

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Damara
Centre ID:	OSV-0003446
Centre county:	Kilkenny
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Saint Patrick's Centre (Kilkenny)
Lead inspector:	Ann-Marie O'Neill
Support inspector(s):	Laura O'Sullivan
Type of inspection	Announced
Number of residents on the date of inspection:	7
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration 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:
29 January 2018 10:30	29 January 2018 18:00
30 January 2018 10:00	30 January 2018 16:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 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 was an announced registration inspection in response to an application to register this centre as a mixed designated centre which could accommodate children and adults. The inspection took place over two days. It was the fifth inspection of the centre carried out by the Health Information and Quality Authority (HIQA). Previous inspections of this centre had found non compliance in a number areas with some outcomes deemed majorly non compliant. This inspection found improvements had occurred however, there were still some areas which required improvement to meet the regulations.

How we gathered our evidence:

Inspectors visited all three residential units that made up the designated centre. They met with staff in each residential unit and spoke to them about practices and their knowledge of the residents. As part of the inspection the inspectors spent time with four of the seven residents living in the centre. Inspectors respected residents' wishes to spend time with them or not during the inspection at all times.

Inspectors also spoke in depth with the person in charge, a number of staff present both days of inspection and the community services manager. A sample of family feedback questionnaires were also reviewed during the inspection. This feedback was very positive about the service and complementary of the staff working there. Inspectors reviewed care practices and documentation such as residents' personal plans, medical records, accident and incident logs, policies and procedures and staff files.

Description of the service:

The centre, according to its statement of purpose, provides full-time residential care in three adjoining units for up to eight adults and children. The centre provides services for children and adults with varying degrees of intellectual disability and/or autism and physical disabilities.

Overall judgment of our findings:

Since the last inspection a new board of management had been appointed to oversee the provider organisation. A suite of fire safety works had been carried out in the centre in order to address significant fire safety non compliances found on previous inspections. Inspectors noted fire safety and compliance of the building was now to a good standard.

Overall, residents living in the centre had a good quality of life in the centre and the provider had arrangements in place to promote their rights and safety and safety as much as possible. Most parts of the premises had been refurbished and provided a homely environment for residents. Some improvement was required for the residential unit used by adults to ensure adequate space in their bedrooms, for example.

Staff knew the needs of residents very well. Throughout the inspection pleasant, supportive interactions were observed between residents and staff.

Of the 18 outcomes inspected, 8 outcomes were found to be moderately non compliant. 10 outcomes were found to be compliant or substantially compliant.

The recently appointed person in charge presented as a knowledgeable and competent person to carry out their role. Staff supervision meetings were effective and well planned. Staff found the person in charge to be supportive and approachable. However, due to staffing resource constraints they were not able to carry out their role in a full time capacity and worked shifts as part of the staff complement for the centre. This impacted on their capacity to oversee the management and quality of service provided resulting in the non compliances found

on this inspection.

Good practice was found in the areas of rights promotion for residents and the use of advocacy services to safeguard residents' rights. Medication management was overall found to be well managed also as were the healthcare needs of residents. Provider led governance and quality reviews were of a good standard.

Improvement was required in the areas of risk assessment documentation, behaviour support management, centre based operational management auditing and some aspects of nutrition management.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents living in the centre had their privacy and dignity supported to an appropriate standard in this centre. The capacity of residents living in the centre had reduced to seven residents still living in the centre were now experiencing greater freedoms and lessening of restrictions that they would have experienced previously when the full capacity of the centre was for 12. The provision of activities and hobbies for the residents to engage in whilst spending time in their home needed some improvement.

The centre was situated in a congregated setting and while the provider had improved the overall living environment in most parts, this living arrangement impacted on residents experiencing full integration with their local community. Improvements the provider had implemented included refurbishments of some parts of the centre to make them more homely and the provision of transport vehicles for the centre. Some improvement was required in this regard and is further discussed in outcome 16; Use of Resources.

The complaints procedure was located in a prominent position in the centre and in an easy read format. Some improvement was required to ensure the procedure outlined the timelines and steps involved in the making of a complaint and the option for making an appeal. Inspectors reviewed the complaints log for the centre. There were no active complaints under review at the time of inspection.

Residents had access an independent advocate if and when they required. Information and contact details were available in the centre. The provider had also engaged an independent advocacy service to review contracts of care for residents to ensure they

upheld residents' rights and were transparent and fair. This was evidence of the provider implementing advocacy services on behalf of residents in an effort to promote their rights.

The inspector reviewed a sample of resident meetings which had occurred, however they lacked recorded evidence of residents' feedback or choices through that process. Improvement in gathering residents' feedback and facilitation of choice was required.

