

**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 Health Service Executive
Centre ID:	ORG-0008588
Centre county:	Kilkenny
Email address:	Carol.moore@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Carol Moore
Person in charge:	Eadaoin Brennan
Lead inspector:	Vincent Kearns
Support inspector(s):	Kieran Murphy;
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 02 April 2014 08:30 To: 02 April 2014 18:00

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 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

As part of the inspection inspectors met with residents, the person in charge, the centre manager and staff members. Inspectors met with the person in charge and discussed the management and clinical governance arrangements and the role of the person in charge. Inspectors reviewed updated centre-specific policies and procedures which covered issues such as medication management, accidents and incidents management and residents healthcare. The person in charge informed inspectors that she along with the centre manager and her staff endeavoured to provide a person centred service to effectively meet the needs of residents.

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. These areas include:

- there were no residents' contracts available
- a number of policies needed updating
- residents personal plans were not adequate
- there was inadequate communal accommodation in the premise

- there were a number of health and safety issues
- staff training and development was not adequate
- there was inadequate management of restrictive practices
- monitoring of residents healthcare needs was not suitable
- unsuitable practices relating to the prescribing and recording of medication administration
- statement of purpose required updating
- out of hours management structure and support was unclear not all staff files contained the required documentation.

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

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors reviewed the statement of purpose and noted that residents were afforded respect, choice and dignity at all times through a person-centred approach to care. The statement of purpose described the ethos of the centre as promoting a holistic model of support, based on the biopsychosocial model of care. The person in charge outlined how this model ensured that a person-centred service was provided within a safe therapeutic environment; where privacy, dignity and confidentiality of residents was respected.

Inspectors noted that the admission process was based on transparent criteria in accordance with the statement of purpose. The criteria for admission were specific to male residents with a history of behaviour that challenges. Inspectors were informed by the person in charge that consideration was always given to ensure that the needs and welfare of the resident being admitted were considered along with the needs of other residents currently living in the centre. Inspectors noted that there was evidence of considerable preadmission assessments including psychological assessments conducted prior to residents' admissions. Inspectors noted that there was a centre-specific admission policy dated June 2012; that detailed preadmission arrangements and the admissions process. Inspectors were informed that prospective residents or their representatives had been afforded an opportunity to visit the centre over a period and speak to staff prior to admission. The admission policy detailed arrangements for the provision of support, care and welfare for any new residents on admission. However, it was not adequate as it did not detail suitable arrangements to take account of the need to protect residents from abuse by their peers. In addition, inspectors were informed that there were no written agreements in relation to the term and conditions of admission to the centre and noted that such contracts did not detail the support, care and welfare of the resident and details of the services to be provided for that resident or where appropriate, the fees to be charged in relation to residents care and welfare in the designated centre as required by the regulations.

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

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors reviewed a selection of personal plans which were comprehensive, centre specific and generally person-centred. Inspectors noted that they detailed individual plans in relation to residents' identified needs including behavioural challenges, supports, medical issues and strategies to reach these stated goals. There was evidence of interdisciplinary team involvement in residents' care including nursing, speech and language therapy, General Practitioner (GP), psychology and psychiatric services. There was evidence of a number of assessments such as quality of life goals, sensory assessment, psychological assessment, psychiatric assessment, communication issues, behavioural risks and pool activity level assessments (PAL). However, from a review of residents' personal plans; inspectors formed the view that they were not adequate for the following reasons:

- there was inadequate monitoring of residents' health status including ongoing monitoring of residents' weight, blood pressure and pulse
- personal plans were not made available in an accessible format for residents
- there was little evidence of residents' involvement in developing and reviewing their personal plan with no requirement for residents or their representatives signatures
- a number of personal plans did not assess the effectiveness of the plan
- action plans were mainly task orientated and did not maximise the residents' personal development
- a number of personal plans had not been signed or dated by the staff completing the plan
- there was ink erasing fluid used in a number of personal plans therefore preventing the reader from viewing the original entry in the personal plan
- personal plans had not been reviewed annually as required.

