

**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-0005161
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:	Kieran Murphy
Support inspector(s):	Louisa Power
Type of inspection	Announced
Number of residents on the date of inspection:	9
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
28 July 2015 09:30	28 July 2015 16:30
29 July 2015 09:00	29 July 2015 15:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This report sets out the findings of an announced inspection of Group I St. Anne's Residential Services following an application by the provider to register the centre. St Anne's Residential Services provides residential care to people with an intellectual disability in the Tipperary and Offaly area. This was the first inspection of this designated centre. The centre consisted of two houses, both of which were located on the outskirts of two large towns a number of miles apart.

Of the 18 outcomes inspected five were at the level of major non-compliance.

Inspectors found that there was limited support given to residents to manage their

own money. There were records to show that in 2015 a number of residents had purchased curtains for their bedrooms at a cost of over €1400 each. There weren't any records available of discussion with or advice given to the resident in relation to these purchases. There was no record of any input from an independent advocate in relation to these purchases. There was no record of any rationale from the service provider as to the reason why these purchases were made by the resident. Records seen by inspectors also indicated that on a number of occasions residents were paying in excess of €10 for staff meals/snacks on social outings. This was over the "reasonable amount" outlined in the St Anne's Service policy. Also a financial receipt for one resident appeared to indicate that the resident had paid for a staff meal/snack while the staff was accompanying the resident to a hospital appointment.

Restrictive practices, such as the use of chemical and physical restraint, were used to facilitate procedures such as taking blood samples or dental examination. Inspectors saw that the documentation in relation to these incidents was not sufficiently detailed to ensure that the least restrictive agent or measure was used for the shortest duration possible.

Inspectors saw incident report forms outlining incidents violent or aggressive behaviour by residents which indicated that staff did not have the appropriate skills or knowledge to manage behaviours that challenge.

The person in charge was also responsible for a number of other centres. Inspectors were not satisfied that this arrangement provided for effective governance, operational management and administration of this centre.

The centre demonstrated a commitment to resident's engaging in further education, training and lifelong learning. A number of residents had completed further education courses in Limerick Institute of Technology. As part of the inspection, the inspectors met with the residents and staff members. Two residents had completed questionnaires and both said they liked "the house and people they lived with". During the inspection residents showed inspectors their "life story books" which set out the important things for residents like their family, where they came from and their achievements.

Other areas for improvement included:

- Complaints
- admissions
- care planning
- risk management
- fire safety
- medication management
- staffing
- management of records.

Inspection findings including non-compliances are discussed in the body of the report and in the action plan at the end of the 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 St Anne's policy on residents' private property outlined that the "service is obliged to provide a certain standard of basic equipment and furnishings". There were records to show that in 2015 a number of residents had purchased curtains for their bedrooms at a cost of over €1400 each. There weren't any records available of discussion with or advice given to the resident in relation to these purchases. There was no record of any input from an independent advocate in relation to these purchases. There was no record of any rationale from the service provider as to the reason why these purchases were made by the resident. This was not in keeping with the St Anne's policy.

The decision making process was not documented in relation to one resident paying for private medical/surgical consultation from their personal funds. It was not clear if the residents had been involved in the decision and if independent advice has been sought and provided to the residents.

An inventory of each resident's personal possessions was not being adequately maintained. A resident had purchased a sizeable piece of garden furniture in 2014 and this had not been added to the log of the residents' personal valuables and furniture. The curtains that had been purchased were also not included on the inventory of each resident's personal possessions. This was not in keeping with the St Anne's policy on residents' private property.

The St Anne's policy on residents' private property provided that when staff were accompanying residents on outings like concerts or the cinema, the resident was to pay for "meals and/or snacks consumed by staff when accompanying service users on outings". The guidance in the policy for what was reasonable for the resident to pay for

staff meals/snacks was between €6 and €10. Records seen by inspectors indicated that on a number of occasions residents were paying in excess of €10 for staff meals/snacks on social outings. Also a financial receipt for one resident appeared to indicate that the resident had paid for a staff meal/snack while the staff was accompanying the resident to a hospital appointment. In addition receipts for expenditure by residents were not always countersigned by a second member of staff or the resident to ensure transparency.

It was not clear how some residents were supported to participate and consent to decisions about their care and support. For example there was evidence that for one resident senior members of staff from St Anne's service had provided consent in relation to administration of vaccines and other medical procedures. The house manager informed inspectors that contact had been made with an independent advocate on the first day of inspection in order to provide support to this resident.

There were policies and procedures in place for the management of complaints and these were also available in an easy-to-read version. The inspectors reviewed seven complaints that had been recorded:

- 2 were maintenance issues – these were resolved immediately.
- 2 related to residents concerned about being hit by other service users. In one case the issue had been reported as per the centre prevention of abuse policy. In the second case the resident had met with the service manager.
- 1 was an equipment issue and a referral was made to occupational therapy.
- 1 related to a concern by a doctor in relation to inappropriate response by staff to an episode of one resident fainting in day service.
- 1 was related to a staff member being moved to another centre. This was resolved.

Inspectors saw a record of a complaint relating to one resident's person centred planning process but this had not been recorded in the complaints log. Details weren't available as to whether this issue had been resolved.

Residents are facilitated to exercise their civil, political and religious rights. Residents were conversant in current affairs and were facilitated to attend religious services of their choice. Residents were afforded the opportunity to vote.

