

**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 Daughters of Charity Disability Support Services Ltd.
Centre ID:	OSV-0003947
Centre county:	Tipperary
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd.
Provider Nominee:	Breda Noonan
Lead inspector:	Julie Hennessy
Support inspector(s):	Noelene Dowling
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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: 23 June 2015 09:00 To: 23 June 2015 17:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This report sets out the findings of an unannounced monitoring inspection of Group D St. Anne's Residential Services to monitor compliance against the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

The designated centre comprises two semi-detached residential houses in a community setting. During the inspection, inspectors met with residents, staff members, the person in charge and the house manager and following the inspection, with the Assistant CEO.

Residents appeared happy and content. There was evidence that residents were supported to be involved in a range of interesting and meaningful activities and attended either day services or workshops and some residents had part-time employment.

Three major non-compliances were identified during the inspection:

A comprehensive assessment of residents' health, personal and social care needs, abilities and wishes had not been completed.

While there were appropriate staff numbers in the centre at the time of inspection, it was not demonstrated that the skill mix and level of staff qualifications was adequate to meet the needs of residents.

It was not demonstrated that the management systems in place ensured that the service provided was consistent and effectively monitored.

Other non-compliances were identified in relation to measures to ensure privacy and dignity, risk management, behaviour support and contracts of care. Also, not all staff had received mandatory training in relation to the management of behaviour that challenges. Non-compliances are discussed in the body of the report and outlined in the action plan at the end of this report.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

This was the centre's first inspection by the Authority.

Findings:

The inspector found that residents were consulted with and participated in decisions about their care. Improvement was required to ensuring residents' privacy was protected.

An inspector found that the system for protecting residents' rights required improvement. The arrangements in place to ensure that the directions in a court order were understood and followed by all relevant personnel were not sufficiently clear. This was discussed with the A/CEO following the inspection. While the A/CEO demonstrated that steps were being taken at service-level to ensure that the residents' interests were being protected, staff in the centre were not sufficiently clear about the scope of legal orders in relation to guardianship for residents and what steps to follow to ensure such an order was correctly followed.

An inspector observed that staff interacted with residents in a warm and appropriate manner. Residents all had their own bedroom. However, some practices did not promote the privacy and dignity of residents. A listening device was in use for one resident at night. While staff said that this was introduced in December 2013 to monitor seizures, it was not demonstrated that this device was necessary. For example, it had not been recommended by the residents' doctor and it had not been approved for use by MDT. In addition, a 'sleep diary' was being maintained for the resident. The inspector reviewed the diary and observed that the residents' movements during the night were being monitored and recorded. A clear rationale that justified this intrusive practice was not provided.

Residents were consulted as to how the centre was run and minutes of monthly house meetings were available to inspectors. Residents were involved in the day to day running of the centre and one resident was observed assisting with preparing the evening meal. Staff explained ways in which they endeavoured to divert residents from previously-formed institutionalised practices.

There were policies and procedures in place for the management of complaints and these were also available in an easy-to-read version. An inspector reviewed the complaints log in one house from January to April and found that no complaints had been made during that time-period. There was no record maintained for the month prior to the inspection (May 2015). A charter of rights was displayed in the centre in an easy-to-read version.

The provider nominee was in the process of addressing a service-wide gap in relation to internal advocacy. A new advocacy structure has been proposed that will ensure representation by residents and a process for addressing unresolved issues.

Judgment:

Non Compliant - Moderate

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

One aspect of this outcome was reviewed in detail in relation to the fees included in the contract of services. An inspector reviewed a sample of contracts of care and found that improvements were required. The contract available provided broad information and while it detailed the basic fee for services it did not detail additional costs which were levied. The additional costs included resident funding staff when on outings for example for coffee, the cinema, travel or overnights in hotels.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful

activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

While personal plans were individualised and person-centred, improvements were required. Overall, the documentation and its usage did not demonstrate adherence to the Regulations in terms of multidisciplinary assessment, implementation and review of personal plans.

A specific tool was used to document each resident's assessment of their health, personal and social care needs, abilities and wishes.