The organisation had a policy on personal property, personal finances and possessions which guided practice in the organisation with regards to these matters. All residents living in the centre required support in managing their personal finances. An inventory of each resident's personal property had been carried out and on this inspection was found to be detailed and up-to-date.

Activities available to residents were suited to their age and interests outside of the centre. Residents were supported to go on planned trips and excursions, shopping and attending activities available in St. Patrick's Centre, for example. There was however, improvement required in relation to the personal interests and hobbies options available for residents within the centre, their home in particular for children living in the centre.

Judgment:
Substantially Compliant

Outcome 02: Communication

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

Theme:
Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents' communication needs were supported in accordance with their assessed needs and preferences in the most part. Some improvement was required to ensure residents had access to a telephone in order to facilitate contact with their families and friends.

Residents' communication needs had been identified in their personal planning documentation. Of the sample of personal plans reviewed most residents had a communication passport setting out their individual communication styles. Staff working with residents understood their individual communication repertoires and endeavoured to meet residents needs if and when they expressed them.

The provider had purchased electronic hand held devices (I pads) for some residents

living in the centre to assist their communication needs. Wireless internet was also available in the centre and residents used internet facilities with the support and supervision of staff. An internet usage policy was in place however, it related to staff internet usage only and did not refer to how residents could be supported to use the internet safely and in a way that protected them.

Residents could avail of the services of a speech and language therapist (SALT) for the purposes of assessment of their communication needs.

Residents had the use of televisions and radios. A telephone was also available in the centre for use by staff however, it was not readily accessible for residents at all times and family questionnaire feedback indicated that this was something they wished to be improved upon in the centre.

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:

Family feedback questionnaires were positive about the service residents received. They were also complementary of staff working in the centre.

Overall there was evidence that residents families were encouraged to meet and discuss their resident's care and the service they received. A visitor's policy was in place and a visitor's book was also used to document the names of visitors to the centre. Space and options for private visits were available in the centre.

Children and adults living in this centre were supported to engage in community based activities as much as possible. However, due to staff shortages in the centre this was not always as frequent as residents and their families would like.

Judgment:

Substantially 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:

Each resident had been issued with a contract of care. The provider had revised residents contracts of care to reflect the services and terms and conditions of their contract with the provider. Fees payable by the resident were clearly outlined also. Policies and procedures relating to admissions, transfers and discharge planning required improvement.

Inspectors reviewed residents' contracts of care to ascertain if they had been agreed with the resident and or a representative on their behalf acting in their best interests. It was noted that residents contracts were still being reviewed by their families. The provider had also enlisted a National advocacy service to review residents' contracts to ensure they were transparent and adequately promoted residents rights. At the time of inspection the provider was awaiting feedback from the advocacy service and would make amends following their review.

Community transition coordinators in place to assist service users, staff and family members as part of transition planning. Evidence of transition processes for residents that had discharged from the service included the use of social stories as part of their transitional planning. There was also evidence of collaboration between services in the transition of a child.

However, some improvement was required. The admissions, transfer and discharge policy was out-of-date and did not provide adequate detail to guide staff and management relating to these processes for example, taking account of the need to protect residents from abuse by their peers.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Each residents' health, personal and social care needs had been assessed and there were personal plans in place to reflect the children's assessed needs and support requirements. However, the quality of person centred plans and goals required improvement. In addition, transition and discharge plans for some residents were not in place.

Each resident had a personal plan in place which detailed a comprehensive assessment of needs which had been carried out through an allied health professional process. Where needs had been identified support planning was in place. A monthly multi-disciplinary allied health professional review occurred of the needs of residents and through these meetings recommendations were made or support planning was reviewed. This was a comprehensive process which ensured residents personal needs were assessed and reviewed through an evidenced based allied health professional framework.

While personal plans outlined comprehensive and improved assessment processes for residents, personal plans were disjointed and in some places contained information that referred to other residents. The person in charge was required to review all personal plans and ensure correct and accurate information was maintained in each file.

Children living in the service were supported to attend school each day. Adult residents were also supported to attend day services linked to Saint Patrick's Centre services.

However, children's personal plans did not adequately provide evidence of the involvement of the child and their family or representative as part of the personal planning process.

In the weeks prior to the inspection a resident was discharged. Transition and discharge planning was reviewed and in the main found to be person centred and inclusive of the child and family. However, other residents identified to discharge or transfer from the service did not have planning in place at the time of inspection. This required improvement to ensure the discharge process was inclusive of the resident and their family, not rushed and carried out in a way that met the residents' needs.

