning to take:
1. The PIC, Director of Services, Provider Nominee and Designated Officer will conduct a review of all safeguarding plans in the Centre.
2. The Centre will be reviewed by the relevant Director of Services, PIC, Regional Manager and Designated Officer, looking at current concerns and identifying recommendations for the assessed needs of the residents within the Centre.

Proposed Timescale: 21/12/2017

Theme: Safe Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Some allegations of abuse that related to the impact of behaviours of concern on other residents had not been notified to HIQA or other relevant personnel.

11. Action Required:
Under Regulation 08 (5) you are required to: Ensure that the requirements of national guidance for the protection and welfare of children and any relevant statutory requirements are complied with where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child.

Please state the actions you have taken or are planning to take:
1. A full review of all incidents that have taken place in the Centre for the past 6 months will be undertaken by the PIC.
2. Any safeguarding concerns arising from this review will be notified to the Regulator, Designated Officer and HSE Safeguarding Team.
2. Safeguarding in the Centre will be discussed at the team meeting on the 21st of December 2017.

Proposed Timescale: 21/01/2018

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Detailed supporting interventions were not in place for some residents' healthcare needs.

12. 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 Keyworker for the resident has compiled a Health management plan in regards to constipation for the resident.
2. This health management plan will guide staff on; management of constipation and the administration of PRN medication for this specific health need.
3. Personal Plans have been updated to reflect the above.

Proposed Timescale: 30/11/2017

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Recommendations from a physiotherapist, dietician and an occupational therapist had either not been implemented or were not consistently recorded on a daily basis in order to ensure that their recommendations were fully implemented.

Interventions in place in respect of some residents nutritional needs did not include when staff should seek advice if the recommended nutritional requirements were not achieved. Staff spoken to were not clear about this either.

13. Action Required:
Under Regulation 06 (2) (b) you are required to: Facilitate the medical treatment that is recommended for each resident and agreed by him/her.

Please state the actions you have taken or are planning to take:
1. The recommendations are to be incorporated into the resident's daily activity planner.
2. The PIC is to undertake a full review of the Dietician recommendations and ensure that they are implemented in the Centre.
3. Key workers are to update individual Personal Plans to ensure the recommendations are documented this will be overseen by the PIC.
4. The specific health management plan for resident's nutritional intake is to be reviewed by the PIC, and updated to ensure it incorporates all requirements.
5. The PIC with support from the Administrative staff in the Centre are to review daily logs to ensure that dietician recommendations are being implemented on a daily basis in the Centre.
6. All the above points are to be discussed at the team meetings in December 2017 and January 2018.

Proposed Timescale: 21/01/2018

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The annual review did not include the views of residents or their representatives as required under the regulations.

14. 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:

1. The PIC will undertake a full review of the Annual Review for the Centre.
2. The PIC will undertake a full review of the Annual Review and ensure that the views of residents and their representatives in incorporated.

Proposed Timescale: 21/12/2017

Theme: Leadership, Governance and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The last six monthly unannounced quality and safety review of the centre was not available in the centre on the day of the inspection and the person in charge could not clarify when the last one had been completed.

15. Action Required:
Under Regulation 23 (2) (b) you are required to: Maintain a copy of the report of the unannounced visit to the designated centre and make it available on request to residents and their representatives and the chief inspector.

Please state the actions you have taken or are planning to take:
1. The 6-monthly unannounced review was completed in May 2017.
2. All reviews of quality and safety are to be stored in hard copy in the Centre in the Quality Management Folder.
3. All quality and safety reviews of the Centre for the past 12 months are to be discussed at the team meetings in December 2017 and January 2018.

Proposed Timescale: 31/01/2018

Theme: Leadership, Governance and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The monitoring systems in place were not effectively ensuring that all residents were safe and that the quality of care provided was improving outcomes for residents.

16. Action Required:
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
1. The Centre will be reviewed by the relevant Director of Operations, Director of Services, PIC, Regional Manager and Designated Officer, looking at current concerns and identifying recommendations for the assessed needs of the residents within the Centre, with a view of improving outcomes for resident.
2. The Governance Matrix has been implemented to identify trends of individual residents safeguarding concerns for both person causing concern and the vulnerable

person. Also, individual trends of physical restraints are reviewed on a weekly basis with senior management.
3. A review is taking place in relations to risk rating individual safeguarding concerns with a view of identifying areas of risk at an earlier stage.

Proposed Timescale: 31/01/2018