An inspector reviewed four of five personal plans. The personal plans developed by staff contained information based on a range of possible outcomes including health, diet, intimate care needs, fitness, medication, recreation and the residents personal preferences. Resident and family involvement in personal planning was documented. While some of the plans were reflective of the assessed needs of the residents and demonstrated a very good understanding of the needs this was not a consistent finding. For example, there were no plans for residents with specific communication needs or for some residents with behaviours that may challenge. In addition, not all actions outlined in the personal plan review had been completed or implemented. An annual review for a resident in 2014 stated that photo stories should be developed for that resident. Inspectors found that these were still only in the process of being compiled at the time of the inspection (mid-June 2015). Another resident was to use a timer to reduce anxiety when starting and completing activities. Some staff were not aware of this.

In addition, the assessment and review of personal plans required improvement in order to meet the requirements of the Regulations. While each resident had an annual multi-disciplinary team (MDT) review, it was not evidenced that the review of the personal plan was informed by a multi-disciplinary assessment of residents' needs and strengths. Future planning was not evidenced in the personal plans.

Also, documentation was overall unwieldy and excessive, meaning that it was difficult to ascertain if the plans, goals and outcomes had actually been achieved and were effective for the resident.

There was evidence that the detail and implementation of the personal plans required a more consistent overview by the managers. For example, a care plan for a resident stated that he was at risk of getting into cars with strangers but there was no

corresponding plan to manage this. When inspectors discussed this with the person in charge they were informed that this was not pertinent to this resident.

The person in charge acknowledged that these deficits existed and told inspectors that they were in the process of reviewing the personal planning and review process.

Each resident had an information booklet in the event of admission or transfer to hospital. However, the information available was not consistently adequate. For example, a resident who was non-verbal did not have this significant information detailed in the transfer document.

There was evidence that residents were supported to be involved in a range of interesting and meaningful activities and attended either day services or workshops and some residents had part-time employment.

Judgment:

Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

Arrangements were in place to manage the health and safety of residents, visitors and staff in the centre. However, improvement was required in relation to risk management, infection control and fire safety.

The risk management policy did not include incident reporting which was used as the main tool to identify hazards. The incident policy required review to include reviews of all reported incidents. It also needed revising to inform staff of their responsibilities in relation to reporting any death to the Coroner's Office. Incidents were being recorded and reported as required, including medication errors. However, while incident data was collated, an analysis of incidents in the designated centre did not take place.

An inspector spoke with staff who demonstrated knowledge of the cleaning procedures in place in the centre. On observation, the centre appeared visibly clean. While there was a cleaning schedule identifying areas to be cleaned and cleaning frequencies in place, there were gaps in the schedule. For example, during the month of June, there were three days that the daily cleaning schedule had not been completed in one house and four days that the daily fridge and freezer temperature records had not been completed in the second house. An infection control audit had been recently completed

with an action plan. An inspector observed that a gap relating to the need to upgrade kitchen chair coverings in one house had been identified at an audit the previous year.

There was a process in place for the completion of risk assessments in the centre and centre-specific risk assessments had been completed. However, improvement was required to the risk assessment system. For example there was a risk assessment in relation to medication management, which was rated as a high risk. However after staff reviewed the risk assessment it was recorded as a low risk without any additional controls being put in place to reduce the risk. In addition, the risk control measures outlined in the risk assessment for infection control were not being implemented. One control measure was to complete the cleaning log daily, which as previously outlined was not being completed.

Staff demonstrated awareness in relation to fire safety. There was an evacuation plan in place. Staff had received training in fire safety. The inspectors saw evidence that suitable fire prevention equipment was provided throughout the centre and the equipment was adequately maintained by means of servicing of fire alarm system and emergency lighting on 27.4.2015 and servicing of fire extinguishers on 30.10.2014. Fire exits were unobstructed.

However, improvement was required in relation to ensuring that fire evacuation procedures were effective. While regular fire drills were being carried out, the two most recent fire drill records demonstrated that not all residents left the building in a timely manner. Records dated 17.5.2015 indicated that three residents did not respond to the fire alarm at all. The proposed action to address this problem was for "staff to prompt service users to exit and be aware of the alarm". However, this action was not effective as records dated 16.6.15 indicated that two residents delayed in leaving the centre and it took a full 10 minutes for all residents to leave the centre. The action arising from this most recent drill was blank.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

This was the centre's first inspection by the Authority.