Inspectors noted that all residents participated in their own individualised activities for example one resident enjoyed golfing and fishing and another participated in art and

crafts in a nearby day activity centre. Staff to whom inspectors spoke stated that in relation to activities and work; there were a number of options available for all residents. The centre had an art room, an external workshop for wood carving/furniture making, there was gardening and residents also looked after a number of animals including hens and goats. Some residents were very active and enjoyed attending the gym, swimming and cycling. In addition, a number of residents regularly participated in grocery shopping, went to the local bank and post office. Inspectors noted that some residents went home for the weekends and a number had holidayed in other parts of the country. Residents to whom inspectors spoke stated that they enjoyed attending activities and also participating in various outings and socials. However, inspectors noted that residents personal plans did not provide adequate details in relation to training, education and vocational opportunities for residents to participate in accordance with their interests, capacities and developmental needs.

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 - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The premises had been obtained by the Health Service Executive (HSE) in July 2004 and at that time was renovated to accommodate three male residents. In 2011, further construction work was carried out including an extension to the existing building to accommodate four residents with intellectual disability and significant behaviour that challenges. The centre was set on six acres and consisted of a carpentry workshop, a garden area with flowers and shrubs, a large horticultural area that included a large polythene tunnel and raised vegetable beds. In addition, there were a further three acres that allowed for goat rearing and hens which individual residents had responsibility for managing. The ground floor of the premise consisted of reception/office, dining room/sitting room, kitchen, utility room and art room. There were four bedrooms all had en-suite facilities. There was a stairway to the first floor which consisted of the manager's office, toilet and shower, two further toilets and a staff training room which was also used for in-house activities. The premise was easily accessible, adequately maintained, bright, well ventilated, had central heating and decorated to an adequate standard. It was generally homely by making good use of soft colours, suitable furniture and comfortable seating. There were adequate showers and toilets all four bedrooms had en-suite facilities; to meet the needs and abilities of residents. There was adequate

dining space separate to the residents' private accommodation and separate communal areas; which allowed for a separation of functions. Inspectors noted that apart from their residents' own bedrooms there were options for residents to spend time alone if they wished with a number of communal rooms available. However, the premise did not provide adequate communal accommodation for residents, including adequate social, recreational, facilities for residents.

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

Outstanding requirement(s) from previous inspection:

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

Findings:

There was a centre-specific safety statement and maintenance records for the fire alarm system were available and recorded the most recent inspection as occurring in March 2014. Inspectors noted that there were arrangements for detecting, containing and extinguishing fires and giving warning of fires and evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations. There were procedures to be followed in the event of fire that were displayed in prominent places in the centre. All staff to whom inspectors spoke gave clear accounts of their understanding of fire procedures in the event of an outbreak of fire and staff informed inspectors that fire safety training was planned for May 2014. However, inspectors formed the view that fire risk management was not adequate for the following reasons;

- staff confirmed that they had not received fire training in the past two years
- there were door wedges in use in a number of designated fire doors which potentially compromised the functionality of these doors in the event of a fire
- records were not available in the centre in relation to servicing of fire fighting equipment
- a number of designated fire doors did not have the required fire door signs in place
- fire extinguishers were not regularly inspected, maintained and recharged as the servicing dates recorded on fire extinguishers in the centre dated back to July 2010.

From a selection of personal plans reviewed inspectors noted that individual risk assessments had been conducted and included daily living support plans such as diet and weight management and behaviours that challenge. There was a centre-specific risk register which detailed hazards associated with slips, trips and falls, use of workplace equipment and violence and aggression. However, the risk management policy was not adequate for the following reasons:

- the policy did not provide the measures and actions in place to control the following

specified risks as required by regulations including: the unexpected absence of any resident
accidental injury to residents, visitors or staff and self-harm

- the policy did not provide arrangements for the learning from, serious incidents or adverse events involving residents
- hazard identification and assessment of risks throughout the centre was not adequate for example an unsecured rear exit door and unrestricted window blind cords had not been risk assessed
- the policy did not provide arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