Judgment:

Non Compliant - Major

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

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

Findings:

Communication assessments had been completed for all residents which outlined the methods residents use to communicate their needs and wishes. Personal plans viewed by inspectors contained detailed information in relation to the individual communication requirements of each resident. Inspectors observed that staff were aware of residents' communication plans and reflected the plans of care in practice. Inspectors observed that staff supported residents to communicate effectively. Residents, including those who did use verbal communication, were supported to communicate at all times. Object cues and picture boards were observed to be used by staff and residents to communicate. There were records to indicate that the speech and language therapist had recently provided training on communication to all staff.

In the sample of healthcare files seen by the inspectors residents had a communication "passport" in an easy to read format. The passport identified issues including family support, home life, work life, likes/dislikes and any particular area where support was required.

Each resident had an acute hospital communication booklet which was available in case a resident had to be admitted to hospital which outlined things that hospital staff needed to know about the resident.

Residents had access to specialist speech and language services. Inspectors saw that the input from external professionals was implemented for residents such as the use of object cues and computer tablets. One resident with specific sensory needs had recently been referred for a sensory integration assessment by an occupational therapist.

Staff interaction with residents was observed and inspectors noted staff promoted residents' privacy and dignity whilst maximising their independence, while also being respectful when providing assistance and support. It was clear to inspectors that residents were comfortable in the presence of staff and staff were confident in providing support and care to residents. Staff were observed to knock on bedroom doors before entering so as to respect residents' personal and living space.

There were a number of communication forums for residents including the in-house residents meetings. Residents were on holidays from their day service on the days of inspection. Residents with whom inspectors spoke outlined that they had discussed options for day trips and each resident's choice had been facilitated. For example, some residents went to a theme park on the second day of inspection and were planning to go to the seaside at the weekend.

One resident went to the local shop to buy the newspaper each day and was also reading some newspapers on the internet. Some residents had computer tablets to assist them with communication and there was an easy to use telephone in one house.

Judgment:

Compliant

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Outcome 03: Family and personal relationships and links with the community <i>Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.</i>

Theme: Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s): This was the centre’s first inspection by the Authority.
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Findings: Residents were supported to develop and maintain personal relationships and links with the wider community. Families were encouraged to be involved in the lives of residents. Positive relationships between residents and family members were supported. Many residents spent weekends and holidays with family. One resident had recently visited family in London and showed inspectors a photo album which recorded all the events that took place during the trip. Other residents explained to inspectors that they were going on holidays to Dungarvan and Killarney. One resident had recently attended an Elvis concert in Dublin and told inspectors that “he loved Elvis”. Residents were facilitated to keep in regular contact with family through telephone calls and residents could request to use the telephone in private. Staff stated and inspectors saw that families were kept informed of residents’ well being on an ongoing basis. Records confirmed that families and residents attended personal planning meetings and reviews in accordance with the wishes of the resident. Inspectors reviewed the policy in relation to visitors, which had been reviewed in June 2014. The policy outlined that residents were free to receive visitors except when requested by the resident or when the visit or timing of the visit would be deemed to pose a risk. Ample space was provided in both service units for residents to receive visitors in private.

Judgment: Compliant

Outcome 04: Admissions and Contract for the Provision of Services <i>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.</i>

Theme: Effective Services

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

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

Findings:

The admission practices and policies did not take account of the need to protect residents from abuse by other service users. This was relevant as inspectors saw records that indicated that residents were being hit by other residents.

Inspectors reviewed a sample of resident contracts of care and found that they had been signed either by the resident or their representative. The sample contracts seen by the inspectors included:

- Personal effects
- staffing arrangements
- provision for family contact
- policies
- assessment/care planning
- medication management
- suggestions
- comments/complaints
- insurance

The contract also outlined the residential charges for accommodation of the resident. Two appendices at the back of the contract outlined a number of different charges that could be applied.

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:

Inspectors reviewed a sample of personal care plans and saw that a comprehensive

assessment of health, personal and social care supports and needs of each resident had been carried out. The resident and/or their representatives were actively involved in the assessment and their individual needs and choices were identified.

Inspectors found that the process for personal planning and review was inconsistent. A number of different methods were used to develop personal plans and, as a result, some personal plans lacked sufficient detail and some goals outlined did not improve the quality of lives for residents. Inspectors saw evidence of that some annual reviews were comprehensive, promoted maximum participation from the resident and included residents presenting some of the material using visual aids. The reviews did assess the effectiveness of the plan and reviewed the goals/aspirations that had been identified. Changes in circumstances and new developments were included in the PCP and amendments were made as appropriate. However, this was not consistently implemented for all residents. There was a lack of formalised multi-disciplinary input in the annual review.

There was evidence of residents' involvement in agreeing/setting residents' goals. There was also evidence of many individual goals having been achieved. Some of the goals outlined were based on true aspirations and included continuing activities such as music therapy, spa treatments and 1:1 time. Those responsible for supporting residents in pursuing goals were not always clearly identified. Timelines were not always specifically outlined for goals to be achieved.

One resident had recently had an admission to an acute general hospital. There was evidence that following this admission the resident's general practitioner had followed all relevant instructions in relation to the resident's care and had arranged follow up treatment. However the healthcare plan in the centre had not been updated either to reflect the hospital admission or the follow up treatment.

There was evidence that residents received appropriate supports when they moved within the service. Inspectors saw that one resident had been admitted to this centre in 2014. While the service acknowledged that the planning process had not been as comprehensive as it could have been there was evidence of a planning process for this move had involved the resident, family and support staff from both the residential and day services. There were records to indicate that the person in charge had formally reviewed this resident's transition to his new home a number of months later.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

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

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

Findings:

The centre consisted of two houses located twenty five minutes apart. Each house was on the outskirts of a large town.