Findings:

Relevant policies were in place, including in relation to the protection of vulnerable adults, behaviours that challenge, restrictive practices, the provision of personal intimate care and residents' personal finances and possessions. However, the policy for the protection of vulnerable adults and responding to allegations of abuse were in place in the organisation required amendments to ensure it was in line with the Health Service Executive (HSE) revised policy implemented in 2014. In addition, the policy available in the centre relating to behaviour that challenges was out of date and was not the current organisational policy.

The inspector reviewed personal plans, plans to support behaviour that challenges and risk assessments and spoke with staff in relation to behaviour that challenges.

Improvement was required to care plans for behaviours that may challenge and behaviour support plans. For example, in one instance the care plan for a resident where behaviour had been of concern simply informed staff to be vigilant. The behaviour support plan had been implemented in 2012 had not been adequately revised since then. The plan provided some guidance for staff in terms of de-escalation but not for significant escalation of the behaviour. In another instance of potential self-harm, the care plans for the removal of specific sharp objects was not known by staff, although it was evident that the other strategies were being implemented. There was evidence of referral and review by relevant psychiatric or behavioural psychological services but this was not consistent and the documentation did not provide evidence of practice changes and guidelines for staff following such interventions. In addition, behaviour support plans were not developed with input from an appropriately trained and qualified professional. This is a service-wide gap that has been previously discussed with the provider nominee.

No restrictive practices were used in the centre.

Staff had received training in relation to responding to incidents, suspicions or allegations of abuse. Staff demonstrated understanding of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. There was a nominated person to manage any incidents, allegations or suspicions of abuse.

Staff had received training in relation to the protection of vulnerable adults and the organisation's policy for the management of behaviour that challenges. However, no staff had received mandatory training in for the management of behaviour that challenges including de-escalation and intervention techniques.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

This was the centre's first inspection by the Authority.

Findings:

Overall, residents' had access to medical and allied health care, residents' health was monitored and residents were supported to manage their own health. However, there were significant deficiencies in care planning and documentation. As a result, gaps were evident in relation to meeting residents' needs.

In the sample of resident healthcare file seen by inspectors each resident had timely access to a general practitioner (GP), including out-of-hours GP services if required. Referrals to consultants were made as required, including cardiology and psychiatry. There was evidence that residents were referred for treatment to allied health professionals including the speech and language therapist, chiroprapist, audiologist, optician and dentist.

The care planning process required significant improvement. The inspector reviewed a sample of care plans. While some care plans directed the care to be given to the resident, others did not.

For a resident with epilepsy, a care plan was in place for a pre-identified condition that may lead to a seizure and the information pertaining to the use of the residents' medication was clear. However, for a resident with diabetes, the care plans were not adequate. For example, the care plan for health checks did not include the need to monitor blood sugar levels; a care plan for skin integrity had not been completed; the care plan for eye sight had not been completed; the care plan for cardiac care had not been completed, despite a cardiology appointment scheduled on 25.6.2015. In addition, the behaviour assessment care plan was blank, despite the resident having a behaviour management plan in place.

Care planning gaps carried an associated risk that care would be delivered in an inconsistent way or that follow-up action or appointments would be missed. This was particularly relevant due to the use of agency and relief staff in the centre. An inspector found an example where such a follow-up appointment for a resident had been missed.

Residents were involved in the day to day activities around mealtimes like setting the table, preparing the vegetables and planning menus. Menu plans for lunch, dinner and tea were available in the kitchen and a menu board with pictures of different foods and drinks to facilitate choice and so residents knew what was for dinner. The inspectors found adequate quantities of food available for snacks and refreshments.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

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

This was the centre's first inspection by the Authority.

Findings:

There were policies and procedures in place for medication management. Areas identified that required improvement included transcribing, storage of medicines requiring refrigeration and recognition of errors.

There was a written policy in place relating to the ordering, prescribing, storing, administration and disposal of medications.

