

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Enable Ireland Disability Services Limited
Centre ID:	ORG-0008231
Centre county:	Cork
Email address:	cgayer@enableireland.ie
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Enable Ireland Disability Services Limited
Provider Nominee:	Fidelma Murphy
Person in charge:	Terry Datson
Lead inspector:	Geraldine Ryan
Support inspector(s):	Cathleen Callanan
Type of inspection	Announced
Number of residents on the date of inspection:	2
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 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 announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
04 February 2014 09:30	04 February 2014 18:00
05 February 2014 08:30	05 February 2014 13:30

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 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This monitoring inspection was the first inspection carried out by the Authority. As part of the monitoring inspection, inspectors met with residents and staff members. Inspectors observed practices and reviewed documentation such as the centre's statement of purpose, person centred care plans, records of residents' finances, medical and nursing records, the menu, activities, staff training records, staff files, policies and procedures, fire safety records and the residents' accommodation.

On the first day of inspection, the inspectors met with the appointed person in charge who was based off site. The in charge stated he was familiar with the Regulations and Standards and stated that he was committed to working towards compliance with regulatory requirements.

The in charge informed inspectors that the centre was managed by a local manager and staff, could accommodate three residents. There were two residents accommodated in the centre on the days of inspection. While the commitment and efforts of the staff to enhance the lives of the residents was very evident, significant non-compliances were noted by inspectors. Findings on this inspection identified

concerns in areas such as:

- the statement of purpose
- contracts outlining the services to be provided to the resident
- residents' care planning
- the premises
- risk management
- residents' healthcare needs
- governance and management
- use of resources
- recording of residents' personal valuables and monies
- infection control practices
- education and training for staff
- records and documentation.

The Action Plan at the end of this report identifies where a number of improvements are required 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. These were discussed in detail with the in charge at the feedback meeting at the end of the two days of inspection.

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 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

Judgement:

Non Compliant - Major

Findings:

Residents did not have a written agreement which dealt with the support, care and welfare of the resident in the centre and details of the services to be provided for that resident. As it had been some time since a resident was been admitted to the centre, it was difficult to ascertain if the admissions process considered the wishes, needs and safety of the individual and the safety of other residents. There was no evidence that an assessment of need was carried out prior to the residents' admission to the centre.

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

Judgement:

Non Compliant - Major

Findings:

The centre's statement of purpose clearly stated that each resident was actively engaged in developing and implementing plans that were built around their own needs. However, inspectors found that documentation regarding residents' personal care planning did not adequately capture or describe the healthcare needs of residents and in particular residents assessed as having a maximum dependency with co-existing complex medical needs. Evidenced based tools used for assessing residents' dependency

and for assessing clinical risks were not available in the centre. While each resident had a plan, it contained details of task orientated daily routines, for example, personal hygiene and clothing, mealtimes, manual handling, social interests and activities. There was no date on the documentation as to when it was last reviewed and updated. It was unclear if residents were consulted with and participated in the development of a comprehensive personal care plan. Residents had a copy of their care plan, but not always in an accessible format. There was no evidence that residents' care plans were formally reviewed and in consultation with the resident or signed by the resident. There was no detail of where a person declined to engage in the planning process and of attempts to engage them in the process.

None of the care plans set out in a formal manner the services and supports to be provided to achieve a good quality of life and to realise their goals; for example;

- health services
- education, lifelong learning and employment support services where appropriate,
- social services
- development, where appropriate of a network of personal support
- transport services
- assistive devices and technologies
- the involvement of family or advocate. The role of the family and the support services to be provided were not documented in the care plans.

The residents attended a day care facility. However, there was no clear plan to ensure that the care needs of residents with a maximum dependency and with complex care medical and social needs were in place for their time in the day facility. There was no detail as to the level of the residents' access to and participation in education, training or employment, as stated in the SOP.

Information in the care plans did not capture if the residents wishes in relation to where he/she wanted to live and with whom. A resident informed inspectors that she was happy with her accommodation and liked her bedroom. There was no information regarding:

- the resident's short or longer-term wishes or aspirations around friendships, belonging and inclusion in the community
- as assessment of the resident's abilities, skills and needs, carried out with appropriate assistance, if required.

Staff had no formal training on developing person centred care plans.