There were five people living in the first house which was bright, clean and well maintained. There was a large kitchen/dining area which opened out to a large garden. There was also a sitting room with comfortable couches and a television. Two residents had their bedrooms downstairs. There were three other bedrooms upstairs. All bedrooms had en-suite toilet and shower facilities and all of the bedrooms were well decorated and had personal effects. The main bathroom upstairs had a shower, wash hand basin and a toilet. One resident had a number of chickens that she looked after in the back garden.

There were four people living in the second house. This was a clean and well furnished house. This house had a large kitchen/dining area with a utility room. There was a sitting room which had rocking chairs and a sofa. There was one resident's bedroom downstairs and there was a bathroom with shower, toilet and wash hand basin in the utility room. The person in charge outlined proposals to renovate the kitchen/utility area and the resident's downstairs bedroom. There were three other residents' bedrooms upstairs with a further bathroom with shower, bath and toilet.

Adequate laundry facilities were provided in both service units. Staff confirmed that residents were supported to do their own laundry if they wish. Inspectors observed residents sorting and hanging out laundry to dry in the garden.

Each resident had their own bedroom which was personalised with soft furnishings of their choice, photographs and personal memorabilia. Ample space was provided for each resident to store and maintain clothes and other personal possessions.

Judgment:

Compliant

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:

There was a St Anne's service risk management policy which was supplemented by a local procedure on risk management. This local procedure included the measures to control hazards including abuse, unexplained absence of a resident, injury, aggression and self harm. It also included how hazards were identified and the method by which incidents were reviewed.

Inspectors reviewed the incident reporting in the first house from January 2014 to July 2015 and saw records for 16 incidents, six of which related to medication errors two incidents of violence and aggression and three incidents of residents hitting other residents. In the second house inspectors reviewed records for 38 incidents from October 2013 to July 2015. These included:

- 9 incidents of residents striking staff
- 10 incidents of residents hitting other residents
- 11 medication management errors

There was evidence that incidents were being followed up appropriately. The person in charge had undertaken a review of all incidents in the house every three months. All incidents were being recorded on a risk management database. The person in charge outlined that incidents in relation to behavior that challenges (violence/aggression) were reviewed by a multidisciplinary group and medication incidents were reviewed at the local medication and therapeutic group.

Each resident had also participated in identifying specific hazards relating to their lives. These were called individualised risk assessments and each included an analysis of what the issue was, the controls in place to manage the issue and what further controls were required. Some of the hazards identified in these risk assessments were not being managed appropriately. For one resident a hazard related to swallowing small objects including latex gloves. However, these gloves were freely available throughout the centre. Some hazards had not been assessed at all. For example inspectors observed one resident attempting to walk upstairs. The resident appeared to have an unsteady gait while using the stairs but this had not been risk assessed.

The centre was visibly clean with a cleaning schedule identifying areas to be cleaned and cleaning frequencies. Staff spoken with were knowledgeable about cleaning and control of infection.

Fire evacuation maps were available and on display. There were also documents available called fire risk assessment mobility status which outlined the help that residents would need in the event of an evacuation. Records indicated that all staff had received fire training.

There were monthly fire evacuation drills being undertaken in both houses involving the residents. However, one resident consistently refused to exit the building during these evacuation drills. There was no specific plan in place for this resident in the event of a fire emergency. The plan for another resident involved leaving the building via an exit in his bedroom. However there was no signage available in this room to indicate that there was an emergency exit.

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 alarm panel in both houses July 2015
- fire extinguisher servicing and inspection in both houses October 2014
- servicing of emergency lighting in both houses July 2015.

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:

Inspectors found that the systems in place, including multi-disciplinary input and specialist behaviour support were not sufficient to support staff to manage behaviours that challenge.

The policy for use of restrictive practices was made available to inspectors. A multidisciplinary team was in place to assess the appropriate use of a restrictive practice prior to its use. Inspectors saw that not all restrictive practices had been assessed by this team. Where an assessment had been taken place, it was not always sufficient. The clear rationale and other less restrictive alternatives trialled or considered were not outlined in the assessment documentation. The risks and benefits of the use of restrictive practices were not clearly documented. It was not always clear from the assessment whether the views of the resident/family member/carer/advocate had been taken into account prior to the use of a restrictive practice. Protocols and assessments in relation to the use of restrictive practices were not reviewed at the intervals specified in the policy or on the assessment documentation.

Restrictive practices, such as the use of chemical and physical restraint, were used to facilitate procedures such as taking blood samples or dental examination. Inspectors saw that the documentation in relation to these incidents was not sufficiently detailed to ensure that the least restrictive agent or measure was used for the shortest duration possible. Where a protocol was in place for physical restraint to be used to facilitate the

taking of blood samples, it was not clear if a restrictive practice had been employed when the resident last had a blood sample taken in June 2015.

While residents had access to the multidisciplinary team in relation to managing their own behaviours, there had been no multidisciplinary team input into a sample of behaviour support plans viewed by inspectors. In one behaviour support plan there was a recording chart attached to the plan but there was no clear instruction as to whether staff were to complete these recording charts after an incident of behaviour that challenges. Inspectors saw incident report forms outlining incidents violent or aggressive behaviour by residents which indicated that staff did not have the appropriate skills or knowledge to manage behaviours that challenge.