Staff demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. Residents' medication was stored and secured in a locked cupboard in each premises and there was a clear key holding procedure. Staff confirmed that medicines requiring refrigeration or additional controls were not in use at the time of inspection. However, there was no designated refrigerator available in the centre in the event of a resident commencing on medication requiring refrigeration.

An inspector observed that compliance aids were used by staff to administer medications to residents. Compliance aids were clearly labelled to allow staff to identify individual medicines.

A sample of medication prescription and administration records was reviewed by an inspector. Medication administration sheets identified the medications on the prescription sheet and allowed space to record comments on withholding or refusing medications.

Staff outlined the manner in which medications which are out of date or dispensed to a resident but are no longer needed are stored in a secure manner, segregated from other medicinal products, recorded and are returned to the pharmacy for disposal.

An inspector reviewed a sample of medication incident forms and saw that errors were identified, reported on an incident form and there were arrangements in place for investigating incidents.

However, the person in charge confirmed that there was no input provided from a pharmacist to the centre, for example, in terms of auditing, resident or staff support.

Training had been provided to staff on medication management and the administration

of buccal midazolam.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

Findings:

It was not demonstrated that the management systems in place ensured that the service provided was consistent and effectively monitored. The provider nominee was responsible for all 15 centres that comprise the St. Anne's service. The person in charge managed four centres, comprising six houses across a broad geographical area. The person in charge said that he previously visited the centre fortnightly but more recently this had increased to weekly due to a reduction in the number of areas for which he was responsible. The house manager had also been recently appointed to cover this centre in addition to another centre, comprising four houses in total. The house manager was in the process of familiarising herself with the residents.

It was not demonstrated that this arrangement ensured the effective management of the centre or that the service provided was consistent and effectively monitored. Deficits relating to the monitoring and supervision of the centre and the overseeing of care delivery were identified. For example and as mentioned in other parts of this report, these systems did not identify that cleaning schedules were not maintained, care plans were inconsistent and did not direct the care to be given to residents, information in risk assessments was inaccurate, actions arising from audits had not been implemented and appropriate steps had not been taken to ensure actions identified in practice fire drills had been satisfactorily addressed.

While the person in charge had the required experience to meet the requirements of the Regulations; it was not clear whether the person in charge met the requirements of the Regulations in terms of holding an appropriate qualification for the role of person in charge. The person in charge offered to submit supporting documentation to the Authority for clarification.

An unannounced visit by the provider or nominated person had not been completed within the previous six months, as required by the Regulations. The inspector reviewed the last audit dated 10.7.2014 and found that some but not all actions had been completed. For example, the outdoor window sills had not been painted and the living room floorboards had not been repaired and were secured with tape.

An annual review of the quality and safety of care of the service had been completed by the Quality and Risk Officer on 21.11.2014 and was reviewed by the inspector. The annual review summarised audits completed and progress on actions from previous audits. However, the annual review did not provide for consultation with residents and their representatives, nor was a copy of the review made available to residents. In addition, not all 'outcomes' in the audit tool were reviewed, meaning that the review was not comprehensive. As a result, it was not demonstrated that there was evidence of learning from the review.

Other audits took place within the service including in relation to medication management, fire safety, health and safety and hygiene.

Judgment:

Non Compliant - Major

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

This was the centre's first inspection by the Authority.

Findings:

While there were appropriate staff numbers in the centre at the time of inspection, it was not demonstrated that the skill mix was adequate to meet the needs of residents.

As evidenced in this report and in particular under Outcome 5, it was not demonstrated that staff had the required skills and qualifications to ensure that each resident had a comprehensive assessment of their needs; that personal plans were effective and; to support residents with behaviours that may challenge or with communication needs. Inspectors found that this failing was compounded by the lack of MDT input into key areas such as care plans, annual reviews, personal planning reviews and behaviour support plans for residents.

A previously identified area for development at service level, and in this centre, related to the finding that a number of care staff did not possess a formal recognised qualification relevant to the role of care assistant, such as the FETAC Level 5 Healthcare Assistant course or equivalent. A funded plan is in place to address this gap.