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

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The centre manager was actively involved in the management of the day to day support provision for residents in the centre. The centre manager informed inspectors that she monitored safe-guarding practices by regularly speaking to residents and their representatives, and by reviewing the systems in place to ensure safe and respectful care. Staff to whom inspectors spoke were able to clearly outline suitable arrangements for reporting any issues to the centre manager or the person in charge. Inspectors were informed by the person in charge that the safeguarding of residents was enhanced by the small number of residents living in the centre and the continuity staff; both residents and staff were well know to each other and any issues could easily be brought up. The centre manager informed inspectors that as residents attended different activities and work placements each day; therefore residents had the opportunity to meet and work with a variety of other staff to whom they could also raise any concern. Residents to whom inspectors spoke confirmed that they felt safe and spoke positively about the support and consideration they received from staff. Inspectors noted a positive and respectful atmosphere that mainly emanated from the easy dialogue between residents in their interactions with staff.

Inspectors viewed policies and procedures for the prevention, detection and response to allegations of adult abuse including the HSE national policy "trust in care". Staff to whom inspectors spoke were able to confirm their understanding of the features of adult abuse. Inspectors were informed by the centre manager that six staff had been trained in children's first training six years ago. However, only one staff had received training in relation to identifying and responding to adult abuse and this training was provided six years previously.

Inspectors noted that there was a centre-specific policy in relation to behavioural support and procedures dated 2012. This policy detailed the arrangements for the effective management of behaviour that challenges including alternative approaches to the use of chemical restraint or single separation. Inspectors were informed that single separation was the isolation of a seriously disruptive resident, for as short a period as possible; to give him an opportunity to regain self-control. From review of residents' personal plans inspectors noted that behavioural interventions records gave directions to staff on how to prevent or appropriately respond to behaviour that challenges.

Inspectors noted from reviewing staff training records that training in the management of behaviour that is challenging including de-escalation and intervention techniques had been provided. Staff to whom inspectors spoke confirmed that they had received suitable training in responding to behaviour that is challenging. However, the management of restrictive practices was not adequate for the following reasons:

- the personal plans did not identify the risks associated with use of single separation
- the personal plans did not identify the location for the use of this intervention
- the personal plans did not identify the names of the members of the interdisciplinary team that would make the decision in relation to the use of single separation
- there was no recorded review following each episode of this intervention.

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

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Staff informed inspectors that the level of support which individual residents required varied and was documented as part of the residents' personal plan. From reviewing residents personal plans inspectors noted that residents were provided with support in relation to areas of daily living including eating and drinking, personal cleansing and dressing. There was evidence of some health assessments being used in relation to physical wellbeing, person-centred planning and epilepsy. There were assessments in

relation to aggression, unexpected absence of a resident and outburst in public. There were also records of some residents having had neurological, psychological and psychiatric assessments. The centre manager informed inspectors that in relation to residents accessing healthcare professionals this mainly occurred via the residents GP, public health nurse or any other healthcare appointment as required. There was an individual health check completed on each resident that was aimed at providing an overview of the residents physical state or level of wellbeing. However, it was not adequate as a number of these checks had not been signed, dated and did not detail the residents' weight, pulse or blood pressure recordings.

There was a large white board in the kitchen that had the weekly menu on display. Inspectors were informed that residents' choice in relation to food options was available and any particular dietary needs that they might have were addressed. Staff to whom inspectors spoke stated that the quality and choice of food were frequently discussed with individual residents and changes were made to the menu accordingly. Residents had access to refreshments and snacks with a selection of juices and biscuits readily available. Inspectors noted that there was information material in relation to healthy food choices including "your guide to healthy eating – using the food pyramid". Residents to whom inspectors spoke stated that they enjoyed their meals and that the food was good. Inspectors noted that appropriate referrals for dietetic reviews were made, the outcome of which was recorded in the residents' personal plans. On the day of inspection, inspectors observed residents with the support of staff; setting the table, preparing vegetables and fish and cooking this meal for their dinner. There was adequate provision for residents to store food in hygienic conditions and residents participated with support from staff in completing the grocery shopping each week. In addition, one resident was able to do some personal shopping independently.