There was a policy on the management and prevention of abuse of residents. The person in charge outlined that there had not been any allegations of abuse in the last three years. It was the policy of the service to refer any issues of residents hitting other residents to be reviewed by management. Records showed that this policy was being followed. Records showed that all staff had attended training on prevention of abuse of residents. A number of residents had received safety training called "streetwise programme".

Judgment:

Non Compliant - Major

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

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

Findings:

It is a requirement that the person in charge notify the chief inspector within three working days of all serious adverse incidents including any allegation, suspected or confirmed of abuse of any resident. During an audit of quality and safety the provider nominee identified that not all incidents of residents assaulting other residents were being reported to the Authority.

It is also a requirement of the regulations that every three months the person in charge provided a summary of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used. Inspectors saw records that one resident was using a vest during transportation to restrict his movement. This resident was also using a full bodysuit at night. It was recorded in the records that the bodysuit was used as the resident "shreds his incontinence wear at night". Neither of these restrictions

were being reported as required.

Judgment:

Non Compliant - Major

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

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

Findings:

The centre demonstrated a commitment to resident's engaging in further education, training and lifelong learning. Some residents had completed leadership and advocacy programmes through the Department of Applied Social Science in Limerick Institute of Technology. One resident in his life story book showed inspectors photographs of the graduation day and graduation photographs were prominently displayed in the main living room.

Inspectors reviewed the policy on access to education, training and development which had been reviewed in March 2015. Each resident was facilitated to attend an appropriate day service in the surrounding area and transport was provided. Some residents were supported to travel to these centres independently.

A number of residents who spoke with the inspectors outlined that they worked part-time in local businesses including a coffee shop and the local shop.

The inspector observed that residents had opportunities to participate in activities that were meaningful and purposeful to them. Inspectors observed that was a good level of activity in the evenings. Activity planners included that residents had the choice of relaxing at home, going out for meals with friends, shopping and attending Special Olympics. At weekends, some residents stayed with family and social outings to the cinema, shops, restaurants and places of local interest were organised for residents who stayed in the centre.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

Inspectors noted that residents' healthcare needs were met through timely access to health care services and appropriate treatment and therapies.

A medical practitioner of their choice was available to each resident and an "out of hours" service was available if required. Inspectors saw that residents were reviewed by the medical practitioner regularly. Medical advice and consultation in the event of clinical deterioration was seen to be sought in a timely fashion. Where referrals were made to specialist services or consultants, inspectors saw that staff supported residents to attend appointments.

In line with their needs, residents had on going access to allied healthcare professionals including dental, psychiatry, speech and language, optical, chiropody, dietician and psychology.

Evidence based assessment tools being used to identify and monitor residents' healthcare needs. Residents' weight was monitored on a monthly basis or more frequently in line with their needs.

Care plans were developed to meet residents' healthcare needs. Care plans were updated following assessments by allied healthcare professionals, consultations with medical practitioner and results of investigations and tests. Information within care plans was generally person-centred, comprehensive and would guide staff in meeting residents' needs. However, some inconsistencies were observed. A care plan was not developed following a diagnosis of a transient ischemic attack (TIA) or 'mini stroke'. Where a resident had a reserve prescription for an antibiotic in case of clinical deterioration, the care plan did not contain sufficient information to guide non-nursing staff to recognise the signs of clinical deterioration and to ensure that the treatment is started in a timely and appropriate fashion.

Inspectors saw that, based on a sample of records reviewed, residents' wishes in relation to care at times of illness or end of life had not been ascertained. Therefore, information would not be available to guide staff in meeting residents' needs whilst respecting their dignity, autonomy, rights and wishes.

Inspectors observed that residents were encouraged and enabled to make healthy living choices in relation to exercise, weight control and healthy eating. Healthy eating plans had been developed for residents to support them in achieving and maintaining a

healthy weight. Residents were encouraged to be active through swimming and walking. Some residents had access to exercise equipment in their residence.

Residents were encouraged to be involved in the preparation and cooking each meal. A menu plan was displayed in each premises and staff reported that a number of options were available for each meal. The meals outlined in the menu plans were nutritious and varied. Inspectors saw that there were ample supplies and choice of fresh food available for the preparation of meals. Outside of set mealtimes residents had access to a selection of refreshments and snacks in each house. Inspectors observed that residents were facilitated to prepare their own refreshments and snacks. There was adequate provision for residents to store food in hygienic conditions. The specialist advice of speech and language therapists in relation to the provision of food and fluids of a modified consistency was seen to be implemented by both staff and residents who prepare their own meals and snacks.

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:

Medications for residents were supplied by local community pharmacies. Staff confirmed that there was appropriate involvement by the pharmacist in accordance with guidance issued by the Pharmaceutical Society of Ireland. There was a comprehensive medication policy that detailed the procedures for safe ordering, prescribing, storage, administration and disposal of medicines. The policy had been reviewed in October 2014. Staff with whom inspectors spoke confirmed that there was a checking process in place to confirm that the medicines delivered correspond with the medication prescription records.

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 robust key holding procedure. Staff confirmed that medicines requiring additional controls were not in use at the time of inspection.

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. The practice of transcription was in line with guidance issued by An Bord Altranais agus Cnáimhseachais and the centre specific policy. Medication administration sheets identified the medications on the prescription sheet and allowed space to record comments on withholding or refusing medications. However, the inspector noted that transcription was not always accurate and did not reflect the medicines administered. For example, the resident was being administered an extended release formulation of a medicine as prescribed by the consultant but the transcribed record stated that an immediate release formulation was to be administered.