Inspectors reviewed a sample of person centred goals identified for residents. Overall, goals identified for residents required improvement. Goals for residents reflected specific assessed needs for residents rather than residents' aspirations or personal development goals. For example, some goals identified for residents included supporting residents to

wear specific shoes to help with their mobility, other goals identified attending school. Where goals were identified they lacked a formalised action plan in place in order to support the resident to achieve them.

An improved approach to goal setting was required to ensure when a goal was identified an action plan was developed which set out the steps required to achieve the goal, evidenced inclusion of the resident in establishing those steps, who was responsible to complete each step and by what timeline.

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:

The design and layout of the centre was in line with the statement of purpose but improvements were required. Although repair and safety works had been undertaken some aspects of the centre still presented as somewhat institutional in nature. Though overall the centre presented as clean, the standard of cleanliness was not maintained in all parts.

The rooms were of a suitable size and layout for the needs of the children. However, bedrooms for adult residents that required improvement to ensure there was adequate space. Adult resident bedrooms were fitted with a sink and counter top which took up space in the bedrooms. Children's bedrooms which had been upgraded since the previous inspection did not contain these fixtures and therefore presented as less institutional in design and provided children with more space.

There was sufficient lighting and heating throughout the centre. There was also adequate private and communal space available throughout the designated centre. Flooring in the adult residential unit of the centre however, presented as institutional in design and was not as homely as the wooden floors which were present throughout children's residential units comprising the centre.

Some areas of the premises required improved cleaning, for example the extractor fan in one kitchen of the designated centre was heavily soiled with grease and required

changing to ensure effective and safe use. A kitchen in another residential unit of the designated centre was not maintained to the same standard of cleanliness as the other kitchens within the centre.

While the centre provide large garden spaces to the rear of the property they required maintenance to ensure they were pleasant and usable spaces for residents to use. The rear garden spaces for children living in the centre did not provide play equipment, seating or hobby options suited for their age or interests which could be used throughout the year.

Equally the rear garden space for adults to use did not provide residents with opportunities to engage in personal hobbies or interests outside for example, horticulture pursuits or seating options for meals outside.

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:

The health and safety of residents, visitors and staff were promoted for the most part. However, improvement was required in relation to risk management, some aspects of infection control and fire evacuation procedures.

A health and safety and risk management policy was in place. Incidents were documented by staff and reviewed by the person in charge and a senior manager as part of Saint Patrick's Centre overall risk management procedures.

A risk register was also in place. However, improvements were required to the overall identification and assessment of risk within the centre for both personal risks for residents and environmental hazard identification and management.

Control measures documented in risk assessments were generic in many instances and did not reflect the actual control measures in place to manage risks. Where risks were identified and the risk assessed, the rating applied was not always accurate and did not reflect the actual risk impact correctly. In other instances documented control measures were not robust enough to manage the risk.

As a result documented risk control measures were not reflective of the actual control measures implemented by staff to manage specific risks. This impacted on the person in charge and provider's assessment of the effectiveness of risk management in the centre and required improvement.

There were procedures in place for the prevention and control of infection. However, some improvements were required. The provider's infection control management procedures require colour coded mops and buckets for the cleaning of specific areas within designated centres. However, this system was not in use in this centre at the time of inspection.

There was adequate means of escape and fire exits were unobstructed. A procedure for the safe evacuation of residents in the event of fire was documented. Each resident had a personal emergency evacuation plan in place. Some residents' personal evacuation plans however, referred to the use of a hoist as part of their evacuation process. Personal evacuation plans for residents required review by an appropriately qualified person to ensure the most effective evacuation strategy for each resident was in place.

Staff who spoke with the inspector were familiar with the fire evacuation procedures. Fire drills occurred however, it was not demonstrated that adult residents that had recently transferred to the centre had participated in a fire evacuation drill. The provider was required to assess the evacuation procedure of the centre and ensure evacuation plans for residents recently transitioned to the centre were effective.

A functioning fire alarm was in the centre and a fire panel was located in each of the three residential units that made up the centre. Fire equipment including extinguishers and fire blankets had up-to-date serving. Fire compliant doors were located throughout the centre. Smoke seals on door frames were also in place to prevent the spread of smoke. However, there were some gaps in daily fire safety check records.

Inspectors reviewed manual handling training for staff. Of records reviewed it was noted six staff had not received up-to-date manual handling training.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

There were measures in place to keep residents safe and to protect them from abuse. However, comprehensive behaviour support planning was not in place for residents requiring such supports. The person in charge was also required to create a comprehensive restraint register for the centre.

The centre had a child protection procedure in place. Staff spoken with were knowledgeable about the signs of abuse and what they would do in the event of an allegation, suspicion or disclosure of abuse. Training records showed all staff working in the centre had received children first training. Staff had also received training in safeguarding vulnerable adults. The picture and contact details for the designated person for the centre was displayed in the centre.