There was a training plan in place and the annual staff appraisal system facilitated the identification of staff training needs. The inspector reviewed staff training records for regular and rostered agency staff. Most, but not all, mandatory training was up to date. Training in relation to the protection of vulnerable adults, fire safety and hand hygiene was up to date. Mandatory training in relation to the management of behaviour that challenges was not up to date for all staff. This was previously addressed under Outcome 8: Safeguarding and Safety. Staff had received other training relevant to their roles including manual handling food safety and medication management (which are mandatory under other legislation). However, none of the staff had received training in communicating with residents. This gap was relevant due to the high communication needs of residents, a number of whom were non-verbal.

A clear system in place for new staff was described to the inspector. Supervision arrangements were in place. The induction log for new staff members included centre policies, observation skills, incident reporting and the management of behaviours that challenge. There were no volunteers assigned to the centre at the time of inspection.

Staff appraisals were completed on an annual basis and staff confirmed that such appraisals took place. House meetings were held every four to six weeks and minutes were maintained of such meetings.

Judgment:

Non Compliant - Major

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Julie Hennessy
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 Daughters of Charity Disability Support Services Ltd.
Centre ID:	OSV-0003947
Date of Inspection:	23 June 2015
Date of response:	10 July 2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The arrangements in place to ensure that the directions in a court order were understood and followed by all relevant personnel were not sufficiently clear.

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

Action Required:

Under Regulation 09 (2) (c) you are required to: Ensure that each resident can exercise his or her civil, political and legal rights.

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

The nominee provider has provided information to the person in charge, staff of the centre and service user on the process of the court order and the importance of implementing its directives This will be monitored by the Clinical Manager 3 and the person in charge at regular intervals. The nominee provider has highlighted to the person in charge the importance of adhering to the terms of the ward of court agreement.

Proposed Timescale: 30/06/2015

Theme: Individualised Supports and Care

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

Some practices did not promote the privacy and dignity of residents. A listening device was in use for one resident at night. While staff said that this was introduced in December 2013 to monitor seizures, it was not demonstrated that this device was necessary. In addition, a 'sleep diary' was being maintained for the resident. The residents' movements at night were being monitored and recorded in that diary. A clear rationale that justified this intrusive practice was not provided.

Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

The clinical nurse Manager 3 ,the person in charge and relevant team members will review the protocol in place for monitoring a service user nights seizures and an assessment of need and a plan of care outlining the appropriate supports will be put in place .The person in charge supported by the clinical nurse manager 3 will ensure there is a review date which is adhered to, and reviewed earlier if necessary.

Proposed Timescale: 31/07/2015

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:

The Contract did not detail the precise fees to be charged and reason for the costs.

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:

The nominee provider with the Clinical Nurse Manager 3 will provide input on the policy relating to patients private property DOC 039 to the person in charge and staff in the centre and will ensure systems are in place for the recording and auditing of the service users funds. There will be an appendix to each service user's contract of care, outlining all expenses incurred to each service user outside of the long stay charges.

Proposed Timescale: 31/08/2015

Outcome 05: Social Care Needs

Theme: Effective Services

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

Not all actions outlined in the personal plan review had been completed or implemented.

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:

All personal plans will be reviewed by the team involved with the service user; this team will include the person in charge, staff from the centre, the clinical nurse manager 3 and relevant members of the multi disciplinary team. Each plan will be reviewed to ensure that there is an assessment of need for each. These assessments and plans of care will have set review dates, or earlier where necessary, the person in charge will be responsible for ensuring these review dates are adhered to. The clinical nurse manager 3 will carry out random audits of the personal plans and the goals. For any actions outlined in the personal plans, there will be a named responsible person for the actions. The person in charge will identify the responsible person. The responsible person will update the person in charge and the Clinical nurse manager 3 on status of the actions at monthly meetings, or more frequently where necessary..

Proposed Timescale: 31/08/2015

Theme: Effective Services

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

A comprehensive assessment of residents' health, personal and social care needs, abilities and wishes had not been completed.