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

Judgement:

Non Compliant - Major

Findings:

The centre was homely and warm. While residents' bedrooms were personalised, bright and spacious, no room had en suite facilities. The design and layout of the premises required review so as to ensure that premises was fit for purpose in accommodating residents with a maximum dependency and with co-existing complex medical conditions. Residents were restricted in their movements and to accessing areas due to the poor design of the premises. Residents could not access the garden. Doorframes were narrow and in need of maintenance; corridors widths could not accommodate two residents accommodated in a high dependency ambulatory chair passing one another, or a resident and a staff member passing one another.

The bathroom/wet room accommodated a walk in shower/ toilet and wash hand sink. A ceiling mounted hoist was installed in this room. This room was also used for storage. The floor in the utility room was in a state of disrepair. This room was discussed under Outcome 7.

The kitchen was located off the front hall. The design and layout of the kitchen required review as residents using high dependency chairs could not access the dining table. When the table was moved out from the wall, there was no room for residents to access the communal sitting room. There was no room available for residents to meet with visitors in private.

There was a designated bedroom for one staff and the second staff member used the bed located in the manager's office. Staff had separate en suite facilities.

A ceiling mounted hoist track operated from one resident's bedroom through the corridor, front hall and into another resident's bedroom. The privacy and dignity of residents were compromised as a result of this design. The ceiling mounted hoist was not operational. There was one charging station for this hoist and this was located in one of the resident's bedrooms. Should a resident residing in another room require the use of the ceiling hoist, the resident in where the charging station was located, would be disturbed. A resident who availed of the use of a high dependency chair reported to the inspector that the chair was uncomfortable. Staff stated that they had tried to address this issue, with no success.

Access and arrangements in relation to ongoing maintenance and general upkeep of the premises, required review. It was evident that a regular programme for maintenance was not in place and that issues were addressed as they arose and not in a timely manner. Concerns regarding infection control in relation to housekeeping procedures were addressed under Outcome 7.

Residents access to assistive technology to enhance their quality of life, required review.

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

Judgement:

Non Compliant - Major

Findings:

The centre had a health and safety statement.

Some procedures were in place for the prevention and control of infection. Alcohol hand gels, disposable gloves and aprons were located within the centre and staff were observed availing of protective equipment (PPE) when engaging in personal care. However, there was no provision of separate staff hand washing facilities in the utility room. Visible instructions on hand washing techniques were displayed. Waste was stored in a designated foot operated bins and an arrangement was in place for regular collection by an external agency.

Housekeeping duties were carried out by the staff. Procedures around housekeeping required review in order to comply with the centre's policy on the prevention of infection as:

- wet mops and buckets were stored externally outside the back door
- mops were used communally and not changed between rooms
- a mop immersed in a bucket of water was located in the front hall near the entrance door
- cleaning cloths were used communally.
- specific bags used for soiled laundry were not available.

Decor and some furnishings required updating. Floor tiles in the utility room were in a state of disrepair. A protective canopy on the external footpath was in a state of disrepair and grimy.

The centre did not have a risk management policy or a risk register capturing potential risks (environmental, operational and clinical) associated with the centre. There were no measures in place to control risks and arrangements for identification, recording, investigation and learning from serious incidents. There were no arrangements in place for investigating and learning from serious incidents/adverse events involving residents. The in charge stated that incidents were discussed at staff meetings and management meetings.

It was unclear if an emergency plan was in place. While a fire evacuation plan was in place, a safe placement for residents in the event of an evacuation was not identified.

Each resident had access to a call bell. However, the ceiling hoist was not operational and staff stated that they were waiting for it to be reviewed and serviced by a suitably qualified person. A mobile hoist was available to residents. There was evidence that staff

were trained in the moving and handling of residents. Residents had access to hoist slings but there was no evidence that the residents had been assessed for the slings to ensure that the correct sling was used.

Records reviewed by the inspector indicated that the fire alarm was serviced on a quarterly basis, fire safety equipment was serviced on an annual basis, and fire drills took place periodically. There was evidence of arrangements in place for reviewing fire precautions which included the alarm panel, the fire exits, and the testing of fire equipment.

Inspectors noted that with the exception of one fire exit from the administration office, fire exits were unobstructed. The fire exit from the administration office was partially impeded by a long wooden press. The fire evacuation instructions as detailed in the SOP stated that a hoist was to be left located outside one of the resident's bedroom at night. However, this corridor was a fire escape.

A procedure for the safe evacuation of residents and staff in the event of fire was prominently displayed throughout the centre. Staff spoken to by the inspector were aware of what to do in the event of a fire and were aware of the identified fire exits. However, there was no evidence that the mobility and cognitive understanding of residents had been adequately accounted for in the evacuation procedure. An individualised evacuation plan for each resident with a maximum dependency and with complex medical and nursing needs, was not in place.