It was noted that most residents living in the centre required positive behaviour support and associated planning to guide and inform staff in how to support residents. A sample of residents plans were reviewed. Of plans reviewed, one demonstrated a comprehensive behaviour support plan based on a functional analysis and outlined proactive and reactive strategies, including coping and tolerance skills promotion for the resident. This plan had been devised by an allied health professional with knowledge and skills in the area of behaviour support.

Behaviour support planning for other residents requiring such supports were not adequate and did not follow a positive behaviour support framework which set out proactive and reactive strategies in order to support residents. The person in charge outlined a number of support strategies for residents. However, these strategies were not documented in any meaningful way in their personal plans. This required improvement and review by an appropriately qualified and experienced allied health professional.

Not all staff working in the centre had received training in the management of behaviours that challenge. This was necessary for all staff due to the assessed needs of most residents living in the centre.

There was a policy in place on the use of restrictive practices. Where chemical restraint was administered clear criteria for its administration was documented. Overall, a restraint free environment was promoted in the centre. Where restrictive practices were in place they were deemed a risk control measure, for example the locking away of harmful chemicals and fobbed entrance doors.

However, the person in charge had not devised a restraint register for the centre which documented all restrictive practices in use, when the restrictive practice was first prescribed, the most recent review of the practice by a human rights committee and allied health professionals and if and when a restrictive practice was discontinued.

Judgment:

Substantially Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The person in charge and persons participating in management of the centre on an ongoing basis, demonstrated a good understanding of incidents that would require notifying to the Chief Inspector and the timelines by which they were required to be notified.

All incidents requiring notification had been submitted.

Judgment:

Compliant

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):

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

Findings:

Children living in the centre were supported to attend school each day.

However, at the time of inspection further education and employment planning were not evident for children nearing school leaving age.

Equally it was not demonstrated if adults living in the centre had received similar assessments in relation to their education, training 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:

Improvements in the overall comprehensive medical and allied health professional assessment of residents' healthcare had occurred in Saint Patrick's Centre designated centres. Through this comprehensive medical assessment process, some residents had been identified as requiring further medical assessments and investigations and residents were supported to undergo these with the support of staff through a supportive and person centred process.

As mentioned in previous inspection reports for St. Patrick's Centre, residents' access to and assessment by allied health professionals had improved significantly in the last year. Each resident was afforded a monthly allied health professional review whereby each resident's support needs were discussed and reviewed by the relevant allied health professionals associated with their care. This systematic and thorough review of each resident was reflecting positive and improved healthcare outcomes for residents.

Meals for residents were prepared and cooked in the designated centre. Each residential unit that comprised the centre was supplied with an appropriate sized kitchen and facilities for meal preparation. Dining spaces within each residential unit were also adequate and could provide residents with adequate space to enjoy meals provided to them. However, there were improvements required in relation to nutrition and food safety.

Inspectors noted some foods stored in residential units were out-of-date or showing signs of not being fresh in one instance. There were no food hygiene systems in place to ensure foods stored in the centre were labeled when opened and food storage spaces such as fridges, freezers and cupboards were regularly checked to ensure food produce was in date and correctly stored. A provider led audit of the centre carried out in October 2017 had found similar issues and during that audit a representative of the provider had disposed of a number of out-of-date food items.

No staff working in the centre had received training in food hygiene. Storage of some food items in fridges were not in line with good food hygiene standards.

This was poor food safety management and required systematic improvement and implementation to ensure optimum food safety for residents.

A review of meal planning for the centre indicated pizza, chicken goujons and oven chips were served to residents on a number of occasions each week. While this was acceptable in the main, inspectors noted some freezers in the centre stored only these food products.

This required improvement to ensure residents received a nutritious, healthy and varied diet which could also include treats and preferred foods each week.

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:

Systems in relation to medication management were reviewed by the inspectors. These were found to be efficient and safe. Some improvement was required in relation to the management of liquid medications.

All prescription sheets were clear and signed by GP detailing route, dose and medication to be administered. Medication allergies were clearly noted along with an updated photo of all residents in their personal plans and medication administration record charts.

Not all as required (PRN) medications had a documented maximum dose in 24hours clearly noted on medication administration documentation. PRN medications did have each a separate documented administration criteria procedure. Each resident also had a documented medication management plan detailing person centred information on how they received their medications.

Residents medication was reviewed regularly by their GP and prescribing psychiatrists.

On the day of the inspection a medication error in relation to documentation was noted by an inspector. When brought to the attention of the person in charge, this was reviewed in line with local procedures in an efficient and effective manner. No previous medication errors were noted.

A signature record of staff administering medication was maintained in the centre. The inspectors observed good practice in the receipt, storage, administration and dispensing of controlled medication. Staff interviewed had a good knowledge and awareness of all procedures in place.