Outcome 12. Medication Management

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

Theme:

Health and Development

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was a centre-specific medication policy that detailed the procedures for safe ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out-of-date medicines. Residents to whom inspectors spoke to confirmed that they had access to the pharmacist of their choice. There were staff training records in medication management provided by a nurse practice development co-ordinator that occurred over two days followed by a thirty minute competence examination. Staff to

whom inspectors spoke demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. Residents' medication was stored and secured in the staff' office. However, inspectors noted that there were unsuitable practices relating to the prescribing and administration of medication including the following:

- the start date for a number residents' medication administration records was absent
- the medication policy had not been signed or dated therefore inspectors could not establish when this policy had been reviewed/authorised
- in relation to one prescribed medication that had been discontinued there was no date recorded in the medication record
- the route for administration of one medication was not recorded
- medication administration records did not contain the residents address
- ink erasing fluid had been used on residents' medication administration records therefore preventing the reader from viewing the original medication entry.

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 - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

A written statement of purpose was available and it broadly reflected the day-to-day operation of the centre, the services and facilities provided in the centre. The person in charge confirmed that she kept the statement of purpose under review and provided inspectors with a copy of the most up to date version. However, the statement of purpose needed updating as there were a number of issues including the following:

- a copy was not made available to residents and their representatives
- the statement of purpose was not dated or signed and therefore the revision date could not be determined
- the statement of purpose did not detail the arrangements made for consultation with, and participation of, residents in the operation of the centre
- the person named as the person in charge was incorrect
- the management structure was not accurate
- the statement of purpose did not detail the arrangements for residents to access education, training and employment.

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 - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was a full-time person in charge who was an acting director of nursing with the required experience and knowledge to ensure the effective support and welfare of residents in the centre. In the absence of the person in charge; another director of nursing undertook her responsibilities. There was also a centre manager that was based full-time on site. The person in charge informed inspectors that she was also appointed as the person in charge for a number of other centres. The person in charge stated that she divided her time among the centres as required; depending on the circumstances or issues that required her attention. Inspectors noted that for each other centre there was also a full-time centre manager or Clinical Nurse Manager (CNM) who regularly reported directly to the person in charge. Inspectors were satisfied that the person in charge provided effective governance, operational management and administration of this centre. Inspectors noted that there was evidence of a clearly defined management structure that identified the lines of authority and accountability and detailed responsibilities for all areas of service provision. Inspectors were informed by the person in charge that there had been a social care leader available to support the centre manager in her role until 2013; when the social care leader had retired. The person in charge informed inspectors that due to the moratorium on recruitment of staff within the HSE no replacement social care leader had been employed. The person in charge outlined that the four social care staff on duty were in charge when the centre manager finished her shift each evening. Both the centre manager and the person in charge lived a considerable distance from the centre and outlined an informal arrangement were they were contactable by phone at all times; even after they had finished their duty. However, inspectors formed the view that the governance arrangement of four social care staff collectively in charge during out of hour's was not adequate. Such governance arrangement did not provide clearly defined management reporting structure or suitable support and did not identify the lines of authority and accountability during evenings and weekends.

The inspectors observed that the person in charge had inclusive presence in the centre and residents, the centre manager and staff confirmed that she was a committed and

supportive manager. Inspectors noted that residents were familiar with the person in charge and approached her with issues during the inspection. Throughout the inspection the person in charge demonstrated an adequate knowledge of the Health Act 2007 (Registration of 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. Inspectors also noted that the person in charge demonstrated a positive approach towards meeting regulatory requirements and a commitment to improving standards of care.