A visitor's sign in/out book was readily accessible at the front door. There was evidence that persons entering and leaving the centre signed the book. Staff stated that an open door policy existed in the centre.

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

Judgement:

Non Compliant - Major

Findings:

The centre had an up to date policies on, and procedures in place for, the prevention, detection and response to abuse, in which staff had received training. Staff knew what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to.

Residents informed the inspectors that they felt safe. Inspectors observed staff interacting with the residents in a respectful manner and ensuring that the residents' privacy and dignity was maintained at all times and in particular while attending to personal care.

There had not been any incidents, allegations, suspicions of abuse recorded and procedures were in place to ensure that these incidents were appropriately investigated and responded to in line with the centre's policy. The centre operated under the auspices of the Health Service Executive (HSE) Trust in Care process for managing disclosures.

Staff informed inspectors that the centre held residents' monies. The daily diary was used to record residents' finances. Some financial transactions were not signed and some transactions had one signature. Receipts were available but the method of recording required review to ensure that documentation pertinent to residents' finances was legible, clear and transparent and recorded in a way that protected the privacy of the resident. The inspector noted that the centre did not have a policy with regard to safeguarding resident's finances. The in charge informed inspectors that the organisation did not act as financial agent for a resident.

There was no evidence of efforts made to identify and alleviate the underlying causes of behaviour that was challenging for each individual resident. Individual plans to manage behaviours had not been implemented. Training had not been provided for staff on how to manage behaviours that challenge.

Residents on whom restraint was used (bed-rails, chair belts for upper and lower body) had not been assessed for their use. There was no evidence of consent for the use of restraint and no arrangements were in place for the checking of and regular release of the restraints. Staff had not received training on the use of restraint and were carrying out restrictive measures without being trained to do so. There was no plan in place to ensure that restrictive measures were regularly checked and released while the resident was away from the centre.

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

Judgement:

Non Compliant - Moderate

Findings:

Residents had access to general practitioner (GP) services and appropriate treatment and therapies. There was evidence that residents had access to allied health care services and specialist consultants. Residents had been assessed by the speech and

language therapist and the dietician. However, it was not evident that residents who experienced dysphagia (difficulty in swallowing) had care plans tailored to their particular needs. Documentation with regard to information from such reviews was not recorded in a satisfactory manner. While review from allied services was evident it was always initiated by staff in response to a concern or an event. Multidisciplinary input on a formal and regular basis was not evident.

Generally residents' health and social care needs were met. Individual risk assessments had been commenced and these included constipation, toileting and the use of a hoist; however there were significant deficiencies in documentation with the result that not all residents' identified needs were being addressed. Of the care plans reviewed it was evident that the assessment, care planning process, and clinical care accorded with evidence based practice were inadequate. Risk assessments and appropriate care planning to guide staff in for example; regarding the use of restraint; managing challenging behaviour; the risk of choking; falls; food and nutrition; skin pressure care; oral care; continence; communication and the administration of medications were not in place for residents with complex clinical and medical care requirements.

There was no evidence of continence programmes for residents. Staff had not received training on the assessment of incontinence wear to ensure that residents benefited from the correct incontinence wear. Policies and procedures to guide staff on the health care needs of the residents were inadequate.

Staff were knowledgeable about residents' health and social care needs and were observed attending to residents in a dignified manner. A daily record of care was recorded in a diary. However, this diary also contained details of the residents' finances. This was discussed under Outcome 8.

It was evident that residents had some opportunities to participate in activities which included reading, baking, art, regular outings and shopping. It was not clear if the activity was the resident's choice or if the schedule of activities was done in consultation with the resident. A resident informed the inspectors that reading, watching television programmes and shopping were her favourite past-times.

The privacy, dignity and confidentiality of the residents were safeguarded in that information and documentation pertinent to residents were securely stored.

Efforts were made to ensure that residents' food preferences were captured. There was evidence that residents had an input into the weekly menu. However, pictorial menus that would enable a resident with communication difficulties to identify their choice of meal were not available. Staff cooking meals had HACCP training but did not have training on modified diets. There was evidence that staff had attended in-house training on the use of percutaneous endoscopic gastrostomy (PEG) tube for nutritional support. Snacks were readily available and there was evidence that food supplies were in place. Residents had their meals on tables attached to their ambulatory chair. However, as the height of the dining table was not adjustable, this arrangement did not allow the resident have their meal at the dining table, should the resident choose to. Cutlery to aid a resident with reduced dexterity and non slip mats were available.