Audits had been carried out by an medication management auditor from within Saint Patrick's Centre organisation. Medication audits provided action plans which had or were in the process of being implemented by the person in charge. Systems were also in place in relation to stock checks and receipt of medications.

One liquid medication, which was to be disposed of 3 months following opening did not detail when bottle had been opened, therefore staff could not ascertain when medication was no longer viable. Systems for the management of liquid medications and monitoring of their expiry required improvement.

Judgment:

Substantially Compliant

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:

The Statement of Purpose required review to ensure compliance.

The resident capacity of the centre was not clearly stated.

The governance and management information for the centre did not reflect persons participating in the management of the centre, for example the newly appointed team leader for the centre.

The criteria for admission was not clear.

The provider was required to add a statement in relation to emergency admissions for both adults and children and if these were facilitated.

The statement of purpose did not reflect the age range of residents and mainly referred to the centre as a children's designated centre.

Further information was required in relation to the support, assessment and promotion of residents' education and training needs within the statement of purpose.

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):

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

Findings:

The previous inspection had found this outcome to be majorly non compliant. However, since 2016 the provider had instigated a number of significant improvements within its governance and management structures bringing this inspection's findings into mostly compliance. However, there were improvements required relating to operational management auditing within the centre.

Since the previous inspection a new person in charge had been appointed who met the requirements of regulation 14 and its associated sub-regulations relating to management experience and management qualifications. She was supported in her role by a community regional manager who knew residents and their families very well. The person in charge reported directly to them and they in turn they reported to the director of services. They also managed the centre in the event of an absence of the person in charge.

The recently appointed community services manager had relevant management experience at this level in another disability service and had a good understanding of regulation and monitoring centres for compliance with the standards and regulations.

The provider had implemented improved procedures for monitoring the quality of care provided to residents in all designated centres within St. Patrick's. Systems were in place to gather and analyse information which could be used to validate the quality and safety of care provided to residents.

Unannounced visits and audits by persons nominated by the provider, which are a

requirement under Regulation 23 to gather information and assess the quality and safety of care, had been carried out since the previous inspection.

Systems to assess the quality and safety of care in St. Patrick's Service has improved greatly since the previous inspection with the appointment of a compliance manager, the appointment of key project co-ordinators with responsibility for assessing and supporting the implementation of actions identified in audits carried out and another project co-ordinator in the area of medication management and healthcare improvements and practice development in the service, for example. However, there was a lack of evidence that this improved system had been implemented effectively in this centre.

At the time of inspection operational management audits were not up-to-date and had not been carried out on a consistent basis. It was not demonstrated that the provider had made provisions to ensure the person in charge engaged in the operational management auditing process for the centre.

The provider was required to review the implementation of quality and safety review and oversight in the centre to ensure the quality of care provided to residents was of a good quality and met the requirements of the regulations.

Judgment:

Non Compliant - Moderate

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:

The provider was aware of the requirement to notify the Chief Inspector of the absence of the person in charge.

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:

Inspectors found that improvements were required under this outcome.

Two vehicles were assigned to the centre. However, one of these vehicles was off site for a minimum of four hours Monday to Friday to transport a resident to and from their educational placement.

This also resulted in one staff member being absent from the centre for a number of hours each day, depleting the core staffing resources to support the remaining residents each day.

On the day of the inspection a resident had requested to go for a drive out of the centre but was unable to do so as one vehicle was on a social outing and the other was completing a 'school run'. As a result the resident stood at their front door holding their jacket for a period of time with staff unable to facilitate their choice. This was not acceptable and required review by the provider.

Staff also reported that due to the inadequate transport available for residents they were unable to participate in activities within the local community for example, children living in the centre were unable attend swimming sessions each week as a result of limited transport available for them.

As there is no public transport available within Kilkenny town or its suburbs, residents living in the centre were dependent on transport provided to them by the provider to engage in activities outside of 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):

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

Findings:

There were appropriate staffing resources for the centre identified on the staffing rosters, however at the time of inspection staff shortages were noted due to unforeseen absences. Training and supervision systems for staff had improved since the previous inspection. There was a recruitment and selection policy in place. All documentation required by schedule 2 were in place however, some staffs' work contracts were not up-to-date

Staff supervision systems were reviewed during the inspection. A yearly schedule was in place for formal supervision to occur on a monthly basis between person in charge and staff. These showed evidence of good practice with specific roles being set out for staff taking into account their skill mix and areas of interest. This showed good use of the skill mix available. Staff interviewed informed inspectors that they found these sessions very beneficial and felt that these specific roles were of benefit to all.