A photograph of the resident was used to identify residents who were unable to verbally confirm their identity. Inspectors saw that the photos were not recent and therefore there was a risk of medicines being administered to another resident due to mistaken identity.

Resident specific medication administration procedures had been developed where appropriate. The procedures were person centred and gave clear guidance to staff in relation to administering medications to the resident in line with their wishes and needs.

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 and are returned to the pharmacy for disposal.

The results of a medication management audit were made available to inspectors. The audit identified pertinent deficiencies and inspectors confirmed that actions had been completed. This was augmented by a weekly checklist completed by staff to check that documentation was accurate and storage was safe,

Training had been provided to staff on medication management and the administration of buccal midazolam.

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 preventative actions were not always identified.

Judgment:

Non Compliant - Moderate

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

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

Findings:

Inspectors found that the care provided was accurately described in the statement of purpose.

The statement of purpose described the service and facilities provided. It identified the staffing structures and numbers of staff in whole time equivalents. It also described the aims, objectives and ethos of the centre.

Judgment:

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:

Overall inspectors were not satisfied that there were effective governance arrangements in place as the provider nominee had responsibility for 15 centres and the person in charge had responsibility for four centres.

In relation to governance there had been a recent appointment of a senior clinical nurse manager who had been given responsibility for this centre and three other designated centres. The senior clinical nurse manager was a registered nurse in intellectual disability. The person in charge reported directly to this senior clinical nurse manager.

The nominee on behalf of the Daughters of Charity Services was a registered general nurse and a registered nurse in intellectual disability. She had been appointed in February 2015 as services manager in this service in North Tipperary/Offaly and had previously worked as services manager in the Limerick region. The provider nominee had responsibility for 15 centres across a wide area.

The area manager was the nominated person in charge and had a General National

Vocational Qualification (GNVQ) level 2 in health and social care from Britain. He had over ten years experience of working with people with a disability in Britain and had been the area manager with the Daughters of Charity service since 2006. He outlined to inspectors that he was applying to undertaking a diploma course in social care in National University of Ireland, Galway. However, he was also appointed as person in charge for a number of other centres across a broad geographical area.

The inspectors outlined concerns that these management arrangements across a number of centres could not ensure effective governance, operational management and administration of the designated centres concerned. The provider nominee outlined a plan to reduce the burden on the person in charge with a recruitment process currently underway for a further clinical nurse manager.

An annual review of the quality and safety of care of the service dated 21.11.2014 had been completed by the Quality and Risk Officer for the service. The provider had ensured that unannounced visits to each house within the designated centre had been completed as required by the regulations. Inspectors found that the most recent provider in relation to quality and safety was comprehensive.

Inspectors reviewed the available audits for this centre which were for medication management completed in November 2014 and infection control in May 2015. The senior clinical nurse manager outlined plans for increasing the number of audits currently taking place to provide assurance around the quality and safety of the service.

Judgment:

Non Compliant - Major

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

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

Findings:

There had not been any period where the person in charge was absent for 28 days or more since the last inspection. The person in charge and the nominated registered provider were aware of the obligation to inform the Chief Inspector if there was any proposed absence of the person in charge.

There were clear arrangements to cover for the absence of the person in charge with the senior clinical nurse manager having responsibility for management of the centre.

Inspectors were satisfied that she had the requisite skills and experience to deputise when necessary.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

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

Findings:

The inspectors formed the opinion that the centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. The centre was maintained to a good standard inside and out and had fully equipped kitchens and laundry. Equipment and furniture was provided in accordance with residents' wishes. Maintenance requests were dealt with promptly. There were suitable social care staff and nursing staff available to assist residents. St Anne's service was currently funding a number of staff to achieve a formal recognised qualification relevant to the role of care assistant.

Judgment:

Compliant

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:

As evidenced under Outcomes 5 and 11, it was not demonstrated that staff had the required skills and qualifications to:

- Ensure each resident had a comprehensive assessment of their needs
- residents' health needs were met
- personal plans were effective and took into account changes in circumstances and new developments and
- support residents with behaviours that may challenge.

The person in charge outlined that there had been a number of recent staff retirements from the service with new staff being re-deployed to this centre.

There was a staff rota, which was properly maintained. There were two staff on at all times during waking hours.

Staff files were held centrally and were not reviewed as part of this inspection.

Judgment:

Non Compliant - Major

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

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

Findings:

In one resident's healthcare file seen by the inspectors some relevant healthcare information was being filed loosely. This system did not adequately ensure that relevant healthcare information was available to plan care for residents.

A directory of residents was maintained in the centre and was made available to the inspectors.

There was a policy on the provision of information to residents and a residents' guide was available which included:

- A summary of the services and facilities provided

- the terms and conditions relating to residency
- arrangements for resident involvement in the running of the centre
- how to access previous inspection reports
- complaints procedure
- arrangements for visits.

The inspectors were provided with a copy of an insurance certificate which confirmed that there was up to date insurance cover.

As referenced throughout this report most of the required policies and procedures were up to date. Staff with whom the inspector spoke demonstrated an understanding of specific polices such as the medication policy, risk management and the complaints policy. However, the policy on nutrition and hydration was not fully reflected in practice. The centre-specific policy detailed that the Malnutrition Universal Screening Tool (MUST) be calculated for each resident on a monthly basis. However, inspectors saw that this was not completed for each resident.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Kieran Murphy
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-0005161
Date of Inspection:	28 July 2015
Date of response:	14 September 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:

There was evidence that for one resident senior members of staff from St Anne's service had provided consent in relation to administration of vaccines and other medical procedures.