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

Judgement:

Non Compliant - Moderate

Findings:

While the centre did have a statement of purpose, it did not contain all of the information as required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in a Designated Centre for Persons (Children and Adults) With Disabilities) Regulations 2013.

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

Judgement:

Non Compliant - Major

Findings:

While a management system was in place, it was not robust to ensure that the service provided was safe, appropriate to the residents' needs, consistently and effectively monitored. The management structure did not ensure sufficient supervision, monitoring and review of practice; the details of which are explored and evidenced under all outcomes as inspected against by the inspectors.

There were no clear lines of accountability for decision making and responsibility for the delivery of services to residents. It was evident that the local manager and staff were committed to the care and welfare of the residents; however the current overall governance and management systems did not support the local manager and staff. The PIC stated that monthly meetings were planned; however it was evident that the monthly meeting was not always convened. Issues discussed at these meetings focussed on budget, staffing levels and local managers tabled proposals pertinent to

requests for example; equipment, maintenance and transport. There was little evidence of a robust and regular review of the quality and safety of care in the centre and no evidence that the outcomes and learning or improvements from such quality assurance reviews were communicated to staff. Concerns regarding education and training of staff and staffing levels are discussed under outcome 17.

There was no evidence that senior management regularly visited the centre.

There was no evidence of having in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

Judgement:

Non Compliant - Major

Findings:

Resources allocated to maintenance, housekeeping, the repair of equipment, education and training of staff required review to ensure the needs of the residents were met. It was evident that the centre's routines and activities were resource led and not person centred. This approach had a direct impact on the accommodation made available to residents, the education and training of staff involved in the direct care of the residents.

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

Judgement:

Non Compliant - Major

Findings:

A sample of staff files reviewed complied with the requirements of schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres For Persons (Children and Adults) with Disabilities) Regulations 2013 were available. The PIC showed evidence of centre specific policies on recruitment.

On the first day of inspection there were sufficient staff to meet the needs of the residents. However, on the second day of inspection the staff complement comprised relief and agency staff. The agency staff had previously worked in the centre in September/October 2013. Relief staff worked in other designated centres operated by the provider. This approach to staffing did not ensure that residents with a maximum dependency and with co-existing complex medical conditions were cared for by regular staff known to the residents and by staff who had up to date knowledge and appropriate training in the medical and nursing requirements of the residents. It was not evident that the skill mix of staff was appropriate to the assessed needs of residents. Appropriate training for all staff was inadequate. Agency staff stated that mandatory training was provided by the recruitment agency. Agency staff had not attended any training provided by the provider. It was not clear if agency staff attended official fire training for the centre the agency staff were working in. Agency staff reported that local fire training was provided by the local manager and this included identification of the fire exits, the fire panel and locations of the fire extinguisher.

There was an actual and planned rota.

Records reviewed indicated that staff had attended training on fire prevention, manual handling, prevention of abuse and the prevention of infection, PEG tube nutritional support, cardio pulmonary resuscitation and catheter care. However, education and training of staff to ensure that they had the skills, qualifications and experience to care for residents with a maximum dependency and with complex medical and nursing needs, required review as staff had no training on:

- the use of restraint
- how to manage behaviours that challenge
- clinical risk assessment
- person centred planning
- communication.

Copies of both the Regulations and the Standards were available to staff but there was no documented evidence that staff had signed as having read the Regulations, Standards or the policies and procedures in the centre.

The local manager worked in the centre part time and demonstrated a willingness and strong commitment to the delivery of person-centred care and to work towards meeting regulatory requirements.

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

Judgement:

Non Compliant - Major

Findings:

Many of the operational policies required by the Regulations were not maintained. These included information as required under:

- Schedule 1
- Schedule 3
- Schedule 4
- Schedule 5.

There was no evidence that records were audited for completeness, appropriate content and accuracy.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Geraldine Ryan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Enable Ireland Disability Services Limited
Centre ID:	ORG-0008231
Date of Inspection:	4 February 2014
Date of response:	4 March 2014

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

Not having in writing, with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre

Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

We will ensure that individual written service contracts, in a format accessible to each service user, will be agreed and signed off with our current residents or their

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

advocate/representative and with all future residents or their advocate/representative on admission to the service. The contract will reference individual care plans and will include provision for informed consent for therapeutic programmes.