Training requirements for staff working in the centre were reviewed by the person in charge during staff supervision meetings also. A training schedule was in place. Staff had attended most mandatory training however, there were gaps in staffs' training in areas specific to meet residents' needs. This included training in medication management, management of behaviours that challenge, dysphagia (management of compromised swallow), emergency response medication administration for epilepsy and anaphylaxis cause by allergies.

Staff observed and spoken with during the course of the inspection presented as diligent and conscientious persons with a very good understanding of the needs of residents. They were also complementary of the person in charge and were happy that they had been recently assigned specific responsibilities which met their interests and abilities.

A planned and actual staff roster was in place. However, there were staff shortages noted in the rota due to absences. This necessitated staff working extra hours and on occasions the person in charge working staff shifts. The provider was required to review staff resourcing for the centre to ensure appropriate staffing levels were in place in the event of staff absences due to sick leave, for example.

There were no volunteers working in the centre at the time of inspection.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

A copy of all schedule 5 policies were available in the centre. The provider had a plan in place which demonstrated their current review of policies and some had been updated. However, not all policies had been updated at the time of inspection and therefore a non compliance was found.

A directory of residents was maintained.

A copy of the residents guide was available and had been issued to each residents.

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:

Ann-Marie O'Neill
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 Saint Patrick's Centre (Kilkenny)
Centre ID:	OSV-0003446
Date of Inspection:	29 January 2018
Date of response:	08 March 2018

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 (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

Improvement required in relation to the personal interests and hobbies options available for residents within the centre, their home in particular for children living in the centre.

1. Action Required:

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

Under Regulation 13 (3) (a) you are required to: Provide each child with opportunities for play.

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

- Personal outcome meetings scheduled for March 2018 to discuss hobbies options with the child, family and support staff.
- New activity plans implemented.
- Hobbies discussed at resident's meetings.
- Recruitment process underway to ensure adequate staffing is available to ensure children can access their hobbies outside of designated centre.
- New age appropriate hobbies for inhouse use, purchased and implemented.

Proposed Timescale: 30/04/2018

Theme: Individualised Supports and Care

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

Some improvement was required to ensure the complaints procedure outlined the timelines and steps involved in the making of a complaint.

2. Action Required:

Under Regulation 34 (2) (c) you are required to: Ensure that complainants are assisted to understand the complaints procedure.

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

Complaint procedure currently under review and the time lines and steps involved in making a complaint will be outlined.

Proposed Timescale: 31/03/2018

Outcome 02: Communication

Theme: Individualised Supports and Care

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

A telephone was available in the centre for use by staff however, it was not readily accessible for residents at all times.

An internet usage policy was in place however, it related to staff internet usage only and did not refer to how residents could be supported to use the internet safely and in a way that protected them and was appropriate.

3. Action Required:

Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and

internet.

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

- Inhouse telephone is accessible to all residents.
- Section 5 in my personal plan will outline details of how to support the resident with telephone communication.
- Standard operating procedure to be completed, for the resident's usage of internet safely.
- Internet policy to be reviewed to include how residents can be supported to use the internet safely.
- Easy read internet usage policy to be developed.

Proposed Timescale: 30/04/2018

Outcome 03: Family and personal relationships and links with the community

Theme: Individualised Supports and Care

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

Due to staff shortages in the centre community based activities were not as frequent as residents and their families would like.

4. Action Required:

Under Regulation 13 (2) (c) you are required to: Provide for residents, supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

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

- Recruitment process has commenced to fill staff vacancies.
- Application has been put forward for community connector hours for the adult residents.

Proposed Timescale: 30/04/2018

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The admissions, transfer and discharge policy was out-of-date and did not provide adequate detail to guide staff and management relating to these processes, for example taking account of the need to protect residents from abuse by their peers .

5. Action Required:

Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and

practices take account of the need to protect residents from abuse by their peers.

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

- Admissions, transfer and discharge policy under review, presenting at Quality Assurance meeting 07/03/2018 in designated centre,.

Proposed Timescale: 30/04/2018

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:

Children's personal plans did not adequately provide evidence of the involvement of the child and their family or representative as part of the personal planning process.

6. Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

- Schedule of personal plan meetings in place to include family representation and maximum participation of residents. Supported to facilitate own meeting. EG: documented on IPAD or through photographic evidence.

Proposed Timescale: 31/03/2018

Theme: Effective Services

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

An improved approach to goal setting was required to ensure when a goal was identified an action plan was developed which set out the steps required to achieve the goal, evidenced inclusion of the resident in establishing those steps, who was responsible to complete each step and by what timeline.

7. 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:

- Step by step goals will be identified and agreed in SMART format.

- Evidence verified by photographic scrap book or by IPAD.