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:

All service users care plans will be reviewed by the person in charge, the house manager, key worker and with the support and training input from the clinical nurse manager 3 . Where an assessment has not already been completed or a change in care needs is identified this assessment will be completed by a registered nurse and a multi disciplinary team member where required, and plans of care set out. The plan of care will have review dates as necessary depending on the service users care needs, and changes in same. The person in charge will monitor and the CNM3 will audit the effectiveness and ensure the completion of these assessments and plans of care, and reviews as recommended.

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

Goals were not based on an assessment of residents' needs.

Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

Each service users care plan will be reviewed by the team involved in the delivery of care. Where there is evidence that goals are not based on an assessment of the service users needs or wishes, this will be revised and appropriate goals will be set, with a named responsible person to support the service user in achieving the goal. Goals will be broken into steps, to aid achievement for the service user. The responsible person will report on progress to the person in charge at the monthly team meeting.

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

The supports required to meet goals were not specified.

Action Required:

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

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

Each service users care plan will be reviewed by the team involved in the delivery of care. Where there is evidence that goals are not based on an assessment of the service users needs or wishes, this will be revised and appropriate goals will be set, with a named responsible person to support the service user in achieving the goal. Goals will be broken into steps, to aid achievement for the service user. The responsible person will report on progress to the person in charge at the monthly team meeting.

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

The review of the personal plan was not multi-disciplinary, as required by the Regulations. In addition, where MDT input had been sought, there was no link between MDT meetings and the residents' personal plans and the care and support that is delivered to them.

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:

The nominee provider, psychology team are scheduled to meet managers and persons in charge on 22/07/2015 to ensure as team, that all team members input is evident in personal plans of all service users going forward. To ensure that all team members input is an integral part of the service users Plan there will be a named person who takes the lead in ensuring this plan is implemented with evidence to show dates of review and any changes made as necessary.

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

The transfer documentation available should a resident require admission or transfer to acute care was not satisfactory.

Action Required:

Under Regulation 25 (1) you are required to: Provide all relevant information about each resident who is temporarily absent from the designated centre to the person taking responsibility for the care, support and wellbeing of the resident at the receiving designated centre, hospital or other place.

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

The Clinical Nurse Manager 3 and the person in charge will review this documentation, and make the relevant changes to ensure that this document includes all necessary information for each service user should they require transfer to an acute setting. There will be review dates for this document, and more frequent if necessary.

Proposed Timescale: 31/08/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The system for identifying hazards, assessing risks and the effectiveness of control measures was not adequate nor did it reflect the risk management policy.

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:

A CNM3 from another part of the Service will support staff in the centre with onsite training in relation to the identification of hazards and risks and control measures. This CNM3 will also support the staff in the completion of centre specific, and service user specific, risk assessments. The centre Clinical Nurse Manager 3 is supporting the person in charge, the house manager and the staff team on the identification, assessment and controlling of risks/hazards.

Proposed Timescale: 31/08/2015

Theme: Effective Services

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

- The risk management policy did not include incident reporting which was used as the main tool to identify hazards.
- The incident policy required review to include reviews of all reported incidents. It also needed revising to inform staff of their responsibilities in relation to reporting any death to the Coroner's Office.

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:

The nominee provider and the service quality and risk officer are working on a risk management policy for the centre to include incident reporting, and also will include staff responsibility in reporting deaths to the coroner's officer.

Proposed Timescale: 31/08/2015

Theme: Effective Services

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

An analysis of incidents in the designated centre did not take place.

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:

The person in charge will review all incidents in the centre on a monthly basis. Feedback will be given to the staff team and the clinical nurse manager 3 with responsibility to the area. Action plans will be developed, with responsible named persons and review dates. Incident analysis will be discussed at monthly meetings to ensure there is learning from incidents. The person in charge and the clinical nurse manager 3 will track all incidents, and where there is a continued risk or increase in occurrence of incidents an action plan and risk assessment will be implemented and support from the health and safety officer will be sought where necessary. A CNM3 from another part of the Service will support staff in the centre with onsite training in relation to the identification of hazards and risks and control measures. This CNM3 will also support the staff in the completion of centre specific, and service user specific, risk assessments. The centre Clinical Nurse Manager 3 is supporting the person in charge, the house manager and the staff team on the identification, assessment and controlling of risks/hazards. Where residents do not respond in a timely manner to fire drills, the health and safety officer and staff team with the support of multi disciplinary team members where necessary, will develop support plan for each service user to ensure safe and timely evacuation in the event of a fire.