Proposed Timescale: 28/03/2014

Outcome 05: Social Care Needs

Theme: Effective Services

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

The person in charge (PIC) did not ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident was carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

Action Required:

Under Regulation 05 (1) (b) 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 as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

The provider works to a person centred model of care and support in each day service and staff receive training to implement person centred models of service.

Bi- annual review and planning meetings are held with each service user wherein they choose who may attend and who will support them to achieve personal goals based on core values of choice, relationships, community access and dignity. The people attending these meetings and provide assistance are known as a circle of support and these are facilitated by a PCP facilitator or key worker who is a trained member of staff.

The person decides on a range of goals for their service and/or broader personal areas and the circle of support assist the person to achieve those goals and review progress or otherwise every 6 months. The key worker assists an individual to work on their goals and will be led by their needs and wishes.

The residents receive comprehensive services across two locations (their residential service and day service) according to their needs and wishes. Currently records have been maintained separately in these services. In future these records will be linked together and guided by each resident being assessed by an appropriate health care professional, of their health, personal and social care needs. This will be carried out on an ongoing basis to reflect changes in need and circumstances, but no less frequently than once per annum. This assessment will form a critical part of the overall PCP process which is in place in the residents' day service, and will include existing multi disciplinary supports also in place currently in their day service.

Proposed Timescale: 11/04/2014

Theme: Effective Services

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

The registered provider did not have in place arrangements to meet the needs of each resident.

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:

The current service has a range of personalised supports in place in both the residential and day service. Some information was unavailable in a collated format (i.e. Person Centred Plan, Physiotherapy records, Assistive Technology records) the service did have available on the day for inspection records such as GP records, Dental records, Blood reports, Occupational Therapy Sling assessments, Orthopaedic records, Consultant reports and Individual Risk assessments.

The assessment under 5(1)(b) will be followed by a follow up review within six months of the assessment of each resident which will look at arrangements in place and progress with an emphasis on time bound deliverables.

All areas will have joint records going forward and will be reviewed by the Adults Services Manager.

Proposed Timescale: 11/04/2014

Theme: Effective Services

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

The person in charge did not ensure that residents' personal plans were made available in an accessible format to the residents and, where appropriate, their representatives.

Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

Residents' personal plans will be made available to them in a format that meets the needs of the residents and, where appropriate, their representatives. Prior to the inspection, work was undertaken on this in relation to the residents care plans in the centre and all personal plans are already in an accessible format in their day service. This work will also be completed for the centre's residents.

Proposed Timescale: 28/03/2014

Theme: Effective Services

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

Not ensuring that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

Action Required:

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

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

Existing daily records show that the centre is continuously reviewing the needs of the residents and that changes are being implemented according to residents' needs. This information will be formally documented within each individual's care plans.

The assessment under Regulation 5(1)(b) will be followed by a follow up review within six months of the assessment which will look at arrangements in place and progress with an emphasis on time bound deliverables.

Proposed Timescale: 11/04/2014

Theme: Effective Services

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

Not ensuring that personal plan reviews were multidisciplinary.

Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

Ongoing multi disciplinary services are provided to residents via their day service such as physiotherapy, Assistive Technology and Speech and Language Therapy and these are incorporated into their plans in that service. Staff at the centre receive relevant training from the appropriate practitioner in implementing these plans. This will be incorporated and formally linked to the overall Person Centred Plan and Care Plan process for residential and day services for each resident and will be supported and facilitated by each resident's key worker.

Proposed Timescale: 11/04/2014

Theme: Effective Services

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

Not ensuring that personal plan reviews were conducted in a manner that ensured 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.

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:

Residents currently participate in the planning of their care through key worker meetings. Current house care plans for each individual resident were revised and signed off by residents on 3rd March 2014.

Person Centred Plan reviews in day services are led by residents and whoever they appoint to their circle of support, these will be linked more comprehensively to their residential service utilising each residents key worker to support and facilitate this linkage which will be used in future to inform the overall review process. Residents include representatives to their circle of support according to their needs and wishes.

Joint Person Centred Plan reviews, including day service input, will take place going forward. This will include active participation of residents and/or their representative as appropriate.

Proposed Timescale: 11/04/2014

Theme: Effective Services

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

Not ensuring that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

Action Required:

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

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

There is in place ongoing reviews according to need and changes in circumstances, however, records in future will reflect more accurately this process. This will be achieved via the overall assessment and review process which will incorporate changes

as required and will incorporate existing daily review procedures.