Proposed Timescale: 31/03/2018

Theme: Effective Services

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

The person in charge was required to review all personal plans and ensure correct and accurate information was maintained in each file.

8. Action Required:

Under Regulation 05 (8) you are required to: Ensure that each personal plan is amended in accordance with any changes recommended following a review.

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

- Personal plans have been reviewed and amended to reflect any changes.
- This will be ongoing and as required.

Proposed Timescale: 08/03/2018

Theme: Effective Services

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

Goals for residents reflected specific assessed needs for residents rather than residents' aspirations or personal development goals

9. Action Required:

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

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

- Personal planning meetings are scheduled for the month of March.
- Visioning meetings scheduled for the adult residents

Proposed Timescale: 30/04/2018

Theme: Effective Services

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

Residents identified to discharge or transfer from the service did not have planning in place at the time of inspection.

10. Action Required:

Under Regulation 25 (4) (b) you are required to: Discharge residents from the designated centre in a planned and safe manner.

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

- Contact has been made with the HSE regarding the transition of the children residents to adult services.
- Assessment of need have been completed for two children.

Proposed Timescale: 30/04/2018

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:

While the centre provided large garden spaces to the rear of the property they required maintenance to ensure they were pleasant spaces for residents to use.

11. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

- Garden furniture being sourced
- Gardener sourced for immediate attention and ongoing maintenance. Residents will be supported to participate in gardening activities.

Proposed Timescale: 30/04/2018

Theme: Effective Services

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

Flooring in the adult residential unit of the centre presented as institutional in design.

Some areas of the premises were not as clean as other parts.

12. Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

- Request gone to maintenance and finance for replacement flooring.
- Cleaning schedules in place, signed off by PIC on a weekly basis and sent to health

and safety.

Proposed Timescale: 30/04/2018

Theme: Effective Services

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

Adults' bedrooms did not provide adequate space. A counter top and integrated sink took up a large portion of space in their bedrooms.

13. Action Required:

Under Regulation 17 (2) you are required to: Where the designated centre accommodates adults and children, ensure that sleeping accommodation is provided separately and decorated in an age-appropriate manner.

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

- sink and counter top in adult bedrooms to be removed.
- Bedrooms to be re-decorated with participation of residents. RE: Choice of colours and soft furnishings.

Proposed Timescale: 30/04/2018

Theme: Effective Services

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

While the centre provide large garden spaces to the rear of the property there were inadequate facilities to provide children living in the centre with recreational activity options outdoors.

14. Action Required:

Under Regulation 17 (3) you are required to: Where children are accommodated in the designated centre provide appropriate outdoor recreational areas which have age-appropriate play and recreational facilities.

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

- Trampoline and age appropriate items will be purchased.
- Sensory garden to developed
- Football goal to be erected
- Gardening tools to be purchased to enable to the child to participate in gardening.

Proposed Timescale: 30/04/2018

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:

Documented risk control measures were not reflective of the actual control measures implemented by staff to manage specific risks.

Six staff had not received up-to-date manual handling training.

15. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

- Staff to attend manual handling training on the 10/04/2018
- In house risk assessment training
- Review of all risk assessments by PIC
- Review of risk register by PIC
- Personal evacuation emergency plan to be reviewed by fire officer
- Mobile hoist now available for evacuation

Proposed Timescale: 30/04/2018

Theme: Effective Services

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

Some infection control systems were not implemented in the centre.

16. Action Required:

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

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

- Colour coded mops and buckets are on order
- Standard operating procedure developed: Infection control

Proposed Timescale: 31/03/2018

Theme: Effective Services

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

There were some gaps in daily fire safety check records.

17. Action Required:

Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

- Daily fire checks are audited weekly by PIC and signed off monthly by PIC.

Proposed Timescale: 08/03/2018

Theme: Effective Services

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

Personal evacuation plans for residents required review by an appropriately qualified person to ensure the most effective evacuation strategy for each resident was in place.

The provider was required to assess the evacuation procedure of the centre and ensure evacuation plans for residents recently transitioned to the centre were effective.

18. 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:

- Monthly fire drill to be scheduled for each month, planned and unplanned.
- Arrangements have been made with the Aspect Hotel, Kilkenny to ensure residents have a safe location to go to, in the event of a fire. PEEP and CREEP have been updated to reflect this.

Proposed Timescale: 08/03/2018

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:

Behaviour support planning for residents required improvement to ensure plans were based on an evidence based assessment by an allied health professional and followed a comprehensive positive behaviour support framework.

19. 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:

- Staff have been scheduled for studio 3 training and will complete by the 28th April 2018.
- Behaviour specialist have received referral for residents and will be conducting assessments, appropriate plans will be implemented.