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 - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge informed inspectors that a number of the staff had been employed in the centre for significant periods of time and therefore there was a high level of continuity of staffing. Inspectors were informed that due to the HSE moratorium on staff recruitment; a number of agency staff had been employed. Nevertheless, the centre manager informed inspectors that she had been able to have the same agency staff work in the centre over the past number of years. Inspectors reviewed the staff roster and noted that it was an accurate reflection of the staffing arrangements. Inspectors reviewed records of staff meetings that were held approximately every two months and noted that the most recent meeting occurred in March 2014. Minutes of these meetings indicated that issues discussed included policy issues, care planning, staff training, residents' changing needs and standards/regulatory requirements. Staff to whom inspectors spoke were able to articulate clearly the management structure and confirmed that copies of both the regulations and the standards had been made available to them. The centre manager demonstrated a willingness and strong commitment to the delivery of person-centred care and to work towards meeting regulatory requirements. The inspectors noted that ongoing staff training had been provided including the following:

- training in first aid
- management of challenging behaviours training
- standards and regulation
- sexual health training

- lámh communication training
- medication management training.

Inspectors reviewed staff files and noted that such files did not contain all documents as required under schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres For Persons (Children and Adults) with Disabilities) Regulations 2013 for example; two staff files did not contain a recent photograph of the employee and one staff file had a photocopy of the staff reference.

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:

Vincent Kearns
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	ORG-0008588
Date of Inspection:	02 April 2014
Date of response:	26 May 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:

To ensure that the admission policies and practices take account of the need to protect residents from abuse by their peers.

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:

Management of Abuse Policy is currently in draft – to be completed in one month by 15/6/14

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

Proposed Timescale: 15/06/2014

Theme: Effective Services

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

On admission to 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.

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:

The current Terms of Residency will be updated and signed by each person or their representative.

Proposed Timescale: 30/06/2014

Theme: Effective Services

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

To ensure that that the agreement includes the the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.

Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

Terms of Residency will be updated to include the required information, including fees.

Proposed Timescale: 15/06/2014

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:

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.

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 identified incomplete Health Check will be finalised by the person's GP To be completed by 30/06/14

Proposed Timescale: 30/06/2014

Theme: Effective Services

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

The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.

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:

An annual PCP review meeting will take place and be minuted and signed by those present. Where possible the Service User themselves will sign each section of the PCP. All Annual reviews will take place by 31-10-14. Where possible the Service Users will sign each section of their PCP by 30-06-14

Proposed Timescale: 30/06/2014

Theme: Effective Services

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

To ensure that a review of the personal is 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.

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:

In future those present at the annual review of the person's PCP will include the service user, their key workers, the service manager and family representatives. This will be a minuted meeting and signed off by all present. Where possible service users will sign /initial each section of their PCP as they complete it with their key workers. Ongoing from 14/05/14. Reviews to be completed by 31-10-14

Proposed Timescale: 31/10/2014

Theme: Effective Services

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

To ensure that arising out of a review of residents personal plans that the names of those responsible for pursuing objectives in the plan within agreed time scales are recorded.

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:

The name of the person responsible has been written into each care plan and will continue to be done as all care plans are written and reviewed. All existing care plans will be evaluated throughout the year at staff meetings and the responsible person will be identified on an ongoing basis. Following the annual PCP review, any necessary changes will then be made and again the responsible person will be identified. To be completed by 30/6/14

Proposed Timescale: 30/06/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

To ensure the premises of the designated centre 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:

Move the existing art room to prefab room in yard. This will then provide a second TV/ sitting room within the living area of the house

To be completed by 01/08/14

Proposed Timescale: 01/08/2014

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:

To ensure that the risk management policy includes the hazard identification and assessment of risks throughout the designated centre and the measures and actions in place to control the risks identified.

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:

Local Risk Management Policy will be developed from existing HSE policies to reflect the centre's hazard identification and assessment of risks. A local Health and Safety representative has been elected and will attend training on Monday June 16th to Wednesday June 18th to prepare them for this role. As part of their duties they will assist in the risk identification process.

Proposed Timescale: 01/07/2014

Theme: Effective Services

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

To ensure there are suitable arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

Action Required:

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and

learning from, serious incidents or adverse events involving residents.

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

Develop a local Risk Management Policy as per above
Significant incidents reviewed at regularly held staff meetings and this will form part of the local policy

Proposed Timescale: 01/07/2014

Theme: Effective Services

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

To make suitable arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

Action Required:

Under Regulation 26 (1) (e) you are required to: Ensure that the risk management policy includes arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

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

Develop a local Risk Management Policy as per above.