Proposed Timescale: 11/04/2014

Theme: Effective Services

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

Not ensuring 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.

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:

In all Person Centred Plans clear, specific goals and objectives are set. There is in place ongoing reviews according to need and changes in circumstances. Records in future will reflect more accurately this process. Recommendations arising from the assessment and review process will be recorded and will include any changes to the personal plan, the rationale for such changes and will designate individual responsibility to the person responsible for pursuing the objectives in the plan within agreed timelines. Recording will be done in a systematic manner.

Proposed Timescale: 11/04/2014

Theme: Effective Services

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

Not ensuring that each personal plan is amended in accordance with any changes recommended following a review.

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:

There is in place ongoing reviews according to need and changes in circumstances. Records in future will reflect more accurately this process. Changes which are recorded daily in the centre changes and in the day services Person Centred plans will be integrated as part of the review process to include regular monitoring and evaluation of any new changes and developments.

Proposed Timescale: 11/04/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Not providing premises which were designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

Action Required:

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

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

An Architect Review of accommodation has been arranged to take place on 12th March 2014. The chosen architect has experience of designing accommodation for persons with a maximum dependency and complex medical and nursing needs and/or other appropriately qualified professional.

Proposed Timescale: 22/04/2014

Theme: Effective Services

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

Not providing premises which are of sound construction and kept in a good state of repair externally and internally

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:

An Architect Review of accommodation has been arranged to take place on 12th March 2014. The chosen architect has experience of designing accommodation for persons with a maximum dependency and complex medical and nursing needs and/or other appropriately qualified professional.

Proposed Timescale: 22/04/2014

Theme: Effective Services

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

Not providing 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.

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:

Each centre has a Health, Fire and Safety Register which includes daily and monthly checks on premises. These checks monitor fire, health and safety and equipment sections for review. This will be further developed to include a formal maintenance plan to include the identification of any resources or facilities needing repair or replacement and the repair or replacement of any identified resources or facilities. The plan will be reviewed on a quarterly basis. Health and Safety training will be provided to staff.

Proposed Timescale: 22/04/2014

Theme: Effective Services

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

Not ensuring that the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) were met.

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:

An architect, with experience of designing accommodation for persons with a maximum dependency and complex medical and nursing needs, has been engaged to review the accommodation at the centre on 12th March 2014. The Architect will refer to Schedule 6 in his assessment

Proposed Timescale: 22/04/2014

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Not ensuring that the centre had a risk management policy including the specified risks as stated under regulation 26 and the hazard identification and assessment of risks throughout the designated centre.

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:

The Centre will put in place a Risk Management & Emergency Planning Policy which will include the specific risks provided for under regulation 26(1) and the hazard identification and assessment of risks throughout the Centre.

Proposed Timescale: 11/04/2014

Theme: Effective Services

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

Not ensuring that systems were in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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:

There is a fire evacuation plan and procedure in place. Fire equipment is serviced regularly. Regular fire drills are also run. The house manager has responsibility for fire safety.

The organisation will put in place a Risk Management & Emergency Planning Policy which will include the specific risks provided for under regulation 26(1) and the hazard identification and assessment of risks throughout the centre.

Two staff across Cork services are currently trained as trainers in Fire & Evacuation. Individualised evacuation plans will be developed and implemented.

Proposed Timescale: 11/04/2014

Theme: Effective Services

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

Not ensuring 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.

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:

The organisation will put in place a Risk Management & Emergency Planning Policy which will include:

- (a) the specific risks as provided for under regulation 26(1);
- (b) the hazard identification and assessment of risks throughout the centre; and
- (c) infection control and hand washing facilities.

The Centre is liaising with the HSE Infection Control Team in relation to the HIQA report.

Adequate facilities will be made available in line with the standards to include requirements identified in the inspection report. An action plan, including time frames, will be developed.

Proposed Timescale: 11/04/2014

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:

Not providing and ensuring that staff had 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.

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:

A Challenging Behaviour Policy will be implemented by the organisation, accompanied by provision of training, for all staff in relation to management of behaviour following

sign off of policy.

Proposed Timescale: 30/06/2014

Theme: Safe Services

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

Not ensuring that staff received training in the management of behaviour that is challenging including de-escalation and intervention techniques.

Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

A Challenging Behaviour Policy will be implemented by the organisation and training will be provided for all staff in relation to management of behaviour following sign off of policy.