Proposed Timescale: 30/04/2018

Theme: Safe Services

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

A restraint register was not in place.

20. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

- Restraint register and accompanying documentation now in place in accordance with policy.

Proposed Timescale: 08/03/2018

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:

It was not demonstrated if adults living in the centre had received assessments in relation to education, training and employment opportunities.

21. 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:

- Visioning meetings to include plans for opportunities for training, education and employment.
- Step by step documentation on how to achieve the goal in SMART format.

Proposed Timescale:

Theme: Health and Development

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

Further education and employment planning were not evident for children nearing school leaving age.

22. Action Required:

Under Regulation 13 (4) (d) you are required to: Ensure that children approaching school leaving age are supported to participate in third level education or relevant training programmes as appropriate to their abilities and interests.

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

- Assessment has been completed by occupational facilitator.
- Data has been collated, to outline future needs.
- Transition sampling plan to be in place once child turns 18 years old.
- Future transition meetings post sampling regarding best placement appropriate to the young adult's abilities and interests.

Proposed Timescale: 31/05/2018

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Food safety and hygiene systems in the centre required improvement and a system in place to ensure its effective implementation and management.

23. Action Required:

Under Regulation 18 (2) (a) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

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

- Staff have attended food hygiene training
- Staff attending nutrition training 25/03/2018
- Staff label each food item, with open and expiry date.
- Food hygiene folder in place, audited by PIC on a weekly basis and signed off on a monthly basis.

Proposed Timescale: 01/04/2018

Theme: Health and Development

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

Meal planning and foods available in the centre for meal preparation needed review to

ensure a wholesome, varied and nutritious diet was provided for residents on a consistent basis.

24. Action Required:

Under Regulation 18 (2) (b) you are required to: Provide each resident with adequate quantities of food and drink which are wholesome and nutritious.

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

- Nutrition training scheduled for 25/03/2018
- New menu plan to be discussed at monthly resident meetings in accordance with the dietician.
- Weekly shopping to reflect wholesome and nutritious food.
- Financial audits by PIC will reflect quality of spend

Proposed Timescale: 01/04/2018

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:

Not all as required (PRN) medications had a documented maximum dose in 24hours clearly noted on medication administration documentation.

25. 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:

- All PRN medications have been reviewed and now state maximum dose within 24 hours.

Proposed Timescale: 08/03/2018

Theme: Health and Development

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

Systems for the management of liquid medications and monitoring of their expiry required improvement.

26. Action Required:

Under Regulation 29 (4) (c) 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 out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

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

- Labels now in place, stating date opened and date of expiry and expiry of shelf life.
- Food rotated.
- Food temperature recorded. Same audited by PIC and signed off monthly.

Proposed Timescale: 08/03/2018

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose required review to accurately reflect the mixed designated centre service provided and to meet Schedule 1 of the regulations.

27. 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:

- Statement of purpose reviewed and now accurately reflects the mixed designated centre.

Proposed Timescale: 08/03/2018

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 provider was required to review the implementation of quality and safety review and oversight in the centre to ensure the quality of care provided to residents was of a good quality and met the requirements of the regulations.

28. 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:

- Team leaders / PIC schedule of audits in place.
- Annual and six-monthly provider audits will be completed on a consistent basis.
- Staffing complement reviewed in centre and recruitment process underway.

Proposed Timescale: 30/04/2018

Outcome 16: Use of Resources

Theme: Use of Resources

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

The centre was not adequately resourced to meet the needs of residents.

29. Action Required:

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

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

- Plans in place for adult residents to use wheelchair taxi service
- Recruitment process underway.

Proposed Timescale: 30/04/2018

Outcome 17: Workforce

Theme: Responsive Workforce

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

The provider was required to review staffing numbers particularly with regard to arrangements for covering staff absences.

30. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

- Staff contracts now up to date and in place
- Provider is reviewing the staffing complement
- Roster consultation process has commenced with new proposed roster to commence the 25/03/2018

Proposed Timescale: 30/04/2018

Theme: Responsive Workforce

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

Some staffs' work contracts were out-of-date.

31. 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:

- Staff contracts now up to date

Proposed Timescale: 08/03/2018

Theme: Responsive Workforce

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

There were gaps in staffs' training in areas specific to meet residents' needs

32. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

- Training schedule is circulated on a monthly basis
- PIC identifies training needs during supervision
- All staff have been scheduled for medication management, studio 3, dysphagia, Buccal and epilepsy, basic life support.
- Anaphylaxis training scheduled.

Proposed Timescale: 30/04/2018

Outcome 18: Records and documentation

Theme: Use of Information

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

Not all Schedule 5 policies were up-to-date.

33. 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:

Policies currently under review with quality assurance

Proposed Timescale: 30/05/2018