1. Action Required:

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

Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support

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

The Person in Charge and home manager will ensure that all residents will consent for their own procedures where they have the capacity to do so. Where a medical procedure is required and consent from the service user is not obtainable – consent will be sought with the support of an advocate or procedure will be carried out based on a medical decision by the General Practitioner.

Proposed Timescale: 04/09/2015

Theme: Individualised Supports and Care

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

The decision making process was not documented in relation to one resident paying for private medical/surgical consultation from their personal funds. It was not clear if the residents had been involved in the decision and if independent advice has been sought and provided to the residents.

2. Action Required:

Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support

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

All staff in the centre will receive training from the Nominee Provider and the Director of Finance on the appropriate management of service user's finances and including all service users in decision making around all uses of their finances in September 2015.

Proposed Timescale: 15/09/2015

Theme: Individualised Supports and Care

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

Records of residents' personal valuables and furniture were not kept up to date

3. Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

The Person in Charge with the house manager will ensure that each service user will have a detailed and up to date inventory of personal possessions. This inventory will be updated as new personal items are acquired. This will be audited by the Person in Charge quarterly.

Proposed Timescale: 25/09/2015

Theme: Individualised Supports and Care

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

Receipts for expenditure by residents were not always countersigned by a second member of staff or the resident to ensure transparency.

4. Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

The Nominee Provider and the Director of Finance will provide training to all staff on the appropriate management of finance. This will include training around management and recording of expenditure and the need to ensure all receipts are signed by 2 people – one of which will be the service user where they have the capacity to do so.

Proposed Timescale: 15/09/2015

Theme: Individualised Supports and Care

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

Records seen by inspectors indicated that on a number of occasions residents were paying in excess of €10 for staff meals/snacks on social outings.

5. Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

The Nominee Provider and the Director of Finance will provide training to all staff on the Service Patient Private Property Policy to ensure all staff have a knowledge of same and adhere to its guidance. The resident will be reimbursed.

Proposed Timescale: 15/09/2015

Theme: Individualised Supports and Care

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

A financial receipt for one resident appeared to indicate that the resident had paid for a staff meal/snack while the staff was accompanying the resident to a hospital appointment.

6. Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

The Nominee Provider and the Director of Finance will provide training to all staff of the centre on the Patient Private Property Guideline to ensure it is adhered to. The service user will be reimbursed for this meal cost.

Proposed Timescale: 15/09/2015

Theme: Individualised Supports and Care

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

There weren't any records available of discussion with or advice given to the resident in relation to the purchase of curtains for over €1400. There was no record of any input from an independent advocate in relation to these purchases. There was no record of any rationale from the service provider as to the reason why these purchases were made by the resident.

7. Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

The Nominee Provider has ensured that the resident has been reimbursed for the curtains, any resident who has purchased items that should have been purchased by the service will be reimbursed for the amount spent. Service user's will have access to independent advocates and service users will be involved in all decision making around their finances. The Nominee Provider and the Director of Finance will provide training to staff and managers on the Patient Private Property Guideline to ensure good practice and safeguard residents finances.

Proposed Timescale: 19/05/2015

Theme: Individualised Supports and Care

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

Inspectors saw a record of a complaint relating to one resident's person centred planning process but this had not been recorded in the complaints log.

8. Action Required:

Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed promptly of the outcome of their complaints and details of the appeals process.

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

The Nominee Provider has circulated a memo to state that all complaints must be logged. The Nominee Provider with the Clinical Nurse Manager 3 will deliver further training on the Complaints Policy and process to the centre. The Person in Charge will audit the complaints log to ensure complaints are being recorded and addressed in a correct manner. These will be audited quarterly. Complaints will be an agenda item at all centre meetings for staff to ensure shared learning.

Proposed Timescale: 14/10/2015

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 admission practices and policies did not take account of the need to protect residents from abuse by other service users.

9. 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:

The Nominee Provider has referred this to the Assistant Chief Executive Officer who is Chair of the Admissions Discharge and Transfer Committee, to have Protection of service users from peer abuse included in the Service Admission Discharge and Transfer Policy.

Proposed Timescale: 30/10/2015

Outcome 05: Social Care Needs

Theme: Effective Services

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

The process for developing personal plans was inconsistent .

10. Action Required:

Under Regulation 5 (4) (c) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which is developed through a person centred approach with the maximum participation of each resident, 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:

The link Clinical Nurse Manager 3 and the Person in Charge will work with the house manager and staff team to ensure consistency within the personal plans, that they are up to date, person focussed, with clear goals. The service user will be involved in the entire process. The goals will have set time frames, named responsible person, review dates, monitoring of goals by the Person in Charge. The goals will be broken into measurable steps which will indicate progress of each goals. The Clinical Nurse Manager 3 and the Person in Charge will complete six monthly audits of all plans.

Proposed Timescale: 02/10/2015

Theme: Effective Services

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

There was a lack of formalised multi-disciplinary input in the review.

11. 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 organisation is currently in the recruitment process for Multi Disciplinary Team members. All service users in the centre requiring multi disciplinary team support will have this made available to them and when not available within the organisation it will be sourced through external therapists and paid for by the organisation. Where a service user is supported by a General Practitioner or Multi Disciplinary Team, any recommendations made will be reported in the assessment and plan of care.