Proposed Timescale: 30/06/2014

Theme: Safe Services

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

Not ensuring that where required, therapeutic interventions were implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

Action Required:

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

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

Individual written service contracts will be created in a format accessible to each service user, will be agreed and signed off on admission with each new service user or their advocate/representative and in relation to existing service users.

The contract will reference individual care plans and will include provision for informed consent for therapeutic programmes.

Proposed Timescale: 11/04/2014

Theme: Safe Services

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

Not ensuring that where restrictive procedures including physical, chemical or environmental restraint were used, they were applied in accordance with national policy and evidence based practice.

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:

The designated centre does not use restrictive procedures. The residents accommodated in the centre have complex physical disability support requirements and require postural management supports in order to ensure their safety health and wellbeing.

A Postural Management programme is a planned approach encompassing all activities which impact on a person's posture and function. This is achieved by supporting the body in a straight and comfortable position, both by day and night in order to enhance the person's well being, independence and participation in everyday life. Programmes are tailored specifically and may include special seating, night-time support, standing supports, medical and surgical interventions, orthotics, active exercise, and individual therapy sessions.

RESNA (Rehabilitation Engineering and Assistive Technology Society of North America) Position on the Application of Wheelchairs, Seating Systems and Secondary Supports for Positioning vs Restraint (June 21st 2013) states that in wheelchair seating systems, assistive technology practitioners often use postural support devices (PSD) such as pads or straps to limit or control a specific movement of the body. In this way, postural support devices may be perceived as restraints. However, PSD's are typically much more complex and their major role is to provide support to increase function rather than to restrain and limit functional movement.

Practitioners usually refer to these devices as "supports" rather than "restraints" for two reasons

1. "Supports are used to achieve a very specific position or posture of a body part in addition to minimizing migration in a specific direction.
2. "Restraints" typically refer to devices that are used to limit harmful motion during vehicular transportation, or a device that is carefully controlled in many settings.

A policy will be put in place to reflect postural management support procedures.

Proposed Timescale: 30/05/2014

Theme: Safe Services

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

Not ensuring that every effort to identify and alleviate the cause of residents' behaviour was made; that all alternative measures were considered before a restrictive procedure was used; and that the least restrictive procedure, for the shortest duration necessary, was used.

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:

The Centre does not use restrictive procedures. The client group have complex physical disability support requirements and may require postural management as outlined above. The Centre will put in place a policy to reflect postural management support procedures.

Proposed Timescale: 30/05/2014

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Not providing appropriate health care for each resident, having regard to each resident's personal plan.

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:

Residents currently access the following healthcare services: Physiotherapy, Seating, Assistive Technology support as required, Psychology, Speech & Language Therapy, Postural Management Support, GP, Public health Nursing, Occupational Therapy and Relaxation Therapy. The Centre currently ensures that healthcare is provided and healthcare needs managed through residential and day services. These services will be incorporated in the assessment/review process going forward.

Proposed Timescale: 11/04/2014

Outcome 13: Statement of Purpose

Theme: Leadership Governance and Management

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

The statement of purpose did not contain all the information set out in Schedule 1

Action Required:

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

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

The existing statement of purpose will be amended to include the outstanding items from Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Proposed Timescale: 28/03/2014

Outcome 14: Governance and Management

Theme: Leadership Governance and Management

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

Not ensuring that where a person is appointed as person in charge of more than one designated centre that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

Action Required:

Under Regulation 14 (4) you are required to: Where a person is appointed as person in charge of more than one designated satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

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

The Director of Service for the region has held the role of PIC owing to the long term absence of the Adult Services Manager on sick leave. The provider has reviewed this arrangement. The recruitment post of Adult Services Manager commenced on 03/03/14. The successful candidate will take on the role of PIC for the centre. Pending this appointment, the provider is placing a new interim PIC in place to oversee the running of the service and the implementation of this action plan.

Monthly management meetings will ensure continuous review of governance and quality issues. This will be further underpinned by 2 CEO Reviews per annum under the organisation's EFQM (European Foundation for Quality Management) programme.

The interim PIC commenced on 4th March 2014 and the recruitment of the locum Adults Services Manager who will take on the role of PIC is expected to occur in quarter 2 of 2014.

Proposed Timescale: 30/06/2014

Theme: Leadership Governance and Management

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

Not putting in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

Action Required:

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

The service has a clearly defined management structure, with improvements under Regulation 14(4) being implemented. The Centre will review the structure to ensure full compliance with Regulation 23 (1) (b).