Proposed Timescale: 31/08/2015

Theme: Effective Services

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

The cleaning schedule was not consistently maintained, nor was the fridge and freezer checks. There was an outstanding action from the previous annual infection control audit.

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 person in charge and the clinical nurse manager 3 will review the previous control audit and ensure actions are assigned to named responsible person, with set timeframes for completion. Cleaning logs and standards of cleanliness will be monitored by the person in charge and audit of the standard will be completed by the clinical nurse manager 3. The daily check for the freezer and fridge will be completed, and will be assigned by the person in charge to a named staff each day.

Proposed Timescale: 31/07/2015

Theme: Effective Services

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

Improvement was required in relation to ensuring that fire evacuation procedures were effective. It was not demonstrated that there were adequate arrangements in place for evacuating all persons in the designated centre.

Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

Where residents do not respond in a timely manner to fire drills, the health and safety officer and staff team with the support of multi disciplinary team members where necessary, will develop support plan for each service user to ensure safe and timely evacuation in the event of a fire.

Proposed Timescale: 14/08/2015

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:

Multi-disciplinary input into behaviour support plans viewed in the centre was limited. Behaviour support plans for residents with behaviour that challenges did not provide adequate guidance for staff. Also, there was insufficient review of strategies through the personal plan.

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:

All staff will receive support in relation to the management of behaviours that challenge. This will be delivered by a clinical nurse manager from another part of the service who is an instructor for the therapeutic Management of Aggression and Violence is supporting staff in the centre, to identify behaviours and develop comprehensive behaviour support plans for service users requiring same. This support will be given to all staff in the centre. It is recognised that Multi Disciplinary input to support plans is limited, and there is actively a recruitment process in place for multi disciplinary team members.

Proposed Timescale: 30/09/2015

Theme: Safe Services

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

Staff training records indicated that mandatory training in relation to behaviour that challenges was not up-to-date for all staff.

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:

All staff will have completed training in the support of behaviours that challenge, this will include agency, this will be completed for all staff by 20/07/2015.

Proposed Timescale: 20/07/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

There were significant deficiencies in care planning and documentation.

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:

There will be training delivered to the staff in house from a CNM3 from another part of the organisation in the area of care planning and documentation of changes to care needs. The person in charge will ensure that all personal plans for all service users will be completed by 15/08/2015. All information relating to the service user and their care is available in the plan.

The person in charge with the support of the newly appointed clinical nurse manager 3 will ensure that all care plans have a detailed assessment of service users needs, and a clear plan of care for the individual relating to each area of assessment. Where multi disciplinary team support is needed for assessments this support will be provided, by existing team members or contracted in to meet service user need.

Proposed Timescale: 15/08/2015

Theme: Health and Development

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

An inspector found an example where a follow up appointment for a resident had been missed.

Action Required:

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

The key worker for each service user will be assigned complete responsibility for ensuring that appoint cards are stored safely in the persons file, that return appointment dates are clearly noted in the persons formative notes and that the date of appointment is entered into the centre daily diary of service users appointments and events. The person in charge and house manager will ensure that a familiar staff is rostered on duty on the day of appointment.

Proposed Timescale: 17/07/2015

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:

There was no designated refrigerator available in the centre in the event of a resident commencing on medication requiring refrigeration.

Action Required:

Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

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

The nominee provider has a number of medication fridges in central store in the main centre. All persons in charge have been informed that these are available immediately on request, in the event of a service user being prescribed medications that require refrigeration.

Proposed Timescale: 10/07/2015

Theme: Health and Development

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

There was no input from a pharmacist in the centre.

Action Required:

Under Regulation 29 (2) you are required to: Facilitate a pharmacist in meeting his or her obligations to the resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland and provide appropriate support for the resident if required, in his/her dealings with the pharmacist.