Proposed Timescale: 01/07/2014

Theme: Effective Services

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

To ensure that there are systems 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:

Risk Management policy to be developed as above to be completed by 01-07-14.
Emergency Plans to be developed, to be completed by 31-07-14

Proposed Timescale: 31/07/2014

Theme: Effective Services

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

To have measures and actions in place to control the following specified risk of the unexpected absence of any resident.

Action Required:

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

Include this specific risk management plan to the centre's Safety Statement

Proposed Timescale: 30/05/2014

Theme: Effective Services

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

To have measures and actions in place to control the following specified risk of accidental injury to residents, visitors or staff.

Action Required:

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

Include this specific risk management plan to the Safety Statement

Proposed Timescale: 30/05/2014

Theme: Effective Services

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

To have measures and actions in place to control the following specified risk of self-harm.

Action Required:

Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

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

Blind cords have been correctly tied back and the risk management plan to be completed and included in the Safety Statement by 15-06-14. This action was completed by 30/05/14

Proposed Timescale: 30/05/2014

Theme: Effective Services

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

To take adequate precautions against the risk of fire in the designated centre by maintaining of all fire equipment and testing fire equipment.

Action Required:

Under Regulation 28 (2) (b)(iii) you are required to: Make adequate arrangements for testing fire equipment.

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

Fire equipment service has been completed and extra fire extinguishers supplied

Proposed Timescale: 05/05/2014

Theme: Effective Services

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

To make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

Fire safety training for staff members to be completed on 26.06.14 (training for final 4 people booked for that date)

Proposed Timescale: 26/06/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

To ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are 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:

All disengagement / holds used are those outlined in MAPA training that all staff must receive this training as per Behaviour Management Policy. Single Separation as per Behaviour Management Policy is Care Planned individually as to when it can be used. Care Plans to be reviewed by Multidisciplinary Team. PRN used rarely and with direction of Consultant Psychiatrist and/ or GP.

This action has been completed except for the MDT review that will be completed by 31-07-14

Proposed Timescale: 31/07/2014

Theme: Safe Services

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

To ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

Trust in Care training is scheduled for July 1st, 2014 at staff meeting. To be completed for all HSE staff by 01/07/14. To be completed for all agency staff by 31/07/14

Proposed Timescale: 31/07/2014

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

To provide appropriate health care for each resident, having regard to that 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:

Annual Health checks to be completed by each person's GP. To be completed by 15/6/14

Proposed Timescale: 15/06/2014

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:

To ensure that the centre has appropriate and suitable practices relating to the prescribing and administration of medicines.

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:

Medication Management Policy to be finalised and each person's Medication Kardex to be audited to ensure that each is compliant with same

Proposed Timescale: 30/06/2014

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:

To prepare in writing a statement of purpose containing 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:

Existing Statement of Purpose to be updated. To be completed by 30.05.14

Proposed Timescale: 30/05/2014

Theme: Leadership, Governance and Management

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

To make a copy of the statement of purpose available to residents and their representatives.

Action Required:

Under Regulation 03 (3) you are required to: Make a copy of the statement of purpose available to residents and their representatives.

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

When completed, a copy of the Statement of Purpose will be given to each service user and their representatives. This action will be completed by 30/6/14

Proposed Timescale: 30/06/2014

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:

To ensure there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specific 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:

Recruit a Social Care Leader to the Service.

Outline the existing management structure in the Statement of Purpose.

Recruitment of a Social Care Leader will take a minimum of 6 months and must comply with national HSE Recruitment Policy. It will be completed by 31-12-14. The Statement of Purpose will be completed on 30-05-14

Proposed Timescale: 31/12/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

To ensure that in respect of all staff the information and documents specified in Schedule 2 has been obtained.

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:

Photo identification, references and Garda Clearance Certificates to be added to any files where they are missing. The Personnel Department will follow up on this and have advised of the length of time that the Garda Clearance can take to return.

Proposed Timescale: 21/09/2014