Proposed Timescale: 16/10/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

The process for reviewing personal plans was inconsistent.

12. 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:

The Clinical Nurse Manager 3, Person in Charge and Home Manager will review the personal plans, the review will include review of progress of goals, tracking of goals and their achievement status. Each goals or part of goal will have a named responsible person to support the service user and a timeframe for achievement and review will be clearly documented. Service user participation will be an integral part of all of this process.

Proposed Timescale: 14/10/2015

Theme: Effective Services

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

Those responsible for supporting residents in pursuing goals were not always clearly identified nor were agreed timescales outlined.

13. 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 Person in Charge and Home Manager will ensure that all goals have a named responsible person to support the service user. They will also ensure that all goals have set timeframes and review dates. This will be audited by the Clinical Nurse Manager 3 when in place and thereafter quarterly. The service user will be an integral part of this process.

Proposed Timescale: 14/10/2015

Theme: Effective Services

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

The healthcare plan in the centre had not been updated either to reflect the hospital admission or the follow up treatment.

14. Action Required:

Under Regulation 25 (2) you are required to: On the return of a resident from another designated centre, hospital or other place, take all reasonable actions to obtain all relevant information about the resident from the other designated centre, hospital or other place.

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

The Clinical Nurse Manager 3 will support the managers and staff team in the centre to ensure that all up to date information, interventions and recommendations will be clearly documented, assessment of need and plans of care developed where appropriate.

Proposed Timescale: 02/10/2015

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:

A risk assessment wasn't available in relation to a resident's mobility on stairs.

15. Action Required:

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

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

The Person in Charge will seek the support of the Occupational Therapist in the completion of a risk assessment for the individual around their mobility on the stairs.

Proposed Timescale: 02/10/2015

Theme: Effective Services

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

A risk assessment wasn't being followed in relation to the availability of latex gloves.

16. Action Required:

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

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

The Person in Charge with the staff team reviewed the risk assessment in relation to

the availability of latex gloves and ensure its control measure are adhered to. This has been completed since the inspection took place.

Proposed Timescale: 21/08/2015

Theme: Effective Services

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

There was no specific plan in place for one resident in the event of a fire emergency.

17. 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:

The Nominee Provider will review the needs of the service user with the staff team and develop an evacuation plan for the individual needs. If the supports of multi disciplinary team are required they will be sought.

Proposed Timescale: 11/09/2015

Theme: Effective Services

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

There was no signage available in a bedroom room to indicate that there was an emergency exit.

18. Action Required:

Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the designated centre.

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

The Nominee Provider has referred this to the Maintenance Manager and Director of Logistics. There will be appropriate signage put in place to indicate access to exits.

Proposed Timescale: 18/09/2015

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:

While staff had received training on the policy on challenging behaviour, records indicated that not all staff had received training on positive approaches to behaviours that challenge.

19. 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:

The training on the challenging behaviour policy includes input to staff on the positive approaches to behaviours that challenge. The challenging behaviour training pack includes both the training on policy and on positive approaches to managing behaviours that challenge. The Nominee Provider will repeat training to all staff in the centre.

Proposed Timescale: 02/10/2015

Theme: Safe Services

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

It was not clear from documentation that all alternative measures were considered before a restrictive procedure was used.

20. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

The Nominee Provider and Clinical Nurse Manager 3 will provide training to the Person in Charge and staff team of the centre on the Service Policy on Restrictive Practices and will ensure all staff understand that all alternative measures have to be explored before a restriction is introduced. The service user will be an integral part of this process where a restrictive practice is used.

Proposed Timescale: 02/10/2015

Theme: Safe Services

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

the following respect:

The use of restrictive practices was not reviewed as outlined in the centre's policy.

21. Action Required:

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

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

The Nominee Provider and Clinical Nurse Manager 3 will provide training to staff of the centre on the Service Policy on Restrictive Practices DOCS 053. All restrictive practices that are in place will be clearly documented, dated and a review date set with a named responsible person identified. The Clinical Nurse Manager 3 will audit restrictive practices and will be an agenda item for quarterly staff meetings to promote shared learning. The restrictive practice committee will be convened to review all restrictive practices in use.

Proposed Timescale: 02/10/2015

Theme: Safe Services

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

Restrictive practices were used without a clear and documented assessment.

22. Action Required:

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

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

The Clinical Nurse Manager 3 and the Person in Charge will ensure assessments for service user are completed and documented with clear evidence of the need for a restrictive practice. It will include a date for review and a named responsible person. The service user will be an integral part of this process. A log of time of use of the restrictive practice will be maintained.

Proposed Timescale: 02/10/2015

Theme: Safe Services

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

Multi-disciplinary input was not always sought when developing positive behaviour support plans.

23. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and

alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

The Nominee Provider has instructed the Clinical Nurse Manager 3 and the Person in Charge of the Centre to ensure the appropriate Multidisciplinary Team members are present when developing Behaviour Support Plans. If not available within the organisation these services will be sought externally and paid for by the organisation.

Proposed Timescale: 02/10/2015

Theme: Safe Services

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

Positive behaviour support plans did not always provide adequate guidance to staff.

24. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

The Nominee Provider has sought the support of the Head Psychologist from another part of the organisation and input from the Clinical Nurse Manager in Behaviours Dublin to work with staff of the centre on positive support plans and their implementation.

Proposed Timescale: 16/10/2015

Theme: Safe Services

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

It was not clear from documentation that all alternative measures were considered before a restrictive procedure was used.

25. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

The Nominee Provider with the Clinical Nurse Manager 3 will deliver training to the Person in Charge and house team on the Restrictive Practices Service Policy and ensure staff understand that all alternative measures will be explored before a restrictive procedure is introduced. This will be supported by the Multidisciplinary Team members

as appropriate and if not available within the organisation will be sourced externally and paid for by the organisation. The service user will be an integral part of this process.

Proposed Timescale: 02/10/2015

Outcome 09: Notification of Incidents

Theme: Safe Services

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

The provider nominee identified that not all incidents of residents assaulting other residents were being reported to the Authority.

26. Action Required:

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

The Nominee Provider with the Clinical Nurse Manager 3 will provide input to the Person in Charge and house team on the importance of recording and reporting all incidents relating to service users. The Nominee Provider will go through the responsibilities that the Person in Charge has in ensuring that all Incidents are reported within 3 working days to the Authority and that all restrictive practices used must be included in the quarterly reports to the Authority.

Proposed Timescale: 02/10/2015

Theme: Safe Services

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

Not all restrictions were being reported as required.

27. Action Required:

Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

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

The Nominee Provider has instructed the Person in Charge that they are responsible for ensuring all restrictive practices are reported to the Authority in the quarterly reports on the set date.

Proposed Timescale: 31/08/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

A care plan did not contain sufficient information to guide non-nursing staff to recognise the signs of clinical deterioration in order to ensure that a reserve prescription is initiated in a timely fashion.

28. Action Required:

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

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

The Clinical Nurse Manager 3 with the Person in Charge will review the service users care plans to ensure that a recent diagnosis of a Transient Ischaemic Attack and the need for a reserve prescription is clearly documented and understood by all staff. Step by step signs of deterioration will be named in the care plan so that all staff will recognise any deterioration and treatment will be commenced in a timely manner. Input will be given to all staff by the Person in Charge to ensure they are familiar with the person's diagnosis and treatment.

Proposed Timescale: 03/09/2015

Theme: Health and Development

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

Care plans had not been developed in line with residents' needs.

29. 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:

The Clinical Nurse Manager 3 and the Person in Charge with the house team will review Care Plans and ensure the service user is an integral part of this process. There will be Multidisciplinary supports available where necessary and if not available within the organisation these will be sourced externally and paid for by the organisation.

Proposed Timescale: 05/10/2015

Theme: Health and Development

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

Residents' wishes in relation to care at times of illness or end of life had not been

ascertained.

30. Action Required:

Under Regulation 06 (3) you are required to: Support residents at times of illness and at the end of their lives in a manner which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

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

Each service user will have an end of life care plan developed. The Person in Charge will liaise with the service and their family/ representative to discuss and develop this plan of care. The Social Worker will support this process.

Proposed Timescale: 31/10/2015

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:

Transcribed prescription records were not always accurate

31. 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:

The Clinical Nurse Manager 3 with the Medication Management Co-ordinator and the Person in Charge will review the service user's Kardex in the centre and ensure that all transcriptions are accurate and contain the relevant details as prescribed by the Clinicians. These will be signed by 2 Nurses at all times as per Service Policy.

Proposed Timescale: 11/09/2015

Theme: Health and Development

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

Photographs used to identify residents were not recent.

32. 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:

The Person in Charge has updated all service users photographs since inspections on the 28/07/2015.

Proposed Timescale: 18/08/2015

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:

Inspectors were not satisfied that there were effective governance arrangements in place as the provider nominee had responsibility for 15 centres and the person in charge had responsibility for four centres.

33. 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:

The organisation is currently in the recruitment process for clinical nurse Manager 2 position. This when appointed will reduce the number of centres in the area of responsibility of the current person in charge of the centre. The nominee provider with the support of the two clinical nurse managers 3 and the increase in the number of persons in charge will ensure more effective governance to the centre. The clinical nurse manager 3 will complete audits of practices in the centre. These will be shared with the staff team; actions will be outlined with responsible persons for same. The nominee provider will schedule meetings with the person in charge and the house manager and clinical nurse manager 3 to review all matters relating to the centre.

Proposed Timescale: 09/10/2015

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.

34. 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 Nominee Provider, Director of Human Resources and the Director of Nursing have reviewed the skill mix within the centre and where training for staff of the centre will commence in September 2015 for FETAC Level 5. There are nursing hours allocated to ensure the health care needs of service users are met in a timely manner. Recruitment process for these nurses is currently in progress.

Proposed Timescale: 30/10/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

The policy on nutrition and hydration was not fully reflected in practice.

35. Action Required:

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

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

The Clinical Nurse Manager 3 will provide training and input to the Person in Charge and the house team on the Service Policy on Nutrition and ensure it is implemented for service users and will be evident in each of their Care Plans. The supports of a Clinical Nurse Specialist in Nutrition will be sought to support the service user's care needs in the centre.

Proposed Timescale: 02/10/2015

Theme: Use of Information

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

The management of healthcare records required improvement.

36. Action Required:

Under Regulation 21 (1) (a) you are required to: Maintain, and make available for inspection by the chief inspector, records of the information and documents in relation to staff specified in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

The Clinical Nurse Manager 3 with the Person in Charge will review the health records of each of the service users and ensure they are up to date. Information will be stored in a systematic and legible format. Out of date information will be archived and retrievable as required. The Service is in the process of recruiting clerical support to support the centre in this process.

Proposed Timescale: 30/10/2015