Proposed Timescale: 30/04/2014

Theme: Leadership Governance and Management

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

Not ensuring that there was an annual review of the quality and safety of care and support in the designated centre and that such care and support was in accordance with standards.

Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

The provider is committed to delivering high quality services to people with disabilities. This will be reflected in meeting agendas under 'Quality of Care' going forward. In accordance with the regulations, senior management will arrange for unannounced audits of the centre at least once every six months to review all areas and put an action plan in place to address any concerns regarding the standard of care and support. The outcome of the audits will be forwarded to Senior Management for attention.

Proposed Timescale: 30/04/2014

Theme: Leadership Governance and Management

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

Not having in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

A Performance Management System is established in Enable Ireland. Priority will be given to its implementation in this centre.

Proposed Timescale: 30/04/2014

Outcome 16: Use of Resources

Theme: Use of Resources

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

Not ensuring that the designated centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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:

Each centre in Enable Ireland is allocated a budget including provision for maintenance/repairs, housekeeping and training which is funded by The Health Service Executive for the provision of services including residential services. A budgetary review of the centre will take place in April 2014 to ensure optimum use of the resources within the limits of funding available.

A formal maintenance plan will be put in place to include: use of all resources on site. Health and safety related training will also be put in place and this will be reviewed on a quarterly basis.

An architect with experience of designing accommodation for persons with a maximum dependency and complex medical and nursing needs has been engaged to review the accommodation at the centre on 12th March 2014.

The existing statement of purpose will be amended to include the outstanding items from Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Proposed Timescale: 22/04/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

Not ensuring that residents received continuity of care and support, particularly in circumstances where staff were employed on a less than full-time basis.

Action Required:

Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

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

In 2012, three staff members exited the organisation through a voluntary redundancy scheme. The business case supporting these departures involved the transfer of three full time positions from another centre. This placement did not cease until late 2013. We have since been in discussions with the Health Service Executive regarding the future profile of adult residential and respite services in Enable Ireland Cork. These discussions are now completed. This allows us, pending trade union co-operation, to commence arrangements to transfer the three posts.

30th April 2014 pending trade union agreement.

Proposed Timescale: 30/04/2014

Theme: Responsive Workforce

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

Not ensuring that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.

Action Required:

Under Regulation 15 (2) you are required to: Ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.

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

The service is currently coordinated by a Nurse Manager (0.8 WTE). As part of the overall Person Centred Plan care planning process, the requirement for additional nursing support will be assessed on an ongoing basis.

Proposed Timescale: 11/04/2014

Theme: Responsive Workforce

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

Not ensuring that staff had access to appropriate training, including refresher training, as part of a continuous professional development programme.

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:

A Performance Management System is now established in the organisation. This system will support the identification of CPD needs and prioritisation of training initiatives to address these needs. Priority will be given to its implementation in this centre.

Proposed Timescale: 30/04/2014

Outcome 18: Records and documentation

Theme: Use of Information

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

Not having in place all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The organisation is currently reviewing relevant policies (to Schedule 5) in regard to compliance to HIQA regulations.

Proposed Timescale: 30/06/2014

Theme: Use of Information

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

Not providing a comprehensive guide and provide a copy to each resident in respect of the designated centre specifying a summary of the services and facilities provided; the terms and conditions relating to residency; arrangements for resident involvement in the running of the centre; how to access any inspection reports on the centre; the procedure respecting complaints; and arrangements for visits.

Action Required:

Under Regulation 20 (1) you are required to: Prepare a guide in respect of the designated centre and provide a copy to each resident.

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

Individual service contracts will be agreed and signed off on admission with each service user or their advocate/representative and in relation to existing service users and will include reference to Person Centred Planning approach, individual care plans; a summary of the services and facilities provided; the terms and conditions relating to residency; arrangements for resident involvement in the running of the centre; how to access any inspection reports on the centre; the procedure regarding complaints; and arrangements for visits.

Proposed Timescale: 11/04/2014

Theme: Use of Information

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

Not maintaining, and having available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

Records are maintained at the centre and the adult day services, however a collated version of all records were not available in one location. We to ensure that all information as per Schedule 3 is available for inspection on site.

Proposed Timescale: 11/04/2014

Theme: Use of Information

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

Not maintaining and available for inspection by the chief inspector, the additional records specified in Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Action Required:

Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 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:

We will ensure that all information as per Schedule 4 is available for inspection on site.

Proposed Timescale: 11/04/2014