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

The Director of Nursing and the medication co coordinator has commenced support meetings. The medication co coordinator is identifying the local pharmacists providing services to the centre, to the Director of Nursing. The Director of Nursing and the medication co coordinator will then link with the pharmacists re support and training for staff.

Proposed Timescale: 31/08/2015

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:

It was not clear whether the person in charge met the requirements of the Regulations in terms of holding an appropriate qualification for the role of person in charge.

Action Required:

Under Regulation 14 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge has the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.

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

The nominee provider has informed the person in charge that further training is necessary. The person in charge has agreed to undertake the necessary training, he is sourcing same at present, and plan is to commence in the coming academic year. The organisation will be funding this education for the person in charge in order to meet the regulations re the person in charges qualifications.

Proposed Timescale: 30/09/2015

Theme: Leadership, Governance and Management

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

It was not demonstrated that the management systems in place for the provider nominee, person in charge and person participating in the management of the centre (the house manager) ensured that the service provided was consistent and effectively monitored.

Action Required:

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

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

Since the inspection date, an additional clinical nurse manager 2 has been advertised for by the organisation, who when appointed will take responsibility for 4 centres, two of which were under the responsibility of the person in charge at the time of this inspection, thus reducing the number of centres to this person in charge by two centres.

The two clinical nurse manager 3s have commenced, one having direct monitoring and support link to the person in charge of the centre. The person in charge prior to the appointment of the clinical nurse manages 3 worked in an "on call" capacity; this is no longer the situation Monday to Friday.

Proposed Timescale: 31/10/2015

Theme: Leadership, Governance and Management

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

The annual review was not comprehensive. As a result, it was not demonstrated that there was evidence of learning from the review.

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 nominee provider and the quality and risk manager and the Director of Nursing will review the annual review audit tool and make the necessary changes to ensure that it is robust and comprehensive, in accordance with all standards.

Proposed Timescale: 30/09/2015

Theme: Leadership, Governance and Management

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

The annual review did not provide for consultation with residents and their representatives.

Action Required:

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

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

The annual review will be available and shared with families and representatives of the service users by the person in charge. The person in charge will outline the review findings to the service users at the service user meeting. The person in charge will schedule a meeting with families and representatives of the service users in the centre to include as an item on the agenda the annual review and its findings and actions to be completed from same.

Proposed Timescale: 30/09/2015

Theme: Leadership, Governance and Management

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

the following respect:

A copy of the annual review had not been made available to residents.

Action Required:

Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

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

A copy of the annual review will be made available to all service users by the person in charge. The review will also be discussed at a service user house meeting in July. The service users will receive the support they require, to support understanding of the review findings.

Proposed Timescale: 31/07/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

It was not demonstrated that staff had the required skills and qualifications to meet the needs of residents.

Action Required:

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

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

The service has identified the need for nursing support in this centre, and is currently in the recruitment process for nursing staff. Staff training needs have been identified, funding granted to support FETAC level 5 training for all staff. This is planned to commence in September 2015.

There is a lack of multi disciplinary support to the service users in the centre; the service is currently recruiting for same. In the interim where multi disciplinary support is required, this will be contracted in for an individual.

The Service Human Resources Director, Nominee Provider, Person in Charge and Clinical Nurse Manager 3 are reviewing staffing in the centre. Service users support needs will be the basis of this review to ensure that appropriate skill mix and safe practices are in place, this process commenced on 20/06/2015. Rostering of staff will be reviewed, to ensure that both service users and staff are safe in the centre at all times.

The review will include reviewing the existing roster and ensuring that staff hours are rostered in the most effective manner possible to meet the service user needs and to support activities outside of the house in the evenings and at weekends.

Proposed Timescale: 30/06/2016

Theme: Responsive Workforce

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

Mandatory training in relation to the management of behaviour that challenges was not up to date for all staff. Other training required to support residents was required, in particular, in relation to communicating with residents.

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:

All staff will have completed training in management of behaviour that challenges by 20/07/2015. Staff will receive training in relation to communication from the speech and language therapist from another part of the organisation. This training will ensure that the communication support needs of service users are met and in a timely fashion. This staff training will be completed by 16/07/2015

Proposed Timescale: 20/07/2015